

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

| | |
|---|---|
| Name of the organization LOYOLA UNIVERSITY MEDICAL CENTER | Employer identification number 36-4015560 |
|---|---|

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a | X | |
| b If "Yes," was it a written policy? | X | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | |
| a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: | X | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: | X | |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | X | |
| 5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year? | X | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | X | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | X |
| 6a Did the organization prepare a community benefit report during the tax year? | X | |
| b If "Yes," did the organization make it available to the public? | X | |

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial assistance at cost (from Worksheet 1) | | | 38389919. | | 38389919. | 2.24% |
| b Medicaid (from Worksheet 3, column a) | | | 308919448 | 281783434 | 27136014. | 1.59% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial assistance and means-tested government programs | | | 347309367 | 281783434 | 65525933. | 3.83% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 10 | 51 | 1125898. | 155,414. | 970,484. | .06% |
| f Health professions education (from Worksheet 5) | 3 | 580 | 82629538. | 21594898. | 61034640. | 3.57% |
| g Subsidized health services (from Worksheet 6) | 4 | | 1978065. | | 1978065. | .12% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 4 | 5,304 | 30124097. | 150,000. | 29974097. | 1.75% |
| j Total. Other benefits | 21 | 5,935 | 115857598 | 21900312. | 93957286. | 5.50% |
| k Total. Add lines 7d and 7j | 21 | 5,935 | 463166965 | 303683746 | 159483219 | 9.33% |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: FOSTER G MCGAW HOSPITAL

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

| | Yes | No |
|--|-----|----|
| Community Health Needs Assessment (CHNA) | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | X |
| 3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 | X | |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X | |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | X | |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | X | |
| 7 Did the hospital facility make its CHNA report widely available to the public? | X | |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b <input type="checkbox"/> Other website (list url): | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | X | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | X | |
| a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: FOSTER G MCGAW HOSPITAL

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: FOSTER G MCGAW HOSPITAL

| | Yes | No |
|--|----------|----------|
| <p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p> | X | |
| <p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p> | | |
| <p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> | | X |
| <p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p> | | |

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: FOSTER G MCGAW HOSPITAL

| | | Yes | No |
|---|--|-----------|----------|
| 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care: | | | |
| a | <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | |
| b | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| c | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| d | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method | | |
| 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C. | | 23 | X |
| 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C. | | 24 | X |

Schedule H (Form 990) 2024

Part V Facility Information (continued)

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

FOSTER G MCGAW HOSPITAL:
PART V, SECTION B, LINE 3J: N/A

LINE 3E: LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. MENTAL HEALTH AND SUBSTANCE-USE
- 2. ACCESS TO COMMUNITY RESOURCES
- 3. ACCESS TO HEALTH CARE
- 4. CHRONIC CONDITIONS
- 5. CHILD AND ADOLESCENT HEALTH
- 6. COMMUNITY SAFETY

FOSTER G MCGAW HOSPITAL:
PART V, SECTION B, LINE 5: THE ALLIANCE FOR HEALTH EQUITY (AHE) CONDUCTED A COLLABORATIVE CHNA BETWEEN JUNE 2023 AND DECEMBER 2024. AHE IS A COLLABORATIVE OF OVER 30 HOSPITALS WORKING WITH HEALTH DEPARTMENTS AND REGIONAL AND COMMUNITY-BASED ORGANIZATIONS TO IMPROVE HEALTH EQUITY, WELLNESS, AND QUALITY OF LIFE ACROSS CHICAGO AND SUBURBAN COOK COUNTY.

LOYOLA MEDICINE HAS BEEN A FOUNDING MEMBER OF AHE SINCE ITS LAUNCH IN 2015. THE COLLABORATIVE CHNA IN COOK COUNTY IS AN IMPORTANT FOUNDATION FOR THE WORK OF AHE, WHOSE PURPOSE IS TO IMPROVE POPULATION AND COMMUNITY HEALTH.

THE 2025 CHNA IS THE FOURTH COLLABORATIVE CHNA IN COOK COUNTY, ILLINOIS. THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), THE BACKBONE ORGANIZATION FOR AHE, WORKS CLOSELY WITH THE STEERING COMMITTEE TO DESIGN THE CHNA TO MEET REGULATORY REQUIREMENTS UNDER THE AFFORDABLE CARE ACT AND TO ENSURE CLOSE COLLABORATION WITH THE CHICAGO DEPARTMENT OF PUBLIC HEALTH (CDPH) AND COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH) ON THEIR COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESSES.

LOYOLA MEDICINE ENGAGED COMMUNITY MEMBERS AND STAKEHOLDERS IN THE CHNA BOTH THROUGH AHE AND THROUGH PARTNERSHIPS WITH COALITIONS AND COMMUNITY GROUPS IN THE AREAS OF BERWYN-CICERO AND MAYWOOD-MELROSE PARK. LOYOLA MEDICINE AND AHE PRIORITIZED ENGAGEMENT OF COMMUNITY MEMBERS AND COMMUNITY-BASED ORGANIZATIONS AS A CRITICAL COMPONENT OF ASSESSING AND ADDRESSING COMMUNITY HEALTH NEEDS.

THE ALLIANCE FOR HEALTH EQUITY'S METHODS OF COMMUNITY ENGAGEMENT FOR THE CHNA AND IMPLEMENTATION STRATEGIES INCLUDED:

- GATHERING INPUT FROM COMMUNITY RESIDENTS WHO ARE UNDERREPRESENTED IN TRADITIONAL ASSESSMENT AND IMPLEMENTATION PLANNING PROCESSES;
- PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS FOR COLLECTION OF COMMUNITY INPUT THROUGH SURVEYS AND FOCUS GROUPS;
- ENGAGING COMMUNITY-BASED ORGANIZATIONS AND COMMUNITY RESIDENTS AS MEMBERS OF IMPLEMENTATION COMMITTEES AND WORKGROUPS;
- UTILIZING THE EXPERTISE OF THE MEMBERS OF IMPLEMENTATION COMMITTEES AND

Part V Facility Information (continued)

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

WORKGROUPS IN ASSESSMENT DESIGN, DATA INTERPRETATION, AND IDENTIFICATION OF EFFECTIVE IMPLEMENTATION STRATEGIES AND EVALUATION METRICS;
- WORKING WITH HOSPITAL AND HEALTH DEPARTMENT COMMUNITY ADVISORY GROUPS TO GATHER INPUT FOR THE CHNA AND IMPLEMENTATION STRATEGIES; AND
- PARTNERING WITH LOCAL COALITIONS TO SUPPORT AND ALIGN WITH EXISTING COMMUNITY-DRIVEN EFFORTS.

THE COMMUNITY-BASED ORGANIZATIONS ENGAGED IN THE AHE REPRESENT A BROAD RANGE OF SECTORS SUCH AS WORKFORCE DEVELOPMENT, HOUSING AND HOMELESS SERVICES, FOOD ACCESS AND FOOD JUSTICE, COMMUNITY SAFETY, PLANNING AND COMMUNITY DEVELOPMENT, IMMIGRANT RIGHTS, YOUTH DEVELOPMENT, COMMUNITY ORGANIZING, FAITH COMMUNITIES, MENTAL HEALTH SERVICES, SUBSTANCE USE SERVICES, POLICY AND ADVOCACY, TRANSPORTATION, OLDER ADULT SERVICES, HEALTH CARE SERVICES, HIGHER EDUCATION, AND MANY OTHERS. ALL COMMUNITY PARTNERS WORK WITH OR REPRESENT COMMUNITIES THAT ARE DISPROPORTIONATELY AFFECTED BY HEALTH INEQUITIES SUCH AS COMMUNITIES OF COLOR, IMMIGRANTS, YOUTH, OLDER ADULTS AND CAREGIVERS, LGBTQ+, INDIVIDUALS EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY, INDIVIDUALS LIVING WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS, INDIVIDUALS WITH DISABILITIES, VETERANS, AND UNEMPLOYED YOUTH AND ADULTS.

THE AHE 2025 CHNA PROCESS FOR COOK COUNTY RELIED UPON INPUT FROM OVER 1,800 COMMUNITY SURVEYS, WHICH WERE DISTRIBUTED IN BOTH ONLINE AND PRINTED FORMATS IN ENGLISH AND SPANISH; 46 FOCUS GROUPS WITH EXISTING AHE WORKGROUPS; AND POPULATION DATA COLLECTED BY HEALTH DEPARTMENTS. WHERE NECESSARY AND APPLICABLE, EXISTING RESEARCH PROVIDED RELIABLE INFORMATION IN DETERMINING COUNTY-WIDE PRIORITY HEALTH ISSUES. LOYOLA MEDICINE PARTNERED WITH INTERNAL EXPERTS AND THE COMMUNITY COALITIONS TO IDENTIFY PRIORITIES BY CONSIDERING MULTIPLE FACTORS, INCLUDING HEALTH EQUITY GOALS, COMMUNITY PRIORITIES, URGENCY, FEASIBILITY, EXISTING PRIORITIES, AND ALIGNMENT WITH THE EXISTING WORK OF HEALTH DEPARTMENTS, OTHER HOSPITALS, AND COMMUNITY PARTNERS.

AS PART OF THE AHE COMMUNITY INPUT SURVEY FROM FEBRUARY 2024 TO OCTOBER 2024, 592 COMMUNITY MEMBERS IN THE LOYOLA UNIVERSITY MEDICAL CENTER AND GOTTLIEB MEMORIAL HOSPITAL SERVICE AREA RESPONDED TO SHARE TOP COMMUNITY HEALTH ISSUES, NEEDED IMPROVEMENTS, AND NECESSARY RESOURCES.

LOYOLA MEDICINE INTENTIONALLY STRUCTURED DEEPER ENGAGEMENT OF LOCAL COMMUNITIES DURING THE PHASE OF PRIORITIZING COMMUNITY HEALTH NEEDS. SPECIFICALLY, WE WORKED WITH COALITION FOR SPIRITUAL & PUBLIC LEADERSHIP (CSPL), COMMUNITY CATALYST, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, HOUSING FORWARD, PASO WEST SUBURBAN ACTION PROJECT, PAV YMCA, PROVISO PARTNERS 4 HEALTH, QUINN CENTER OF ST. EULALIA, REAL FOODS COLLECTIVE, RIVEREDGE HOSPITAL, SOLUTIONS FOR CARE, AND WEST COOK YMCA TO HOST MEETINGS THROUGHOUT MARCH AND APRIL 2025 TO REVIEW CHNA DATA AND PROVIDE INPUT ON PRIORITIES.

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 6A: AHE MEMBER HOSPITALS PARTICIPATING IN THE 2025 COOK COUNTY CHNA PROCESS INCLUDED ADVOCATE HEALTH CARE, ASCENSION HEALTH, COOK COUNTY HEALTH, INSIGHT CHICAGO, JACKSON PARK HOSPITAL, LORETTO HOSPITAL, NORTHWESTERN MEDICINE, RUSH UNIVERSITY SYSTEM FOR

Part V Facility Information (continued)

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

HEALTH, SINAI HEALTH SYSTEM, SOUTH SHORE HOSPITAL, SWEDISH HOSPITAL/ENDEAVOR HEALTH, LOYOLA MEDICINE/TRINITY HEALTH, AND UI HEALTH.

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 6B: OTHER THAN HOSPITAL FACILITIES, ORGANIZATIONS THAT PARTICIPATED IN THE 2025 COOK COUNTY CHNA INCLUDED THE CHICAGO DEPARTMENT OF PUBLIC HEALTH, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, EVANSTON HEALTH & HUMAN SERVICES DEPARTMENT, OAK PARK HEALTH DEPARTMENT, SKOKIE HEALTH DEPARTMENT, AND STICKNEY PUBLIC HEALTH DISTRICT.

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 7D: IN ADDITION TO PUBLICIZING THE CHNA ON THE HOSPITAL WEBSITE AND MAKING PAPER COPIES AVAILABLE AT THE HOSPITAL FACILITY, ALL LOYOLA MEDICINE COMMUNITY BENEFIT COUNCIL MEMBERS RECEIVED AN EMAILED COPY OF THE CHNA.

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 11: IN FISCAL YEAR 2025 (FY25), LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) ADDRESSED THE FOLLOWING COMMUNITY NEEDS, WHILE ALSO SUPPORTING COMMUNITY INITIATIVES:

ACCESS TO HEALTH CARE

LUMC IS COMMITTED TO PROVIDING HEALTH CARE SERVICES TO ALL PATIENTS BASED ON MEDICAL NECESSITY. FOR PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE OR EXPERIENCE TEMPORARY FINANCIAL HARDSHIP, LOYOLA MEDICINE OFFERS SEVERAL ASSISTANCE AND PAYMENT PLAN OPTIONS. ADDITIONALLY, LUMC ASSISTS IN ACCESSING HEALTH INSURANCE. IN FY25, OVER 7,800 INDIVIDUALS SEEKING SERVICES AT OUR FACILITIES WERE SUPPORTED IN ENROLLING FOR MEDICAID.

THE SEE, TEST AND TREAT (STT) EVENT IS AN ANNUAL INITIATIVE THAT PROVIDES FREE BREAST AND CERVICAL CANCER SCREENINGS TO WOMEN WHO ARE UNINSURED OR UNDERINSURED. IN FY25, 42 MAMMOGRAMS AND 34 CERVICAL SCREENINGS WERE PERFORMED FREE OF CHARGE. WITH FUNDING FROM THE COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION, STT WAS A COLLABORATIVE EFFORT WITH LUMC TO IMPROVE HEALTH CARE ACCESS AND OUTCOMES FOR WOMEN IN THE COMMUNITY.

LOYOLA MEDICINE'S PEDIATRIC MOBILE HEALTH UNIT (PMHU) IS A TRAVELING CLINIC THAT PROVIDES ESSENTIAL PEDIATRIC CARE TO CHILDREN AND YOUNG ADULTS IN UNDERSERVED COMMUNITIES ACROSS CHICAGO. IT OFFERS SERVICES LIKE PHYSICAL EXAMS, IMMUNIZATIONS, HEALTH SCREENINGS, AND REFERRALS, HELPING ENSURE ACCESS TO QUALITY HEALTH CARE AT SCHOOLS AND OTHER COMMUNITY SITES. IN FY25, 192 WELL CHILD VISITS WERE COMPLETED ON THE PMHU.

ACCESS TO CARE (ATC) IS A NON-PROFIT PRIMARY HEALTH CARE PROGRAM FOR RESIDENTS OF SUBURBAN COOK COUNTY AND NORTHWEST CHICAGO WHO ARE UNINSURED, UNDERINSURED, OR COVERED BY MEDICAID. THESE HOSPITAL-BASED CLINICS ARE DESIGNED TO REDUCE BARRIERS TO CARE BY OFFERING ACCESSIBLE, COMPREHENSIVE MEDICAL SERVICES TO PATIENTS WHO MIGHT OTHERWISE GO WITHOUT TREATMENT. LOYOLA MEDICINE'S TWO ATC SITES, LOCATED IN MELROSE PARK AND MAYWOOD, RECORDED 2,124 PATIENT VISITS IN FY25.

Part V Facility Information (continued)

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

MENTAL HEALTH AND SUBSTANCE USE

LUMC ACKNOWLEDGED THAT MENTAL HEALTH PLAYS A MAJOR ROLE IN PEOPLE'S ABILITY TO MAINTAIN GOOD PHYSICAL HEALTH AND VICE VERSA AND ENGAGED IN THREE OPPORTUNITIES TO SUPPORT THIS INTERRELATIONSHIP:

TRANSFORMING COMMUNITY INITIATIVES (TCI) LAUNCHED IN JANUARY 2022 AS AN INNOVATIVE HEALTH SYSTEM/COMMUNITY PARTNER COLLABORATIVE SUPPORTED BY FUNDING AND TECHNICAL ASSISTANCE. THIS COLLABORATIVE ENGAGES TRINITY HEALTH, ITS REGIONAL HEALTH MINISTRIES, COMMUNITY-BASED ORGANIZATIONS, AND RESIDENTS TO ADVANCE HEALTH AND RACIAL EQUITY. QUINN CENTER OF ST. EULALIA LEADS THE WORK ADDRESSING YOUTH MENTAL HEALTH IN MAYWOOD, IL, AND A LOYOLA UNIVERSITY CHICAGO CLINICAL ASSISTANT PROFESSOR AND NURSE PRACTITIONER WAS APPOINTED AS THE PROJECT MANAGER OF TCI. MAYWOOD'S COMMUNITY ASSETS, STRENGTHS, AND OPPORTUNITIES WERE MAPPED, AND YOUTH LISTENING SESSIONS WERE HELD TO ESTABLISH A BASELINE FOR WORK PLAN DEVELOPMENT. A MULTI-SECTOR COLLABORATIVE CONSISTING OF TWO ENTITIES, A YOUTH ADVISORY BOARD OF 12 YOUTH MEMBERS AND AN ADVISORY COUNCIL OF 8 ADULT COMMUNITY MEMBERS, CONDUCTED A ROOT-CAUSE ANALYSIS, CREATED A WORK PLAN FOR A "SAFE SPACE" FOR YOUTH IN THE COMMUNITY, AND COMPLETED THEIR VISION FOR A SAFE HAVEN FOR YOUTH IN FY25.

LUMC HOSTED AN ADULT MENTAL HEALTH FIRST AID TRAINING FOR STAFF AND COMMUNITY MEMBERS. IN TOTAL, 27 INDIVIDUALS WERE TRAINED IN IDENTIFYING, UNDERSTANDING, AND RESPONDING TO SIGNS OF MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS. THE TRAINING AIMED TO BUILD COMMUNITY CAPACITY, REDUCE STIGMA, AND PROMOTE EARLY INTERVENTION. PARTICIPANTS REPORTED INCREASED CONFIDENCE IN SUPPORTING INDIVIDUALS EXPERIENCING MENTAL HEALTH CHALLENGES.

LOYOLA MEDICINE PARTNERED WITH YOUTH CROSSROADS, A NON-PROFIT COMMUNITY-BASED ORGANIZATION WHOSE MISSION IS TO ACT IN THE BEST INTEREST OF YOUTH, GUIDING THEM THROUGH LIFE'S CHALLENGES, AND INSPIRING THEM TO DISCOVER NEW OPPORTUNITIES FOR PERSONAL DEVELOPMENT, HEALTHY RELATIONSHIPS, AND POSITIVE COMMUNITY INVOLVEMENT, TO OFFER A CONFERENCE FOR YOUTH SERVING INDIVIDUALS AND EDUCATORS FOCUSED ON TRAUMA-INFORMED CARE. THE BUILDING FUTURE SUCCESS IN YOUTH CONFERENCE HAD 92 ATTENDEES.

ACCESS TO COMMUNITY RESOURCES

LUMC ADDRESSED THE SOCIAL DETERMINANTS OF HEALTH BY UTILIZING COMMUNITY HEALTH WORKERS (CHW'S) TO SCREEN PATIENTS FOR SOCIAL NEEDS (FOOD, HOUSING, HEALTH CARE, AND EMPLOYMENT). PATIENTS WHO SCREENED POSITIVE WERE PROVIDED RESOURCES OR CONNECTED TO COMMUNITY-BASED ORGANIZATIONS OR GOVERNMENT AGENCIES FOR FURTHER ASSISTANCE. THIS REFERRAL PROCESS WAS STRENGTHENED BY EMBEDDING SOCIAL NEEDS INTO TRINITY HEALTH'S ELECTRONIC MEDICAL RECORD, ALLOWING THE CARE TEAM TO SHARE RESOURCES ELECTRONICALLY WITH PATIENTS.

LOYOLA MEDICINE PATIENTS ARE SCREENED ANNUALLY FOR SOCIAL INFLUENCERS OF HEALTH DURING ROUTINE OFFICE VISITS. IN FY25, 78% OF ALL PATIENTS WERE SCREENED, 42% OF PATIENTS HAD AN IDENTIFIED NEED, AND THE TOP THREE IDENTIFIED NEEDS WERE HOUSING, FOOD ACCESS, AND MENTAL HEALTH RESOURCES. IN FY25, A TOTAL OF 12,390 SEARCHES THROUGH FINDHELP.ORG WERE MADE IN OUR SERVICE AREA. OF THESE, 32% WERE RELATED TO HOUSING AND 30% WERE FOR FOOD ASSISTANCE. IN FY25, 7,024 NEW PATIENTS WERE LINKED TO RESOURCES THROUGH 19,798 ENCOUNTERS WITH A MEMBER OF OUR CHW TEAM. CHW'S WERE STRATEGICALLY

Part V Facility Information (continued)

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

PLACED IN CLINICS, WHERE THE PERCENTAGE OF PATIENTS ON MEDICAID OR UNINSURED IS HIGH, IN THE EMERGENCY DEPARTMENT, AND IN THE CENTRALIZED OFFICE TO MANAGE REFERRALS FROM ACROSS THE HEALTH SYSTEM. CHW'S CONTINUE TO EMPHASIZE HEALTH EDUCATION AS A STRATEGY TO PREVENT OR MANAGE CHRONIC HEALTH CONDITIONS.

LUMC ADDRESSED THE PREVENTION OF DIABETES IN FY25 THROUGH THE NATIONAL DIABETES PREVENTION PROGRAM (DPP). THE DPP, BRANDED FRESH START AT LOYOLA MEDICINE, IS AN EVIDENCE-BASED WELLNESS PROGRAM THAT HELPS PEOPLE AT RISK FOR TYPE 2 DIABETES LOWER THEIR RISK THROUGH BEHAVIOR MODIFICATION. TARGETED AUDIENCES FOR THE PROGRAM INCLUDED VULNERABLE POPULATIONS, THOSE WHO IDENTIFIED AS AFRICAN AMERICAN OR HISPANIC, MEN, AND EMPLOYEES. IN TOTAL, TWO COHORTS REACHING 32 COMMUNITY MEMBERS LAUNCHED IN FY25. ONE COHORT WAS OFFERED IN PERSON TO SPANISH SPEAKING PARTICIPANTS. THE FRESH START PROGRAM CONTINUED TO REFER PATIENTS TO TWO LOCAL YMCAS; PAV YMCA OF BERWYN, IL AND WEST COOK YMCA OF OAK PARK, IL. IN FY25, THERE WERE A TOTAL OF 103 REFERRALS BETWEEN BOTH YMCAS.

LUMC ALSO INCREASED AWARENESS AND UTILIZATION OF TRINITY HEALTH'S COMMUNITY RESOURCE DIRECTORY (CRD), FINDHELP.ORG, A DATABASE THAT LINKS THOSE IN NEED TO LOCAL, FREE RESOURCES AND PROGRAMS. IN FY25, A TOTAL OF 12,390 SEARCHES WERE MADE IN OUR SERVICE AREA; 32% WERE RELATED TO HOUSING AND 30% WERE FOR FOOD ASSISTANCE. LUMC SHARED ACCESS TO THE DATABASE WITH COMMUNITY AMBASSADORS AND DISTRIBUTED FLYERS AND WINDOW CLINGS WITH THE QR CODE AND WEBPAGE IN MULTIPLE LANGUAGES TO COMMUNITY-BASED ORGANIZATIONS THAT SERVE POPULATIONS WHO NEED THE LISTED RESOURCES.

TO ADDRESS IDENTIFIED FOOD INSECURITY, LUMC PARTICIPATED IN COLLABORATIVE WORK WITH THE ILLINOIS PUBLIC HEALTH INSTITUTE BY SERVING ON BOTH THE FOOD IS MEDICINE SUBCOMMITTEE AND THE FOOD ACCESS AND NUTRITION SECURITY WORKGROUP, DISTRIBUTED BI-LINGUAL RECIPE CARDS TO AREA FOOD PANTRIES AND AT COMMUNITY EVENTS, AND CONTINUED TO OPERATE THEIR FOOD SURPLUS PROJECT. THE LUMC FOOD SURPLUS PROJECT WAS ESTABLISHED IN RESPONSE TO THE PANDEMIC TO PROVIDE NUTRITIONAL HEALTHY FOOD AND ELIMINATE FOOD INSECURITY AND WASTE BY DISTRIBUTING SURPLUS FOOD FROM THE HOSPITAL CAFETERIA TO CREATE ACCESS AND ADDRESS FOOD INSECURITY. IN PARTNERSHIP WITH THE EDWARD HINES, JR. VA HOSPITAL, THE HOSPITAL CAFETERIA'S FOOD SURPLUS WAS DELIVERED TO A LOCAL ORGANIZATION. IN FY25, LUMC DONATED AND DELIVERED OVER 5,200 MEALS.

LUMC ACKNOWLEDGES THAT ACCESS TO HEALTH CARE AND COMMUNITY RESOURCES ARE INCOME-DEPENDENT AND, THEREBY, SOUGHT TO INCREASE THE NUMBER OF DIVERSE LOCAL HIRES AND IMPROVE ACCESS TO LIVING WAGE JOBS. IN FY25, LOYOLA MEDICINE PARTICIPATED IN 58 JOB FAIRS IN THE COMMUNITY FOR POSITIONS IN A VARIETY OF DEPARTMENTS INCLUDING TRANSPORTATION, FOOD AND NUTRITION, PHARMACY TECHNICIANS, NURSES, PATIENT CARE TEAMS, AND CHW'S. ADDITIONALLY, LOYOLA MEDICINE HELD ITS FIRST EXCLUSIVE LIVING WAGE JOB FAIR IN COLLABORATION WITH COMMUNITY EMPLOYERS, WHICH BROUGHT 119 JOB SEEKERS AND EXTENDED AN OFFER OF EMPLOYMENT WITHIN A WEEK OF THE EVENT TO 12% OF ATTENDEES. ALL EMPLOYERS PRESENT WERE REQUIRED TO OFFER A LIVING WAGE, PER COOK COUNTY GUIDELINES, FOR ALL AVAILABLE POSITIONS AND HAVE ENTRY LEVEL POSITIONS AVAILABLE AT THE TIME OF THE EVENT.

... CONTINUED AFTER PART V, SECTION B, LINE 16.

Part V Facility Information (continued)

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

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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.

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

**FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 7A:
WWW.LOYOLAMEDICINE.ORG/ABOUT-US/COMMUNITY-BENEFIT**

**FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 9:
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.**

**FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 10A:
WWW.LOYOLAMEDICINE.ORG/ABOUT-US/COMMUNITY-BENEFIT**

**FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 16A:
WWW.LOYOLAMEDICINE.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY**

**FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 16B:
WWW.LOYOLAMEDICINE.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY**

**FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 16C:
WWW.LOYOLAMEDICINE.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY**

**PART V, SECTION B, LINE 11 CONTINUED:
LUMC ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED**

Part V Facility Information *(continued)*

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

FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. LUMC DID NOT ADDRESS THE FOLLOWING HEALTH NEEDS:

CHRONIC DISEASE - LUMC DID NOT DIRECTLY ADDRESS THIS NEED OUTSIDE OF OUR DIABETES PREVENTION PROGRAM AND OTHER CHRONIC DISEASE SCREENING AND MANAGEMENT PROGRAMS.

CHILD AND ADOLESCENT HEALTH - CHILDHOOD AND ADOLESCENT HEALTH IS NOT A DIRECT FOCUS IN THIS CHNA CYCLE, BUT LUMC IS MAKING AN IMPACT BY IMPROVING YOUTH ACCESS TO HEALTH CARE AND EDUCATION THROUGH WORKFORCE DEVELOPMENT INITIATIVES.

COMMUNITY SAFETY - COMMUNITY SAFETY IS NOT A DIRECT FOCUS IN THIS CHNA CYCLE, BUT ELEMENTS OF SAFETY CAN BE ADDRESSED THROUGH LUMC'S CHOSEN PRIORITY AREAS AND IMPLEMENTATION STRATEGIES, BASED ON COMMUNITY INPUT AND EXISTING PROGRAM ALIGNMENT.

Multiple horizontal lines for additional text input.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 30

| Name and address | Type of facility (describe) |
|--|-----------------------------|
| 1 LOYOLA OUTPATIENT CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 | OUTPATIENT CLINIC |
| 2 LOYOLA CTR FOR ORAL HEALTH, MAGUIRE 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 | OUTPATIENT CLINIC |
| 3 LOYOLA CTR FOR HEALTH AT BURR RIDGE 6800 NORTH FRONTAGE ROAD BURR RIDGE, IL 60527 | OUTPATIENT CLINIC |
| 4 CARDINAL BERNARDIN CANCER CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 | CANCER CENTER |
| 5 LOYOLA CTR FOR HEALTH AT OAKBROOK TER 1S 224-260 SUMMIT AVE OAKBROOK TERRACE, IL 60181 | OUTPATIENT CLINIC |
| 6 LOYOLA CENTER FOR HEALTH AT HICKORY H 9608 S. ROBERTS ROAD HICKORY HILLS, IL 60457 | OUTPATIENT CLINIC |
| 7 LOYOLA CENTER FOR HEALTH AT ROOSEVELT 1211 ROOSEVELT ROAD MAYWOOD, IL 60153 | OUTPATIENT CLINIC |
| 8 LOYOLA CENTER FOR HEALTH AT MAYWOOD R 1219 W. ROOSEVELT ROAD MAYWOOD, IL 60153 | OUTPATIENT CLINIC |
| 9 LOYOLA CTR FOR HEALTH AT HOMER GLENN 15750 MARIAN DRIVE HOMER GLEN, IL 60491 | OUTPATIENT CLINIC |
| 10 LOYOLA CTR FOR HEALTH RIVERSIDE 1950 S HARLEM AVENUE NORTH RIVERSIDE, IL 60546 | OUTPATIENT CLINIC |

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Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 30

| Name and address | Type of facility (describe) |
|--|-----------------------------|
| 11 RIVER FOREST IMMEDIATE CARE AND ORTHO 7617 W. NORTH AVE. RIVER FOREST, IL 60305 | OUTPATIENT CLINIC |
| 12 LOYOLA AMB SURGERY CTR AT OAKBROOK 1S224 SUMMIT AVE, STE 201 OAKBROOK TERRACE, IL 60181 | SURGERY CENTER |
| 13 LOYOLA CENTER FOR HEALTH AT PARK RIDG 1030 W. HIGGINS RD. STE 10 PARK RIDGE, IL 60068 | OUTPATIENT CLINIC |
| 14 LOYOLA CTR FOR HEALTH AT ELMHURST 300 N YORK ROAD ELMHURST, IL 60126 | OUTPATIENT CLINIC |
| 15 LOYOLA CENTER FOR METABOLIC SURGERY 719 W NORTH AVE MELROSE PARK, IL 60160 | OUTPATIENT CLINIC |
| 16 LOYOLA CENTER FOR HEALTH AT OAK PARK 7005 W NORTH AVENUE OAK PARK, IL 60302 | OUTPATIENT CLINIC |
| 17 LOYOLA CTR FOR HEALTH AT ELMWOOD PARK 7255 W GRAND AVE ELMWOOD PARK, IL 60707 | OUTPATIENT CLINIC |
| 18 LOYOLA MEDICINE NEUROLOGY BERWYN 3340 OAK PARK AVENUE SUITE 200 BERWYN, IL 60402 | OUTPATIENT CLINIC |
| 19 LOYOLA CTR FOR HEALTH AT MELROSE PARK 675 W NORTH AVE MELROSE PARK, IL 60160 | OUTPATIENT CLINIC |
| 20 MPG-VASCULAR 3231 S EUCLID AVE, STE 400 BERWYN, IL 60402 | OUTPATIENT CLINIC |

Schedule H (Form 990) 2024

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 30

| Name and address | Type of facility (describe) |
|--|-----------------------------|
| 21 LOYOLA CTR FOR HEART & VASCULAR MED. 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 | OUTPATIENT CLINIC |
| 22 LOYOLA CENTER FOR DIALYSIS ON ROOSEVE 1201 W. ROOSEVELT MAYWOOD, IL 60153 | OUTPATIENT CLINIC |
| 23 LOYOLA CENTER FOR HEALTH AT TINLEY PA 17901 LAGRANGE ROAD SUITE 2000&3000 TINLEY PARK, IL 60477 | OUTPATIENT CLINIC |
| 24 LOYOLA MEDICINE URGENT CARE 17901 LAGRANGE ROAD SUITE 2000&3000 TINLEY PARK, IL 60477 | URGENT CARE |
| 25 GOTTLIEB PROFESSIONAL 675 W NORTH AVE MELROSE PARK, IL 60160 | OUTPATIENT CLINIC |
| 26 LOYOLA CENTER FOR FAMILY HEALTH MEDIC 675 W NORTH AVE MELROSE PARK, IL 60160 | OUTPATIENT CLINIC |
| 27 LOYOLA CENTER FOR CANCER CARE & RESEA 15300 WEST AVENUE, SUITE 108 WEST BUI ORLAND PARK, IL 60463 | OUTPATIENT CLINIC |
| 28 LOYOLA MEDICINE (HOMER GLEN) AT PALO 15300 WEST AVENUE, 1ST FLOOR SUITE 15 ORLAND PARK, IL 60463 | OUTPATIENT CLINIC |
| 29 LOYOLA CENTER FOR DIALYSIS ON ROOSEVE 1201 ROOSEVELT ROAD MAYWOOD, IL 60153 | OUTPATIENT CLINIC |
| 30 LOYOLA AMBULATORY SURGERY CENTER AT O 1S224 SUMMIT AVE OAKBROOK TERRACE, IL 60181 | OUTPATIENT CLINIC |

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Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF ILLINOIS. IN ADDITION, LUMC 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.

LUMC ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

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, \$4,003,557, 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:

COMMUNITY SUPPORT - CYBER SECURITY, EMERGING INFECTIOUS DISEASE, ALONG WITH OTHER HAZARDS IDENTIFIED WITHIN OUR HAZARD VULNERABILITY INDEX, WILL CONTINUE TO TEST LOYOLA MEDICINE'S CAPABILITIES. NATIONAL INCIDENT MANAGEMENT SYSTEM CONCEPTS WERE AND ARE STILL BEING USED TO RESPOND TO INCIDENTS. MULTIPLE COMMUNICATION METHODS ARE IN PLACE AND WERE USED TO

Part VI Supplemental Information (Continuation)

PROVIDE AND RECEIVE SITUATIONAL UPDATES FROM LOCAL COMMUNITY PARTNERS AND GOVERNMENT AGENCIES AT ALL LEVELS.

A MEMBER OF LOYOLA MEDICINE STAFF SERVES AS CHAIR OF THE ILLINOIS REGION 8 HEALTHCARE COALITION (HCC), INCLUDING LIAISING BETWEEN PARTICIPATING HOSPITALS, PUBLIC HEALTH AGENCIES, NON-HOSPITAL HEALTH ENTITIES, EMERGENCY MANAGEMENT AGENCIES AND FIRST RESPONDERS. REGIONAL AND STATE SITUATIONAL REPORTS WERE PRODUCED AND DISSEMINATED TO OVER 70 HCC MEMBERS. RESPONSE SUPPLIES AMASSED THROUGH THE ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE (ASPR) HOSPITAL PREPAREDNESS PROGRAM AND THROUGH STRATEGIC NATIONAL STOCKPILE (SNS) REQUESTS SUBMITTED BY LUMC WERE DISTRIBUTED TO HCC MEMBERS. LOYOLA MEDICINE PARTNERED WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) FOR STAFFING OPTIONS.

COALITION BUILDING - IN FY25, AN EMPLOYEE OF LOYOLA MEDICINE SERVED AS CHAIRMAN OF THE BOARD OF TRUSTEES FOR THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION (IHA), FURTHERING OUR COALITION BUILDING WORK IN THE COMMUNITY. THE IHA IS DEDICATED TO ADVOCATING FOR ILLINOIS' MORE THAN 200 HOSPITALS AND NEARLY 40 HEALTH SYSTEMS AS THEY SERVE PATIENTS AND COMMUNITIES THROUGHOUT THE STATE. HOSPITALS ACROSS ILLINOIS ARE WORKING TO ENHANCE HEALTH THROUGH NEW PROGRAMS, COMMUNITY PARTNERSHIPS AND DEDICATED FUNDING, AND LOYOLA MEDICINE IS HONORED TO PLAY A PART IN THIS VITAL WORK.

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:

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

PART III, LINE 4:

LUMC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY

Part VI Supplemental Information (Continuation)

CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:
THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:
THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:
NEEDS ASSESSMENT - LUMC ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL USES PATIENT UTILIZATION DATA, PUBLIC HEALTH DATA, 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

Part VI Supplemental Information (Continuation)

UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - LUMC COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

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

PART VI, LINE 4:

COMMUNITY INFORMATION - BASED IN THE WESTERN SUBURBS OF CHICAGO, LUMC IS A QUATERNARY CARE SYSTEM WITH A MAIN MEDICAL CENTER CAMPUS IN A DIVERSE COMMUNITY AND OPERATES PRIMARY- AND SPECIALTY-CARE FACILITIES ACROSS COOK, DUPAGE AND WILL COUNTIES. THE HEART OF THE MEDICAL CENTER CAMPUS, LUMC'S FOSTER G. MCGAW HOSPITAL, IS A 547 LICENSED-BED FACILITY. IN ADDITION TO THE HOSPITAL, THE FOLLOWING CLINICAL SERVICES ARE LOCATED ON CAMPUS: LEVEL 1 TRAUMA CENTER, A CHILDREN'S HOSPITAL, CARDINAL BERNARDIN CANCER CENTER, LOYOLA OUTPATIENT CENTER, AND LOYOLA CENTER FOR HEART AND VASCULAR MEDICINE. THE CAMPUS IS ALSO THE HOME OF LOYOLA UNIVERSITY OF CHICAGO (LUC) STRITCH SCHOOL OF MEDICINE, LUC MARCELLA NIEHOFF SCHOOL OF NURSING, LUC GRADUATE SCHOOL'S HEALTH SCIENCES DIVISION, AND LOYOLA CENTER FOR FITNESS.

LOYOLA UNIVERSITY MEDICAL CENTER (MAYWOOD, IL) AND GOTTLIEB MEMORIAL HOSPITAL (MELROSE PARK, IL) SERVE A CHNA COMMUNITY SERVICE AREA THAT INCLUDES 30 ZIP CODES IN WEST SUBURBAN COOK COUNTY AND THE WEST SIDE OF CHICAGO. LOYOLA MEDICINE DEFINES THE CHNA SERVICE AREA AS THE PRIMARY SERVICE AREAS FOR BOTH HOSPITALS, MAKING SURE TO INCLUDE ANY NEARBY COMMUNITIES OF HIGHEST NEED. THE LOYOLA-GOTTLIEB SERVICE AREA IS HOME TO 745,129 COMMUNITY MEMBERS. ACCORDING TO THE 2025 CHNA (ALLIANCE FOR HEALTH EQUITY, 2025), THE LARGEST RACIAL AND ETHNIC GROUP WITHIN LOYOLA MEDICINE'S SERVICE AREA IS HISPANIC OR LATINO (40.92%) FOLLOWED BY NON-HISPANIC WHITE (34.55%), AND NON-HISPANIC BLACK (19.26%). COMMUNITY

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

MEMBERS IDENTIFYING AS ASIAN (3.20%), TWO OR MORE RACES (1.77%), NATIVE AMERICAN (0.04%), AND PACIFIC ISLANDER/NATIVE HAWAIIAN (0.01%) ACCOUNTED FOR ABOUT 5% OF THE SERVICE AREA'S OVERALL POPULATION. OF THE SERVICE AREA POPULATION, 23.47% ARE CHILDREN AGED 0-17 YEARS; ADULTS AGED 18-64 YEARS COMPRISE 61.36% OF THE POPULATION; AND SENIORS AGED 65 OR OLDER REPRESENT 15.17% OF THE POPULATION. IN THE LOYOLA-GOTTLIEB SERVICE AREA, 9.50% OF HOUSEHOLDS ARE LIMITED ENGLISH PROFICIENT, COMPARED TO 7.16% ACROSS COOK COUNTY AND ONLY 4.32% STATEWIDE.

IN FY25, LUMC SERVED 5.2% (FOURTH LARGEST AMONG THE AREA'S HOSPITALS, SOURCE: COMPDATA) OF THE 239,344 DISCHARGED INPATIENTS FROM THIS PRIMARY SERVICE AREA. LUMC IS A LEADER IN SPECIALTY CARE FOR HEART DISEASE, CANCER, BURN/TRAUMA, ORGAN TRANSPLANTATION, AND NEUROLOGICAL DISORDERS, AS WELL AS PRIMARY CARE SERVICES. LUMC ALSO PROVIDED CRITICAL CARE FOR PATIENTS THAT ARE OFTEN TRANSPORTED TO THE HOSPITAL VIA AN AIR-TRANSPORT SERVICE. THESE CRITICALLY INJURED OR SEVERELY ILL PATIENTS TYPICALLY RECEIVE CARE FROM LOYOLA'S LEVEL I TRAUMA SERVICES OR THE BURN CENTER. IN FY25, AREA HOSPITALS TRANSFERRED NEARLY 6,000 PATIENTS TO LUMC.

PART VI, LINE 5:

OTHER INFORMATION - VIA EDUCATIONAL AFFILIATION AGREEMENTS WITH OVER 100 ACADEMIC PARTNERS LOCALLY, AS WELL AS THROUGHOUT THE COUNTRY, LUMC PROVIDES CLINICAL ROTATION OPPORTUNITIES AND FACILITIES FOR THOUSANDS OF NURSING AND ALLIED HEALTH STUDENTS. THIS INCLUDES LOYOLA UNIVERSITY CHICAGO (LUC) MARCELLA NIEHOFF SCHOOL OF NURSING. IN ADDITION, LUMC TRAINED HUNDREDS OF GRADUATE MEDICAL EDUCATION STUDENTS.

LUMC PARTICIPATED IN HEALTH CARE ADVOCACY ON BEHALF OF THE COMMUNITIES SERVED. IN FY25, EFFORTS INCLUDED POLICY CHANGES ON IMPROVED PUBLIC HEALTH INFRASTRUCTURE, EXPANDED ACCESS TO CARE, PROTECT ACCESS TO PHARMACEUTICALS FOR LOW-INCOME INDIVIDUALS, AND PROMOTE WORKFORCE STRATEGIES TO BUILD AND PROTECT THE HEALTH CARE WORKFORCE IN ILLINOIS.

LUMC HAS EARNED THE COVETED BABY-FRIENDLY USA DESIGNATION, A REFLECTION OF OUR DEDICATION TO HELPING MOTHERS SUCCESSFULLY BREASTFEED THEIR NEWBORNS. THIS IS PART OF THE BABY-FRIENDLY HOSPITAL INITIATIVE THAT WAS LAUNCHED IN 1991 BY THE WORLD HEALTH ORGANIZATION AND UNICEF.

LUMC AND LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW'S HEALTH JUSTICE PROJECT (HJP) CONTINUED TO COLLABORATE ON A MEDICAL-LEGAL PARTNERSHIP FOR LOW-INCOME CLINIC PATIENTS WHO HAVE HEALTH-HARMING LEGAL NEEDS THROUGH REFERRALS TO ON-SITE CIVIL LEGAL AID COUNSEL.

LOYOLA MEDICINE IS COMMITTED TO IMPROVING ACCESS TO AND PROMOTION OF HEALTHIER FOODS AND BEVERAGES FOR EMPLOYEES, PATIENTS, AND VISITORS BY INVESTING AND PROVIDING A HEALTHIER RETAIL ENVIRONMENT FOR THOSE WE SERVE THROUGH OUR MENUS, CAFETERIA SELECTIONS AND VENDING MACHINE OPTIONS.

IN FY25, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO

Part VI Supplemental Information (Continuation)

DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

LOYOLA MEDICINE'S REGIONAL COMMUNITY IMPACT IN FY25 TOTALED \$402.3 MILLION.

PART VI, LINE 6:

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

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED,

Part VI Supplemental Information (Continuation)

27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

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

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
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