GOTTLIEB MEMORIAL HOSPITAL 36-2379649

### Financial Assistance and Certain Other Community Benefits at Cost

**Part I**

1. **a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
   - **Yes**
   - **No**

2. **b** If "Yes," was it a written policy?
   - **Yes**
   - **No**

3. **c** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
   - X Applied uniformly to all hospital facilities
   - □ Applied uniformly to most hospital facilities
   - □ Generally tailored to individual hospital facilities

4. **d** If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
   - X 100%  
   - □ 150%  
   - □ 200%  
   - □ Other %

5. **e** If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  
   - □ 100%  
   - □ 150%  
   - □ 200%  
   - □ 250%  
   - □ 300%  
   - □ 350%  
   - □ 400%  
   - □ Other 600 %

6. **f** 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 free care?  
     - □ Yes  
     - □ No
   - **b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  
     - □ Yes  
     - □ No
   - **c** Did the organization use 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.

7. **g** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
   - □ Yes
   - □ No
   - □ Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
     - X
   - □ Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
     - X

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

#### Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance Means-Tested Government Programs</th>
<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>a Financial Assistance at cost (from Worksheet 1)</td>
<td>1120188.</td>
<td>1120188.</td>
<td>94%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>23866248.</td>
<td>15387049.</td>
<td>7.13%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>391767.</td>
<td>391767.</td>
<td>33%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td>24986436.</td>
<td>15387049.</td>
<td>8.07%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>10 4007 238757.</td>
<td>238757.</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>3 30 391767.</td>
<td>391767.</td>
<td>33%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>5 855 145738.</td>
<td>145738.</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>18 4892 776262.</td>
<td>776262.</td>
<td>65%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7</td>
<td>18 4892 25762698.</td>
<td>15387049.</td>
<td>8.72%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2017**

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### 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></th>
<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</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td>1</td>
<td>6,454.</td>
<td></td>
<td>6,454.</td>
<td>.01%</td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>1</td>
<td>6,454.</td>
<td></td>
<td>6,454.</td>
<td>.01%</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.  
   - 12,900,766.

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.  
   - 0.

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)  
   - 46,561,276.

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - 45,658,253.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - 903,023.

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

   - Check the box that describes the method used:  
     - Cost accounting system  
     - Cost to charge ratio  
     - Other

**Section C. Collection Practices**

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>1 GTTLIEB WEST TOWNS MEDICAL CONTRACT PHO SERVICES</td>
<td>50.00%</td>
<td>.00%</td>
<td>50.00%</td>
<td></td>
</tr>
</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?

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>Facility Reporting Group</th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>ER-24 hours</th>
<th>ER-other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 GOTTLIEB MEMORIAL HOSPITAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>701 W. NORTH AVE.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MELROSE PARK, IL 60160</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong><a href="http://WWW.GOTTLIEBHOSPITAL.ORG">WWW.GOTTLIEBHOSPITAL.ORG</a></strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>0005793</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>INCLUDING</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>OUTPATIENT SERVICES</strong></td>
</tr>
</tbody>
</table>
**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: **GOTTLIEB MEMORIAL HOSPITAL**

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

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th>Yes</th>
<th>No</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>X</td>
<td></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>X</td>
<td></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>X</td>
<td></td>
</tr>
<tr>
<td>a. A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g. The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h. The process for consulting with persons representing the community’s interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i. The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Indicate the tax year the hospital facility last conducted a CHNA: 2015

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 | X |  |
| 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 | X |  |

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):

| a. Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C |  |  |
| b. Other website (list url): |  |  |
| c. Made a paper copy available for public inspection without charge at the hospital facility | X |  |
| d. Other (describe in Section C) | X |  |

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: 2015 | X |  |

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

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

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

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)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," indicate the eligibility criteria explained in the FAP:

- **a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of \( \frac{200}{600} \% \)

- **b** Income level other than FPG (describe in Section C)

- **c** Asset level

- **d** Medical indigency

- **e** Insurance status

- **f** Underinsurance status

- **g** Residency

- **h** Other (describe in Section C)

#### Explained the basis for calculating amounts charged to patients?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

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** Described the information the hospital facility may require an individual to provide as part of his or her application

- **b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

- **c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

- **d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

- **e** Other (describe in Section C)

#### Was widely publicized within the community served by the hospital facility?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- **a** The FAP was widely available on a website (list url): [SEE PART V](#)

- **b** The FAP application form was widely available on a website (list url): [SEE PART V](#)

- **c** A plain language summary of the FAP was widely available on a website (list url): [SEE PART V](#)

- **d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

- **e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

- **f** 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** 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** Notified members of the community who are most likely to require financial assistance about availability of the FAP

- **i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

- **j** Other (describe in Section C)
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ☒  

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 ☐ Reporting to credit agency(ies)  
   b ☐ Selling an individual’s debt to another party  
   c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP  
   d ☐ Actions that require a legal or judicial process  
   e ☐ Other similar actions (describe in Section C)  
   f ☒ None of these actions or other similar actions were permitted  

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? ☒  
   If "Yes," check all actions in which the hospital facility or a third party engaged:  
   a ☐ Reporting to credit agency(ies)  
   b ☐ Selling an individual’s debt to another party  
   c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP  
   d ☐ Actions that require a legal or judicial process  
   e ☐ Other similar actions (describe in Section C)  

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):  
   a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  
   b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process  
   c ☒ Processed incomplete and complete FAP applications  
   d ☒ Made presumptive eligibility determinations  
   e ☐ Other (describe in Section C)  
   f ☐ None of these efforts were made  

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy? ☒  
   If "No," indicate why:  
   a ☐ The hospital facility did not provide care for any emergency medical conditions  
   b ☐ The hospital facility’s policy was not in writing  
   c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  
   d ☐ Other (describe in Section C)
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  [X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
   b  [ ] 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  [ ] 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  [ ] 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.

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.
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, 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.

GOTTLEB MEMORIAL HOSPITAL:

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

LINE 3E: GOTTLEB MEMORIAL HOSPITAL INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1) IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH, WHILE REDUCING SOCIAL AND ECONOMIC INEQUITIES;

2) IMPROVING MENTAL HEALTH AND DECREASING SUBSTANCE ABUSE

3) PREVENTING AND REDUCING CHRONIC DISEASE, WITH A FOCUS ON RISK FACTORS - NUTRITION, PHYSICAL ACTIVITY AND TOBACCO; AND

4) INCREASING ACCESS TO CARE AND COMMUNITY SERVICES.

GOTTLEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: BEGINNING IN MARCH 2015, GOTTLEB MEMORIAL HOSPITAL (GMH), A MEMBER OF LOYOLA UNIVERSITY HEALTH SYSTEM (LUHS), PARTICIPATED IN A COLLABORATIVE OF HOSPITALS IN CHICAGO AND SUBURBAN COOK COUNTY TO CONDUCT THEIR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). KNOWN AS THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICC), HOSPITALS, COMMUNITY ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS COLLABORATIVELY GATHERED DATA AND INPUT THROUGH A COMMUNITY SURVEY AND A SERIES OF FOCUS GROUPS.
The Illinois Public Health Institute (IPHI) served as the process facilitator and backbone organization for the collaborative CHNA and implementation planning process. IPHI and partners worked together to design a shared leadership model and collaborative infrastructure to support community-engaged planning, partnerships, and strategic alignment of implementation, which will facilitate more effective and sustainable community health improvement in the future.

The collaborative divided Cook County into three regions, of which the GMH CHNA (West Suburban Cook County) was included within the central region.

Seven nonprofit hospitals, one public hospital, three health departments, and approximately 30 community stakeholders partnered on the CHNA for the central region. Health departments were key partners in leading the collaborative and conducting the CHNA. The participating health departments in the central region were the Chicago Department of Public Health, Cook County Department of Public Health, and Oak Park Department of Public Health.

The HICC is focused on community-engaged assessment, planning, and implementation. Stakeholders and community partners were involved in multiple ways throughout the assessment process, both in terms of community input data and as decision-making partners. Avens for engagement in the central region CHNA included: stakeholder advisory team, hospitals' community advisory groups, data collection (community input through survey and focus groups), and action planning for strategic
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, 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.

PRIORITIES (STARTED IN SUMMER 2016).


MEMBERS OF THE STAKEHOLDER ADVISORY TEAM WERE VERY IMPORTANT PARTNERS IN

14160520 794151 8350 2017.05060 GOTTLIEB MEMORIAL HOSPITAL 83501
THE CHNA AND IMPLEMENTATION PLANNING PROCESS AND CONTRIBUTED IN SOME OF THE FOLLOWING WAYS: PARTICIPATED IN A SERIES OF 8-10 MEETINGS BETWEEN MAY 2015 AND AUGUST 2016; PROVIDED INPUT ON ASSESSMENT DESIGN, INCLUDING DATA INDICATORS, SURVEYS, FOCUS GROUPS, AND ASSET MAPPING; FACILITATED THE PARTICIPATION OF COMMUNITY MEMBERS TO PROVIDE INPUT THROUGH SURVEYS AND FOCUS GROUPS; REVIEWED ASSESSMENT DATA, ASSISTED WITH DEVELOPING FINDINGS, AND IDENTIFIED PRIORITY STRATEGIC ISSUES; AND JOINED AN ACTION TEAM TO HELP SHAPE IMPLEMENTATION STRATEGIES.

THE HICC ORGANIZED 23 FOCUS GROUPS THROUGHOUT CHICAGO AND SUBURBAN COOK COUNTY BETWEEN OCTOBER 2015 AND MARCH 2016, INCLUDING SEVEN FOCUS GROUPS IN THE CENTRAL REGION. THE GOAL OF THE FOCUS GROUPS WAS TO UNDERSTAND THE NEEDS, ASSETS, AND POTENTIAL RESOURCES IN VARIOUS COMMUNITIES OF CHICAGO AND SUBURBAN COOK COUNTY AND TO GATHER IDEAS ABOUT HOW HOSPITALS CAN PARTNER WITH COMMUNITIES TO IMPROVE HEALTH. THE FOCUS GROUP FINDINGS WERE AN INTEGRAL COMPONENT OF DATA IN THE CHNA, AND THE HOSPITALS AND THEIR PARTNERS IN THE HICC FOCUSED ON HEARING FROM COMMUNITY REPRESENTATIVES WHO HAVE DIRECT KNOWLEDGE AND EXPERIENCE RELATED TO THE HEALTH INEQUITIES IN OUR REGION. MEMBERS OF THE REGIONAL LEADERSHIP TEAM AND STAKEHOLDER ADVISORY TEAM HOSTED THE FOCUS GROUPS AND RECRUITED FOCUS GROUP PARTICIPANTS, WITH AN INTENTIONAL APPROACH TO INCLUDE A DIVERSE RANGE OF COMMUNITIES AND SERVICE PROVIDERS. RECRUITERS SPECIFICALLY SOUGHT OUT PARTICIPANTS WHO BELONG TO OR INTERACT WITH POPULATIONS SUCH AS RACIAL OR ETHNIC MINORITIES, IMMIGRANTS, LIMITED ENGLISH SPEAKERS, LOW-INCOME COMMUNITIES, FAMILIES WITH CHILDREN, FORMERLY INCARCERATED INDIVIDUALS, VETERANS, SENIORS, AND YOUNG ADULTS. HOST ORGANIZATIONS INCLUDED: CASA CENTRAL, CATHOLIC CHARITIES, HOUSING FORWARD, NATIONAL ALLIANCE FOR THE
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, 15, 15e, 16, 18e, 20, 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.

EMPOWERMENT OF THE FORMERLY INCARCERATED (NAEFI), NORWEGIAN AMERICAN HOSPITAL, PRESENCE SAINT MARY AND ELIZABETH CENTER, AND QUINN COMMUNITY CENTER.

ADDITIONALLY, BY LEVERAGING ITS PARTNERS AND NETWORKS, THE COLLABORATIVE COLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS BETWEEN OCTOBER 2015 AND JANUARY 2016, INCLUDING 1,200 IN THE CENTRAL REGION. THE SURVEY WAS AVAILABLE ON PAPER AND ONLINE AND WAS DISSEMINATED IN FIVE LANGUAGES - ENGLISH, SPANISH, POLISH, KOREAN, AND ARABIC.

LUHS CONTINUED ITS MEMBERSHIP AND PARTICIPATION ON THE STEERING COMMITTEE OF HICC. THE STEERING COMMITTEE IDENTIFIES OPPORTUNITIES AND COLLABORATIVE EFFORTS TO ADDRESS THE FOCUS AREAS DEVELOPED THROUGH THE CHNA PROCESS.

GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: OTHER HOSPITALS THAT PARTICIPATED IN THE CHNA INCLUDED LOYOLA UNIVERSITY MEDICAL CENTER (LUMC), NORWEGIAN AMERICAN HOSPITAL, PRESENCE SAINT MARY AND ELIZABETH MEDICAL CENTER, RML SPECIALTY HOSPITALS, RUSH (INCLUDING RUSH UNIVERSITY MEDICAL CENTER AND RUSH OAK PARK), AND STROGER HOSPITAL OF COOK COUNTY.

GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: ORGANIZATIONS, OTHER THAN HOSPITAL FACILITIES, THAT PARTICIPATED IN THE CHNA INCLUDED AGE OPTIONS, AGING CARE CONNECTIONS, AMERICAN CANCER SOCIETY, CASA CENTRAL, CATHOLIC CHARITIES,
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, 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.

CHICAGO POLICE DEPARTMENT - 14TH DISTRICT, CHICAGO PUBLIC SCHOOLS,

COMMUNITY HEALTH, DIABETES EMPOWERMENT CENTER, HEALTHCARE ALTERNATIVES

SYSTEMS, HOUSING FORWARD, INFANT WELFARE-OAK PARK/THE CHILDREN'S CLINIC,

INTERFAITH LEADERSHIP PROJECT, LOYOLA UNIVERSITY STRITCH SCHOOL OF

MEDICINE, METROPOLITAN PLANNING COUNCIL, MILE SQUARE HEALTH CENTER, PCC

WELLNESS, PROVISO LEYDEN COUNCIL FOR COMMUNITY ACTION (PLCC), PROVISO

TOWNSHIP MENTAL HEALTH COMMISSION, RESPIRATORY HEALTH ASSOCIATION, SAINT

ANTHONY'S HOSPITAL, WEST 40 INTERMEDIATE SERVICE CENTER, WEST COOK YMCA,

WEST HUMBOLDT PARK DEVELOPMENT COUNCIL, WEST SIDE HEALTH AUTHORITY, WICKER

PARK BUCKTOWN CHAMBER OF COMMERCE.

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GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 7D: IN ADDITION TO MAKING THE CHNA AVAILABLE AT THE HOSPITAL AND ON THE WEBSITE, COPIES OF THE CHNA WERE EMAILED TO ALL STEERING COMMITTEE MEMBERS.

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GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: BASED ON THE DATA AND FEEDBACK GATHERED THROUGH THE CHNA PROCESS, THE HICC CAME TO A CONSENSUS ON FOUR FOCUS AREAS THAT IMPACT ALL THREE REGIONS IN COOK COUNTY: 1) IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH, WHILE REDUCING SOCIAL AND ECONOMIC INEQUITIES; 2) IMPROVING MENTAL HEALTH AND DECREASING SUBSTANCE ABUSE; 3) PREVENTING AND REDUCING CHRONIC DISEASE, WITH A FOCUS ON RISK FACTORS - NUTRITION, PHYSICAL ACTIVITY AND TOBACCO; AND 4) INCREASING ACCESS TO CARE AND COMMUNITY SERVICES. THE RECOMMENDATION OF THE
COLLABORATIVE IS THAT ALL PARTICIPATING HOSPITALS INCLUDE FOCUS AREA #1 AS
A PRIORITY WITHIN THEIR SPECIFIC CHNA AREA. AFTER REVIEW AND CONSULTATION
WITH ITS COMMUNITY PARTNERS, GMH IS COMMITTED TO WORKING TO DEVELOP
STRATEGIES AND PROGRAMS THAT WILL ADDRESS FOCUS SOCIAL AND STRUCTURAL
DETERMINANTS OF HEALTH, CHRONIC DISEASE PREVENTION, AND ACCESS TO CARE.

THROUGH COLLABORATION WITH ITS COMMUNITY PARTNERS AS WELL AS OTHER HEALTH
PROVIDERS, GMH HAS SUPPORTED INITIATIVES THAT ADDRESS THE UNDERLYING
ISSUES THAT CUT ACROSS THESE FOCUS AREAS.

THESE INITIATIVES INCLUDED, DURING FY18, OFFERING A DEDICATED SPECIALTY
CARE CLINIC FOR THE OVERWEIGHT OR OBESE CHILDREN, OFFERING A PEDIATRIC
WEIGHT MANAGEMENT PROGRAM FOR DISADVANTAGED CHILDREN, AND CONDUCTING
VARIOUS HEALTH SCREENINGS AND COMMUNITY COALITION OUTREACH ACTIVITIES.

IN ORDER TO INCREASE ACCESS TO CARE, GMH PROVIDED TRANSPORTATION VAN
SERVICE FOR THOSE WITH NO MEANS OF TRANSPORT TO HOSPITAL DIAGNOSTIC
TESTING OR ANCILLARY SERVICES. GMH ALSO PROVIDED FREE VISION AND HEARING
SCREENING FOR SCHOOLCHILDREN IN THE GMH SERVICE AREA, SPECIFICALLY IN
MELROSE PARK.

TO SUPPORT PERSONS LIVING WITH CHRONIC DISEASE, GMH ALSO LEADS SEVERAL
FREE SUPPORT GROUPS FOR CARE GIVERS OF PERSONS LIVING WITH CHRONIC
ILLNESS.

FINALLY, REGARDING IMPROVING SOCIAL DETERMINANTS OF HEALTH, GMH CONTINUED
TO ACTIVELY SUPPORT PROVISO PARTNERS FOR HEALTH (PP4H), A MULTI-SECTOR,
COMMUNITY DRIVEN COALITION OF MORE THAN 25 LOCAL COMMUNITY GROUPS AND
ORGANIZATIONS FOCUSED ON CREATING ENVIRONMENTS THAT PROMOTE HEALTHY LIFESTYLES. GMH LEADERS ACTIVELY PARTICIPATED ON PLANNING COMMITTEES TO IDENTIFY AND IMPLEMENT STRATEGIES TO IMPROVE CHILDHOOD NUTRITION, ACCESS TO HEALTHY FOOD, TOBACCO-FREE LIVING, AND THE BUILT ENVIRONMENT TO SUPPORT HEALTH AND WELL-BEING.

GMH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. GMH WILL NOT ALLOCATE SIGNIFICANT RESOURCES TO ADDRESS MENTAL AND SUBSTANCE ABUSE ISSUES DUE TO LIMITED PROGRAMS AND RESOURCES. GMH WILL CONTINUE TO WORK WITH AREA PROVIDERS AND SUPPORT INITIATIVES DEVELOPED BY THE HICC AS APPROPRIATE TO GMH’S MISSION AND RESOURCES.

GOTTLIEB MEMORIAL 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.
FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS

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, the predictive model provides a

systematic method to grant presumptive eligibility to financially needy

patients.

GOTTLIEB MEMORIAL HOSPITAL - PART V, SECTION B, LINE 7A:
HTTPS://WWW.LOYOLAMEDICINE.ORG/ABOUT-LOYOLA/COMMUNITY-BENEFIT

GOTTLIEB MEMORIAL 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.

GOTTLIEB MEMORIAL HOSPITAL - PART V, SECTION B, LINE 10A:
HTTPS://WWW.LOYOLAMEDICINE.ORG/ABOUT-LOYOLA/COMMUNITY-BENEFIT

GOTTLIEB MEMORIAL HOSPITAL - PART V, SECTION B, LINE 16A:
HTTPS://WWW.LOYOLAMEDICINE.ORG/PATIENT-INFORMATION/
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, 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.

FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY

GOTTLIEB MEMORIAL HOSPITAL - PART V, SECTION B, LINE 16B:

HTTPS://WWW.LOYOLAMEDICINE.ORG/PATIENT-INFORMATION/

FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY

GOTTLIEB MEMORIAL HOSPITAL - PART V, SECTION B, LINE 16C:

HTTPS://WWW.LOYOLAMEDICINE.ORG/PATIENT-INFORMATION/

FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY
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? 2

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 GOTTLIEB HOME HEALTH &amp; HOSPICE</td>
<td>HOME HEALTH AND HOSPICE PROGRAM</td>
</tr>
<tr>
<td>905 W. NORTH AVE. MELROSE PARK, IL 60160</td>
<td></td>
</tr>
<tr>
<td>2 GOTTLIEB ADULT DAY CARE CENTER</td>
<td>ADULT DAY CARE CENTER</td>
</tr>
<tr>
<td>555 W. NORTH AVE. MELROSE PARK, IL 60160</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017

GOTTLIEB MEMORIAL HOSPITAL 36-2379649
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:

GOTTLIEB MEMORIAL HOSPITAL (GMH) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF ILLINOIS. IN ADDITION, GMH 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.

GOTTLIEB MEMORIAL HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH’S WEBSITE.

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PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

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2017.05060 GOTTLIEB MEMORIAL HOSPITAL 83501
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, $12,900,766, 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:

IN FY18, THE GMH SECURITY AND PARKING STAFF CONDUCTED AN ACTIVE SHOOTER
TRAINING DRILL ON THE CAMPUS OF GMH. THE DRILL WAS DESIGNED TO TRAIN AND
EDUCATE SECURITY AND OTHER PERSONNEL IN RESPONDING TO AN ARMED ASSAILANT
ON THE PREMISES OF GOTTlieB MEMORIAL PROPERTY.

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:
GMH 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, GMH IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, GMH IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
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:

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

PART III, LINE 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:


PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - GMH COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.
FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

GMH 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 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.

GMH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. GMH 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:

THE CHNA SERVICE AREA IS CENTERED AROUND THE TWO CAMPUSES OF LUMC (MAYWOOD) AND GMH (MELROSE PARK) IN THE WESTERN SUBURBS OF CHICAGO. THE CHNA AREA IS COMPOSED OF A DIVERSE POPULATION OF ABOUT 540,000. HISPANICS MAKE UP THE LARGEST RACE/ETHNIC GROUPS WITH 41.1% OF THE POPULATION. WHITE NON-HISPANIC IS THE SECOND LARGEST GROUP WITH 33.7% AND AFRICAN-AMERICANS REPRESENT 21.5% OF THE CHNA POPULATION. AN INVENTORY OF HOSPITALS FOR THE CHNA SERVICE AREA INCLUDED A TOTAL OF 12 FACILITIES.

GMH'S PRIMARY SERVICE AREA HAS A DIVERSE POPULATION OF OVER 388,000. OVER 14% OF THE POPULATION IS AGE 65 OR OLDER. THE AVERAGE HOUSEHOLD INCOME IS $77,861, WITH 24.4% OF HOUSEHOLDS OVER $100,000 AND 21.2% UNDER $25,000. HISPANICS ARE AMONG THE FASTEST-GROWING DEMOGRAPHIC, MAKING UP 31% OF THE POPULATION.

GMH SERVED 6,556 DISCHARGED INPATIENTS IN FY18. MORE THAN 25,655 EMERGENCY DEPARTMENT VISITS WERE SEEN AT GMH. THE EMERGENCY DEPARTMENT IS A LEVEL II
TRAUMA CENTER RECOGNIZED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AS AN EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP). THROUGH GMH, PRE-HOSPITAL TRAINING IS PROVIDED IN THE EDUCATION AND TRAINING OF EMERGENCY MEDICAL TECHNICIANS (EMTS) AND PARAMEDICS IN NEIGHBORING COMMUNITIES.

PART VI, LINE 5:
OTHER INFORMATION – IN FURTHERANCE OF LUHS' TRADITION OF TEACHING, GMH SUPPORTS HOSPITAL-BASED EDUCATION AND TRAINING OF FUTURE PROFESSIONALS. GMH PROVIDED CLINICAL SUPERVISION OF PHYSICAL, SPEECH AND RESPIRATORY THERAPY STUDENTS.

GMH ALSO PROVIDED COMMUNITY HEALTH AND SCREENING SERVICES DURING FY18. GMH PROVIDED TRANSPORTATION VAN SERVICE FOR THOSE WITH NO MEANS OF TRANSPORT TO HOSPITAL DIAGNOSTIC TESTING OR ANCILLARY SERVICES. GMH ALSO REGULARLY PROVIDES FREE VISION AND HEARING SCREENING FOR SCHOOLCHILDREN IN THE GMH SERVICE AREA, SPECIFICALLY IN MELROSE PARK. GMH ALSO LEADS SEVERAL FREE SUPPORT GROUPS FOR CARE GIVERS OF PERSONS LIVING WITH CHRONIC ILLNESS AND ONE SPECIFICALLY FOR AMPUTEES. GMH ALSO WORKED WITH A COMMITTEE OF AREA PROVIDERS AND AGENCIES TO HELP CONNECT SENIORS AND OTHERS WITH HEALTH CARE RESOURCES. GMH OFFERED NUMEROUS FREE COMMUNITY PRESENTATIONS AND CONSISTENT HEALTH EDUCATION THROUGHOUT THE YEAR WITH EXPERT SPEAKERS ON NUTRITION, MENTAL HEALTH AND CARING FOR AGING FAMILY MEMBERS. THESE INCLUDE MENTAL HEALTH FIRST AID TRAINING AND THE MIND DIET. THE PRESENTATIONS ARE OPEN TO THE PUBLIC.

ANOTHER EXAMPLE OF HOW GMH PROMOTED COMMUNITY HEALTH RELATED TO RAISING AWARENESS AND PROVIDING INFORMATION TO THE COMMUNITY FOR HEALTH-RELATED
CONDITIONS: GMH AND ITS STAFF ALLERGISt JOSEPH LEIJA, MD, PROVIDED GMH'S
DAILY ALLERGY COUNT (FROM APRIL THROUGH OCTOBER) FOR THE ENTIRE
CHICAGOLAND. THE COUNT IS PROVIDED, AT NO COST, TO NEWS OUTLETS AND ALL
CHICAGO METEOROLOGISTS. THE COUNT ALSO IS AVAILABLE ON GMH'S WEB SITE, VIA
TWITTER AND BY A TELEPHONE HOTLINE EACH WEEKDAY MORNING DURING ALLERGY
SEASON. IT IS A RELIEd-UPON RESOURCE BY PEOPLE IN THE CHICAGO AREA WHO
NEED TO DETERmINE WHETHER TO TAKE ALLERGY MEDICATION BEFORE STEPPING OUT
THE DOOR IN THE MORNING.

IN 2016, LUHS/PP4H WAS AMONG SIX COLLABORATIONS RECEIVING THE FIRST
TRANSFORMING COMMUNITIES INITIATIVE GRANTS SPONSORED BY TRINITY HEALTH.
AS PART OF THIS AWARD LUHS/PP4H IS ELIGIBLE TO RECEIVE UP TO $500,000 A
YEAR FOR FIVE YEARS TO BE DIRECTED TOWARDS THE IMPLEMENTATION OF A SERIES
OF PRE-SELECTED, PRO-HEALTH POLICY, SYSTEM, AND ENVIRONMENTAL (PSE)
INTERVENTIONS. INTERVENTIONS INCLUDE: TOBACCO 21, COMPLETE STREETS,
IMPLEMENTATION OF NUTRITION STANDARDS IN EARLY CHILDHOOD SETTINGS,
BREASTFEEDING POLICY ENHANCEMENT, SCHOOL BOARD POLICY TO ENHANCE PHYSICAL
ACTIVITY IN SCHOOLS, AND FOOD & BEVERAGE STANDARDS/COMPETITIVE FOODS
POLICIES.

DURING FY18, GMH (AS PART OF LUHS) THROUGH ITS COMMUNITY COALITION PP4H,
SUPPORTED EFFORTS ON THE state AND LOCAL LEVELS TO ADOPT TOBACCO 21
POLICIES. TOBACCO 21 ADVOCATES INCREASING THE LEGAL AGE TO PURCHASE
TOBACCO PRODUCTS FROM 18 TO 21. LUHS JOINED THE TOBACCO 21 EFFORT IN
ILLINOIS AND COORDINATED WITH COMMUNITY PARTNERS AND OTHERS FOR ADVOCACY
OF STATE-WIDE LEGISLATION RESTRICTING SALE TO MINORS OF CIGARETTE
PRODUCTS. OTHER STATEWIDE ORGANIZATIONS LUHS PARTNERED WITH INCLUDED THE
ILLINOIS HOSPITAL ASSOCIATION, RESPIRATORY HEALTH ASSOCIATION, AMERICAN

PART VI, LINE 6:

GMH IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER MINISTRIES DEFINE – AND ACHIEVE – SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS:

1. REDUCE TOBACCO USE
2. REDUCE OBESITY PREVALENCE
3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE)
CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH. TRINITY HEALTH INVESTED $3.6 MILLION IN FISCAL YEAR 2018 IN TCI. IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES. TRINITY HEALTH INVESTED OVER $260,000 IN FISCAL YEAR 2018 IN GSI. ADDITIONALLY, TRINITY HEALTH INVESTED $500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS.

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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