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

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

1. **Did the organization have a financial assistance policy during the tax year?**
   - Yes: X  
   - No:  

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

3. **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.**
   - Applied uniformly to all hospital facilities: X  
   - Applied uniformly to most hospital facilities:  
   - Generally tailored to individual hospital facilities:  

4. **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.**
   - Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?  
     - Yes: X  
     - No:  
   - If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
     - 100%:  
     - 150%:  
     - 200%: X  
     - Other:  

5. **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.**
   - Generally tailored to individual hospital facilities:  

6. **Did the organization prepare a community benefit report during the tax year?**
   - Yes: X  
   - No:  

**Part II: Financial Assistance and Certain Other Community Benefits at Cost**

**Financing Assistance and Certain Other Community Benefits at Cost**

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</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>Financial Assistance at cost (from Worksheet 1)</td>
<td>23998729.</td>
<td>0.23998729.</td>
<td>1.69%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>224286275.</td>
<td>203737010.</td>
<td>1.45%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Financial Assistance and Means-Tested Government Programs</td>
<td>248285004.</td>
<td>203737010.</td>
<td>44547994.</td>
<td>3.14%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>12</td>
<td>5,707</td>
<td>799,899.</td>
<td>85,129.</td>
<td>714,770.</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>2</td>
<td>9,485</td>
<td>90215117.</td>
<td>30523776.</td>
<td>59691341.</td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td></td>
<td>1</td>
<td>2212731.</td>
<td>0.2212731.</td>
<td>.16%</td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>8</td>
<td>25354764.</td>
<td>13,800.</td>
<td>25340964.</td>
<td>.179%</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>23</td>
<td>15,192</td>
<td>118582511.</td>
<td>30622705.</td>
<td>87959806.</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7f</td>
<td>23</td>
<td>15,192</td>
<td>234359715.</td>
<td>132507806.</td>
<td>81080000.</td>
</tr>
</tbody>
</table>

**Schedule H (Form 990) 2020**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### 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>1</td>
<td>5,000.</td>
<td>0.</td>
<td>5,000.</td>
<td>0.00%</td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>5,000.</td>
<td>0.</td>
<td>5,000.</td>
<td>0.00%</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.

   2 [16,304,342.]

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.

   3 [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)

   5 [261,124,119.]

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

   6 [224,770,469.]

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

   7 [36,353,650.]

8. Describe in Part VI the extent to which any shortfall reported on 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 by 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></th>
<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, direct- ors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, L.P.</td>
<td>SURGERY CENTER</td>
<td>49.00%</td>
<td>51.00%</td>
<td></td>
</tr>
</tbody>
</table>
## Part V Facility Information

### Section A. Hospital Facilities

**How many hospital facilities did the organization operate during the tax year?**

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Teaching Hospital</th>
<th>Critical Access Hospital</th>
<th>Research Facility</th>
<th>ER-24 Hours</th>
<th>ER-Other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FOSTER G MCGAW HOSPITAL</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>OUTPATIENT SURGERY</td>
</tr>
</tbody>
</table>

**Name, address, primary website address, and state license number**

1. FOSTER G MCGAW HOSPITAL
   2160 S FIRST AVE, MAYWOOD, IL 60153
   WWW.LOYOLAMEDICINE.ORG
   0005801

**Facility Reporting Group**

36-4015560

**Schedule H (Form 990) 2020**

LOYOLA UNIVERSITY MEDICAL CENTER

13430513 794151 8310

2020.05095 LOYOLA UNIVERSITY MEDICAL 8310__1
Schedule H (Form 990) 2020
LOYOLA UNIVERSITY MEDICAL CENTER 36-4015560 Page 4

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

Community Health Needs Assessment

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? Yes 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 Yes X

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 Yes X

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

a X A definition of the community served by the hospital facility
b X Demographics of the community
c X Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d X How data was obtained
e X The significant health needs of the community
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
g X The process for identifying and prioritizing community health needs and services to meet the community health needs
h X The process for consulting with persons representing the community’s interests
i X The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 2018

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 Yes 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 Yes

6b Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C Yes

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

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

a X Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
b X Other website (list url): SEE SCHEDULE H, PART V, SECTION C

c X Made a paper copy available for public inspection without charge at the hospital facility

d 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 Yes X

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2018

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

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? Yes X

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)? Yes X

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

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? $
Financial Assistance Policy (FAP)

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?  
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a  ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 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)  

14 Explained the basis for calculating amounts charged to patients?  

15 Explained the method for applying for financial assistance?  
   If "Yes," indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a  ☑ 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)  

16 Was widely publicized within the community served by the hospital facility?  
   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 Limited English Proficiency (LEP) populations  
   j  ☐ Other (describe in Section C)  

Schedule H (Form 990) 2020
**Billing and Collections**

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

| 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 | X |    |

| 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? | X |   |

|   | 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 engaged |   |    |

| 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 (if not, describe in Section C) | X |    |
|   | b | Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) | X |    |
|   | c | Processed incomplete and complete FAP applications (if not, describe in Section C) | X |    |
|   | d | Made presumptive eligibility determinations (if not, describe in Section C) | X |    |
|   | e | Other (describe in Section C) |   |    |
|   | f | None of these efforts were made |   |    |

**Policy Relating to Emergency Medical Care**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

|   | 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) |   |    |
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  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

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.

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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 22, 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 IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS LED BY THE ALLIANCE FOR HEALTH EQUITY. BASED ON THE DATA AND FEEDBACK GATHERED THROUGH THE CHNA PROCESS, THE ALLIANCE FOR HEALTH EQUITY AND LUMC'S COMMUNITY STAKEHOLDERS CAME TO A CONSENSUS ON FOUR FOCUS AREAS:

1. THE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH
2. ACCESS TO CARE, COMMUNITY RESOURCES, AND SYSTEMS IMPROVEMENT
3. MENTAL HEALTH AND SUBSTANCE USE DISORDERS
4. CHRONIC DISEASE PREVENTION AND MANAGEMENT

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 5: SINCE 2012, LUMC HAS PARTICIPATED IN THE ALLIANCE FOR HEALTH EQUITY (AHE; FORMERLY THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY), COMPRISING 37 HOSPITALS AND FOUR HEALTH DEPARTMENTS ACROSS CHICAGO AND SUBURBAN COOK COUNTY. THE AHE GATHERED AND ANALYZED DATA AND COMMUNITY INPUT FOR HOSPITALS LOCATED IN COOK COUNTY, IL TO INFORM THEIR TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA). THE
ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) SERVED AS THE PROCESS FACILITATOR FOR THE COLLABORATIVE CHNA AND IMPLEMENTATION PLANNING PROCESS.


COMMUNITY PARTNERS PARTICIPATED IN THE ASSESSMENT AND ONGOING IMPLEMENTATION PROCESSES BY PROVIDING COMMUNITY INPUT AND SUPPORTING DECISION-MAKING. AHE'S CHNA COMMUNITY ENGAGEMENT METHODS AND IMPLEMENTATION STRATEGIES INCLUDED:
- GATHERING INPUT FROM UNDERREPRESENTED COMMUNITY RESIDENTS IN ASSESSMENT AND IMPLEMENTATION PLANNING PROCESSES
- PARTNERING WITH 52 COMMUNITY-BASED ORGANIZATIONS (CBOS) FOR COMMUNITY INPUT THROUGH SURVEYS AND FOCUS GROUPS, INCLUDING NAMI, HOUSING FORWARD, AND UCAN
- ENGAGING CBOS AND LOCAL RESIDENTS AS MEMBERS OF IMPLEMENTATION COMMITTEES AND WORKGROUPS
- UTILIZING THE EXPERTISE OF IMPLEMENTATION COMMITTEES AND 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 CHNA INPUT AND IMPLEMENTATION STRATEGIES
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.

- PARTNERING WITH LOCAL COALITIONS TO SUPPORT AND ALIGN EXISTING COMMUNITY-DRIVEN EFFORTS

THE CBOS ENGAGED WITH AHE REPRESENTED A BROAD RANGE OF SECTORS: WORKFORCE DEVELOPMENT, HOUSING SERVICES, FOOD SECURITY, COMMUNITY SAFETY, PLANNING, COMMUNITY DEVELOPMENT, IMMIGRANT RIGHTS, PRIMARY AND SECONDARY EDUCATION, FAITH COMMUNITIES, BEHAVIORAL HEALTH SERVICES, ADVOCACY, POLICY, TRANSPORTATION, OLDER ADULT SERVICES, HEALTH CARE SERVICES, HIGHER EDUCATION, AND OTHERS. COMMUNITY PARTNERS WORKED WITH OR REPRESENTED 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, SUBSTANCE USE DISORDERS AND/OR DISABILITIES, VETERANS, AND UNEMPLOYED YOUTH AND ADULTS.

FROM AUGUST 2018 TO FEBRUARY 2019, AHE PARTNERS HELD 31 FOCUS GROUPS AND 21 LEARNING MAP SESSIONS WITH THE AFOREMENTIONED PRIORITY POPULATIONS PLUS FAMILIES WITH CHILDREN, FAITH COMMUNITIES, AND CHILDREN AND ADULTS LIVING WITH CHRONIC CONDITIONS SUCH AS DIABETES AND ASTHMA. ADDITIONALLY, THERE WERE FIVE FOCUS GROUPS WITH HEALTH CARE AND SOCIAL SERVICE PROVIDERS HOSTED BY MACNEAL HOSPITAL AND OTHER HOSPITALS.

FROM OCTOBER 2018 TO FEBRUARY 2019, AHE PARTNERS COLLECTED 5,934 COMMUNITY INPUT SURVEYS FROM INDIVIDUALS 18 OR OLDER LIVING IN CHICAGO AND SUBURBAN COOK COUNTY. THE SURVEYS WERE AVAILABLE ON PAPER AND ONLINE, AND WERE DISSEMINATED IN ENGLISH, SPANISH, CHINESE, AND POLISH. RESPONDENTS WERE ASKED ABOUT THE HEALTH STATUS OF THEIR COMMUNITIES, COMMUNITY STRENGTHS,
OPPORTUNITIES FOR IMPROVEMENT, AND PRIORITY HEALTH NEEDS. HOSPITALS, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH DEPARTMENTS DISTRIBUTED THE SURVEYS TO GAIN INSIGHT FROM PRIORITY POPULATIONS THAT ARE TYPICALLY UNDERREPRESENTED IN ASSESSMENT PROCESSES SUCH AS COMMUNITIES OF COLOR, IMMIGRANTS, LGBTQ+ INDIVIDUALS, INDIVIDUALS WITH DISABILITIES, AND LOW-INCOME COMMUNITIES. THESE SURVEYS COMPLEMENTED EXISTING SURVEYS DISTRIBUTED THROUGHOUT CHICAGO AND SUBURBAN COOK COUNTY BY LOCAL HEALTH DEPARTMENTS. AHE AND THE CHNA COMMITTEE DEVELOPED THE SURVEY BY: (1) IPHI DRAFTING A SURVEY BASED ON REVIEW OF 13 EXAMPLE COMMUNITY INPUT SURVEYS, (2) CHNA COMMITTEE MEMBERS FROM HOSPITALS AND HEALTH DEPARTMENTS PROVIDING INPUT, (3) AHE INCORPORATING REVISIONS FROM CHNA COMMITTEE MEMBERS AND THE UNIVERSITY OF ILLINOIS AT CHICAGO SURVEY RESEARCH LABORATORY, (4) AHE MAKING EDITS BASED ON A HEALTH LITERACY REVIEW, (5) AHE AND TWO MEMBER HOSPITALS PILOTING THE SURVEY AT THREE COMMUNITY EVENTS, AND (6) AHE MAKING FINAL EDITS.

PART V, SECTION B, LINE 6A: AHE MEMBER HOSPITALS INCLUDED ADVOCATE

AURORA'S CHILDREN'S HOSPITAL, CHRIST MEDICAL CENTER, ILLINOIS MASONIC MEDICAL CENTER, LUTHERAN GENERAL HOSPITAL, SOUTH SUBURBAN HOSPITAL, AND TRINITY HOSPITAL; AMITA'S ADVENTIST MEDICAL CENTER LA GRANGE, ALEXIAN BROTHERS MEDICAL CENTER ELK GROVE VILLAGE, HOLY FAMILY MEDICAL CENTER, RESURRECTION MEDICAL CENTER, ST. ALEXIUS MEDICAL CENTER AND ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL, SAINT FRANCIS HOSPITAL, SAINT JOSEPH HOSPITAL, AND SAINTS MARY AND ELIZABETH MEDICAL CENTER; ANN AND ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO, JACKSON PARK HOSPITAL, THE LORETTO HOSPITAL, LOYOLA MEDICINE'S GOTTLIEB MEMORIAL HOSPITAL, LOYOLA UNIVERSITY MEDICAL CENTER, AND MACNEAL HOSPITAL; MERCY HOSPITAL AND MEDICAL CENTER, NORTHWESTERN MEMORIAL HOSPITAL, NORWEGIAN AMERICAN HOSPITAL, PALOS COMMUNITY HOSPITAL, ROSELAND COMMUNITY HOSPITAL, RUSH OAK PARK HOSPITAL, RUSH UNIVERSITY MEDICAL CENTER, SINAI HEALTH SYSTEM'S HOLY CROSS HOSPITAL, MOUNT SINAI HOSPITAL, AND SCHWAB REHABILITATION HOSPITAL; SOUTH SHORE HOSPITAL, SWEDISH COVENANT HOSPITAL, UNIVERSITY OF CHICAGO MEDICINE AND INGALLS MEMORIAL HOSPITAL; COOK COUNTY HEALTH'S STROGER HOSPITAL AND PROVIDENT HOSPITAL, AND UNIVERSITY OF ILLINOIS HOSPITAL AND HEALTH SCIENCES SYSTEM.

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 6B: OTHER THAN HOSPITAL FACILITIES, ORGANIZATIONS THAT PARTICIPATED IN THE CHNA INCLUDED THE CHICAGO DEPARTMENT OF PUBLIC HEALTH, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, EVANSTON HEALTH AND HUMAN SERVICES DEPARTMENT, VILLAGE OF SKOKIE HEALTH DEPARTMENT, AGE OPTIONS, LOYOLA UNIVERSITY, PROVISO PARTNERS FOR HEALTH, WINDY CITY HARVEST,
SOLUTIONS FOR CARE, WINTRUST/BELLWOOD CHAMBER OF COMMERCE, TRUSTY CUP

PRODUCTIONS, LOYOLA MEDICINE ACCESS TO CARE CLINIC, AMERICAN HEART

ASSOCIATION, MAYWOOD PARK DISTRICT, PROVISO TOWNSHIP YOUTH SERVICES,

COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP, AND THE WEST COOK YMCA.


FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 11: LUMC ADDRESSED SOCIAL AND STRUCTURAL

DETERMINANTS OF HEALTH; ACCESS TO CARE, COMMUNITY RESOURCES, SYSTEM

IMPROVEMENT; MENTAL HEALTH AND SUBSTANCE ABUSE; AND CHRONIC DISEASE

PREVENTION, AND MANAGEMENT AND SUPPORTED FY21 COMMUNITY INITIATIVES:


SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH

LUMC, ASSOCIATED WITH PROVISO PARTNERS FOR HEALTH (PP4H), ADDRESSED SOCIAL

DETERMINANTS OF HEALTH, COMMUNITY LEADERSHIP AND ECONOMIC DEVELOPMENT

THROUGH THE COMMUNITY LEADERSHIP ACADEMY. COMMUNITY ECONOMIC DEVELOPMENT

WORKSHOPS WERE HELD TO LEVERAGE COMMUNITY MEMBERS' LIVED EXPERIENCES AND

SKILLS TO INCUBATE SOCIAL AND ECONOMIC ENTERPRISES.


LUMC FUNDED PP4H'S EXPANDED FOOD DISTRIBUTION, SERVING 200 FAMILIES WEEKLY

THROUGH ST. BLASE'S WEEKLY FOOD PANTRY.


LUMC, COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP, AND PROVISO CENSUS

2020 COMMISSION PROMOTED THE CENSUS VIA A LOYOLA PHYSICIAN-CREATED VIDEO

AND ADMITTING DEPARTMENT MATERIAL DISTRIBUTION.


LUMC AND VOTER INITIATIVE CO-CREATED AND DISTRIBUTED NON-PARTISAN VOTER
REGISTRATION MATERIALS.

LUMC STAFF COLLABORATED WITH WEST COOK YMCA ON AN EMERGENCY CHILDCARE PROGRAM FOR ESSENTIAL WORKERS. LUMC NURSES PROVIDED DAILY COVID-19 SCREENINGS AND CONSULTED WITH THE YMCA ON COVID-19 PROTOCOLS.

ACCESS TO CARE AND COMMUNITY RESOURCES

UNINSURED/UNDERINSURED PATIENTS WERE SEEN FOR A LOW FEE AT LOYOLA’S MAYWOOD FAMILY MEDICINE CLINIC, PROVIDING FREE OR DISCOUNTED PRIMARY CARE TO 2,500 PATIENTS SINCE 2012.

LUMC PARTICIPATED IN THE RYAN WHITE PROGRAM FOR PEOPLE LIVING WITH HIV/AIDS AND UNABLE TO AFFORD CARE. LUMC PROVIDED PATIENT CLINICAL CARE VIA A FEDERAL GRANT.

LOYOLA’S PEDIATRIC MOBILE UNIT ANNUALLY PROVIDED FREE HEALTH CARE TO 2,181 LOCAL CHILDREN IN NEED, INCLUDING SCHOOL-REQUIRED PHYSICALS, IMMUNIZATIONS, HEALTH SCREENS, LAB TESTS, HEALTH EDUCATION, ASTHMA AND DENTAL CARE, AND COMMON PEDIATRIC MEDICATIONS.

LUMC CONTINUED TO PROVIDE FREE LAB SERVICES AND AN ELECTRONIC MEDICAL RECORD (EMR) SYSTEM TO PROVISO EAST’S SCHOOL-BASED CLINIC OPERATED BY LOYOLA’S MARCELLA NIEHOFF SCHOOL OF NURSING. THEY DELIVERED FREE PRIMARY CARE, SCHOOL PHYSICALS, IMMUNIZATIONS, ACUTE AND CHRONIC ILLNESS CARE, SOCIAL WORK, MENTAL HEALTH, NUTRITION AND LAB SERVICES.

LUMC RESIDENTS PROVIDED CLINICAL SERVICES TO INDIVIDUALS EXPERIENCING
HOMELESSNESS AND STAYING IN SHELTERS OPERATED BY WEST SUBURBAN COOK’S

LUMC AND LUC SCHOOL OF LAW’S HEALTH JUSTICE PROJECT (HJP) COLLABORATED ON A MEDICAL-LEGAL PARTNERSHIP FOR LOW-INCOME CLINIC PATIENTS WHO HAVE HEALTH-HARMING LEGAL NEEDS WITH REFERRALS TO ON-SITE CIVIL LEGAL AID COUNSEL.

LUMC FUNDED $291,100 FOR MEDICAID ELIGIBILITY, SSI/SSDI, AND ACA SCREENING AND ENROLLMENT ASSISTANCE FOR 2,035 UNINSURED AND UNDERINSURED PATIENTS.


MENTAL HEALTH AND SUBSTANCE ABUSE

LUMC CO-LED A COALITION PLANNING FOR A WEST SIDE CHICAGO TRAUMA RECOVERY CENTER (TRC), FUNDED BY THE ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY. TRCS USE CASE MANAGEMENT AND PSYCHOTHERAPY. STAFF TRAINED PROVISO TOWNSHIP HIGH SCHOOL STUDENTS; HOWEVER, SERVICES WERE POSTPONED.
DUE TO THE PANDEMIC AND ARE SCHEDULED TO RESUME. LOYOLA ESTABLISHED LOYOLA STANDS, A GUN VIOLENCE INITIATIVE AND HOSTED MEETINGS.

VIA A FEDERALLY-FUNDED LUMC-GATEWAY FOUNDATION PARTNERSHIP, A RECOVERY COACH STAFFED THE EMERGENCY ROOM OFFERING SUPPORT AND RESOURCES TO PATIENTS USING OPIOIDS.

CHRONIC DISEASE PREVENTION AND MANAGEMENT

LUMC FUNDED PP4H'S VEGGIERX PROGRAM. PROVIDERS REFERRED PATIENTS WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND DIET-RELATED DISEASES TO WEEKLY NUTRITION CLASSES, PRODUCE DISTRIBUTION, HEALTHY COOKING DEMONSTRATIONS, AND COUPONS FOR FARMERS' STANDS.

LUHS WAS AWARDED THE "ADVANCING DIABETES AWARENESS AND PREVENTION AT TRINITY HEALTH" GRANT AND PROVIDED DPP TO LUHS PATIENTS AND COMMUNITIES. IN FY21, LUHS DIABETES PREVENTION PROGRAM (DPP) STAFF LAUNCHED TWO LIFESTYLE CHANGE CLASSES. WITH A TOTAL OF 28 PEOPLE JOINING THIS PROGRAM, ONE OF THE COHORTS ACHIEVED FIVE PERCENT WEIGHT LOSS AND MAINTAINED AN AVERAGE OF 327 MINUTES OF WEEKLY PHYSICAL ACTIVITY MINUTES. THE SECOND COHORT IS SET TO CONCLUDE MARCH 2022.

LUMC AND WEST COOK YMCA PARTNERED ON THE NATIONALLY-RECOGNIZED, EVIDENCE-BASED, BILINGUAL DPP, WHICH UNFORTUNATELY WAS POSTPONED DUE TO RESTRICTED IN-PERSON GATHERING CAUSED BY THE COVID-19 PANDEMIC. THE YMCA AND LUHS CHWB STAFF CONTINUED TO STRATEGIZE ON OFFERING ONLINE LIFESTYLE CHANGE CLASSES TO LUHS PATIENTS; HOWEVER, NO PROGRAMS WERE LAUNCHED IN FY21.
FOSTER G MCGAW 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.
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, 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.

WWW.LOYOLAMEDICINE.ORG/ABOUT-LOYOLA/COMMUNITY-BENEFIT

FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 7B:

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-LOYOLA/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
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? 42

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CARDINAL BERNARDIN CANCER CENTER</td>
<td>CANCER CENTER</td>
</tr>
<tr>
<td>2 LOYOLA CTR FOR HEALTH AT BURR RIDGE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>3 LOYOLA OUTPATIENT CENTER</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>4 LOYOLA CTR FOR HEALTH AT OAKBROOK TER</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>5 LOYOLA CTR FOR HEALTH AT HOMER GLENN</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>6 LOYOLA CTR FOR HEALTH RIVERSIDE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>7 LOYOLA CTR FOR HEALTH AT ORLAND PARK</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>8 MARJORIE G. WEINBERG CANCER CTR</td>
<td>CANCER CENTER</td>
</tr>
<tr>
<td>9 LOYOLA CTR FOR HEALTH AT PARK RIDGE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>10 LOYOLA CTR FOR HEALTH RIVER FOREST</td>
<td>OUTPATIENT CLINIC</td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2020
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? 42

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 LOYOLA CTR FOR HEART &amp; VASCULAR MED.</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>2160 SOUTH FIRST AVENUE</td>
<td></td>
</tr>
<tr>
<td>MAYWOOD, IL 60153</td>
<td></td>
</tr>
<tr>
<td>12 LOYOLA CTR FOR HEALTH AT ELMHURST</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>300 N YORK ROAD</td>
<td></td>
</tr>
<tr>
<td>ELMHURST, IL 60126</td>
<td></td>
</tr>
<tr>
<td>13 LOYOLA CTR FOR HEALTH AT MELROSE PARK</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>675 W NORTH AVE</td>
<td></td>
</tr>
<tr>
<td>MELROSE PARK, IL 60160</td>
<td></td>
</tr>
<tr>
<td>14 LOYOLA CTR FOR CANCER CARE &amp; RESEARCH</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>15300 WEST AVENUE, SUITE 108</td>
<td></td>
</tr>
<tr>
<td>ORLAND PARK, IL 60462</td>
<td></td>
</tr>
<tr>
<td>15 LOYOLA CENTER FOR HEALTH AT OAK PARK</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>7005 W NORTH AVENUE</td>
<td></td>
</tr>
<tr>
<td>OAK PARK, IL 60302</td>
<td></td>
</tr>
<tr>
<td>16 LOYOLA CTR FOR HEALTH AT ELMWOOD PARK</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>7255 W GRAND AVE</td>
<td></td>
</tr>
<tr>
<td>ELMWOOD PARK, IL 60707</td>
<td></td>
</tr>
<tr>
<td>17 MPG-LAGRANGE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>47 S 6TH AVE</td>
<td></td>
</tr>
<tr>
<td>LAGRANGE, IL 60525</td>
<td></td>
</tr>
<tr>
<td>18 MPG-MACNEAL PSYCHIATRY</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>3231 S EUCLID AVE, STE 407</td>
<td></td>
</tr>
<tr>
<td>BERWYN, IL 60402</td>
<td></td>
</tr>
<tr>
<td>19 MPG-SOUTHPORT</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>3357 N SOUTHPORT AVE</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60657</td>
<td></td>
</tr>
<tr>
<td>20 MPG-BERWYN</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>6425 W CERMAK RD, STE 101-102</td>
<td></td>
</tr>
<tr>
<td>BERWYN, IL 60402</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2020
### 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? 42

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 LOYOLA CTR FOR HEALTH LAGRANGE PARK</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>321 N LA GRANGE ROAD</td>
<td></td>
</tr>
<tr>
<td>LA GRANGE PARK, IL 60526</td>
<td></td>
</tr>
<tr>
<td>22 MPG-RIVERSIDE MULTISPECIALTY</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>3722 S HARLEM AVE, STE 101</td>
<td></td>
</tr>
<tr>
<td>RIVERSIDE, IL 60546</td>
<td></td>
</tr>
<tr>
<td>23 LUMC - CLINIC UROLOGY</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>3231 S EUCLID AVE, STE 403</td>
<td></td>
</tr>
<tr>
<td>BERWYN, IL 60402</td>
<td></td>
</tr>
<tr>
<td>24 MPG-RIVERSIDE WOMEN'S CARE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>3722 S HARLEM AVE, STE 204</td>
<td></td>
</tr>
<tr>
<td>RIVERSIDE, IL 60546</td>
<td></td>
</tr>
<tr>
<td>25 MPG-RIVERSIDE PEDIATRICS</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>3722 S HARLEM AVE, STE 200</td>
<td></td>
</tr>
<tr>
<td>RIVERSIDE, IL 60546</td>
<td></td>
</tr>
<tr>
<td>26 MPG-BERWYN OBGYN</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>6425 W CERMAK RD, STE 202</td>
<td></td>
</tr>
<tr>
<td>BERWYN, IL 60402</td>
<td></td>
</tr>
<tr>
<td>27 MPG-OAK PARK</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>610 S MAPLE AVE, STE 3300</td>
<td></td>
</tr>
<tr>
<td>OAK PARK, IL 60304</td>
<td></td>
</tr>
<tr>
<td>28 MPG-ARCHER</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>6187 S ARCHER AVE, STE 102</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60638</td>
<td></td>
</tr>
<tr>
<td>29 LOYOLA CENTER FOR HEALTH AT CHICAGO</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>7634 W BELMONT</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60634</td>
<td></td>
</tr>
<tr>
<td>30 LOYOLA CENTER FOR METABOLIC SURGERY</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>719 W NORTH AVE</td>
<td></td>
</tr>
<tr>
<td>MELROSE PARK, IL 60160</td>
<td></td>
</tr>
</tbody>
</table>
### 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?  **42**

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 MPG-MACNEAL CANCER CENTER</td>
<td>6801 W 34TH ST, STE 107</td>
</tr>
<tr>
<td>32 MPG-IMMEDIATE CARE</td>
<td>3635 S HARLEM AVE</td>
</tr>
<tr>
<td>33 MPG-LAGRANGE PLASTIC SURGERY</td>
<td>47 S 6TH AVE, STE N</td>
</tr>
<tr>
<td>34 MPG-LAGRANGE ORTHO</td>
<td>47 S 6TH AVE, STE M</td>
</tr>
<tr>
<td>35 MPG-VASCULAR</td>
<td>3231 S EUCLID AVE, STE 400</td>
</tr>
<tr>
<td>36 LOYOLA CENTER FOR HEALTH AT OAK PARK</td>
<td>1100 LAKE STREET</td>
</tr>
<tr>
<td>37 LOYOLA CTR FOR HEALTH AT PALOS SOUTH</td>
<td>15300 WEST AVENUE, BUILDING A</td>
</tr>
<tr>
<td>38 LOYOLA CENTER FOR HEALTH AT ROOSEVELT</td>
<td>1211 ROOSEVELT ROAD</td>
</tr>
<tr>
<td>39 LOYOLA CTR FOR ORAL HEALTH, MAGUIRE</td>
<td>2160 SOUTH FIRST AVENUE</td>
</tr>
<tr>
<td>40 MPG-RIVER FOREST</td>
<td>7411 LAKE ST, STE 1120</td>
</tr>
</tbody>
</table>
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? 42

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>41 LOYOLA AMB SURGERY CTR AT OAKBROOK</strong></td>
<td>SURGERY CENTER</td>
</tr>
<tr>
<td>1S224 SUMMIT AVE, STE 201</td>
<td></td>
</tr>
<tr>
<td>OAKBROOK TERRACE, IL 60181</td>
<td></td>
</tr>
<tr>
<td><strong>42 PALOS HEALTH SURGERY CENTER</strong></td>
<td>SURGERY CENTER</td>
</tr>
<tr>
<td>15300 WEST AVENUE, SUITE 260</td>
<td></td>
</tr>
<tr>
<td>ORLAND PARK, IL 60462</td>
<td></td>
</tr>
</tbody>
</table>
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.

---

**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 BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

---

**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND
MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE
CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS
DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER
CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST
ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $16,304,342, 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 I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS
TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN
FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY.
THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR
FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL
IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN
FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING,
PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:

LUMC COLLABORATED WITH COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP
(CSPL), A NOT-FOR-PROFIT, MULTI-RACIAL, MULTI-ETHNIC GRASSROOTS LED
COALITION THAT INCLUDES PARISHES, INSTITUTIONS AND COMMUNITIES TO ADDRESS
RACIAL, SOCIAL, ECONOMIC, AND ENVIRONMENTAL INJUSTICE BY BUILDING POWER THAT IS ROOTED IN THE VISION OF THE GOSPEL OF JESUS CHRIST. CSPL TRAINS AND DEVELOPS FAITH LEADERS AND THEIR RESPECTIVE CONGREGATIONS AND INSTITUTIONS TO ENTER INTO PUBLIC LIFE IN A MANNER THAT IS STRATEGIC, COMMUNAL, AND GROUNDED IN THE CATHOLIC SPIRITUAL AND THEOLOGICAL TRADITIONS.

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 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

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

PART III, LINE 8:
LUMC 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:
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, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED. LUMC ALSO UTILIZES PUBLICLY AVAILABLE DATA, SUCH AS THE CENTERS FOR DISEASE CONTROL'S BRFSS AND THE COUNTY HEALTH RANKINGS TO DETERMINE COMMUNITY NEEDS. LASTLY, LUMC'S CO-LOCATION AND CLOSE FACULTY RELATIONSHIPS WITH LOYOLA UNIVERSITY CHICAGO'S PARKINSON SCHOOL OF PUBLIC HEALTH, STRITCH SCHOOL OF MEDICINE, AND MARCELLA NIEHOFF SCHOOL OF NURSING PROVIDED US WITH EASY ACCESS TO THE RESULTS OF COMMUNITY-BASED PARTICIPATORY RESEARCH PROJECTS FOCUSED ON COMMUNITIES IN OUR HOSPITAL SERVICE AREA.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - LUMC 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.

LUMC 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.

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

PART VI, LINE 4:
COMMUNITY INFORMATION – 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, RONALD MCDONALD CHILDREN'S HOSPITAL OF LUMC, CARDINAL
BERNARDIN CANCER CENTER, LOYOLA OUTPATIENT CENTER, LOYOLA CENTER FOR HEART
AND VASCULAR MEDICINE, AND LOYOLA ORAL HEALTH CENTER. THE CAMPUS ALSO IS
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.

THE CHNA SERVICE AREA IS CENTERED ON THE TWO CAMPUSES OF LUMC (MAYWOOD)
AND GOTTLIEB MEMORIAL HOSPITAL (MELROSE PARK) IN THE WESTERN SUBURBS OF
CHICAGO, WITH A COMBINED TOTAL POPULATION OF 1,732,840. OF THE TOTAL
POPULATION, THE WHITE POPULATION REPRESENTS 31.8%, FOLLOWED BY THE AFRICAN
AMERICAN POPULATION AT 20.8%, AND THE REMAINING 47.4% IS COMPRISED OF
ASIAN, NATIVE AMERICAN/ALASKA NATIVE, NATIVE HAWAIIAN/PACIFIC ISLANDER,
MULTIPLE RACES, AND OTHER RACES. THE HISPANIC POPULATION REPRESENTS 41% OF
THE TOTAL POPULATION. AN INVENTORY OF HOSPITALS FOR THE CHNA SERVICE AREA
INCLUDED A TOTAL OF 11 FACILITIES.

DUE TO ITS CONVENIENT LOCATION, LUMC IS ACCESSIBLE TO THE MAJORITY OF
CHICAGO'S (SIX-COUNTY) METROPOLITAN AREA OF 8.3 MILLION PEOPLE. LUMC'S
PRIMARY SERVICE AREA, WHICH ACCOUNTS FOR 58% OF PATIENTS SERVED AT LUMC,
HAS A DIVERSE POPULATION OF ALMOST 2 MILLION. APPROXIMATELY 15.1% OF THE
POPULATION IS AGE 65 OR OLDER. OVER 33.7% OF HOUSEHOLDS HAVE AVERAGE
INCOME OVER $100,000, AND 19% OF HOUSEHOLDS UNDER $25,000 ARE AT OR BELOW
200% OF THE FEDERAL POVERTY LEVEL IN THE CHNA AREA.
IN FY21, LUMC SERVED 7.1% (SECOND HIGHEST AMONG THE AREA'S HOSPITALS, SOURCE: COMPDATA) OF THE 169,309 DISCHARGED INPATIENTS FROM THIS PRIMARY SERVICE AREA. DURING FY21, MORE THAN 42,000 PATIENTS WERE TREATED IN THE EMERGENCY ROOM AT LUMC. MORE THAN 183 ORGANIZATIONS TRANSFERRED OVER 5,400 PATIENTS TO LUMC LAST YEAR FOR SPECIALIZED CARE AND TREATMENT FOR HEART DISEASE, CANCER, BURN/TRAUMA, ORGAN TRANSPLANTATION, NEUROLOGICAL DISORDERS, AND SPECIALIZED PEDIATRIC CARE. LUMC ALSO PROVIDED CRITICAL CARE TO 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.

PART VI, LINE 5:
OTHER INFORMATION: VIA AGREEMENTS WITH LOYOLA UNIVERSITY CHICAGO (LUC), LUMC PROVIDED CLINICAL EDUCATION, FACILITIES, AND FUNDING FOR STRITCH SCHOOL OF MEDICINE AND MARCELLA NIEHOFF SCHOOL OF NURSING. LUMC ALSO HAS AGREEMENTS WITH 25 OTHER NURSING SCHOOLS. LUMC TRAINED HUNDREDS OF GRADUATE MEDICAL EDUCATION STUDENTS.

VIA ACCESS TO CARE, A NONPROFIT ORGANIZATION, LUMC PROVIDED OVER $2.2 MILLION IN SUBSIDIZED CLINICAL SERVICES. DENTAL, PALLIATIVE AND PRIMARY CARE, COMMUNITY HEALTH, SCREENING PROGRAMS AND SUPPORT GROUPS STAFFED BY CLINICIANS WERE PROVIDED.

THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) ENDED IN FY2020 DUE TO COVID-19, YET LUMC ACTIVELY SUPPORTED PP4H STRATEGIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. LUHS/PP4H WAS AMONG THE FIRST COLLABORATIONS FUNDED BY TRINITY HEALTH'S TCI GRANT. THE AWARD MADE LUHS/PP4H ELIGIBLE TO
RECEIVE UP TO $500,000 PER YEAR FOR FOUR YEARS DIRECTED TOWARD
IMPLEMENTATION OF PRE-SELECTED, PRO-HEALTH POLICY, SYSTEM, AND
ENVIRONMENTAL (PSE) INTERVENTIONS WHICH INCLUDED: 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 AND BEVERAGE STANDARDS/COMPETITIVE
FOODS POLICIES.

PP4H-LUMC ENGAGED IN STATE AND LOCAL ADVOCACY FOR TOBACCO 21 POLICIES
WHICH INCREASED THE AGE FOR TOBACCO PRODUCTS FROM 18 TO 21. THIS POLICY
BECAME STATE LAW ON JULY 1, 2019. LUMC CONTINUED IN FY21 TO PARTICIPATE IN
A PROVISO TOWNSHIP-FOCUSED ANTI-VAPING WORKGROUP LED BY THE AMERICAN HEART
ASSOCIATION, ALONGSIDE THE MAYWOOD POLICE DEPARTMENT AND PROVISO
SCHOOL-BASED HEALTH CENTER.

LUMC FUNDED THE CORPORATE WORK STUDY PROGRAM (CWSP) OF CRISTO REY AND
CHRIST THE KING JESUIT COLLEGE PREP HIGH SCHOOLS, BOTH OF WHICH
EXCLUSIVELY SERVE STUDENTS WITH LOW SOCIOECONOMIC STATUS (SES). VIA CWSP,
STUDENTS WORKED AND EARNED NEARLY 70% OF THEIR EDUCATIONAL COSTS, MAKING
COLLEGE PREPARATORY EDUCATION POSSIBLE. THE RESULTING WORK EXPERIENCE,
CAREER EXPLORATION, MENTORSHIP, AND NETWORKING WILL BE INVALUABLE TO
STUDENTS' FUTURES.

LUMC PROVIDED FUNDING TO THE AMERICAN HEART ASSOCIATION TO CONDUCT
RESEARCH, PROVIDE PUBLIC HEALTH EDUCATION AND PROFESSIONAL TRAINING, AND
TO COMPLETE CHICAGOLAND COMMUNITY SERVICE AND ADVOCACY PROJECTS.

LUMC IS THE ONLY CHICAGOLAND ACADEMIC MEDICAL CENTER TO EARN THE COVETED
BABY-FRIENDLY USA DESIGNATION, A REFLECTION OF OUR DEDICATION TO HELP
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.

LUHS PARTICIPATED IN HEALTH CARE ADVOCACY ON BEHALF OF THE COMMUNITIES
SERVED. IN FY21, EFFORTS INCLUDED POLICY CHANGE ON COVID-19 RESPONSE,
IMPROVED PUBLIC HEALTH INFRASTRUCTURE, EXPANDED ACCESS TO CARE, ADDRESSING
FOOD INSECURITY, AND RACIAL EQUITY. IT INCLUDED STATE LEGISLATOR
DISCUSSIONS IN COLLABORATION WITH OUR LOBBYISTS AND THE ILLINOIS HOSPITAL
ASSOCIATION.

LUMC'S COVID-19 EMERGENCY PREPAREDNESS RESPONSE INCLUDED:
- OPERATING A VACCINATION SITE FOR PATIENTS, STAFF AND CHICAGOLAND FIRST
RESPONDERS
- ESTABLISHING AN INCIDENT COMMAND TO COORDINATE STAFF ACTIONS
- JOINING AN EMERGENCY OPERATIONS CENTER (EOC) ESTABLISHED BY LUHS
LEADERSHIP THAT SET OBJECTIVES, DECOMPRESSION LEVELS, SAFETY PROTOCOLS,
PROCUREMENT, RATIONING AND EXTENDING PERSONAL PROTECTIVE EQUIPMENT (PPE),
TESTING/SCREENING OF PERSONS UNDER INVESTIGATION (PUI) FOR COVID-19,
FINANCIAL RECORDING PROTOCOLS, AND COMPLYING WITH COVID-19 DATA REPORTING
REQUIREMENTS TO IDPH, IEMA THROUGH THE ILLINOIS NATIONAL GUARD, AND THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.
- SERVING 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 AMASED THROUGH THE
ASPR HOSPITAL PREPAREDNESS PROGRAM AND THROUGH STRATEGIC NATIONAL STOCKPILE (SNS) REQUESTS SUBMITTED BY LUMC WERE DISTRIBUTED TO HCC MEMBERS. HCC PARTNERED WITH RADIATION INJURY TREATMENT NETWORK CONTRACTED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO EXAMINE LABORATORY RESPONSES DURING THE INITIAL WAVE AND PRODUCE AN AFTER-ACTION REPORT.

- LUHS RECEIVED "IT STARTS HERE" FUNDING FROM TRINITY HEALTH TO DEPLOY MOBILE VACCINATIONS AND COMMUNITY COVID-19 AMBASSADORS TO GIVE VACCINE INFORMATION, ADDRESS HESITANCY AND PROMOTE LOCAL VACCINATION EFFORTS. LUHS PARTNERED WITH CBOS IN WESTERN COOK COUNTY PRIORITY AREAS: BELLWOOD, BERWYN, BROADVIEW, CICERO, MAYWOOD, MELROSE PARK AND SUMMIT.

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 AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES
2. ADVANCING SOCIAL CARE
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

INVESTING IN OUR COMMUNITIES:

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE
COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH INVESTED $1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY
CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT

THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST
RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY
IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND
RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY
BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL
NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS
LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS
PATIENTS' SOCIAL needs AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY
HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH
WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY
HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP
SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED
EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY
AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME
ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE
INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY
HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90
COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY,
WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST
HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL
TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION. ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.
FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

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

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

IL