

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GOTTLIEB MEMORIAL HOSPITAL

Employer identification number

36-2379649

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			4861840.		4861840.	3.34%
b Medicaid (from Worksheet 3, column a)			35492860.	24254224.	11238636.	7.73%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			40354700.	24254224.	16100476.	11.07%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	462	78,526.		78,526.	.05%
f Health professions education (from Worksheet 5)	2	42	879,486.	111,493.	767,993.	.53%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	888	13,603.		13,603.	.01%
j Total. Other Benefits	10	1,392	971,615.	111,493.	860,122.	.59%
k Total. Add lines 7d and 7j	10	1,392	41326315.	24365717.	16960598.	11.66%

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.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development		133	14,334.		14,334.	.01%
9 Other						
10 Total		133	14,334.		14,334.	.01%

Part III	Bad Debt, Medicare, & Collection Practices
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Section A. Bad Debt Expense

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
	2	5,197,778.	
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	36,152,241.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	36,945,019.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-792,778.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	9a	X
b	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	9b	X

Part IV	Management Companies and Joint Ventures	(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)
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[illegible]

Part V	Facility Information
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Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

[illegible]

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

	Yes	No
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?	1	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	2	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	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: GOTTLIEB MEMORIAL HOSPITAL

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

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: GOTTLIEB MEMORIAL HOSPITAL

	Yes	No	
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?	17	X	
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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> 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?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: GOTTLIEB MEMORIAL HOSPITAL**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** ☒ 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.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

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

GOTTLIEB MEMORIAL HOSPITAL:

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

LINE 3E: GOTTLIEB MEMORIAL HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. MENTAL HEALTH
2. SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH
3. COMMUNITY COMMUNICATION AND COMMUNITY LEADER ENGAGEMENT
4. ACCESS TO HEALTH CARE
5. CHRONIC DISEASE

GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: THE ALLIANCE FOR HEALTH EQUITY (AHE)

CONDUCTED A COLLABORATIVE CHNA BETWEEN MAY 2021 AND MARCH 2022. AHE IS A COLLABORATIVE OF 35 HOSPITALS WORKING WITH HEALTH DEPARTMENTS AND REGIONAL AND COMMUNITY-BASED ORGANIZATIONS TO IMPROVE HEALTH EQUITY, WELLNESS, AND QUALITY OF LIFE ACROSS CHICAGO AND SUBURBAN COOK COUNTY.

LOYOLA MEDICINE IS A FOUNDING MEMBER OF AHE SINCE ITS LAUNCH IN 2015. THE COLLABORATIVE CHNA IN COOK COUNTY IS AN IMPORTANT FOUNDATION FOR THE WORK

Part V Facility Information (continued)

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

OF AHE, WHOSE PURPOSE IS TO IMPROVE POPULATION AND COMMUNITY HEALTH.

THE 2022 CHNA IS THE THIRD COLLABORATIVE CHNA IN COOK COUNTY, ILLINOIS.

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

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

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

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

Part V Facility Information (continued)

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

OF EFFECTIVE IMPLEMENTATION STRATEGIES AND EVALUATION METRICS;

- WORKING WITH HOSPITAL AND HEALTH DEPARTMENT COMMUNITY ADVISORY GROUPS TO GATHER INPUT FOR THE CHNA AND IMPLEMENTATION STRATEGIES; AND

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

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

THE AHE 2022 CHNA PROCESS FOR COOK COUNTY RELIED UPON INPUT FROM OVER 5,200 COMMUNITY INPUT SURVEYS, WHICH WERE DISTRIBUTED IN BOTH ONLINE AND PRINTED FORMATS IN ENGLISH AND SPANISH; 43 FOCUS GROUPS WITH EXISTING AHE WORKGROUPS; AND POPULATION DATA COLLECTED BY HEALTH DEPARTMENTS. WHERE NECESSARY AND APPLICABLE, EXISTING RESEARCH PROVIDED RELIABLE INFORMATION IN DETERMINING COUNTY-WIDE PRIORITY HEALTH ISSUES. LOYOLA MEDICINE PARTNERED WITH INTERNAL EXPERTS AND THE COMMUNITY COALITIONS TO IDENTIFY

Part V Facility Information (continued)

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

PRIORITIES BY CONSIDERING MULTIPLE FACTORS, INCLUDING HEALTH EQUITY GOALS, COMMUNITY PRIORITIES, URGENCY, FEASIBILITY, EXISTING PRIORITIES, AND ALIGNMENT WITH THE EXISTING WORK OF HEALTH DEPARTMENTS, OTHER HOSPITALS, AND COMMUNITY PARTNERS.

LOYOLA MEDICINE INTENTIONALLY STRUCTURED DEEPER ENGAGEMENT OF LOCAL COMMUNITIES DURING THE PHASE OF PRIORITIZING COMMUNITY HEALTH NEEDS. SPECIFICALLY, WE WORKED WITH CICERO COMMUNITY COLLABORATIVE, THE COMMUNITY ALLIANCE OF MELROSE PARK, PROVISIO PARTNERS FOR HEALTH AND PROVISIO TOWNSHIP MINISTERIAL ALLIANCE TO HOST MEETINGS THROUGHOUT MARCH AND APRIL 2022 TO REVIEW CHNA DATA AND PROVIDE INPUT ON PRIORITIES.

GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: AHE MEMBER HOSPITALS PARTICIPATING IN THE 2022 COOK COUNTY CHNA PROCESS INCLUDED ADVOCATE AURORA CHILDREN'S HOSPITAL, ADVOCATE AURORA CHRIST MEDICAL CENTER, ADVOCATE AURORA ILLINOIS MASONIC MEDICAL CENTER, ADVOCATE AURORA LUTHERAN GENERAL HOSPITAL, ADVOCATE AURORA SOUTH SUBURBAN HOSPITAL, ADVOCATE AURORA TRINITY HOSPITAL, ADVENT HEALTH MEDICAL CENTER LA GRANGE, ASCENSION ALEXIAN BROTHERS MEDICAL CENTER, ELK GROVE VILLAGE, ASCENSION HOLY FAMILY MEDICAL CENTER, ASCENSION RESURRECTION MEDICAL CENTER, ASCENSION ST. ALEXIUS MEDICAL CENTER AND ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL, ASCENSION SAINT FRANCIS HOSPITAL, ASCENSION SAINT JOSEPH HOSPITAL, ASCENSION SAINTS MARY AND ELIZABETH MEDICAL CENTER, ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO, HUMBOLDT PARK HEALTH, JACKSON PARK HOSPITAL, THE LORETTO HOSPITAL, LOYOLA MEDICINE - GOTTLIEB MEMORIAL HOSPITAL, LOYOLA MEDICINE -

Part V Facility Information (continued)

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

LOYOLA UNIVERSITY MEDICAL CENTER, LOYOLA MEDICINE - MACNEAL HOSPITAL,
NORTHWESTERN MEMORIAL HOSPITAL, NORTHWESTERN PALOS COMMUNITY HOSPITAL, OSF
LITTLE COMPANY OF MARY MEDICAL CENTER, ROSELAND COMMUNITY HOSPITAL, RUSH
OAK PARK RUSH UNIVERSITY MEDICAL CENTER, SINAI HEALTH SYSTEM - HOLY CROSS
HOSPITAL, SINAI HEALTH SYSTEM - MOUNT SINAI HOSPITAL, SINAI HEALTH SYSTEM
- SCHWAB REHABILITATION HOSPITAL, SOUTH SHORE HOSPITAL, SWEDISH HOSPITAL,
AND UNIVERSITY OF ILLINOIS HOSPITAL AND HEALTH SCIENCES SYSTEM.

GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: OTHER THAN HOSPITAL FACILITIES, ORGANIZATIONS
THAT PARTICIPATED IN THE 2022 COOK COUNTY CHNA INCLUDED THE CHICAGO
DEPARTMENT OF PUBLIC HEALTH, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, COOK
COUNTY HEALTH, WEST COOK COALITION (WCC), PROVISIO PARTNERS FOR HEALTH
(PP4H), PROVISIO TOWNSHIP MINISTERIAL ALLIANCE (PTMAN), CICERO COMMUNITY
COLLABORATIVE (CCC), AND THE COMMUNITY ALLIANCE OF MELROSE PARK.

GOTTLIEB MEMORIAL HOSPITAL:

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

GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: GOTTLIEB MEMORIAL HOSPITAL (GMH) ADDRESSED

Part V Facility Information (continued)

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

MENTAL HEALTH AND SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH, WHILE ALSO SUPPORTING FY24 COMMUNITY INITIATIVES:

MENTAL HEALTH - IN FY24, GMH SUPPORTED THE WORK OF SARAH'S INN, A SOCIAL SERVICE ORGANIZATION FOR FAMILIES AFFECTED BY DOMESTIC VIOLENCE, THROUGH THE IN-KIND DONATION OF SPACE FOR WEEKLY SUPPORT GROUPS. ADDITIONALLY, GMH CONTINUED ITS COMMITMENT TO PATIENTS WHO ARE UNINSURED, UNDERINSURED, AND/OR UNDOCUMENTED AT THE ACCESS TO CARE CLINIC AT LOYOLA'S MAYWOOD PRIMARY CARE CLINIC. IN ADDITION TO PRIMARY CARE, THE CLINIC PROVIDED FREE AND LOW-COST MENTAL HEALTH COUNSELING SESSIONS TO PATIENTS.

SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH - GMH ADDRESSED THE SOCIAL DETERMINANTS OF HEALTH BY UTILIZING COMMUNITY HEALTH WORKERS (CHW'S) TO SCREEN PATIENTS FOR SOCIAL NEEDS (FOOD, HOUSING, HEALTH CARE, AND EMPLOYMENT). PATIENTS WHO SCREENED POSITIVE WERE PROVIDED RESOURCES OR CONNECTED TO COMMUNITY-BASED ORGANIZATIONS OR GOVERNMENT AGENCIES FOR FURTHER ASSISTANCE. THIS REFERRAL PROCESS WAS STRENGTHENED THROUGH THE EMBEDDING OF TRINITY HEALTH'S SOCIAL NEEDS INTO THE ELECTRONIC MEDICAL RECORD, ALLOWING THE CARE TEAM TO SHARE RESOURCES IN AN ELECTRONIC FORMAT WITH PATIENTS. IN FY24, OUR CHW TEAM SIGNIFICANTLY INCREASED THE RATES OF SCREENINGS COMPLETED, FROM 20% IN FY23 TO 70% IN FY24. THIS FEAT WAS ACCOMPLISHED THROUGH A GRANT AWARD, ALLOWING 14 NEW CHW'S TO BE HIRED. TO ADEQUATELY ADDRESS THE NEEDS OF OUR COMMUNITIES, SEVERAL OF THE NEW HIRES SPOKE SPANISH AND ONE SPOKE POLISH. CHW'S WERE STRATEGICALLY PLACED IN CLINICS, WHERE THE PERCENTAGE OF PATIENTS ON MEDICAID OR UNINSURED IS HIGH, IN THE EMERGENCY DEPARTMENT, AND IN THE CENTRALIZED OFFICE TO MANAGE REFERRALS FROM ACROSS THE HEALTH SYSTEM. IN FY24, 736 NEW PATIENTS WERE

Part V Facility Information (continued)

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

LINKED TO RESOURCES THROUGH 2,694 ENCOUNTERS WITH A MEMBER OF OUR CHW TEAM.

GMH ALSO INCREASED AWARENESS AND UTILIZATION OF TRINITY HEALTH'S COMMUNITY RESOURCE DIRECTORY (CRD), A DATABASE FOR THE BROADER COMMUNITY LINKING THOSE IN NEED TO LOCAL FREE RESOURCES AND PROGRAMS FOR THEIR SOCIAL NEEDS. THIS WAS ACCOMPLISHED BY HOLDING AN OVERVIEW SESSION OF THE TOOL FOR 22 COMMUNITY PARTNERS. GMH SHARED ACCESS TO THE DATABASE WITH COMMUNITY AMBASSADORS AND DISTRIBUTED FLYERS AND WINDOW CLINGS WITH THE QR CODE AND WEBPAGE IN MULTIPLE LANGUAGES TO COMMUNITY-BASED ORGANIZATIONS THAT SERVE POPULATIONS WHO NEED THE LISTED RESOURCES. ADDITIONALLY, THE CRD WAS DIRECTLY DISTRIBUTED TO 2,170 COMMUNITY MEMBERS AT 40 COMMUNITY EVENTS IN FY24.

IN FY24, GMH PARTICIPATED IN COLLABORATIVE WORK WITH THE ILLINOIS PUBLIC HEALTH INSTITUTE BY SERVING ON BOTH THE FOOD IS MEDICINE SUBCOMMITTEE AND THE FOOD ACCESS AND NUTRITION SECURITY WORKGROUP. TO ADDRESS THE NEEDS OF THE LOCAL COMMUNITY, GMH DISTRIBUTED BI-LINGUAL RECIPE CARDS TO AREA FOOD PANTRIES AND AT 16 COMMUNITY EVENTS IN FY24.

GMH SOUGHT TO INCREASE THE NUMBER OF DIVERSE LOCAL HIRES AND IMPROVE ACCESS TO LIVING WAGE JOBS BY HOSTING 54 JOB FAIRS DURING FY24. AVAILABLE POSITIONS INCLUDED TRANSPORTATION, FOOD AND NUTRITION, PHARMACY TECHNICIANS, NURSES, PATIENT CARE TEAMS, AND CHW'S. COLLABORATIVE PARTNERS BEGAN DISCUSSIONS WITH GMH REGARDING HOW THIS WORK CAN BE EXPANDED INTO COMMUNITIES OF GREATEST NEED FOR ECONOMIC ADVANCEMENT IN THE COMING YEAR.

Part V Facility Information (continued)

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

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 ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE.

COMMUNITY COMMUNICATION AND LEADER ENGAGEMENT - GMH DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE OUR COMMUNITY STAKEHOLDER FEEDBACK DID NOT INDICATE IT WAS THE MOST URGENTLY NEEDED. GMH LEADERSHIP AND STAFF CURRENTLY PARTICIPATE IN COMMUNITY COALITIONS AND COMMUNITY EVENTS WITHIN THEIR SERVICE AREA AND WILL CONTINUE TO PARTICIPATE IN THESE EFFORTS.

ACCESS TO HEALTH CARE - GMH DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE STAKEHOLDERS DID NOT DETERMINE IT WAS THE MOST URGENTLY NEEDED. GMH CONTINUES THEIR COMMITMENT TO EXPANDING ACCESS TO CARE FOR PATIENTS BY PARTICIPATING IN THE FEDERAL RYAN WHITE PROGRAM FOR PEOPLE LIVING WITH HIV/AIDS WHO NEED MEDICAL CARE BUT CANNOT AFFORD IT.

CHRONIC DISEASE - WHILE GMH DID NOT DIRECTLY ADDRESS THIS NEED DUE TO COMPETING PRIORITIES, GMH ADDRESSED THE PREVENTION OF DIABETES IN FY24 THROUGH THE NATIONAL DIABETES PREVENTION PROGRAM (DPP). THE DPP, BRANDED FRESH START AT LOYOLA MEDICINE, IS AN EVIDENCE-BASED WELLNESS PROGRAM THAT HELPS PEOPLE AT RISK FOR TYPE 2 DIABETES TO LOWER THEIR RISK THROUGH BEHAVIOR MODIFICATION. TARGETED AUDIENCES FOR THE PROGRAM INCLUDED VULNERABLE POPULATIONS, THOSE WHO IDENTIFIED AS AFRICAN AMERICAN OR HISPANIC, MEN, AND EMPLOYEES. IN TOTAL, THREE COHORTS LAUNCHED IN FY24, ONE WAS OFFERED IN PERSON AND THE OTHER TWO WERE DELIVERED VIRTUALLY. COHORTS WERE OFFERED IN BOTH ENGLISH AND SPANISH, AND A NEW SELF-PACED

Part V Facility Information (continued)

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

VIRTUAL OPTION FOR PARTICIPANTS WAS ALSO OFFERED. ADDITIONALLY, A REFERRAL PATHWAY WAS CREATED TO TWO AREA YMCAS, THANKS TO STATE FUNDING, TO FACILITATE INCREASED PROGRAM PARTICIPATION AMONG ELIGIBLE INDIVIDUALS WHOSE SCHEDULE RESTRICTED THEM FROM ATTENDING ONE OF OUR THREE COHORTS. TO FURTHER SUPPORT THE SUCCESS OF THE PROGRAM, GMH HIRED A DPP LIFESTYLE COACH WHO WAS CROSS TRAINED AS A CHW, ALLOWING ALL PARTICIPANTS TO BE SCREENED FOR SOCIAL INFLUENCERS OF HEALTH (SIOH) AND ANY IDENTIFIED NEEDS TO BE ADDRESSED.

GOTTLIEB MEMORIAL HOSPITAL:

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

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE

Part V Facility Information (continued)

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

PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY
QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION
PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED
DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE
AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC
METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED
PATIENTS.

GOTTLIEB MEMORIAL HOSPITAL - PART V, SECTION B, LINE 7A:

WWW.LOYOLAMEDICINE.ORG/ABOUT-US/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:

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

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

WWW.LOYOLAMEDICINE.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY

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

WWW.LOYOLAMEDICINE.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/

Part V Facility Information *(continued)*

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

FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY

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

WWW.LOYOLAMEDICINE.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/

FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY

Part V	Facility Information <i>(continued)</i>
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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? 1

[illegible]

Schedule H (Form 990) 2023

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 6A:

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 TRINITY HEALTH'S WEBSITE AT
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN

Part VI Supplemental Information (Continuation)

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, \$5,197,778 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:

GMH SUPPORTS THE WORKFORCE DEVELOPMENT OF HIGH SCHOOL STUDENTS INTERESTED IN HEALTH CAREERS BY PROVIDING A BI-WEEKLY INTRO TO CAREER PATHWAYS PROGRAM FOR STUDENTS AT LEYDEN HIGH SCHOOL. IN FY24, LEADERS AT GMH ENGAGED WITH STUDENTS OVER 90 TIMES. THROUGH THEIR 8-WEEK ROTATION, STUDENTS RECEIVED EDUCATIONAL INFORMATION REGARDING A GIVEN HEALTH TOPIC, AN OVERVIEW OF THE LEADER'S CAREER PATHWAY IN THE MEDICAL FIELD, AND A TOUR OF THE LEADER'S RESPECTIVE AREA IN THE FACILITY, PROVIDING A GLIMPSE OF DAY-TO-DAY ACTIVITIES IN THE HOSPITAL.

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

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Part VI Supplemental Information (Continuation)

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:

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

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Part VI Supplemental Information (Continuation)

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. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

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

PART III, LINE 8:

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

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Part VI Supplemental Information (Continuation)

PART VI, LINE 5 FOR MORE INFORMATION.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT GOTTLIEB MEMORIAL HOSPITAL ASSESSED 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 MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY HAVE INDICATED POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE

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Part VI Supplemental Information (Continuation)

ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

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

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

GMH OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES.

Part VI Supplemental Information (Continuation)

IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER
LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING
OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION - BASED IN THE WESTERN SUBURBS OF CHICAGO, GMH IS A
COMMUNITY-BASED HOSPITAL LOCATED ON A 36-ACRE CAMPUS. THE HOSPITAL CAMPUS
IS LOCATED IN MELROSE PARK, 14 MILES WEST OF CHICAGO'S LOOP AREA. THE
HEART OF THE CAMPUS IS THE GOTTLIEB MEMORIAL HOSPITAL, A 247 LICENSED-BED
FACILITY. ADDITIONALLY, THE FOLLOWING CLINICAL SERVICES AND FACILITIES
ARE LOCATED ON THE CAMPUS: LEVEL 2 TRAUMA CENTER, THE MARJORIE WEINBERG
CANCER CENTER, THE WOUND CARE AND HYPERBARIC MEDICINE CENTER, SLEEP LAB
AND DIAGNOSTIC CENTER, A MEDICAL OFFICE BUILDING, AND THE GOTTLIEB CENTER
FOR FITNESS. GMH'S CLINICAL STRENGTHS INCLUDE PRIMARY CARE, GENERAL
MEDICINE, CARDIOVASCULAR SERVICES, ORTHOPEDICS, NEUROSCIENCES, AND
ONCOLOGY.

LOYOLA UNIVERSITY MEDICAL CENTER (MAYWOOD, IL) AND GOTTLIEB MEMORIAL
HOSPITAL (MELROSE PARK, IL) SERVE A CHNA COMMUNITY SERVICE AREA THAT
INCLUDES 30 ZIP CODES IN WEST SUBURBAN COOK COUNTY AND THE WEST SIDE OF
CHICAGO. LOYOLA MEDICINE DEFINES THE CHNA SERVICE AREA AS THE PRIMARY
SERVICE AREAS FOR BOTH HOSPITALS, MAKING SURE TO INCLUDE ANY NEARBY
COMMUNITIES OF HIGHEST NEED. THE LOYOLA-GOTTLIEB SERVICE AREA IS HOME TO
747,000 COMMUNITY MEMBERS. FORTY PERCENT (40%) OF THE POPULATION
IDENTIFIES AS HISPANIC/LATINX, 36% NON-HISPANIC WHITE, 20% BLACK, 3%
ASIAN, AND 1.4% TWO OR MORE RACES (AMERICAN COMMUNITY SURVEY, 2016-2020).
TWENTY-FOUR PERCENT (24%) OF THE POPULATION ARE CHILDREN AND YOUTH UNDER
18, 62% ARE 18-64, AND 14% ARE OLDER ADULTS OVER 65. THE LOYOLA-GOTTLIEB

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Part VI Supplemental Information (Continuation)

SERVICE AREA HAS A GREATER PERCENTAGE OF COMMUNITY MEMBERS THAT IDENTIFY AS HISPANIC/LATINX COMPARED TO THE COUNTY, STATE, AND U.S. THE SERVICE AREA HAS A SIMILAR PROPORTION OF COMMUNITY MEMBERS THAT IDENTIFY AS BLACK COMPARED TO COOK COUNTY AND GREATER THAN ILLINOIS OR THE U.S. IN THE LOYOLA-GOTTLIEB SERVICE AREA, NEARLY 10% OF HOUSEHOLDS ARE LIMITED ENGLISH PROFICIENT, COMPARED TO ONLY 4% STATEWIDE. AN INVENTORY OF HOSPITALS FOR THE CHNA SERVICE AREA INCLUDES A TOTAL OF 11 FACILITIES.

IN FY22, GMH SERVED 11% OF THE 34,761 DISCHARGED INPATIENTS FROM THIS PRIMARY SERVICE AREA (SOURCE: COMPDATA). MORE THAN 25,000 EMERGENCY DEPARTMENT VISITS OCCURRED IN GMH'S EMERGENCY ROOM. 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). GMH PROVIDES PRE-HOSPITAL TRAINING AND EDUCATION TO EMERGENCY MEDICAL TECHNICIANS (EMTS) AND PARAMEDICS IN NEIGHBORING COMMUNITIES.

PART VI, LINE 5:

OTHER INFORMATION - BUILDING ON LOYOLA MEDICINE'S TRADITION OF TEACHING, GMH SUPPORTED HOSPITAL-BASED EDUCATION AND TRAINING OF FUTURE PROFESSIONALS. GMH PROVIDED CLINICAL SUPERVISION AND A TRAINING FACILITY FOR NURSING STUDENTS AND GRADUATE MEDICAL EDUCATION RESIDENTS.

GMH IS COMMITTED TO PROVIDING HEALTH CARE SERVICES TO ALL PATIENTS BASED ON MEDICAL NECESSITY. FOR PATIENTS WHO REQUIRE FINANCIAL ASSISTANCE OR WHO EXPERIENCE TEMPORARY FINANCIAL HARDSHIP, LOYOLA MEDICINE OFFERS SEVERAL ASSISTANCE AND PAYMENT OPTIONS, INCLUDING CHARITY AND DISCOUNTED CARE AS WELL AS SHORT-TERM AND LONG-TERM PAYMENT PLANS.

Part VI Supplemental Information (Continuation)

IN FY24, GMH PROVIDED COMMUNITY HEALTH EDUCATION AND SERVICES INCLUDING HOSTING 'MEDICARE 101' WORKSHOPS ON-SITE THAT WERE OPEN TO THE COMMUNITY TO HELP SENIORS NAVIGATE INSURANCE CHANGES, ENROLLMENT OPTIONS, AND THEIR OPTIONS. NEARLY 30 PEOPLE ATTENDED ONE OF THE TWO EVENTS HELD.

GMH ALSO PROMOTED COMMUNITY HEALTH BY RAISING AWARENESS AND PROVIDING INFORMATION TO THE COMMUNITY FOR HEALTH-RELATED CONDITIONS: GMH PROVIDED THE DAILY ALLERGY COUNT (FROM APRIL THROUGH OCTOBER) FOR THE ENTIRE CHICAGOLAND AREA. THE COUNT WAS PROVIDED, AT NO COST, TO NEWS OUTLETS AND ALL CHICAGO METEOROLOGISTS. THE COUNT ALSO WAS AVAILABLE ON GMH'S WEBSITE, VIA TWITTER AND BY A TELEPHONE HOTLINE EACH WEEKDAY MORNING DURING ALLERGY SEASON. IT IS A TRUSTED RESOURCE TO CHICAGOLAND RESIDENTS WHO NEED TO DETERMINE THEIR USE OF ALLERGY MEDICATIONS DAILY.

GMH PARTICIPATED IN HEALTH CARE ADVOCACY ON BEHALF OF THE COMMUNITIES SERVED. IN FY24, EFFORTS INCLUDED POLICY CHANGE ON IMPROVED PUBLIC HEALTH INFRASTRUCTURE, EXPANDED ACCESS TO CARE, ENSURED PROTECTIONS FOR PATIENTS FROM UTILIZATION REVIEW PROCESSES, ENHANCED MENTAL AND BEHAVIORAL HEALTH SUPPORT, AMPLIFIED EFFORTS TO CURB GUN VIOLENCE, AND THE SECURING OF ADDITIONAL RESOURCES TO ADDRESS HOMELESSNESS. ADVOCACY WORK ALSO INCLUDED STATE LEGISLATOR DISCUSSIONS IN COLLABORATION WITH OUR LOBBYISTS AND THE ILLINOIS HOSPITAL ASSOCIATION.

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

Part VI Supplemental Information (Continuation)

IN AUGUST 2023, LUMC HOSTED THEIR ANNUAL SEE, TEST, TREAT EVENT, PROVIDING FREE CERVICAL AND BREAST CANCER SCREENINGS FOR WOMEN AGES 30-64 WHO ARE UNINSURED. A TOTAL OF 55 PARTICIPANTS WERE SCREENED AND PROVIDED SUPPORTIVE SERVICES, ACCESS TO A LOYOLA PHYSICIAN AND/OR CARE EXPERT FOR ANY CONCERNS, AND ADDITIONAL COMMUNITY RESOURCES. OF THE 55 PARTICIPANTS, 17 RESIDED IN THE GMH SERVICE AREA.

IN FY24, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

LOYOLA UNIVERSITY HEALTH SYSTEM'S REGIONAL COMMUNITY IMPACT IN FY24 TOTALED \$291.2 MILLION.

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'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE -

Part VI Supplemental Information (Continuation)

EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO
THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND
3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF
TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES
AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING
POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND
COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF
DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN
HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH
ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO
DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND
PARTNERSHIPS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF
PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING
HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT
HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE
COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH
COMMUNITY. IN FISCAL YEAR 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY
\$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE
EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH
STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS
COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES
THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2

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Part VI Supplemental Information (Continuation)

BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE

Part VI Supplemental Information (Continuation)

DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+

Part VI Supplemental Information (Continuation)

POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2
DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND
SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL
NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

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

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

IL