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
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
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: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	3b	X	
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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			23599931.		23599931.	1.45%
b Medicaid (from Worksheet 3, column a)			309858909	250183125	59675784.	3.65%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			333458840	250183125	83275715.	5.10%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	8,971	1191664.	464,748.	726,916.	.04%
f Health professions education (from Worksheet 5)	3	706	77173508.	19882668.	57290840.	3.51%
g Subsidized health services (from Worksheet 6)	3		2004769.		2004769.	.12%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	5,257	29132755.		29132755.	1.78%
j **Total.** Other Benefits	21	14,934	109502696	20347416.	89155280.	5.45%
k **Total.** Add lines 7d and 7j	21	14,934	442961536	270530541	172430995	10.55%

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	1		45,378.		45,378.	.00%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	272	30,458.		30,458.	.00%
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total	2	272	75,836.		75,836.	.00%

Part III Bad Debt, Medicare, & Collection Practices

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?	1	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 9,885,608.		
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	247,036,847.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	228,238,066.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	18,798,781.
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?	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)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

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):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 FOSTER G MCGAW HOSPITAL LOYOLA UNIVERSITY MEDICAL CENTER 2160 S FIRST AVE, MAYWOOD, IL 60153 WWW.LOYOLAMEDICINE.ORG 0005801	X	X	X	X		X	X		OUTPATIENT SURGERY	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
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 [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: 20 21			
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 [X] Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] 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 21			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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: FOSTER G MCGAW 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	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	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	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] 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?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] 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)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: FOSTER G MCGAW 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ 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	☐ 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)			

Part V Facility Information *(continued)*

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

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

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

Part V **Facility Information** *(continued)*

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

FOSTER G MCGAW HOSPITAL:

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

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

FOSTER G MCGAW 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, PROVISO PARTNERS FOR HEALTH, AND PROVISO TOWNSHIP MINISTERIAL ALLIANCE TO HOST MEETINGS THROUGHOUT MARCH AND APRIL 2022 TO REVIEW CHNA DATA AND PROVIDE INPUT ON PRIORITIES.

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 6A: AHE MEMBER HOSPITALS PARTICIPATING IN THE 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.

FOSTER G MCGAW 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), PROVISO PARTNERS FOR HEALTH (PP4H), PROVISO TOWNSHIP MINISTERIAL ALLIANCE (PTMAN), CICERO COMMUNITY COLLABORATIVE (CCC), AND THE COMMUNITY ALLIANCE OF MELROSE PARK.

FOSTER G MCGAW HOSPITAL:

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

FOSTER G MCGAW HOSPITAL:

PART V, SECTION B, LINE 11: IN FISCAL YEAR 2024 (FY24), LOYOLA UNIVERSITY

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.

MEDICAL CENTER (LUMC) ADDRESSED THE FOLLOWING COMMUNITY NEEDS, WHILE ALSO SUPPORTING FY24 COMMUNITY INITIATIVES:

MENTAL HEALTH - THE SECOND ROUND OF TRANSFORMING COMMUNITY INITIATIVES (TCI) LAUNCHED IN JANUARY 2022 AS AN INNOVATIVE HEALTH SYSTEM/COMMUNITY PARTNER COLLABORATIVE SUPPORTED BY FUNDING AND TECHNICAL ASSISTANCE. THIS COLLABORATIVE ENGAGES TRINITY HEALTH, ITS REGIONAL HEALTH MINISTRIES, COMMUNITY-BASED ORGANIZATIONS, AND RESIDENTS TO ADVANCE HEALTH AND RACIAL EQUITY IN NINE OF TRINITY HEALTH COMMUNITIES WHOSE POPULATIONS ARE 40% OR MORE BLACK OR LATINO RESIDENTS WHO ARE EXPERIENCING HIGH POVERTY AND OTHER VULNERABILITIES.

QUINN CENTER OF ST. EULALIA WAS SELECTED TO LEAD THE WORK ADDRESSING YOUTH MENTAL HEALTH IN MAYWOOD, IL, AND A LOYOLA UNIVERSITY CHICAGO CLINICAL ASSISTANT PROFESSOR AND NURSE PRACTITIONER WAS APPOINTED AS THE PROJECT MANAGER OF TCI. MAYWOOD'S COMMUNITY ASSETS, STRENGTHS, AND OPPORTUNITIES WERE MAPPED AND YOUTH LISTENING SESSIONS WERE HELD TO ESTABLISH A BASELINE FOR WORK PLAN DEVELOPMENT. IN FY24, A MULTI-SECTOR COLLABORATIVE WAS FORMED CONSISTING OF TWO ENTITIES, A YOUTH ADVISORY BOARD OF 12 YOUTH MEMBERS AND AN ADVISORY COUNCIL OF 8 ADULT COMMUNITY MEMBERS. TOGETHER, A ROOT-CAUSE ANALYSIS WAS CONDUCTED AND A WORK PLAN BEGAN TO CREATE A "SAFE SPACE" FOR YOUTH IN THE COMMUNITY. TCI CORE MEMBERS, LED BY THE MULTI-SECTOR COLLABORATIVE, WILL CONTINUE TO WORK COHESIVELY IN FY25 TO MAKE THIS VISION A REALITY.

SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH - LUMC ADDRESSED THE SOCIAL DETERMINANTS OF HEALTH BY UTILIZING COMMUNITY HEALTH WORKERS (CHW'S) TO

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.

SCREEN PATIENTS FOR SOCIAL NEEDS (FOOD, HOUSING, HEALTH CARE, AND EMPLOYMENT). PATIENTS WHO SCREENED POSITIVE WERE PROVIDED RESOURCES OR CONNECTED TO COMMUNITY-BASED ORGANIZATIONS OR GOVERNMENT AGENCIES FOR FURTHER ASSISTANCE. THIS REFERRAL PROCESS WAS STRENGTHENED BY EMBEDDING SOCIAL NEEDS INTO TRINITY HEALTH'S ELECTRONIC MEDICAL RECORD, ALLOWING THE CARE TEAM TO SHARE RESOURCES ELECTRONICALLY WITH PATIENTS. 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 LINKED TO RESOURCES THROUGH 2,694 ENCOUNTERS WITH A MEMBER OF OUR CHW TEAM.

LUMC 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 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

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.

AMONG ELIGIBLE INDIVIDUALS WHOSE SCHEDULE RESTRICTED THEM FROM ATTENDING ONE OF OUR THREE COHORTS. TO FURTHER SUPPORT THE SUCCESS OF THE PROGRAM, LUMC 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.

LUMC 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. THIS WAS ACCOMPLISHED BY HOLDING AN OVERVIEW SESSION OF THE TOOL FOR 22 COMMUNITY PARTNERS. LUMC SHARED ACCESS TO THE DATABASE WITH COMMUNITY AMBASSADORS AND DISTRIBUTED FLYERS AND WINDOW CLINGS WITH THE QR CODE AND WEBPAGE IN MULTIPLE LANGUAGES TO COMMUNITY-BASED ORGANIZATIONS THAT SERVE POPULATIONS WHO NEED THE LISTED RESOURCES. ADDITIONALLY, THE CRD WAS DIRECTLY DISTRIBUTED TO 2,170 COMMUNITY MEMBERS AT 40 COMMUNITY EVENTS IN FY24.

IN FY24, LUMC PARTICIPATED IN COLLABORATIVE WORK WITH THE ILLINOIS PUBLIC HEALTH INSTITUTE BY SERVING ON BOTH THE FOOD IS MEDICINE SUBCOMMITTEE AND THE FOOD ACCESS AND NUTRITION SECURITY WORKGROUP. TO ADDRESS THE NEEDS OF THE LOCAL COMMUNITY, LUMC DISTRIBUTED BI-LINGUAL RECIPE CARDS TO AREA FOOD PANTRIES AND AT 16 COMMUNITY EVENTS IN FY24. THE LUMC FOOD SURPLUS PROJECT WAS ESTABLISHED IN RESPONSE TO THE PANDEMIC TO PROVIDE NUTRITIONAL HEALTHY FOOD AND ELIMINATE FOOD INSECURITY AND WASTE BY DISTRIBUTING SURPLUS FOOD FROM THE HOSPITAL CAFETERIA TO CREATE ACCESS AND ADDRESS FOOD INSECURITY. IN PARTNERSHIP WITH THE EDWARD HINES, JR. VA HOSPITAL, THE HOSPITAL CAFETERIA'S FOOD SURPLUS WAS DELIVERED TO A LOCAL ORGANIZATION. IN FY24, LUMC DONATED AND DELIVERED NEARLY 5,000 MEALS.

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.

LUMC 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 WERE FOR A VARIETY OF DEPARTMENTS INCLUDING TRANSPORTATION, FOOD AND NUTRITION, PHARMACY TECHNICIANS, NURSES, PATIENT CARE TEAMS, AND CHW'S. COLLABORATIVE PARTNERS BEGAN DISCUSSIONS WITH LUMC REGARDING HOW THIS WORK CAN BE EXPANDED INTO COMMUNITIES OF GREATEST NEED FOR ECONOMIC ADVANCEMENT IN THE COMING YEAR.

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

COMMUNITY COMMUNICATION AND LEADER ENGAGEMENT - LUMC DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE OUR COMMUNITY STAKEHOLDER FEEDBACK DID NOT INDICATE IT WAS THE MOST URGENT NEED. LUMC 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 - LUMC DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE COMMUNITY STAKEHOLDER FEEDBACK DID NOT INDICATE IT WAS THE MOST URGENTLY NEEDED. HOWEVER, LUMC CONTINUED TO PROVIDE SERVICES THAT INCLUDE THE CHILD ADVOCACY PROGRAM WHICH EVALUATES AND COUNSELS CHILDREN REFERRED DUE TO SUSPECTED ABUSE OR NEGLECT; THE ORAL HEALTH CENTER WHICH PROVIDES DENTAL SERVICES VISITS; EMS CLASSES FOR AMBULANCES AND LOCAL MUNICIPAL FIRE

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.

DEPARTMENTS, INCLUDING NARCAN (NALOXONE HCI) TRAINING; AND PALLIATIVE AND SPIRITUAL CARE. VIA ACCESS TO CARE, A NONPROFIT ORGANIZATION, LUMC PROVIDED SUBSIDIZED CLINICAL SERVICES, INCLUDING DENTAL, PALLIATIVE, AND PRIMARY CARE, COMMUNITY HEALTH, SCREENING PROGRAMS, AND SUPPORT GROUPS STAFFED BY CLINICIANS. ADDITIONALLY, LUMC PROVIDED FINANCIAL SUPPORT FOR MEDICAID ELIGIBILITY, SSI/SSDI, AND ACA SCREENING AND ENROLLMENT ASSISTANCE FOR UNINSURED AND UNDERINSURED PATIENTS.

CHRONIC DISEASE - LUMC DID NOT DIRECTLY ADDRESS THIS NEED DUE TO COMPETING PRIORITIES.

FOSTER G MCGAW HOSPITAL:

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

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE

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.

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

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

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

FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 10A:

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

FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 16A:

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

Part V **Facility Information** *(continued)*

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

FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 16B:

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

FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY

FOSTER G MCGAW HOSPITAL - PART V, SECTION B, LINE 16C:

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

FINANCIAL-ASSISTANCE-AND-CHARITY-CARE-POLICY

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
1 LM CARDIOLOGY/CARDIOVASCULAR REHAB 3249 S OAK PARK AVE BERWYN, IL 60402	OUTPATIENT CLINIC
2 LOYOLA OUTPATIENT CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	OUTPATIENT CLINIC
3 LOYOLA CTR FOR ORAL HEALTH, MAGUIRE 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	OUTPATIENT CLINIC
4 LOYOLA CTR FOR HEALTH AT BURR RIDGE 6800 NORTH FRONTAGE ROAD BURR RIDGE, IL 60527	OUTPATIENT CLINIC
5 CARDINAL BERNARDIN CANCER CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	CANCER CENTER
6 LOYOLA CTR FOR HEALTH AT OAKBROOK TER 1S 224-260 SUMMIT AVE OAKBROOK TERRACE, IL 60181	OUTPATIENT CLINIC
7 FAHEY CENTER 2160 S. 1ST AVENUE MAYWOOD, IL 60153	OUTPATIENT CLINIC
8 LOYOLA CENTER FOR HEALTH AT HICKORY H 9608 S. ROBERTS ROAD HICKORY HILLS, IL 60457	OUTPATIENT CLINIC
9 LOYOLA CENTER FOR HEALTH AT ROOSEVELT 1211 ROOSEVELT ROAD MAYWOOD, IL 60153	OUTPATIENT CLINIC
10 LOYOLA CENTER FOR HEALTH AT MAYWOOD R 1219 W. ROOSEVELT ROAD MAYWOOD, IL 60153	OUTPATIENT CLINIC

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
11 LOYOLA CTR FOR HEALTH AT HOMER GLENN 15750 MARIAN DRIVE HOMER GLEN, IL 60491	OUTPATIENT CLINIC
12 LOYOLA CTR FOR HEALTH RIVERSIDE 1950 S HARLEM AVENUE NORTH RIVERSIDE, IL 60546	OUTPATIENT CLINIC
13 MPG-LAGRANGE 47 S 6TH AVE LAGRANGE, IL 60525	OUTPATIENT CLINIC
14 LOYOLA MEDICINE ORLAND PARK 16621 S 107TH STREET ORLAND PARK, IL 60467	OUTPATIENT CLINIC
15 RIVER FOREST IMMEDIATE CARE AND ORTHO 7617 W. NORTH AVE. RIVER FOREST, IL 60305	OUTPATIENT CLINIC
16 LOYOLA AMB SURGERY CTR AT OAKBROOK 1S224 SUMMIT AVE, STE 201 OAKBROOK TERRACE, IL 60181	SURGERY CENTER
17 LOYOLA CENTER FOR HEALTH AT PARK RIDG 1030 W. HIGGINS RD. STE 10 PARK RIDGE, IL 60068	OUTPATIENT CLINIC
18 LOYOLA CTR FOR HEALTH AT ELMHURST 300 N YORK ROAD ELMHURST, IL 60126	OUTPATIENT CLINIC
19 MPG-BERWYN FAMILY MED 6649 W ARCHER AVE, STE A,C,D CHICAGO, IL 60638	OUTPATIENT CLINIC
20 MPG-MACNEAL CANCER CENTER 6801 W 34TH ST, STE 107 BERWYN, IL 60402	CANCER CENTER

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
21 LOYOLA CENTER FOR METABOLIC SURGERY 719 W NORTH AVE MELROSE PARK, IL 60160	OUTPATIENT CLINIC
22 LOYOLA CENTER FOR METABOLIC SURGERY & 719 W NORTH AVE MELROSE PARK, IL 60160	OUTPATIENT CLINIC
23 LOYOLA CENTER FOR HEALTH AT OAK PARK 7005 W NORTH AVENUE OAK PARK, IL 60302	OUTPATIENT CLINIC
24 MPG-RIVERSIDE MULTISPECIALTY 3722 S HARLEM AVE, STE 101 RIVERSIDE, IL 60546	OUTPATIENT CLINIC
25 MPG-BERWYN 6425 W CERMAK RD, STE 101-102 BERWYN, IL 60402	OUTPATIENT CLINIC
26 LOYOLA CTR FOR HEALTH AT ELMWOOD PARK 7255 W GRAND AVE ELMWOOD PARK, IL 60707	OUTPATIENT CLINIC
27 LOYOLA MEDICINE NEUROLOGY BERWYN 3340 OAK PARK AVENUE SUITE 200 BERWYN, IL 60402	OUTPATIENT CLINIC
28 LOYOLA CTR FOR HEALTH AT MELROSE PARK 675 W NORTH AVE MELROSE PARK, IL 60160	OUTPATIENT CLINIC
29 LUMC - CLINIC UROLOGY 3231 S EUCLID AVE, STE 403 BERWYN, IL 60402	OUTPATIENT CLINIC
30 MPG-RIVERSIDE PEDIATRICS 3722 S HARLEM AVE, STE 200 RIVERSIDE, IL 60546	OUTPATIENT CLINIC

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
31 MPG-RIVERSIDE WOMEN'S CARE 3722 S HARLEM AVE, STE 204 RIVERSIDE, IL 60546	OUTPATIENT CLINIC
32 LUMC - WOMEN'S HEALTH/FAMILY MEDICINE 3231 S EUCLID AVE, STE 202 BERWYN, IL 60402	OUTPATIENT CLINIC
33 MPG-LAGRANGE ORTHO 47 S 6TH AVE, STE M LAGRANGE, IL 60525	OUTPATIENT CLINIC
34 MPG-VASCULAR 3231 S EUCLID AVE, STE 400 BERWYN, IL 60402	OUTPATIENT CLINIC
35 MPG-MACNEAL PSYCHIATRY 3231 S EUCLID AVE, STE 407 BERWYN, IL 60402	OUTPATIENT CLINIC
36 LUMC - ENT 3231 S EUCLID AVE, STE 404 BERWYN, IL 60402	OUTPATIENT CLINIC
37 MPG-BERWYN OBGYN 6425 W CERMAK RD, STE 202 BERWYN, IL 60402	OUTPATIENT CLINIC
38 MPG-LOYOLA 6425 W CERMAK RD, STE 2ND FLOOR BERWYN, IL 60402	OUTPATIENT CLINIC
39 LOYOLA CTR FOR HEART & VASCULAR MED. 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	OUTPATIENT CLINIC
40 LOYOLA CENTER FOR DIALYSIS ON ROOSEVE 1201 W. ROOSEVELT MAYWOOD, IL 60153	OUTPATIENT CLINIC

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
41 LOYOLA CENTER FOR HEALTH AT TINLEY PA 17901 LAGRANGE ROAD SUITE 2000&3000 TINLEY PARK, IL 60477	OUTPATIENT CLINIC
42 MARJORIE G. WEINBERG CANCER CENTER 715 W NORTH AVE WEINBERG BUILDING MELROSE PARK, IL 60160	OUTPATIENT CLINIC

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:

LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF ILLINOIS. IN ADDITION, LUMC REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

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

PART I, LINE 7:

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

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, $9,885,608, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:
COMMUNITY SUPPORT - EMERGING INFECTIOUS DISEASE, ALONG WITH OTHER HAZARDS IDENTIFIED WITHIN OUR HAZARD VULNERABILITY INDEX, WILL CONTINUE TO TEST LOYOLA MEDICINE'S CAPABILITIES. NATIONAL INCIDENT MANAGEMENT SYSTEM CONCEPTS WERE AND ARE STILL BEING USED TO RESPOND TO INCIDENTS. MULTIPLE COMMUNICATION METHODS ARE IN PLACE AND WERE USED TO PROVIDE AND RECEIVE SITUATIONAL UPDATES FROM LOCAL COMMUNITY PARTNERS AND GOVERNMENT AGENCIES AT ALL LEVELS.

A MEMBER OF LOYOLA MEDICINE STAFF SERVES AS CHAIR OF THE ILLINOIS REGION 8 HEALTHCARE COALITION (HCC), INCLUDING LIAISING BETWEEN PARTICIPATING HOSPITALS, PUBLIC HEALTH AGENCIES, NON-HOSPITAL HEALTH ENTITIES, EMERGENCY MANAGEMENT AGENCIES AND FIRST RESPONDERS. REGIONAL AND STATE SITUATIONAL REPORTS WERE PRODUCED AND DISSEMINATED TO OVER 70 HCC MEMBERS. RESPONSE

Part VI **Supplemental Information** *(Continuation)*

SUPPLIES AMASSED THROUGH THE ASPR HOSPITAL PREPAREDNESS PROGRAM AND THROUGH STRATEGIC NATIONAL STOCKPILE (SNS) REQUESTS SUBMITTED BY LUMC WERE DISTRIBUTED TO HCC MEMBERS. LOYOLA MEDICINE PARTNERED WITH IDPH FOR STAFFING OPTIONS.

COALITION BUILDING - IN FY24, A COLLEAGUE OF LOYOLA MEDICINE SERVED AS CHAIR-ELECT OF THE BOARD OF TRUSTEES FOR THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION (IHA), FURTHERING OUR COALITION BUILDING WORK IN THE COMMUNITY. THE IHA IS DEDICATED TO ADVOCATING FOR ILLINOIS' MORE THAN 200 HOSPITALS AND NEARLY 40 HEALTH SYSTEMS AS THEY SERVE PATIENTS AND COMMUNITIES THROUGHOUT THE STATE. HOSPITALS ACROSS ILLINOIS ARE WORKING TO ENHANCE HEALTH THROUGH NEW PROGRAMS, COMMUNITY PARTNERSHIPS AND DEDICATED FUNDING, AND LOYOLA MEDICINE IS HONORED TO PLAY A PART IN THIS VITAL WORK.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

LUMC USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL

Part VI **Supplemental Information** *(Continuation)*

COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, LUMC IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, LUMC IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

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

Part VI **Supplemental Information** *(Continuation)*

ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

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

PART III, LINE 8:

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

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

Part VI **Supplemental Information** *(Continuation)*

COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

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

PART VI, LINE 2:

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

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - LUMC COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE

Part VI **Supplemental Information** *(Continuation)*

MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

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

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

PART VI, LINE 4:

COMMUNITY INFORMATION - BASED IN THE WESTERN SUBURBS OF CHICAGO, LUMC IS A QUATERNARY CARE SYSTEM WITH A MAIN MEDICAL CENTER CAMPUS IN A DIVERSE COMMUNITY AND OPERATES PRIMARY- AND SPECIALTY-CARE FACILITIES ACROSS COOK, DUPAGE AND WILL COUNTIES. THE HEART OF THE MEDICAL CENTER CAMPUS, LUMC'S

Part VI **Supplemental Information** *(Continuation)*

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.

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 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 INCLUDED A TOTAL OF 11 FACILITIES.

Part VI **Supplemental Information** *(Continuation)*

IN FY22, LUMC SERVED 5.5% (FOURTH LARGEST AMONG THE AREA'S HOSPITALS, SOURCE: COMPDATA) OF THE 235,903 DISCHARGED INPATIENTS FROM THIS PRIMARY SERVICE AREA. DURING FY22, AREA HOSPITALS TRANSFERRED OVER 5,000 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 EDUCATIONAL AFFILIATION AGREEMENTS WITH OVER 100 ACADEMIC PARTNERS LOCALLY, AS WELL AS THROUGHOUT THE COUNTRY, LUMC PROVIDES CLINICAL ROTATION OPPORTUNITIES AND FACILITIES FOR THOUSANDS OF NURSING AND ALLIED HEALTH STUDENTS. THIS INCLUDES LOYOLA UNIVERSITY CHICAGO (LUC) MARCELLA NIEHOFF SCHOOL OF NURSING. IN ADDITION, LUMC TRAINED HUNDREDS OF GRADUATE MEDICAL EDUCATION STUDENTS.

LUMC 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. LUMC RESIDENTS AND FACULTY ALSO PROVIDED CLINICAL SERVICES TO 249 INDIVIDUALS EXPERIENCING HOMELESSNESS AT NO COST THROUGH THEIR STREET MEDICINE PROGRAM IN FY24.

LUHS PARTICIPATED IN HEALTH CARE ADVOCACY ON BEHALF OF THE COMMUNITIES SERVED. IN FY24, EFFORTS INCLUDED POLICY CHANGE ON IMPROVED PUBLIC HEALTH

Part VI **Supplemental Information** *(Continuation)*

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.

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

LUMC STAFF ACTIVELY PARTICIPATE IN THE LOYOLA STANDS AGAINST GUN VIOLENCE COMMITTEE, A GUN VIOLENCE INITIATIVE THAT INCLUDES AN INTERDISCIPLINARY GROUP OF EDUCATORS AND HEALTH CARE PROFESSIONALS WHO COLLABORATE TO ADDRESS AND ADVOCATE AGAINST GUN VIOLENCE WITHIN THE COMMUNITY. AS A SUPPORTIVE ACTION, LUMC HOSTED STOP THE BLEED COMMUNITY TRAININGS AND EDUCATED 344 COMMUNITY MEMBERS IN FY24 AS A RESULT.

LUMC AND LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW'S HEALTH JUSTICE PROJECT (HJP) CONTINUED TO COLLABORATE ON A MEDICAL-LEGAL PARTNERSHIP FOR LOW-INCOME CLINIC PATIENTS WHO HAVE HEALTH-HARMING LEGAL NEEDS THROUGH REFERRALS TO ON-SITE CIVIL LEGAL AID COUNSEL. SINCE FEBRUARY 2021, THE MEDICAL-LEGAL PARTNERSHIP PROJECT HAS RECEIVED 275 REFERRALS AND HAS PROVIDED SUPPORT TO OVER 161 LOYOLA MEDICINE PATIENTS; 111 OF THE PROJECT'S CUMULATIVE REFERRALS OCCURRED IN FY24.

LOYOLA MEDICINE IS COMMITTED TO IMPROVING ACCESS TO AND PROMOTION OF

Part VI **Supplemental Information** *(Continuation)*

HEALTHIER FOODS AND BEVERAGES FOR EMPLOYEES, PATIENTS, AND VISITORS BY INVESTING AND PROVIDING A HEALTHIER RETAIL ENVIRONMENT FOR THOSE WE SERVE THROUGH OUR MENUS, CAFETERIA SELECTIONS AND VENDING MACHINE OPTIONS.

IN 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, 26 PARTICIPANTS RESIDED IN THE LUMC 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:

LUMC IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH

Part VI **Supplemental Information** *(Continuation)*

CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE 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

Part VI **Supplemental Information** *(Continuation)*

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 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

Part VI **Supplemental Information** *(Continuation)*

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 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

Part VI **Supplemental Information** *(Continuation)*

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+ 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:

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