

**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

2022

Open to Public
Inspection

Name of the organization GOTTLIEB MEMORIAL HOSPITAL	Employer identification number 36-2379649
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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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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 _____ %	X	
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 _____ %	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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			3479708.	0.	3479708.	2.44%
b Medicaid (from Worksheet 3, column a)			34889811.	24014486.	10875325.	7.61%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			38369519.	24014486.	14355033.	10.05%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	819	152,750.	0.	152,750.	.11%
f Health professions education (from Worksheet 5)	2	622	526,466.	99,176.	427,290.	.30%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	542	35,182.		35,182.	.02%
j Total. Other Benefits	12	1,983	714,398.	99,176.	615,222.	.43%
k Total. Add lines 7d and 7j	12	1,983	39083917.	24113662.	14970255.	10.48%

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						
9 Other						
10 Total						

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	8,404,540.
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	36,233,235.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	39,684,286.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,451,051.
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)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, or trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 GOTTLIEB WEST TOWNS PHO	MEDICAL CONTRACT SERVICES	50.00%	.00%	50.00%

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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: 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?	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?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: 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?	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?		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?	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)		

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

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

Schedule H (Form 990) 2022

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, AND ALSO SUPPORTED FY23 COMMUNITY INITIATIVES:

MENTAL HEALTH - GMH AND CENTER FOR SPIRITUALITY AND PUBLIC LEADERSHIP (CSPL) PARTNERED ON A MENTAL HEALTH FIRST AID TRAINING FOR GMH COMMUNITY HEALTH AND WELL-BEING STAFF AND COMMUNITY AGENCIES, WHICH EMPLOY COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER FRONTLINE STAFF TO BUILD CAPACITY IN THE PROVISO AREA. GMH ALSO WORKED TO ENSURE CULTURAL INCLUSIVENESS THROUGH TWO TRAININGS DURING FY23 WHERE 100% OF GMH'S WORKFORCE IN MANAGEMENT POSITIONS COMPLETED AN EXTENSIVE ANTI-RACISM COURSE, AND OVER 90% OF THE GENERAL WORKFORCE COMPLETED CULTURAL COMPETENCY TRAINING.

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 EXPANDED TO PROVIDE 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 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. TWO CULTURALLY AND LINGUISTICALLY APPROPRIATE SPANISH-SPEAKING STAFF WERE HIRED TO RESPOND TO THE INCREASED NEED FOR THESE SUPPORTIVE SERVICES IN OUR COMMUNITY.

GMH ALSO INCREASED AWARENESS AND UTILIZATION OF TRINITY HEALTH'S COMMUNITY

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.

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 28 COMMUNITY AGENCY PARTNERS WHOSE PROGRAMS HAVE THE POTENTIAL TO BE POSTED ON THE SITE; SHARING ACCESS TO THE DATABASE WITH COMMUNITY AMBASSADORS; AND DISTRIBUTING FLYERS AND WINDOW CLINGS WITH THE QR CODE AND WEBPAGE IN MULTIPLE LANGUAGES TO COMMUNITY-BASED ORGANIZATIONS THAT SERVE POPULATIONS MOST LIKELY TO NEED THE LISTED RESOURCES. ADDITIONALLY, THE CRD WAS DIRECTLY DISTRIBUTED TO THE COMMUNITY AT 40 COMMUNITY EVENTS IN FY23.

GMH SOUGHT TO INCREASE THE NUMBER OF DIVERSE LOCAL HIRES AND IMPROVE ACCESS TO LIVING WAGE JOBS BY HOSTING FOUR JOB FAIRS DURING FY23. AVAILABLE POSITIONS INCLUDED TRANSPORTATION, FOOD AND NUTRITION, PHARMACY TECHNICIANS, NURSES, PATIENT CARE TEAMS, AND COMMUNITY HEALTH WORKERS. COLLABORATIVE PARTNERS BEGAN DISCUSSIONS WITH LUMC REGARDING HOW THIS WORK CAN BE EXPANDED INTO THE COMMUNITY IN THE COMING YEAR.

GOTTLIEB MEMORIAL HOSPITAL 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.

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.

ACCESS TO HEALTH CARE - GOTTLIEB MEMORIAL HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE STAKEHOLDERS DID NOT DETERMINE THIS 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. GMH ALSO PROVIDED \$123,400 TO FUND ENROLLMENT ASSISTANCE FOR MEDICAID ELIGIBILITY, SSI/SSDI, AND ACA COVERAGE SCREENING, INCLUDING APPLICATION ASSISTANCE, RESULTING IN THE ENROLLMENT OF 690 PATIENTS WHO HAD IDENTIFIED AS BEING UNINSURED OR UNDERINSURED.

CHRONIC DISEASE - GOTTLIEB MEMORIAL HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED DUE TO COMPETING PRIORITIES. THE NATIONAL DIABETES PREVENTION PROGRAM (DPP), BRANDED FRESH START AT GMH, IS AN EVIDENCE-BASED WELLNESS PROGRAM THAT HELPS PEOPLE AT RISK FOR TYPE 2 DIABETES TO LOWER THEIR RISK THROUGH BEHAVIOR MODIFICATION. IN TOTAL, FOUR COHORTS WERE LAUNCHED IN FY23, WITH A TOTAL OF 46 PARTICIPANTS ENROLLED, ALMOST THREE TIMES THE ENROLLMENTS OF FY22. A REFERRAL PATHWAY TO SAINT JOSEPH HEALTH SYSTEM'S (SJHS) LA SALUD EN ACCION ONLINE DPP CLASSES WAS CREATED FOR COMMUNITY MEMBERS WHO SPEAK SPANISH. THE DPP STAFF ALSO CONDUCTED TOBACCO SCREENINGS FOR DPP ENROLLEES AND OFFERED INFORMATION ABOUT COURAGE TO QUIT, ANOTHER SJHS ONLINE WELLNESS PROGRAM EXPANDED TO THE LOYOLA MEDICINE REGION.

GOTTLIEB MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

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.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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

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

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

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.

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/PATIENT-INFORMATION/FINANCIAL-CHARITY-POLICY

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

WWW.LOYOLAMEDICINE.ORG/PATIENT-INFORMATION/FINANCIAL-CHARITY-POLICY

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

WWW.LOYOLAMEDICINE.ORG/PATIENT-INFORMATION/FINANCIAL-CHARITY-POLICY

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 BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

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

Part VI Supplemental Information (Continuation)

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, \$8,404,540 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 III, LINE 2:

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

PART III, LINE 3:

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

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

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

PART III, LINE 8:

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

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING

Part VI Supplemental Information (Continuation)

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 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 PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS

Part VI Supplemental Information (Continuation)

MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF
ADMISSION OR SERVICE.

GMH OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. 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, 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.

Part VI Supplemental Information (Continuation)

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 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 Supplemental Information (Continuation)

PART VI, LINE 5:

OTHER INFORMATION - BUILDING ON LOYOLA MEDICINE'S TRADITION OF TEACHING, GOTTLIEB MEMORIAL HOSPITAL 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.

IN FY23, GMH PROVIDED COMMUNITY HEALTH EDUCATION AND SERVICES. GMH ALSO PROVIDED TRANSPORTATION SERVICES FOR THOSE WITH NO MEANS OF TRANSPORTATION TO HOSPITAL DIAGNOSTIC TESTING OR ANCILLARY SERVICES. VIA LUMC, GMH OFFERED FREE VIRTUAL SUPPORT GROUPS TO PATIENTS AND THE COMMUNITY.

GMH ALSO PROMOTED COMMUNITY HEALTH BY RAISING AWARENESS AND PROVIDING INFORMATION TO THE COMMUNITY FOR HEALTH-RELATED CONDITIONS: GMH AND ITS STAFF ALLERGIST PROVIDED GMH'S 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 ON A DAILY BASIS.

Part VI Supplemental Information (Continuation)

GMH PARTICIPATED IN HEALTH CARE ADVOCACY ON BEHALF OF THE COMMUNITIES SERVED. IN FY23, EFFORTS INCLUDED POLICY CHANGE ON COVID-19 RESPONSE, IMPROVED PUBLIC HEALTH INFRASTRUCTURE, EXPANDED ACCESS TO CARE, LENGTHENED MATERNAL HEALTH COVERAGE, ENHANCED MENTAL AND BEHAVIORAL HEALTH SUPPORT, AMPLIFIED EFFORTS TO CURB GUN VIOLENCE, AND SECURED ADDITIONAL RESOURCES TO ADDRESS HOMELESSNESS. EFFORTS ALSO INCLUDED DISCUSSIONS WITH STATE LEGISLATORS AND THEIR STAFFS 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 COLLEAGUES, 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 2022, LOYOLA MEDICINE HOSTED THEIR ANNUAL SEE, TEST, TREAT EVENT, PROVIDING FREE CERVICAL AND BREAST CANCER SCREENINGS FOR WOMEN AGES 30-64 WHO ARE UNINSURED. FIFTY-NINE PARTICIPANTS WERE SCREENED AND PROVIDED WITH SUPPORTIVE SERVICES, ACCESS TO A LOYOLA PHYSICIAN AND/OR CARE EXPERT FOR ANY CONCERNS, AND ADDITIONAL COMMUNITY RESOURCES. SIXTEEN OF THE FIFTY-NINE PARTICIPANTS RESIDED IN THE GMH SERVICE AREA.

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 AND 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:

Part VI Supplemental Information (Continuation)

- 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 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 THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2023 (FY23), TRINITY HEALTH CONTRIBUTED \$1.47 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

IN ADDITION TO ANNUAL COMMUNITY BENEFIT SPENDING, TRINITY HEALTH IMPLEMENTS A SOCIALLY RESPONSIBLE INVESTING PROGRAM. AS OF THE END OF FY23, \$62.7 MILLION (INCLUDING \$7.0 MILLION IN NEW LENDING) WAS ALLOCATED IN THE FOLLOWING AREAS:

Part VI Supplemental Information (Continuation)

- HOUSING: BUILDING AFFORDABLE HOUSING; IMPROVING ACCESS TO SENIOR HOUSING; AND COMBATTING HOMELESSNESS (\$35.5 MILLION)

- EDUCATION: SUPPORTING STUDENTS ENTERING THE HEALTH PROFESSIONS (\$10.1 MILLION)

- FACILITIES: BUILDING COMMUNITY FACILITIES FOR NONPROFITS, SOCIAL SERVICE PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS (\$9.7 MILLION)

- ECONOMIC DEVELOPMENT: ENCOURAGING SMALL BUSINESS DEVELOPMENT, CREATING LOCAL JOBS AND SUPPORTING ACCESS TO HEALTHY FOODS; QUALITY CHILDCARE; AND OTHER COMMUNITY SERVICES (\$7.4 MILLION)

ACROSS THE SYSTEM, NEARLY 700,000 OF PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. FOR ABOUT 30% OF THOSE PATIENTS, AT LEAST ONE SOCIAL NEED WAS IDENTIFIED. TOGETHERCARE - TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, POWERED BY EPIC - HAS MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (COMMUNITYRESOURCES.TRINITY-HEALTH.ORG).

COMMUNITY HEALTH WORKERS (CHW'S) SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES. TRINITY HEALTH CHW'S PARTNERED WITH POPULATION HEALTH NURSES AND SOCIAL WORK CARE MANAGERS TO SERVE MEDICARE PATIENTS AT RISK FOR PREVENTABLE HOSPITALIZATIONS, RESULTING IN A DECREASE IN PREVENTABLE HOSPITALIZATIONS FOR THE MEDICARE POPULATION OVERALL, AND ALSO FOR LOW-INCOME PATIENTS DUALY ENROLLED IN MEDICARE AND MEDICAID.

CHW'S ADVANCE SOCIAL AND CLINICAL CARE INTEGRATION BY ASSESSING AND ADDRESSING A PATIENT'S SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECTING THE PATIENT (AND THEIR FAMILY) TO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

SERVICES WITHIN THE COMMUNITY. TRINITY HEALTH PROVIDES A 40+ HOUR FOUNDATIONAL CHW AND CHRONIC DISEASE-SPECIFIC TRAINING TO TRINITY HEALTH-EMPLOYED CHW'S AND ALSO TO COMMUNITY PARTNERS THAT EMPLOY CHW'S.

IN 2017, TRINITY HEALTH RECEIVED A SIX-YEAR, \$8.5 MILLION GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO INCREASE THE NUMBER OF NATIONAL DIABETES PREVENTION PROGRAM (DPP) DELIVERY SITES, INCREASE PROGRAM ENROLLMENT, MAINTAIN PARTICIPATION RATES, AND INCREASE BENEFIT COVERAGE. IN ADDITION, THE GRANT WAS USED TO STANDARDIZE CLINICAL SCREENING AND DETECTION OF DIABETES. DURING THE GRANT PERIOD, TRINITY HEALTH BUILT THE NATIONAL DPP INTO ITS ELECTRONIC HEALTH RECORD SYSTEM TO MAKE IDENTIFYING PATIENTS AND ENROLLING THEM IN THE PROGRAM EASIER. SINCE SEPTEMBER 2017, OVER 6,000 PARTICIPANTS HAVE ENROLLED IN A TRINITY HEALTH NATIONAL DPP AND HAVE COLLECTIVELY LOST A TOTAL OF OVER 51,000 POUNDS.

LASTLY, TRINITY HEALTH'S FY23 SHAREHOLDER ADVOCACY PRIORITIES FOCUSED ON IMPROVING CORPORATE POLICIES AND PRACTICES THAT IMPACT COMMUNITIES, WITH THE AIM OF REDUCING STRUCTURAL RACISM AND HEALTH INEQUITIES. TRINITY HEALTH, IN COLLABORATION WITH ITS PARTNERS THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY AND THE INVESTOR ENVIRONMENTAL HEALTH NETWORK, FILED SHAREHOLDER PROPOSALS AT 20 COMPANIES.

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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