

Annual Nonprofit Hospital
**Community Benefits
Plan Report**

For the Fiscal Year Ended August 31, 2023

**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2023
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Introduction

Northwestern Memorial HealthCare (NMHC) is a premier, fully integrated academic health system dedicated to providing the most advanced health care to the communities and patients we serve (the Health System). The Health System provides world-class care through 11 hospitals,¹ two medical groups,² and more than 200 diagnostic and ambulatory locations to patients across Chicago and Northeastern Illinois, all 50 states and more than 100 countries, bringing better medicine, closer to home.

Working together as **Northwestern Medicine**[®] (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg)³ share a vision to advance medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of communities. NM has made the tripartite mission of academic medicine — clinical care, education and research — accessible.

NMHC serves a broad and diverse population. Guided by our systemwide Community Benefits Plan and Community Health Needs Assessments (CHNA), and in collaboration with long-standing partners in the community, NMHC is committed to serving the community through:

- A. Delivering world-class care and experience regardless of the patient's ability to pay
- B. Improving the health of the communities we serve
- C. Advancing discovery and medical knowledge

Our patient-focused mission drives the Health System to be one of the state's leading providers of charity care and services to people with Illinois Medicaid. Supported by our financial assistance and presumptive eligibility policies, NMHC continues to provide medically necessary care for patients in our communities who have the most socioeconomic barriers to care. The Health System cares for vulnerable populations by providing critical care access in rural communities and by expanding access to care by providing direct support for community clinical providers including federally qualified health centers (FQHC) and free community clinics.

The Health System is dedicated to improving the health of the communities we serve. Recent efforts to

¹ For the time period of this report, fiscal year 2023 (FY23), NMHC was the nonprofit corporate parent of Northwestern Memorial Hospital (NMH); Northwestern Lake Forest Hospital d/b/a Northwestern Medicine Lake Forest Hospital (NM LFH); Central DuPage Hospital Association d/b/a Northwestern Medicine Central DuPage Hospital (NM CDH); Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital (NM Delnor); Kishwaukee Community Hospital d/b/a Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee); Valley West Community Hospital d/b/a Northwestern Medicine Valley West Hospital (NM Valley West); Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Memorial Medical Center d/b/a Northwestern Medicine Woodstock Hospital (NM Woodstock); Palos Community Hospital d/b/a Northwestern Medicine Palos Hospital (NM Palos); and Northwestern Medicine Marianjoy Rehabilitation Hospital (NM MRH).

² For the time period of this report, FY23, NMHC was the nonprofit corporate parent of Northwestern Medical Faculty Foundation d/b/a Northwestern Medical Group (NMG) and Central DuPage Physician Group d/b/a Northwestern Medicine Regional Medical Group (NM RMG). Merger of Palos Medical Group, LLC, d/b/a/ Northwestern Medicine Palos Medical Group (NM PMG) into NM RMG was finalized on October 3, 2022.

³ **Northwestern Medicine**[®] is a trademark of NMHC and is also used by Feinberg. While NMHC and Feinberg share in our mission to put patients first in everything we do and work together to provide world-class medical care to our patients, Feinberg is not a corporate member of NMHC.

advance health equity include the system-wide deployment of a social determinants of health (SDOH) screening and resource referral program. Recognizing that one organization alone cannot effect change, NMHC cultivates comprehensive community partnerships to support the community. The Health System provides both funding and invaluable support including through in-kind leadership, knowledge transfer and data sharing; volunteer efforts through our employee volunteer program, Team NM; and direct programmatic support from NM staff to enhance the work of our community partners.

As one of the largest employers in the Chicagoland area, NMHC is committed to improving economic vitality for our communities. Key strategies include: expanding an equity-based framework to increase recruitment and talent pipelines from under-resourced communities; directing spending and purchasing power to vendors and businesses located in communities that have historically lacked economic opportunities; and offering unique educational and career development programs to create a pipeline to healthcare careers.

NMHC leverages the strengths of our academic health system and our bond with Feinberg to advance discovery and medical knowledge, train the next generation of clinicians and shape the future of health care. NM is helping to address projected shortfalls of healthcare professionals by training the nation's next generation of physicians, nurses, allied health professionals and leaders through robust initiatives to recruit and train healthcare professionals from traditionally underrepresented populations, and to expand medical students' practical experiences through hands-on learning, including through family medicine residency programs where residents see patients at community care providers and through education-centered medical home (ECMH) programs.

Academic health systems are proven innovators and leaders, as evidenced by the many advancements pioneered by NM physicians, scientists and researchers in FY23. NMHC supports some of the nation's most advanced research programs, led by physician-scientists at Feinberg. In FY23, these endeavors were diverse and varied, ranging from innovative thoracic and cardiovascular care to working to maximize vaccine effectiveness. Growth of the Health System has enhanced clinical trials through both geographic and patient population diversity.

The value of community benefits provided by not-for-profit hospitals in the United States outweighs forgone federal revenue by nearly nine times.⁴ In Illinois, hospitals annually contribute approximately \$7 billion in community benefits.⁵ Despite these contributions, tax-exempt hospitals continue to be closely scrutinized at the local, state and federal levels for the amount and type of benefits provided to the community. Reports criticizing the community benefits investments by tax-exempt hospitals are often inaccurate and incomplete, failing to fully account for the wide range of community benefits provided by these hospitals.

NMHC is committed to providing a wide-range of services that benefit the communities we serve, contributing more than \$1.45 billion in community benefits in FY23 alone. While by no means

⁴ *Estimates of the federal revenue forgone due to the tax-exemption of non-profit hospitals compared to the community benefit they provide, 2019, Prepared for the American Hospital Association, Ernst & Young, LLP. (2022).* <https://www.aha.org/system/files/media/file/2022/06/E%26Y-Benefit-of-of-Tax-Exemption-Report-FY2019-FINAL-with-links.pdf>. The \$110.9 billion in community benefits provided by U.S. tax-exempt hospitals is an increase from the same study performed in 2019 that found \$95 billion in community benefits.

⁵ Illinois Health and Hospital Association (IHA), Finance, Community Benefits. <https://www.team-iha.org/finance/community-benefits>.

exhaustive, this report offers an in-depth look into the Health System's organizational structure, mission and community benefits plan; the communities and populations we serve; charity care and financial assistance policies; highlights of the many community benefits activities implemented across the Health System; and efforts to advance discovery and medical knowledge.

About the Health System:

Northwestern Memorial HealthCare (NMHC or the Health System) is a premier fully integrated academic health system dedicated to providing the most advanced health care to the communities and patients we serve. Access to world-class patient care is available across Chicagoland and Northeastern Illinois. From emergent and acute care to critical access and specialized rehabilitative services, a full spectrum of care is provided across the region, including at 11 hospitals:⁶

- Northwestern Memorial Hospital (NMH) in Chicago
- Northwestern Medicine Lake Forest Hospital (NM LFH) in Lake Forest
- Northwestern Medicine Central DuPage Hospital (NM CDH) in Winfield
- Northwestern Medicine Delnor Hospital (NM Delnor) in Geneva
- Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee) in DeKalb
- Northwestern Medicine Valley West Hospital (NM Valley West) in Sandwich
- Northwestern Medicine McHenry Hospital (NM McHenry) in McHenry
- Northwestern Medicine Huntley Hospital (NM Huntley) in Huntley
- Northwestern Medicine Woodstock Hospital (NM Woodstock) in Woodstock
- Northwestern Medicine Palos Hospital (NM Palos) in Palos Heights
- Northwestern Medicine Marianjoy Rehabilitation Hospital (NM MRH) in Wheaton

NMHC is submitting this Annual Report on Community Benefits for the fiscal year ended August 31, 2023 (FY23), on behalf of each of its member hospitals and the Health System. This report offers an in-depth look into the Health System's organizational structure; mission statement; the communities and populations we serve; the Community Benefits Plan and Community Health Needs Assessment (CHNA) process; and charity care and financial assistance policies. It also highlights the many community benefits activities implemented by the Health System in FY23.

Anchored by NMH, the only hospital in Illinois listed on the *U.S. News & World Report* Best Hospitals Honor Roll for 12 consecutive years,⁷ the Health System brings academic medicine closer to where patients live and work. Working together as **Northwestern Medicine**[®] (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg or FSM)⁸ share a vision to advance medical care

⁶ NMHC is the nonprofit corporate parent of Northwestern Memorial Hospital (NMH); Northwestern Lake Forest Hospital d/b/a Northwestern Medicine Lake Forest Hospital (NM LFH); Central DuPage Hospital Association d/b/a Northwestern Medicine Central DuPage Hospital (NM CDH); Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital (NM Delnor); Kishwaukee Community Hospital d/b/a Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee); Valley West Community Hospital d/b/a Northwestern Medicine Valley West Hospital (NM Valley West); Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Memorial Medical Center d/b/a Northwestern Medicine Woodstock Hospital (NM Woodstock); Palos Community Hospital d/b/a Northwestern Medicine Palos Hospital (NM Palos); Northwestern Medicine Marianjoy Rehabilitation Hospital (NM MRH); Northwestern Medical Faculty Foundation d/b/a Northwestern Medical Group (NMG); Central DuPage Physician Group d/b/a Northwestern Medicine Regional Medical Group (NM RMG); Northwestern Memorial Foundation (NMF); and other subsidiaries. Merger of Palos Medical Group, LLC, d/b/a/ Northwestern Medicine Palos Medical Group (NM PMG) into NM RMG was finalized on October 3, 2022.

⁷ 2023 – 2024 Best Hospitals Honor Roll and Medical Specialties Rankings, *U.S. News and World Report*, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

⁸ **Northwestern Medicine**[®] is a trademark of NMHC and is also used by Feinberg. While NMHC and Feinberg share in our mission to put patients first in everything we do and work together to provide world-class medical care to

through clinical innovation, breakthrough research and academic excellence to make a positive difference in people’s lives and the health of communities. Continued expansion of the Health System improved access to world-class patient care across Chicagoland and Northeastern Illinois in FY23. NMHC recently opened a new medical office building in Winfield Town Center designed to increase access to ophthalmology, allergy and urology outpatient services. Additionally, patients in northwest Chicago now have access to primary care, immediate care and specialty care services with the opening of NM Old Irving Park Outpatient Center.⁹ Additional service lines will be opened at the site in the near future. NM Oak Brook Outpatient Center opened in early 2024¹⁰ to offer immediate, primary and specialty care as well as diagnostic imaging, physical therapy and lab services. Construction has begun on the 120,000-square-foot NM Bronzeville Outpatient Center in the Bronzeville neighborhood on the South Side of Chicago. The ambulatory center is a continuation of the Health System’s longstanding commitment to Bronzeville and will provide patients with access to world-class care within their community.

NM has established multidisciplinary teams of clinicians to develop and adopt evidence-based care pathways for routine and complex conditions, with the goals of enhancing safety and improving efficiency of care. In several specialties, clinically integrated programs deliver seamless patient care throughout phases of a patient’s condition, across multiple locations of care, with consistently applied standards of quality. Integration and expansion of key clinical service lines continued across the Health System in FY23. For example, NM Bluem Cardiovascular Institute, anchored at NMH, is now open in Mokena. This provides residents of Chicago’s south suburbs access to premier cardiovascular care from the cardiology, heart and vascular surgery program ranked No. 7 in the country and highest-ranked in Illinois.¹¹

More than 46,000 physicians, nurses, allied health professionals, clinical support staff and administrative employees, as well as hundreds of volunteers, support delivery of quality medical care to the Health System’s patients. The Health System trained 988 residents and fellows in FY23. Serving a broad and growing patient base while achieving top patient outcomes, the Health System has provided care to patients from all 50 states and more than 100 countries through on-site care and clinical partnerships. In FY23, the Health System had more than 136,000 inpatient admissions, more than 450,000 emergency department visits, and more than 3.3 million outpatient registrations.¹²

The Health System is a recognized leader in delivering excellent outcomes and patient experiences. Engagement initiatives with patients, physicians, employees and the community drive improvement projects that have helped establish the NMHC reputation and attract world-renowned specialists. The Health System remains on the leading edge of care thanks to our relationship with Feinberg.

Community Investments

The Health System’s patient-focused mission drives us to be one of the state’s leading providers of charity care and services to people with Illinois Medicaid. Supported by our financial assistance and presumptive eligibility policies, NMHC continues to provide medically necessary care for patients in our communities who experience the most socioeconomic barriers to care.

our patients, Feinberg is not a corporate member of NMHC. More information about NMHC’s relationship with Feinberg is available in the *Advancing Discovery and Medical Knowledge* section of this report.

⁹ The Old Irving Park Outpatient Center officially opened November 1, 2023.

¹⁰ Beyond the scope of this report.

¹¹ 2023 – 2024 Best Hospitals Honor Roll and Medical Specialties Rankings, *U.S. News and World Report*, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

¹² Outpatient registrations exclude outpatient emergency department visits.

As one of the largest employers in the Chicagoland area, NMHC is committed to improving economic vitality in the greater Chicagoland area and surrounding communities. Central to this strategy are initiatives aimed at expanding an equity-based framework to increase recruitment and talent pipelines, as well as concerted efforts to procure supplies and services from communities that have been historically under-resourced. NMHC hospitals continue to cultivate new relationships while working with long-standing community partners to organize and provide resources to community collaborators addressing health inequities. Understanding the immense impact of the social determinants of health (SDOH) on health outcomes, NMHC is committed to working with community partners to address SDOH and improve overall health. In FY23, NMHC-supported programs included working to improve access to food and nutrition, advancing health literacy, and addressing endemic violence and trauma in Chicago, among many more programs. To better support organizations in our communities, in FY23, NMHC provided more than \$7.5 million indirect funding, inclusive of more than \$5.1 million of community-based grants and donations.

The value of community benefits provided by not-for-profit (NFP) hospitals in the United States routinely outweighs foregone federal revenue. A recent Ernst & Young, LLP, report found that for every \$1 of revenue foregone, NFP hospitals provided \$9 in community benefit,¹³ a finding that is validated by analysis of Form 990 Schedule H filings since their inception. NFP hospitals provided nearly \$130 billion in community benefits in 2020, the most recent year for which comprehensive information is available. Nearly half of the \$130 billion is attributed to free or reduced care for patients in need or for the unreimbursed cost of Medicaid underpayments. Remarkably, this analysis demonstrates that NFP hospitals significantly increased community benefits investments even in the midst of a global pandemic.¹⁴ In Illinois, NFP hospitals annually contribute approximately \$7 billion in community benefits, inclusive of approximately \$870 million in charity care at cost.¹⁵ Despite these significant contributions, NFP hospitals continue to be closely scrutinized at the local, state and federal levels for the amount and type of benefits provided to the community. Reports criticizing NFP hospital community benefits contributions are often incomplete and inaccurate, failing to fully account for the wide range of community benefits provided by hospitals, as demonstrated by comprehensive analysis of community benefit investments reported annually on the Internal Revenue Service (IRS) Form 990 Schedule H.

NMHC is committed to providing a wide-range of services that benefit the communities we serve. In FY23, NMHC contributed more than \$1.45 billion, or more than 18% of net patient service revenue, including approximately \$1.29 billion in community services and charity care and more than \$161.8 million in research and education.

¹³ *Estimates of the federal revenue forgone due to the tax-exemption of non-profit hospitals compared to the community benefit they provide, 2019, Prepared for the American Hospital Association, Ernst & Young, LLP. (2022).* <https://www.aha.org/system/files/media/file/2022/06/E%26Y-Benefit-of-of-Tax-Exemption-Report-FY2019-FINAL-with-links.pdf>.

¹⁴ *Results from 2020 Tax-Exempt Hospitals' Schedule H Community Benefit Reports, American Hospital Association. (2023).* <https://www.aha.org/guidesreports/2023-10-09-results-2020-tax-exempt-hospitals-schedule-h-community-benefit-reports>. The \$130 billion is an increase of almost \$20 billion from the previous year.

¹⁵ Illinois Health and Hospital Association, Community Benefits. <https://www.team-iha.org/finance/community-benefits>. Accessed January 2024.

FY23 Charity Care and Other Community Benefits Summary

**SUMMARY OF CHARITY CARE AND COMMUNITY BENEFITS
BASED ON ILLINOIS COMMUNITY BENEFITS ACT
REPORTING STANDARDS
FISCAL YEAR ENDED AUGUST 31, 2023**

Description	Unreimbursed Cost	See Note No.
Charity Care	68,103,812	1
Language Assistance	6,891,469	2
Government-Sponsored Indigent Health Care	1,108,882,770	3
Donations	7,545,392	4
Volunteer Services (Employee)	137,511	5
Volunteer Services (Non-employee)	63,308	6
Education	93,551,253	7
Government-Sponsored Program Services	---	8
Research	68,290,035	9
Subsidized Health Services	52,636,677	10
Bad Debts	39,761,967	11
Other Community Benefits	5,653,092	12
Total	<u>\$1,451,517,286</u>	

Note 1: Charity Care – This section of the report includes the unreimbursed cost of care provided to patients who are uninsured or underinsured and served by NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM Huntley, NM McHenry, NM Woodstock, NM MRH and NM Palos (collectively “the Hospitals”) as well as by NMG and NM RMG. The cost of charity care for the Hospitals was calculated by applying the total cost-to-charge ratio from each hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants *Accounting and Auditing Guide – Healthcare Organizations*). The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association’s *Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers*). NMG and NM RMG are not required to file a Medicare cost report. Internally calculated cost-to-charge ratios specific to NMG and NM RMG were used to determine the cost of charity care for these entities. The resultant calculated cost was then offset by any payments, consistent with the methodology for the Hospitals. **The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent healthcare program is not included in the unreimbursed cost figure for charity care. As a result of expanded access to these programs, the activities considered as charity care have been reduced.**

NMHC is reporting a corresponding decrease in charity care but an increase in the unreimbursed cost of government-sponsored indigent care in FY23.

The costs of charity care in this report differ from NMHC notes to the consolidated audited financial statements for FY23 where they were calculated by applying a cost-to-charge ratio developed prior to the Hospitals' FY23 Medicare cost reports to charges foregone for charity care. The FY23 Medicare cost reports were completed after the audited financial statements were issued. The costs of charity care for the Hospitals included in this report were calculated using the cost-to-charge ratios from the most recently filed Medicare cost reports for each of the hospitals.

In compliance with revisions to the Illinois Community Benefits Act, NMHC is now reporting costs of charity care and net patient revenue for each of the Hospitals. Individual hospital information is provided under the Form AG-CBP-1 tab of this report.

Note 2: Language Assistance – The cost of language assistance programs includes both the cost of employees and non-employees to provide interpretation services to patients and their family members at NMHC hospitals.

Note 3: Government-Sponsored Indigent Health Care – The cost of government-sponsored indigent health care includes the unreimbursed cost of care delivered through Medicare and Medicaid programs. The unreimbursed cost of Medicare and Medicaid was calculated by applying each provider's overall cost-to-charge ratio to its total Medicare and Medicaid inpatient and outpatient charges, and then subtracting payments received and receivable under these programs. The reimbursement and cost-to-charge ratios exclude direct medical education, as those costs are included as part of the unreimbursed cost of education. The cost-to-charge ratios are also adjusted for costs reported in other categories in this report. The unreimbursed cost of government-sponsored indigent health care for FY23 is reduced by \$107.396 million of net reimbursement received under the Illinois Hospital Assessment Program (HAP) and Affordable Care Act Expanded Access Program.

Note 4: Donations – Donations include the dollar amount recorded during FY23 in accordance with generally accepted accounting principles in the United States as contributions from unrestricted funds to charitable and other community or civic organizations for furtherance of our charitable purposes.

Note 5: Volunteer Services (Employee) – NMHC helps build healthier communities through intentional volunteer service. Employees support numerous activities for the advancement of the community through volunteer efforts, whether of their own initiative or through the NM systemwide employee volunteer program, Team NM. Team NM works closely with local community partners to bring volunteer opportunities to NM staff that align with identified community health needs, NM key initiatives and/or NM programs. Volunteer activities may occur during working or nonworking hours.

Note 6: Volunteer Services (Non-employee) – This includes the total number of hours provided by volunteers at all NMHC entities multiplied by the Illinois minimum wage rate.

Note 7: Education – Unreimbursed education costs include the cost of the NMHC medical residency, fellowship and internship programs, as well as support for FSM medical student education, less any third-party payor reimbursements and fees received.

Note 8: Government-Sponsored Program Services – NMHC does not have unreimbursed costs to report in this section.

Note 9: Research – NMHC provides support to advance medical and scientific research and academic pursuits. The reported support includes the unreimbursed cost of funds provided for research projects and unreimbursed operational infrastructure costs to support clinical research that occurs at NMHC.

Note 10: Subsidized Health Services – Subsidized health services include the uncompensated cost of providing behavioral health services, health education and information, and programs that positively impact the wellness of the community. Costs calculated were offset by any reimbursement received for services provided. The unreimbursed cost for behavioral health services was also adjusted to exclude the unreimbursed cost of charity care and government-sponsored indigent health care detailed elsewhere in this report.

Note 11: Bad Debts – Bad debts represent the provision for uncollectible accounts reported in NMHC's FY23 audited financial statements related to patient care services adjusted to cost consistent with the methodology used to calculate government-sponsored indigent health care.

Note 12: Other Community Benefits – Other community benefits represent activities conducted by NMHC that benefit residents of the community, including general community-based health and service programs. Costs calculated were offset by any reimbursement received for the services provided.

Community Benefits Commitment

Mission Statement

Northwestern Medicine is a premier, integrated academic health system where the patient comes first.

- We are all caregivers or someone who supports a caregiver.
- We are here to improve the health of our community.
- We have an essential relationship with Northwestern University Feinberg School of Medicine.
- We integrate education and research to continually improve excellence in clinical practice.
- We serve a broad community and strive to bring the best in medicine closer to where patients live and work.

Community Benefits Plan

Our mission sets forth our commitment to improve the health of the communities we serve and to advance medical research and education. The Community Benefits Plan describes the broad-reaching goals that support this commitment and address our responsibility as a tax-exempt organization. The Department of Community Affairs develops and maintains a Community Benefits Plan for the Health System, which is executed at the hospital level to best meet the needs of our local communities. Reviewed annually and revised as needed, the objectives of the Community Benefits Plan are to:

Deliver World-Class Care and Experience Regardless of the Patient's Ability to Pay

- We support this through robust financial assistance programs and outreach services.
- As part of the NM Mission to improve the health of our communities, we put patients first every day by providing better care and access to specialized services close to where they live and work.

Improve the Health of the Communities We Serve

- We reduce health disparities and improve health equity by assessing social determinants of health and responding to the unique needs of our diverse and complex patient population.
- We strengthen and enhance the well-being of communities by building deep and lasting relationships with local community organizations.
- We support economic development and growth, particularly in communities that have historically lacked economic opportunities, by recruiting diverse staff, hiring local vendors, and offering unique educational and career development programs that create a pipeline to healthcare careers.

Advance Discovery and Medical Knowledge

- We leverage the strengths of our academic health system and our bond with Northwestern University Feinberg School of Medicine to advance discovery and medical knowledge, train the next generation of clinicians and shape the future of health care.

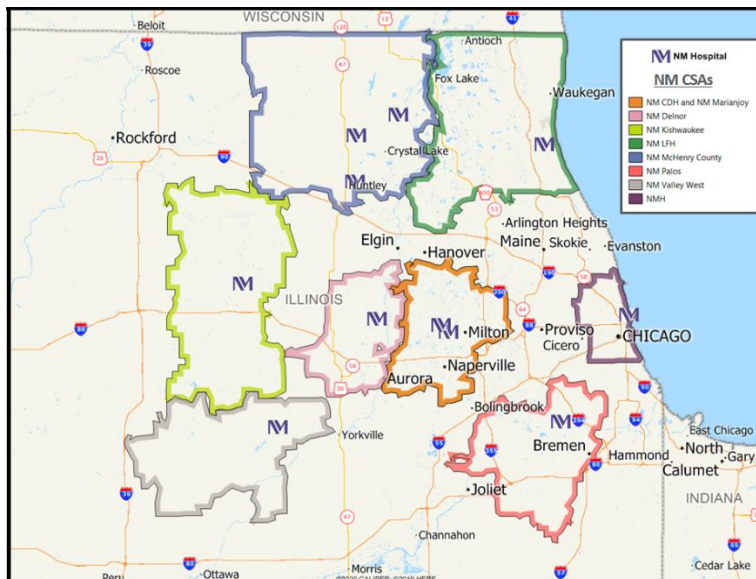
Populations and Communities Served

The communities served by NMHC hospitals are complex and diverse, encompassing rural, suburban and urban areas, with a range of socioeconomic statuses and impacts of SDOH that correspond to these demographics. NMHC is committed to providing care that takes into consideration the cultures and environments in which our patients live and is responsive to their needs. We work closely with community organizations, including health and social service providers, to identify priority health concerns and jointly develop community-based health initiatives designed to address health disparities.

Each NMHC hospital considers a variety of factors when defining its community. These factors include:

- Geographic area served by the hospital
- Principal functions of the hospital
- Areas that have been historically under-resourced
- The location of existing NM and community assets
- The service areas of other healthcare providers

By considering each of these factors, each NMHC hospital has defined its own Community Service Area (CSA) and is working to meet the unique needs of the community it serves.¹⁶ The following map outlines the communities served by the Health System.¹⁷



Aligned with our mission and Community Benefits Plan, and in accordance with the requirements of the Patient Protection and Affordable Care Act (ACA), each NMHC hospital works with community and academic medical center (AMC) partners every three years to complete a comprehensive Community Health Needs Assessment (CHNA) that identifies the highest-priority health needs of residents of its CSA.

¹⁶ See appendix for more information on the services each NMHC hospital provides in its respective community.

¹⁷ While NM MRH considers DuPage County its CSA, due to its unique services, it also serves as a destination hospital for surrounding counties. Patients often travel from Cook, Will, Kane, Kendall, DeKalb and LaSalle counties, among many more, to receive care at NM MRH.

All CHNAs for the Health System are available online at nm.org/about-us/nm-community-impact/reports.

With Feinberg, NMHC brings to bear the resources of a world-class, integrated academic health system to advance our Community Benefits Plan and CHNA strategies in ways that could not be achieved as stand-alone hospitals. Providing better care closer to home allows our communities access to the latest developments in education and research that previously may not have been available at the community level. This includes:

- Seeking root causes to health conditions, and collaborating with scientists, clinicians and community experts to develop solutions
- Enhancing access to health care
- Improving clinical quality
- Advancing medical innovation
- Ensuring that a highly skilled healthcare workforce is in place for decades to come
- Addressing SDOH

CHNAs provide information that enables hospitals to identify health issues of greatest concern among residents in their communities and decide how best to commit resources to those areas, thereby making the greatest possible impact on community health. NMHC employs a systematic, data-driven approach to determine the health status, behaviors and needs of the residents of each hospital's community. This includes engaging a diverse set of community representatives, known as the community Engagement Council (CEC), to ensure the data is being interpreted with the community voice at its core. The CEC guides decisions about which needs are priorities. Each CHNA establishes priorities that are the most widespread, severe and persistent, while also taking into consideration the feasibility of impacting change in collaboration with community partners.

The corresponding implementation plans are established with the overarching goal of improving community health, reducing health disparities and increasing access to healthcare services. Strategies are grounded in public health models and developed with input from public health, community and healthcare organizations that understand and help represent the wide-ranging health needs of our community members. For FY23, each hospital implemented programs to address the following identified priority health needs:

	Northwestern Memorial Hospital	Lake Forest Hospital	Central DuPage Hospital	Delnor Hospital	Kishwaukee Hospital	Valley West Hospital	Marianjoy Rehab Hospital	Huntley, McHenry, Woodstock Hospitals	Palos Hospital
Access to Healthcare and Community Resources			●	●	●	●	●	●	
Behavioral Health, Substance Use Disorder	●	●	●	●	●	●		●	●
Culturally and Linguistically Appropriate Care									●
Chronic Disease			●	●	●	●			
Employment and Youth Development	●	●							
Food Access and Security									●
Nutrition, Physical Activity and Weight		●							
Older Adults, Aging						●			
Promoting Independence and Activity							●		
Promoting Wellness and Preventing Disease							●		
Social Determinants of Health			●	●			●	●	
Violence Prevention, Community Safety	●							●	

We believe that our mission to improve the health of the communities we serve is best accomplished in collaboration with organizations in the community and within the organizations that comprise NM, including the Health System and Feinberg. Our affiliations with community-based healthcare organizations and our community collaborations enable the Health System to meaningfully improve access to high-quality health care and implement targeted programs that address the highest-priority health needs of the community.

Delivering World-Class Care and Experience Regardless of the Patient’s Ability to Pay

With a mission-driven commitment to provide quality medical care regardless of the patient’s ability to pay, the Health System maintains our dedication to improve the health of members of our community who are the most medically underserved. In 2023 Illinois residents availed themselves to the State’s increased health care coverage including expanded Medicaid coverage, specifically health benefits for immigrant adults. NMHC provided quality care for many patients participating in these programs. As a result of the expanded government-sponsored programs, the Health System is reporting a corresponding decrease in charity care and substantial increase in cost of care for patients participating in government-sponsored indigent programs. As well as providing quality care regardless of the patient’s ability to pay, NMHC also dedicated increased resources to organizations providing social and support services for Illinois residents in need.

Charity Care and Care for Patients With Medicaid and Medicare Coverage

NMHC financial assistance programs and outreach services enable us to serve patients with the most socioeconomic needs in our communities. Through our financial assistance programs and presumptive eligibility policy, NMHC continues to provide medically necessary health care for those who do not have the resources to pay for it. Many NMHC hospitals are leaders in providing charity care in their respective communities, including in DeKalb, DuPage, Lake and McHenry counties. Three NMHC hospitals are among the top 10 leading charity care providers in Illinois: NMH (No. 6), NM CDH (No. 9) and NM LFH (No. 10).¹⁸ The unreimbursed cost of charity care for NMHC was more than \$68.1 million in FY23.

The Health System is a leading provider of care for patients with Medicaid coverage in Illinois, handling more than 132,000 inpatient days, more than 25,380 admissions and more than 482,000 outpatient visits¹⁹ annually. Along with some of the area’s safety-net hospitals, NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. Despite not having a pediatrics program,²⁰ NMH is the third-largest provider of care to beneficiaries of Illinois Medicaid.

The commitment to patients with Medicaid at NMH has increased over the past six years: The volume of Medicaid inpatient days handled by NMH has increased by 55.9%; the number of Medicaid admissions has risen by 22.5%; and volume of outpatient care is up by 153%.²¹ Driving the hospital’s large and growing Medicaid volume is the Health System’s mission to put patients first in everything we do. NM is dedicated to providing access to quality healthcare services to improve the health of all people in the communities we serve. NMH is a destination for those seeking care from across Chicagoland, including patients with Medicaid. Approximately 15,000 individual patients on Medicaid who live on Chicago’s

¹⁸ Illinois Department of Public Health Data, 2022. The most recent data available. Not all hospitals or health systems submitted charity care data for 2022.

¹⁹ Measured via claims.

²⁰ While NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals because of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois, NMH does not have a pediatric program. Care for pediatrics accounts for more than 43% of all patients covered by Medicaid, according to the Illinois Department of HealthCare and Family Services, breakdown of FY 2021 data for patients with Medicaid enrolled in the State Medical Assistance (comprehensive benefit) program, the most recent comprehensive data available.

²¹ HFS, Review of Hospital Utilization Data, 2015-2021. The most recent data available.

South and West sides receive their care at NMH.²² Patients with Medicaid account for more than 25,600 visits annually to the NMH Emergency Department (ED); 79% of them arrive by means other than ambulance. Patients continue to seek quality care from NMH with more than 38% of all patients who seek care in the hospital's ED traveling 10 or more miles, mostly from the city's South and West sides.²³

Several other NMHC hospitals are also the top Medicaid providers in their respective communities. NM CDH is the single-largest Medicaid provider in DuPage County and a top provider (No. 4) of outpatient care to patients on Medicaid in Illinois.²⁴ NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County.²⁵ NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals: The volume handled by NM LFH has increased by 155.3% over the past six years.²⁶

The Illinois Medicaid Hospital Assessment Program (HAP) is a financing mechanism intended to ensure that Illinois residents who are experiencing poverty have adequate access to healthcare services. A special state tax on hospitals funds this program.²⁷ The state then receives matching funds from the federal government. The HAP is a necessary program that helps offset the low reimbursement traditionally provided to hospitals by the state's Medicaid program. As demand for care of Medicaid patients Medicaid increases, the imbalance between the Medicaid reimbursement received and the taxes paid by NMH to support the HAP is straining the ability to maintain access to care and continue investing in the health of our communities. NMH is by far the single-largest payor of the Illinois HAP Tax, paying more than \$94.5 million in HAP taxes in 2023 to support the delivery of care to Medicaid patients in Illinois.²⁸ Despite the significant amount of taxes paid annually to support the HAP, NMH absorbs more than \$27.8 million in unreimbursed Medicaid costs annually.²⁹ All NM entities make significant contributions to the HAP, including NM CDH, which is the fourth-largest, paying more than \$51.9 million in HAP taxes annually.³⁰

In FY23, the unreimbursed cost of Government-Sponsored Indigent Health Care services for NMHC totaled more than \$1.1 billion.

Bad debt is driven in part by patients under active treatment who encounter network restrictions or changes in coverage limits when their healthcare insurance changes. Similarly, if an insurer denies coverage while a patient is under active treatment, NMHC continues to provide care for these patients

²² NM Office of Data Analytics.

²³ IDPH; NM Office of Data Analytics.

²⁴ Illinois Department of Healthcare and Family Services (HFS) data, 2021. The most recent data available.

²⁵ 2021, HFS, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

²⁶ HFS.

²⁷ HAP taxes are imposed on all hospitals in Illinois, except for government-run hospitals (e.g., University of Illinois Chicago, John H. Stroger, Jr. of Cook County Hospital, and Provident Hospital of Cook County), which do not participate in the program.

²⁸ M. Werner Consulting; HFS.

²⁹ Source: Annual Nonprofit Hospital Community Benefits Plan, Report for the Fiscal Year Ended August 31, 2022; Northwestern Memorial HealthCare.

³⁰ M. Werner Consulting; HFS.

through the duration of their treatment, even if not reimbursable. Together, these contribute to the cost of bad debt.

A comprehensive regional health system includes health care provided beyond hospitals and health systems, including a robust public health function, coordinated emergency management, behavioral health and substance abuse programs, long-term health care, and others. NMHC contributes to regional health systems by providing leadership, expertise and ongoing support of high-quality programs that predictably and consistently result in a loss to NM. These services range from trauma care to comprehensive behavioral health services and community-based programs. NMHC hospitals collaborate with private and public health organizations to ensure a full spectrum of high-quality, well-coordinated healthcare services are available in the communities we serve. In FY23, the net cost of subsidized healthcare services provided by NMHC totaled more than \$52.6 million.

In total, NMHC contributed approximately \$1.3 billion to charity care, other unreimbursed care, subsidized health services and bad debt in FY23.

NMHC Financial Assistance Policy

Financial Assistance at NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry, NM Huntley, NM Woodstock, NM Palos,³¹ NM MRH, NMG and NM RMG

The NMHC Financial Assistance Policy in effect during FY23 applied to NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry, NM Huntley, NM Woodstock, NM MRH, NM Palos, NMG and NM RMG. The policy fully complies with the Illinois Fair Patient Billing Act, the Illinois Hospital Uninsured Discount Act and other relevant laws. Free and discounted care is available to those seeking care at the above-named entities based upon the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),³² to determine eligibility. Patients who do not have insurance and have incomes less than or equal to 250% of the FPL receive 100% free care for medically necessary services.³³ Discounted care is available for patients who are uninsured and earning 251% to 600% of the FPL.
- For patients who have insurance, the Financial Assistance Policy waives out-of-pocket expenses, except co-pays, for medically necessary services if their income is less than or equal to 250% of the FPL. Discounted care is also available for medically necessary non-covered services for patients with insurance earning 251% to 600% of the FPL.
- The Financial Assistance Policy also includes a Catastrophic Program for patients who qualify with household income between 251% and 600% of the FPL. (Patients at or below this level are eligible for free care.) Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income, with payments spread over a three-year period.
- Patients seeking care at an NMHC emergency department receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

³¹ To increase alignment across the Health System, patients served by NM Palos are now covered by the NMHC Financial Assistance Policy.

³² The FPL in calendar year 2023 was \$30,000 for a family of four living in the 48 contiguous states.

³³ The NMHC Financial Assistance Policy was amended to increase the FPL threshold for 100% free care from 200% of FPL to 250% of FPL in FY20.

NMHC and its affiliates are committed to meeting the healthcare needs of those within the NMHC community who are unable to pay for medically necessary or emergency care. This commitment includes providing medically necessary care at free or discounted rates under our Financial Assistance Program. Applications for financial assistance follow a system-standard review process. Applications are approved based upon completion of application, Illinois residency, and income or assets within allowable guidelines. Illinois' expanded coverage for undocumented adults in the state through the Health Benefits for Immigrant Adults (HBIA) program resulted in reduced applications for financial assistance in FY23. As a result, the Health System is reporting a corresponding decrease in charity care but an increase in the unreimbursed cost of indigent care for FY23.

In the past, data regarding an applicant's race, ethnicity, sex or preferred language (Personal Demographic Data) was neither collected by the financial assistance application nor available for consideration when reviewing the application. Certain Personal Demographic Data has been requested at registration, but patients are not required to provide it. In compliance with revisions to the Illinois Hospital Uninsured Patient Discount Act (HUPDA) and the Illinois Fair Patient Billing Act, NMHC is now requesting Personal Demographic Data on its financial assistance applications. In accordance with those laws, patients may not be required to provide Personal Demographic Data, and such data may not be used in determining the outcome of the application. Because many patients choose not to provide Personal Demographic Data at registration or on their financial assistance application, the Personal Demographic Data provided is incomplete. Personal Demographic Data collected by NMHC is available under the Hospital Financial Assistance Report (HFAR) Tab of this report. Additionally, in compliance with revisions to the Illinois Community Benefits Act, NMHC is now reporting charity care costs and net patient revenue provided by each NM hospital. This information is available under the Form AG-CBP-1 Tab of this report.

Serving Vulnerable Populations

NMHC is committed to providing care to the most vulnerable populations in the communities we serve. As discussed earlier in this report, every year, NMHC hospitals provide millions in dollars in uncompensated, undercompensated and charitable care to patients in our communities. Additionally, millions are dedicated to providing valuable community services. From providing critical care access at NM Valley West and collaborating with community care providers, to providing free screenings and vaccines and connecting patients with services to address SDOH, the Health System provides a multitude of convenient services to Illinois residents who are medically underserved.

To support these efforts — and comparable efforts provided by healthcare providers across the country — U.S. Congress created the 340B drug savings program (340B). 340B helps those hospitals serving vulnerable communities stretch scarce resources to support essential services for their communities. Funded by drug company discounts, 340B does not use federal dollars and therefore does not cost the U.S. taxpayer any money. However, it does make a big difference to vulnerable communities. In 2019 alone, 340B-covered entities provided more than \$67 billion in total benefits to their communities.³⁴ The participation of NMH and NM Valley West in 340B supports the Health System's efforts to provide

³⁴ 2022 340B Hospital Community Benefit Analysis, American Hospital Association, <https://www.aha.org/2022-06-07-2022-340b-hospital-community-benefit-analysis>. NMH and NM Valley West are 340B-covered entities.

invaluable care to the most vulnerable populations within the communities it serves. Some of those efforts are highlighted below.

Critical Care Access

NM Valley West is a Critical Access Hospital located in Sandwich, Illinois, that has served its community for more than 70 years. Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). NM Valley West is located in DeKalb County, which is designated a Low Income Medically Underserved Population (MUP) by the Health Resources & Services Administration (HRSA).³⁵ MUPs have a shortage of primary care services for a specific population subset within a geographic area; these populations may face economic, cultural or language barriers to health care.³⁶ As a Critical Access Hospital in a MUP, NM Valley West provides essential services to its rural community, including access to academic health care by providing a seamless pathway from critical care to specialty care across the Health System.

Support for Community Clinical Providers

NM nurtures relationships with several community clinical providers to foster access to primary care in the community, including with federally qualified health centers (FQHCs) and free clinics. Relationships with FQHCs and free clinics offer four key benefits impacting patients, NM and the community more broadly:

- Community health: Deepen commitment to a healthier community through enhanced local partnerships.
- Access to care: Meet patient access needs for patients who are uninsured and underinsured.
- Education and research: Further academic activities with expanded training and research opportunities.
- Care coordination: Coordinate care to ensure the right care is provided in the appropriate settings.

Recently, the Health System endeavored to implement a community approach to developing and operating clinical community relationships to maximize the benefits of those relationships to NM, the patients we serve, the community and our community partners. Through this initiative, we assessed existing relationships, developed opportunities for support and identified gaps.

The Health System currently fosters relationships with the following FQHC and community clinical providers across Chicagoland and Northern Illinois:

- Aunt Martha's Woodstock Community Health Center
- CommunityHealth Clinic
- DuPage Health Coalition
- Erie Family Health Center and Erie HealthReach Waukegan
- Family Health Partnership Clinic

³⁵ Health Resources & Services Administration, Medically Underserved Area and Medically Underserved Population Search.

³⁶ Health Resources & Services Administration, *What is a Shortage Designation?* <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation#mups>.

- Greater Family Health
- IMAN Community Health Center
- The Josselyn Center
- Lake County Health Department & Community Health Center
- Near North Health Services Corporation
- TriCity Health Partnership
- VNA Health Center

In FY23, the Health System contracted with FQHCs that provided primary care services for more than 375,000 patients at their sites.³⁷ Many of these patients reside in NMHC CSAs. Through affiliation and care coordination agreements, and in accordance with NMHC financial assistance and presumptive eligibility policies, NM hospitals provide necessary diagnostic, specialty and subspecialty care for many supported FQHC patients. Additional support for community clinical partners is provided through the Education Centered Medical Home (ECMH) program.³⁸ NM executives also serve on the boards of directors of multiple community clinical providers offering leadership and in-kind support to those organizations. On top of existing commitments, NMHC also committed more than \$1.5 million to support community clinical provider operations in FY23.³⁹ A few highlights from FY23 include:

- VNA Health Center (VNA) provides primary medical, dental and behavioral health care services and community health programs while also supporting patients' access to community resources. Committed to health equity for persons living in Aurora, Elgin, Bolingbrook, Bensenville and Carol Stream, among other communities, VNA provides access to care for communities served by NM CDH and NM Delnor. In FY23, the Health System provided \$200,000 to support VNA's capital "Growing for Tomorrow Campaign" that will allow VNA to expand access to comprehensive health services. NM CDH and NM Delnor provided an additional \$50,000 to VNA to support existing healthcare services.
- Also in the west suburbs, the Health System's commitment to expanding access to care is further demonstrated through support of Access DuPage. A collaborative effort across the county, Access DuPage helps provide access to affordable health services for residents who are uninsured and have low income. The program annually serves more than 5,000 residents by subsidizing healthcare insurance plans and care coordination. Through Access DuPage, residents are connected to a medical home, with patients equitably connected to clinicians across the county. NM CDH and NM MRH are long-time supporters of Access DuPage, contributing more than \$500,000 in financial support in FY23 in addition to in-kind leadership provided by NM executive service on the Access DuPage Board of Directors and treating patients under the NMHC Charity Care Policy. The Health System is actively supporting development of similar models in other communities serviced by NMHC hospitals.

³⁷ Health Resources & Services Administration (HRSA), Health Center Program Uniform Data Set (UDS) Data Overview. Accessed February 2023. <https://data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE>.

³⁸ See the *Advancing Discovery and Medical Knowledge* section of this report.

³⁹ A portion of these funds made available through philanthropic funds is not reflected in the reported community benefits totals.

- NM LFH is a longstanding supporter of Erie HealthReach Waukegan (Erie Waukegan), a FQHC that offers a wide range of health and social services to patients who are economically disadvantaged in Waukegan, Illinois. In FY23, NM LFH continued to support operations at Erie Waukegan with grants exceeding \$700,000.⁴⁰ Above and beyond this commitment, NM operates and underwrites the cost of the Northwestern McGaw Family Medicine Residency at Lake Forest with its residents training at Erie Waukegan, expanding access to care for patients served by both NM LFH and Erie Waukegan.

The above are just a few examples of the clinical community relationships the Health System has cultivated to help improve access to care in our communities. NMHC greatly values each of these relationships and is committed to continuing to refine a common approach for collaborating with our fellow clinical community providers to serve those who are uninsured and underinsured.

⁴⁰ A portion of these funds made available through philanthropic funds is not reflected in the reported community benefits totals.

Improving the Health of Communities We Serve

Reducing Health Disparities and Improving Health Equity by Addressing SDOH

NMHC is dedicated to reducing health disparities and improving health equity by assessing SDOH and responding to the unique needs of our diverse and complex patient population. Up to 80% of health outcomes are influenced by the ways in which people live, work, play and worship, collectively known as SDOH.⁴¹ SDOH relate to social and economic opportunities, community resources, quality education, workplace safety, environmental factors, and the nature of social interactions and relationships. In addition to access to health care, SDOH include food access and security, transportation, violence and community safety, among other considerations. SDOH help explain why some people in the U.S. are healthier than others.

The importance of SDOH in influencing the health and well-being of our patients and communities is embraced by all NMHC hospitals.⁴² Each hospital assesses the unique needs of the community it serves through the previously discussed CHNA process, and is now working to address SDOH in the manner that best suits its respective community:

- NM CDH, NM Delnor, NM McHenry, NM Huntley NM Woodstock and NM MRH are prioritizing SDOH.
- NMH and NM LFH are prioritizing employment and youth development.
- NMH continues to prioritize community safety and violence prevention in reflection of the specific needs of the city of Chicago.
- NM Palos prioritizes food access and insecurity as well as culturally and linguistically appropriate care.
- Behavioral health and substance use disorder has been identified as a broad-reaching health need and is being prioritized across the Health System by all NM hospitals, with the exception of NM MRH.⁴³

Recognizing that proactive engagement with the Health System's patients most likely to have needs related to SDOH could have a profound impact on their overall health, the Health System created the SDOH screening and resource referral program. Now screening patients across NMHC at both inpatient and primary care settings, including geriatrics, obstetrics and gynecology (OB-GYN) and pediatric clinics, the program screens patients for a concise set of SDOH that interfere with health. Those patients who screen positive are linked to referrals and interventions to help address identified needs. The SDOH screening and referral program is a first-of-its-kind program to be used on such a large scale and

⁴¹ 2022, Social Determinants of Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>. Accessed January 2024.

⁴² NMHC is dedicated to improving access to health care as a foundational pillar of the Health System's community commitment. More information is available in the previous *Providing Access to Care Regardless of the Patient's Ability to Pay* section of this report.

⁴³ Due to its unique patient population as a rehabilitation hospital.

engages NM Operations, Quality and Engagement teams, as well as social workers, clinicians and community health workers.

NM Hospitals screened 86% of all patients in both inpatient and primary care settings in FY23 with 430,375 total screens completed. In the inpatient setting, 15,800 patients identified a SDOH need, and 7,200 of these patients requested assistance; in the primary care setting, 28,440 patients identified a SDOH need, and 10,800 patients requested assistance. The highest identified needs across the Health System included medical home, transportation, medication affordability and mental health.

Patients who identify a concern through the screening are asked if they want to learn about resources for addressing their needs. Through a community referral platform called NowPow, a resource list is generated based on the patient's home ZIP code. Additionally, the NM Community Affairs team helps ensure the longstanding community partners are included in the referral platform. NowPow has been integrated into the NM electronic medical record (EMR) system to assist with case management and improve the patient's continuum of care. Through the EMR system, patients receive a referral for programs that can help address their needs. The NM Outreach team has an embedded process for patients requesting resources during screening in primary care settings; the team follows up with patients within two or three days to help provide direct support.

Cultivating Comprehensive Community Partnerships

Improving the health of the communities we serve cannot be achieved by any one organization, but rather necessitates collaboration across sectors and among private, public and not-for-profit entities. The Health System and all NMHC hospitals have built — and continue to develop — deep and lasting relationships with local community organizations, including health and social services providers, local school and park districts, faith-based organizations, local businesses and others. Backed with community input from the CHNA process, we work together to identify priority needs and develop community-based health initiatives designed to address healthcare disparities. In FY23, the Health System, together with our community collaborators, enhanced the well-being of our communities through a multitude of initiatives, some of which are outlined below.

NM support for our community partners often begins with providing funding to support critically needed programs in the communities we serve. This often leads to comprehensive relationships supported by a multitude of services offered by NM. In FY22, the Health System launched the competitive Community Grant Program, which initially providing more than \$1.8 million in grant funding. In FY23, the Community Grant Program grew to provide more than \$2.7 million in grants to grassroots organizations across the communities we serve. Beyond the Community Grant Program, NMHC dedicated approximately \$4 million in direct funding to community organizations.⁴⁴

Funding is just one way the Health System supports community organizations. NMHC also provides invaluable support in a variety of ways, such as through in-kind executive service on boards; volunteer support through our employee volunteer program, Team NM; direct programmatic support by staff; and data sharing and knowledge transfer. Ultimately, our approach is not to duplicate the work trusted community partners are already doing, but rather to support and amplify their work addressing SDOH

⁴⁴ A portion of these funds made available through philanthropic funds is not reflected in the reported community benefits totals.

and priority health concerns. The following are some examples of the many comprehensive community partnerships we are proud to be a part of.

Beacon Place

Primarily serving children, youth and families in Waukegan and North Chicago, Illinois, Beacon Place is a community center dedicated to helping residents build skills to lead better lives. Programs are focused on food and nutrition, overall health, academic support and life skill development. Demographically, 75% of families at Beacon Place are Latin American, and 25% are Black. Nearly 80% of families served by Beacon Place live at or below the FPL; 100% have low income. All Beacon Place families use the government's free or reduced breakfast/lunch program during the school year to help feed their children. The U.S. Department of Agriculture (USDA) characterizes food deserts as low-income neighborhoods that distinctly lack supermarkets and grocery stores.⁴⁵ As a low-income neighborhood where the nearest grocery store is more than a mile away, the community served by Beacon Place is characterized as a food desert. Beacon Place's Healthy Families/Healthy Kids initiative is a food and nutrition education program that includes education and social support for parents and education, experiential learning and enrichment for students. The program also seeks to identify ways to address the lack of fresh food options facing their clients, and to develop and implement a strategy to meet this need. Through this initiative, Beacon Place families participate in culturally and linguistically appropriate fitness and cooking classes. NM LFH is proud to support this work with grant funding, dedicated staff to help inform the classes and Team NM volunteers to support and staff Beacon Place's programs.

Mano a Mano Family Resource Center

Serving immigrant families in Lake and McHenry counties, the Mano a Mano Family Resource Center is an independent non-profit community organization and longstanding NM partner, respected and trusted within its community, especially among immigrants. The organization is 100% bilingual and bicultural, and connects its clients with a wide range of services, from financial assistance to food, housing and legal support. The Health System provides funding to help pay Mano a Mano community health workers to educate community members. From fighting misinformation at the start of the COVID-19 pandemic to now addressing chronic illnesses and mental health needs, the community health workers reach out to patients in the community to help improve health literacy and education.

Bright Star Community Outreach

Serving the Bronzeville neighborhood on Chicago's South Side, Bright Star Community Outreach (BSCO) is dedicated to addressing the underlying causes of violence and trauma plaguing Chicago. NMH has been a proud supporter of BSCO since 2014 and has provided more than \$2 million in direct funding to support BSCO's efforts, including the launch of The Urban Resilience Network (TURN) Model. NMH continued to support BSCO in FY23 with an additional \$50,000 grant. Together, BSCO and NMH have worked on a multitude of initiatives to support the communities we serve, including the online series *Clergy & Clinicians* to discuss the disproportionate impact of COVID-19 on people in predominantly Black communities. Executive leaders from the Health System serve on BSCO's board of directors, and NMHC staff and Team NM volunteers provide direct support for BSCO community programs. The Health

⁴⁵ U.S. Department of Agriculture. Food access research atlas: documentation. Washington (DC): Economic Research Service. <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation/#definitions>.

System's commitment to the NM Bronzeville Outpatient Center slated to open in 2025 builds on this legacy and reflects our longstanding commitment to this community.

Systemwide Volunteering With Team NM

As part of the Health System's mission-driven commitment to improving the overall health and well-being of the communities we serve, Team NM serves as the workforce volunteer hub that supports community partner organizations and initiatives that address identified community health needs. Team NM volunteers support and amplify the work of the Health System's community partners, maximizing resources to reduce health disparities beyond what can be achieved at NMHC and in other care settings. Many Team NM events connect multiple health needs, initiatives and/or programs in order to concentrate efforts in areas where volunteers can have the greatest impact. In FY23, Team NM volunteers served at 20 volunteer events in the Bronzeville neighborhood of Chicago. Through service that ranged from beautification projects and supporting community events, to packing and distributing personal protective equipment (PPE), cleaning supplies and groceries, Team NM amplified the work of the Health System's community partners in the neighborhood. Food packing and distributing events were also hosted in multiple communities served by NM hospitals, including in collaboration with DeKalb County Community Gardens in Sandwich; Community Action Partnership of Lake County in Round Lake Park; the Greater Chicago Food Depository and Mission of Our Lady of the Angels Food Pantry in Chicago; and Northern Illinois Food Bank locations in Lake Forest, Geneva, Harvard and Joliet.

The above reflect just some examples of the wide-ranging volunteer efforts conducted by Team NM over the past year. In total, more than 4,031 Team NM volunteers dedicated a record-setting 9,400 volunteer hours at 477 separate events in FY23.⁴⁶

Supporting Economic Development and Growth

Research indicates that poor health burdens the economy and creates challenges not only for individuals, but also for families, businesses and communities at large. The inverse is also true: healthier populations will contribute to a stronger local economy, and a strong local economy can drive a healthier population. A healthy workforce is found at the center of health and a strong economy.⁴⁷ As one of the largest employers in the Chicagoland area, the Health System is committed to improving economic vitality for our communities. Key strategies include: expanding an equity-based framework to increase recruitment and talent pipelines from under-resourced communities; directing spending and purchasing power to vendors and businesses located in communities that have historically lacked economic opportunities; and offering unique educational and career development programs to create a pipeline to healthcare careers.

Systemwide Community Workforce Recruitment and Development

The Health System's commitment to cultivate relationships with community partners extends to our commitment to recruit, hire and train a workforce from the communities we serve. These partners include Chicago Cook Workforce Partnership, Skills for Chicagoland's Future, Equus Workforce Center, Bright Star Community Outreach, Cara Collective and others. In collaboration with our community

⁴⁶ Inclusive of Health System workforce members as well as their family members and friends.

⁴⁷ 2019, Community Health and Economic Prosperity: An Initiative of the Office of the Surgeon General, National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6852061/>.

partners, NM staff help prepare community members for employment by offering career counseling workshops and mapping out futures in health care. In FY23, NM hosted or participated in more than 50 recruitment and community hiring events in historically under-resourced communities. To better support these efforts, in FY23, NMHC hired an additional full-time staff member fully dedicated to community workforce recruitment. Through these dedicated efforts, approximately 520 total referrals were made in FY23.

In FY22, the Health System launched a work-based learning program through which NM partners with community-based organizations to identify people seeking jobs who may not currently meet the minimum requirements for employment. Through the program, they can be hired and receive paid, on-the-job training. The program continues to develop employees throughout their career with a focus on promotion to management. Key areas of focus for the work-based learning program include imaging assistants, medical assistants, patient access specialists, patient escort specialists, patient service representatives, physician assistants, sterile processing staff and housekeeping staff, with plans to expand the program both in terms of roles and NM locations in the future. Seven people participated in the program in FY23, bringing the total to date to 22 participants.

The Health System's internal training and education department, NM Academy, launched the Certified Nursing Assistant (CNA) program in FY23 with the goal to bridge training gaps for employees interested in healthcare careers. Designed for nonclinical employees who are interested in growing their careers by shifting to a patient care role, the CNA program is offered and taught by the Health System at no cost to both full- and part-time NM workforce members. While the program is located at NMH, the inaugural class included five members from across the Health System. Participants in the program received both classroom and clinical-based education as well as mentorship and networking opportunities. By offering and underwriting the cost for participating in the program, the Health System relieves both financial and time barriers that might otherwise prohibit students from career advancement.

The NM Champion Network is a workforce-led network of resource groups (called chapters) for members and allies of underrepresented communities. The network promotes diversity, equity, inclusion (DEI) and belonging at NM. NM Champion Network chapters partner with key Health System departments to participate in community outreach, support cultural responsiveness, and educate and enhance workforce development. Some chapters have launched mentorship programs that connect chapter members in leadership with a group of mentees; the programs allow participants to connect on a personal level and help mentees leverage their professional and lived experiences, abilities and interests to become stronger advocates for themselves. Members of the NM Champion Network are also passionate supporters of Team NM, volunteering in more than 130 events in FY23 to support the communities served by the Health System.

FY23 was a year of growth for the NM Champion Network with the addition of a new chapter and increased participation. The NM Champion Network is now comprised of more than 1,800 members across six chapters:

- African Descendants
- Asian American and Pacific Islander (AAPI)
- Disability
- Latinx
- LGBTQ
- Veterans

Local Procurement of Supplies and Services

Purchasing products and services from local businesses creates jobs, improves public infrastructure, and provides both social and economic investment in the community. The Health System is committed to establishing a Supply Chain supplier diversity program to increase purchasing of supplies and services from the communities served by NMHC hospitals. Through this commitment, NMHC continues to increase our annual spend with diverse certified vendors, increase the number of vendors from local communities that we do business with, and increase our annual spend with businesses owned by women and by people in racial and ethnic minority groups. Major efforts have been made to promote economic development within the communities we serve. In FY23 alone, NMHC's Supply Chain Department spent more than \$10 million on supplies and services from certified diverse vendors, an increase of more than \$8 million over the past year. Key areas of increased spend included information technology, medical documentation services and medical supplies.

The Health System's commitment to DEI extends to all departments with collaborative efforts often leading to innovative initiatives to better serve our patients. In FY23, Supply Chain partnered with team members from Nursing and DEI on a pilot program to offer more inclusive hair care products for patients at NMH, a need identified by the NM Champion Network African Descendants Chapter. Work is underway to expand this initiative across the Health System.

Several NMHC departments, including Planning and Construction, Technology Services, Internal Audit and others, have also launched collaborations with community organizations to promote opportunities for community residents, and have moved service contracts to local firms owned by people in racial and ethnic minority groups.

Youth Pipeline to Medical Education and Healthcare Employment

Racial and socioeconomic disparities are not limited to healthcare outcomes; they are also present within medical education and the healthcare workforce. Youth pipeline programs can help young people from traditionally under-represented communities learn about and gain valuable experience in medicine and health care. Youth pipeline programs across the Health System not only expose students to potential careers, they can also lead to employment opportunities and improve our workforce.

Ongoing, comprehensive, on-the-job training and youth programs for high school, college and post-graduate students are offered at every NMHC hospital in both clinical and administrative settings. NM has long invested in programs that provide educational and employment opportunities for youth from our communities, often collaborating with schools and social services providers to reach those students who need the programs the most.

Now in its 13th year, the NM Scholars Program expanded to serve students from three Chicago-area schools in FY23: George Westinghouse College Prep High School located in East Garfield Park, Daniel Hale Williams Prep and Bronzeville Scholastic Institute on the DuSable Campus, both located in Bronzeville. All three participating schools primarily serve Chicago students from families with low income; the participant schools also have a diverse student population comprised of mostly Black and Hispanic students. The expansion of the NM Scholars Program represents a long-term investment by the Health System to address educational inequity and a commitment to build a diverse talent pipeline for future physicians, scientists and healthcare workers.

NM Scholars provides talented high school students with the opportunity to learn about and pursue a future in life sciences as physicians and biomedical scientists. In addition to receiving a behind-the-scenes look and deeper understanding of clinical areas and potential careers from NM staff and Feinberg faculty, students in the NM Scholars Program receive mentoring, participate in an intensive summer program and ACT test preparation, and develop leadership and life skills. The program had 27 participants in FY23, bringing the total number of participants to date to 88. Since the launch of the NM Scholars program, 100% of participants have graduated high school, and 98% advanced to college with scholarships. Among participants, 67% have gone on to study in science, technology, engineering and mathematics (STEM) fields, with those participants either achieving or pursuing post-graduate education toward medical or other terminal degrees.

As part of the Health System's commitment to build stronger communities, the NM Discovery Program's mission is to create a pathway for the next generation of healthcare leaders by drawing on the incredible team of NM healthcare professionals to provide career exploration opportunities for students who might not otherwise have access to such opportunities. Through the program, students are exposed to a broad range of healthcare careers through hands-on and interactive opportunities as well as character and professional development, and community service opportunities. As the Health System has expanded, so too has the NM Discovery Program. The program now comprises six chapters: NM Discovery Program Central, NM Discovery Program West, NM Discovery Program North, NM Discovery Program Greater DeKalb, NM Discovery Program Northwest and NM Discovery Program South. There were 192 student participants in the program in FY23. Select students from the program also have the opportunity to participate in a summer internship program; 32 Discovery Program students completed the summer internship in FY23. The Health System actively coordinates with community partners to recruit students from communities experiencing disinvestment to apply for the program. Since the program began, many participants have pursued careers in nursing and other healthcare fields, and several are now employed at NM.

Project SEARCH endeavors to help young people with intellectual and developmental disabilities learn personal and professional skills, and then supports their search for employment in an area that meets their interests and abilities. The program brings together many different agencies that work to create an environment where people with disabilities can get immersive work experience before entering the competitive job market. Project SEARCH is offered at four NM sites: NM CDH, NM Delnor, NM Kishwaukee and NM Huntley.⁴⁸ In FY23, Project SEARCH had 36 participants, and 100% achieved employment at the end of their internship with 4 graduates of the program hired by the Health System.

The NM Summer Pre-Med Internship Program provides opportunities for promising undergraduate students to experience both clinical observation and focused project work. The eight-week paid program is open to students who are enrolled in a four-year university and are interested in becoming a physician. Students in the program are matched with a clinical department and paired with both administrative and clinical mentors across the Health System. Program leaders are actively working to add value to the program through expansion and recruiting diverse participants. The summer 2023 cohort included 48 students from 29 universities across the United States. NM is committed to

⁴⁸ Project SEARCH moved from NM Woodstock to NM Huntley in summer 2023.

supporting students throughout the entirety of their education and is proud to offer programs to support students throughout their journey.

The Health System provides additional internship opportunities for high school students in collaboration with our community partners. A broad array of programs inspire, mentor and prepare young people for future careers in STEM, a few of which are highlighted below. In total, more than 790 students from communities served by the Health System were impacted in FY23.

- The Chicago Public Schools (CPS) Career and Technical Education (CTE) Internships offered in the summer provide CPS students the opportunity to work in the Health System's Pharmacy and Information Systems departments while learning lifelong skills and gaining hands-on experience. Nine students completed the internship in FY23.
- Cristo Rey High School Corporate Work Study Program (CWSP) is a shared program of Cristo Rey Jesuit High School and Christ the King Jesuit College Prep. Through CWSP, students work for and earn a majority of the cost of their education, making a quality college preparatory education possible for students who could not otherwise afford it. NMHC is proud to support the CWSP and annually provides \$50,000⁴⁹ in sponsorship funds to the program. The Health System hosted five CWSP students in FY23.
- Urban Alliance is building a diverse next-generation workforce by providing job skills training, mentoring and paid internships to high school youth. The Health System partners with Urban Alliance to place interns in various roles across the Health System depending on their interests. In FY23, the Health System hosted two Urban Alliance interns.

Beyond high school, the Health System offers a variety of training and internship programs to support students and employees with career exploration and development in both clinical and nonclinical fields. These programs are a critical component of the NM strategic plan to attract and retain top talent in a culture that values innovation, excellence and the highest level of scholarship. Internships are available in a wide variety of fields including, but not limited to, allied health radiology, administration, information services, pre-medical and SDOH.

⁴⁹ Sponsorship amount not included in NMHC's community benefits totals.

Advancing Discovery and Medical Knowledge

NMHC leverages the strengths of our academic health system and our bond with Northwestern University Feinberg School of Medicine to advance discovery and medical knowledge, train the next generation of clinicians and shape the future of health care. With research and education at the core of what we do, the Health System contributes significantly to training future healthcare leaders — including physicians, nurses, allied health professionals and administrators — and the clinical research necessary to ensure access to quality, innovative care for all.

The growing national physician shortage and corresponding impact on the U.S. health system has reached a crisis level with extreme strains on clinicians, including enormous administrative burdens, burnout, attacks on science, increased consolidation, and insufficient reimbursement for care for patient with Medicaid and Medicare coverage. The long-warned-of physician shortage has manifested across the country in both urban and rural communities, with the most direct impact on families with high needs and limited means. It is currently estimated that more than 83 million people in the U.S. live in areas without adequate access to a primary care physician.⁵⁰

The Association of American Medical Colleges (AAMC) projects an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care.⁵¹ Despite the looming shortfall, government funding for graduate medical education (GME) remained unchanged for nearly 25 years.⁵² The burden to fund many GME positions — colloquially referred to as “over-the-cap” positions — are financed by academic medical centers (AMCs). Funding over-the cap GME positions to ensure the education and research necessary to train the country’s future healthcare workforce and fund medical advancement results in significant costs to the AMC. A recent report by the U.S. Government Accountability Office (GAO) found that 70% of all U.S. teaching hospitals are self-funding residency slots,⁵³ including at NM hospitals, as detailed below.

Medical research led by physicians, physician-scientists and researchers spurs innovation and improves clinical outcomes, ultimately improving lives and making medicine better. Academic medicine plays an essential role in the process by providing direct and indirect support, state-of-the-art facilities and interdisciplinary collaboration. NM is committed to achieving superior outcomes and academic excellence while advancing scientific discovery, both through support of Feinberg and through funding innovation across the Health System.

In FY23, the Health System absorbed more than \$161 million in unreimbursed costs for medical education and research.

⁵⁰ *AMA President Sounds Alarm on National Physician Shortage*, American Medical Association, October 2023. <https://www.ama-assn.org/press-center/press-releases/ama-president-sounds-alarm-national-physician-shortage>.

⁵¹ *AAMC Report Reinforces Mounting Physician Shortage*, American Association of Medical Colleges, June 2021. <https://www.aamc.org/news/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

⁵² As part of the recently passed year-end Consolidated Appropriations Act, 2021, the U.S. will fund an additional 1,000 postgraduate residency positions over five years as part of a Medicare-supported program – the first increase in nearly 25 years. *Congress Passes Historic GME Expansion*, Association of American Medical Colleges (2020). <https://www.aamc.org/advocacy-policy/washington-highlights/congress-passes-historic-gme-expansion>.

⁵³ 2021, *Physician Workforce: Caps on Medicare-Funded Graduate Medical Education at Teaching Hospitals*, U.S. Government Accountability Office. **GAO-21-391**. <https://www.gao.gov/products/gao-21-391>.

Relationship With Feinberg School of Medicine

Working together as Northwestern Medicine (NM), NMHC and Feinberg share a vision to transform medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people’s lives and the health of our communities. NM is a fully integrated academic health system. NMHC, through its affiliates, and Feinberg share a mutual commitment to the tripartite mission of clinical care, teaching and research. NMH is the primary clinical training site for Feinberg, including the graduate medical education programs sponsored by McGaw Medical Center of Northwestern University (McGaw). NMG is the primary faculty practice plan for Feinberg, and NMG physicians with Feinberg faculty appointments participate in the coordination of clinical instruction to clinical trainees of Feinberg and McGaw.

Expansion of the Health System and increased collaboration has facilitated expansion of medical education across the region. The faculty of Feinberg and NMH work with our campus partners — Ann & Robert H. Lurie Children’s Hospital of Chicago and Shirley Ryan AbilityLab⁵⁴ — to connect discoveries to the point of care, accelerate scientific breakthroughs and enable comprehensive training experiences. The Health System operates three Family Medicine Residency Programs — at NMH, NM LFH and NM Delnor — often collaborating with community clinical providers to provide critically needed access to care in the communities we serve. McGaw residents benefit from exposure to specialty clinical services through rotations across the Health System, including in general surgery, neurology, thoracic surgery, reproductive endocrinology and infertility, female pelvic medicine and reproductive surgery, orthopaedic surgery, pediatrics, transitional care clinic (TCC), emergency medicine and others.

Historically and ongoing, NMHC has provided substantial financial support to Northwestern University (NU) to advance the academic mission of Feinberg. Initiatives where there is a direct link between funding provided by NMHC to NU for Feinberg activities, including in the realms of research and education, are discussed in this report. Nonetheless, NMHC and NU, including Feinberg, remain separate institutions. As NU and Feinberg are not under the corporate umbrella of NMHC, the value and scope of the community benefits activities provided separately by those institutions are not counted in the NMHC community benefits totals.

Training the Next Generation of Healthcare Leaders

America’s healthcare system depends upon a workforce that is qualified, talented, engaged and diverse. NM is committed to training the next generation of healthcare clinicians and leaders to help ensure that the country’s future demands for healthcare professionals can be met. The Health System trains future physicians, nurses and allied health professionals, as well as highly skilled leaders in research and administration, among many other fields. NM supports these pathways through internships, fellowships, workforce development, tuition reimbursement and on-the-job training opportunities, including in community-based settings.

Training medical students and residents requires a massive commitment from both medical schools and hospitals. Those seeking to become physicians require an immense breadth of carefully planned clinical and educational experiences to gain the skills, knowledge and perspectives needed to achieve clinical proficiency. Essential to this education is interaction with patients under the guidance and supervision of

⁵⁴ Formerly the Rehabilitation Institute of Chicago.

experienced physician faculty members who are knowledgeable in the most innovative and effective care guidelines.

NMHC underwrites the cost of more than 500 McGaw-sponsored residency slots and more than 130 McGaw-sponsored fellowship slots at NMH that are unfunded by the federal government. NMH serves as the primary teaching hospital for medical students of Feinberg and for physicians in residency and fellowship programs of McGaw.⁵⁵ McGaw offers exceptional training experiences at nationally ranked hospitals and fosters a culture of diversity, innovation and excellence. Feinberg, McGaw and the participating hospitals, NMH, Ann & Robert H. Lurie Children's Hospital and Shirley Ryan AbilityLab, attract extraordinarily talented and dedicated students who will be among the nation's top physicians and scientists. During academic year 2022 – 2023, Feinberg welcomed nearly 3,500 McGaw medical residents, fellows and other medical students. Most of these students were trained through supervised medical practice at NMHC institutions; a large portion of the patients at NMH receive at least some of their care from these trainees. McGaw residents also have the unique opportunity to participate in community-based training, outlined below.

Training for future residents is provided beyond the AMC by the Health System. NM MRH trains residents in the highly specialized field of physical medicine and rehabilitation (PM&R) through clinical experience, educational opportunities and research activities. Clinical experiences are offered in care for brain injury, stroke, pediatric conditions and spinal cord injuries, among others. Additionally, residents have the opportunity to care for patients at Edward Hines, Jr. VA Hospital; Captain James A. Lovell Federal Health Care Center; and Rush Copley Medical Center. The curriculum at NM MRH balances inpatient and outpatient responsibilities, and provides broad-based training, thus preparing residents to enter into a clinical practice, pursue a fellowship or establish an academic career. In FY23, 18 residents trained at NM MRH.⁵⁶

The Chicago Medical School Internal Medicine Residency Program at NM McHenry⁵⁷ fosters excellence in clinical skills and medical knowledge among its residents. The curriculum offers rotations in each of the subspecialties of internal medicine in both inpatient and ambulatory settings. In FY23, 39 residents trained at NM McHenry.

Teaching hospitals and the federal government recognize that providing hands-on training to physicians in residency and fellowship programs is necessary to ensure that an adequate number of physicians will be available to meet patient care demands, both in the short and long term. NMHC also provides substantial financial support to clinical fellowship programs for physicians seeking to be leaders in academic medicine, where they can contribute to their chosen areas of medical expertise through research. These programs will also ensure that physicians in sufficient numbers are trained in scientific research and discovery, and can continue to advance medical innovation.

⁵⁵ McGaw sponsors graduate medical education programs at its member and member-affiliate institutions: NMH, NM LFH, NM Delnor, Shirley Ryan AbilityLab, Jesse Brown VA Medical Center, John H. Stroger Hospital of Cook County, Swedish Covenant Hospital, Erie Family Health Centers and Ann & Robert H. Lurie Children's Hospital of Chicago.

⁵⁶ NM MRH's residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

⁵⁷ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

Future healthcare professionals in many other disciplines also train at NMHC, as described in later sections of this report. In FY23, the net unreimbursed cost of NMHC’s education programs was more than \$93.5 million.

Hands-On Community Medical Education

Medical residents help improve access and provide care for patients in some of our most medically underserved communities. Residents learn in teaching hospitals that provide approximately 40% of all charity care, equating to \$8.4 billion in care, within the United States. Upon graduation, residents also often continue practicing medicine where they trained, further serving their local communities.⁵⁸ The NM Department of Family and Community Medicine offers three residency programs that provide unique opportunities for residents to develop their research and leadership skills while gaining clinical experience by providing care to people who have been historically medically underserved. Reflecting the growth of the Health System, these programs — Humboldt Park, Lake Forest and Delnor — serve Chicago and the north and west suburbs respectively.

Since 2010, the Northwestern McGaw Family Medicine Residency at Humboldt Park has collaborated with Erie Family Health Centers (Erie) to provide high-quality medical education. The program encourages the development of family medicine physicians who will be leaders in primary care and advocates for communities that have been historically underserved. Residents in the program provide care at Erie’s West Humboldt Park location, which serves more than 84,000 patients annually, and at Swedish Covenant Hospital. Eight residents are admitted to the program each year.

The Northwestern McGaw Family Medicine Residency at Lake Forest welcomed its first class of students in 2015. The program at NM LFH is dedicated to the education of outstanding family physicians and community leaders. Residents participate in a Spanish immersion program and complete clinical rotations in three locations with different types of patients — inpatients, at NM LFH; outpatients, at NM Grayslake Outpatient Center; patients in the TCC at NM LFH; and patients at Erie Waukegan. Erie Waukegan, an FQHC that offers a wide range of social services to patients who are economically disadvantaged, is partially funded by NM LFH. NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 24 residents in FY23.

The Health System launched the Northwestern McGaw Family Medicine Residency at Delnor in 2019. Located in Chicago’s west suburbs, the three-year residency program maintains exam rooms and instructional space in the same place, simultaneously providing a full spectrum of training for students while offering convenient, comprehensive care for patients. The program helps meet the primary care needs of patients in the west suburbs, and encourages graduating residents to remain in the region. Residents in the program see patients at the clinic, at NM Delnor and in the inpatient Pediatric Unit at NM CDH; residents also make house calls. The program had 24 residents in FY23.

Established in 2011, the Education Centered Medical Home (ECMH) program is an innovative program at Feinberg that offers medical students the opportunity to learn at primary care clinics organized around the Patient Centered Medical Home (PCMH) model. ECMH provides students with early and comprehensive educational exposure to team-based medicine in an authentic outpatient environment

⁵⁸ *The Most Powerful Prescription? A Well-Trained Physician*. American Medical Association, 2022. <https://savegme.org>.

while simultaneously increasing access to care for patients who have been medically underserved. Primary care sites include FQHCs and free clinics that are located in historically under-resourced communities in Chicago.

Support for Academic Research

Feinberg has a national reputation for excellence. Anchored by NMH, a vibrant AMC, NM attracts and retains dedicated faculty, students, trainees and staff who are constantly pushing the boundaries of scientific discovery, pursuing research that in turn informs education and advances patient care. Research is conducted in all Feinberg departments, institutes and centers, and its scientists are nationally recognized as experts in a multitude of fields. For the 16th consecutive year, Feinberg has placed in the top 20 of research-intensive medical schools by *U.S. News & World Report*. Seven of Feinberg's specialty programs were recognized as among the best in the nation: Anesthesiology (No. 14), Internal Medicine (No. 23), Obstetrics and Gynecology (No. 8), Pediatrics (No. 14), Psychiatry (No. 16), Radiology (No. 16) and Surgery (No. 10). Also receiving recognition were Feinberg's physician assistant (PA) programs (No. 8) and the schools of public health (No. 28).⁵⁹

Feinberg is consistently recognized as a premier research organization, as demonstrated through the amount of funding provided by the National Institutes of Health (NIH). In 2023, Feinberg was ranked No. 15 in NIH funding rankings among all medical schools in the U.S. In 2022 – 2023, Feinberg principal investigators secured more than \$477 million in NIH-sponsored research funding and awards. While NIH is the primary source of federal funding for medical research, funding for research at Feinberg also comes from multiple additional sources, including NMHC.

NMHC directly supports Feinberg with operational budgets and grants, and additionally provides the clinical setting for teaching as well as the information to conduct research and education. This support allows Feinberg to both attract top talent and develop highly promising physicians and scientists early in their careers. Because of this foundational support, many physician-scientists previously supported by NMHC grants are now working under large, external grants and producing breakthroughs in multiple disciplines.

NM provides patients with access to groundbreaking new treatment options through an ever-evolving roster of promising clinical trials including in cancer, cardiovascular, dermatology, neurology and pediatrics, among many more. More than 6,600 clinical trials and clinical research studies were conducted in 2023 with nearly 350,000 study participants. While teaching hospitals have long been at the leading edge of developing new technologies to prevent, detect, diagnose and treat a broad range of health issues, the Health System's continued geographic expansion has greatly increased access to clinical trials for patients in community hospitals across Northern Illinois. Simultaneously, geographic expansion has improved the diversity of the studies' patient populations, which increases the value of research conducted. In FY23, NM Orland Park Cancer Center began offering patients treatment trials by dedicated, on-site clinical research staff, improving access to novel care for those in the south suburbs.

⁵⁹ *U.S. News & World Report*, Best Medical Schools: Research, 2024. <https://www.usnews.com/best-graduate-schools/top-medical-schools/research-rankings>. Physical therapy, assessed every four years by *U.S. News & World Report*, ranked No. 4 in the nation in 2020. Feinberg's public health program was ranked No. 24, the second-highest ranking for a U.S. public health program that is part of a medical school.

The expansion and growth of clinical research across the Health System advances the NM mission to be a premier, integrated academic health system.

NMHC provides significant financial support to cover gaps in funding, leverage extramural funding, and directly support research and innovation across the Health System. NM has continued to support research initiatives that span disciplines, departments and divisions despite the many competing challenges facing health care in recent years. In FY23, the net unreimbursed cost of the contribution to research and innovation from NMHC was approximately \$68.3 million. Funding from NMHC supports a broad array of initiatives, including in thoracic and cardiovascular discovery and care, research into vaccine effectiveness (as outlined below) and more.

Innovative Thoracic Care

After successfully performing the first double-lung transplant on a patient in the U.S. who had lung damage from COVID-19 and offering guidance to transplant centers around the world, the Health System launched NM Canning Thoracic Institute,⁶⁰ investing in the fields of thoracic surgery and respiratory medicine to meet the growing patient demand for lung care. Anchored at NMH and working with Feinberg, Canning Thoracic Institute is a regional destination for highly specialized care that is committed to providing groundbreaking research, clinical breakthroughs and high-quality care for patients in all communities served by the Health System. Led by Ankit Bharat, MD, chief of Thoracic Surgery at NM and executive director of Canning Thoracic Institute, NM physicians and scientists endeavor to create solutions for seemingly impossible problems and to be a destination center for diseases of the lung and chest.

Scientific ingenuity was on full display in FY23 as multidisciplinary teams across the Health System collaborated on creative solutions to address patients' complex medical needs. Situs inversus is a rare genetic condition that causes some organs in the chest and abdomen to develop in a reversed or mirrored image way from what is considered normal positioning. For the first time at NMH, surgeons successfully performed double-lung transplants on two patients with the condition. Performing the procedure required surgeons to develop technical modifications in order to fit lungs from a "normal" donor into a chest cavity that is a mirror image. Both patients have recovered well and are resuming their daily lives.

In another first for the Health System, surgeons used an artificial lung and breast implants to save the life of a patient who needed a double-lung transplant when his lungs became infected, but he was too sick to undergo the transplant. The innovative procedure performed by Canning Thoracic Institute surgeons in consultation with the NM Plastic Surgery team was complex and involved removing the patient's infected lungs, creating an artificial lung to keep him alive, placing breast implants inside the chest cavity to keep the heart in place, listing the patient for a double-lung transplant, finding a match, and ultimately performing the transplant. The patient is recovering optimally and continues to be closely monitored by his NM care team. Remarkably, this case demonstrates the ability to use technology to keep patients alive after removing their lungs. The approach developed by NM surgeons will be transformative for many patients who are critically ill. For the first time, patients who need a lung transplant but are too sick to receive one have an option for care.

⁶⁰ Supported by a generous \$20 million gift from John and Rita Canning in 2020.

Receiving a medical diagnosis is challenging in any circumstance but can be especially stressful and difficult for patients when their care team does not speak their preferred language. In FY23, the Health System launched the NM Canning Thoracic Institute Hispanic Program to deliver personalized care for lung and thoracic health conditions to patients who prefer to communicate about their health care in Spanish. The communities served by NMHC are composed of a diverse and growing population; the program makes life-saving care more accessible for patients who prefer to speak Spanish by removing cultural and linguistic barriers. Every team member in the Canning Thoracic Institute Hispanic Program speaks Spanish, including a thoracic surgeon, pulmonologist, patient procedure schedulers, front desk staff, social workers, and clinic and operating room nurses. Additionally, the Canning Thoracic Institute Hispanic Program offers a dedicated phone line for patients who prefer to communicate in Spanish. The program is just one example of the Health System's dedication to providing culturally sensitive, high-quality care to all patients.

Cardiovascular Care From Discovery to Delivery

Cardiovascular disease (also called heart disease) is the leading cause of death for men, women and people of most racial and ethnic groups in the U.S.⁶¹ Finding the best way to identify those who are at risk for developing heart disease can help physicians and patients manage risk for heart disease. Historically, scientists relied on genetics to inform which patients were at greatest risk because risk can be inherited. However, a recent study⁶² by NM physicians demonstrates that a computed tomography (CT) scan is actually better at predicting risk for heart disease in middle age than genetics. These findings support recommendations to consider CT screening to calculate risk for heart disease in middle-aged patients when their degree of risk is uncertain or in the intermediate range, thus potentially identifying patients who may benefit from medications to reduce their risk of heart disease.

For patients in need of a heart transplant, the greatest challenge is the limited supply of donor hearts available. Most heart transplants are from organ donors who have been declared brain dead following a catastrophic event, but their heart remained beating, usually with mechanical assistance. Until recently, hearts from donors whose death is declared when their heart and respiratory systems shutdown (circulatory death) were not considered for donation. However, new technology nicknamed "Heart in a Box" is helping transplant surgeons use more hearts donated after circulatory death (DCD). Only a few centers in the U.S. currently perform DCD heart transplants. In FY23, surgeons from NM Bluhm Cardiovascular Institute used the revolutionary Heart in a Box technology to complete the first successful DCD heart transplant in Illinois. A recent multicenter trial confirmed that using DCD hearts is safe and effective for heart transplantation;⁶³ NM surgeons are hopeful that use of this new approach could increase the number of available donor hearts for transplant by up to 30% in the U.S.

⁶¹ Heart Disease Facts, Centers for Disease Control and Prevention (CDC). Data provided by the National Center for Health Statistics on CDC WONDER. <https://www.cdc.gov/heartdisease/facts.htm>. Accessed January 2024.

⁶² Khan SS, Post WS, Guo X, et al. Coronary Artery Calcium Score and Polygenic Risk Score for the Prediction of Coronary Heart Disease Events. *JAMA*. 2023;329(20):1768–1777. doi:10.1001/jama.2023.7575. <https://jamanetwork.com/journals/jama/article-abstract/2805138#note-JOI230052-1>.

⁶³ Transplantation Outcomes with Donor Hearts after Circulatory Death, Jacob N. Schroder, M.D., Chetan B. Patel, M.D., Adam D. DeVore, M.D., et al. *The New England Journal of Medicine*, June 8, 2023. <https://www.nejm.org/doi/full/10.1056/NEJMoa2212438>. Accessed January 2024.

NMHC is committed to expanding access to care for the most vulnerable patients in the communities we serve. Military veterans face many healthcare challenges due to SDOH as well as, in many cases, being at high risk for heart disease due to high rates of diabetes, hypertension and obesity. The Health System has cultivated a longstanding relationship with the Jesse Brown Veterans Affairs (VA) Medical Center to ensure veterans are receiving the care they need. For more than 77 years, NM medical residents have rotated through the VA during their medical training, the longest academic affiliation in the VA system. Building on this history, in FY23, Bluhm Cardiovascular Institute cardiologists established an advanced heart failure clinic at the Jesse Brown VA Medical Center in Chicago. In April 2023, a Navy veteran became the first recipient of a heart transplant through the collaboration. In less than a year, more than 10 patients had been referred to NM from Jesse Brown VA for advanced heart failure surgical therapies, with eight patients receiving a left ventricular assist device (a pump used for patients who have reached end-stage heart failure) in just six months.

Maximizing Vaccine Effectiveness

A new way to significantly increase the potency of vaccines has been developed by NM scientists. Rational vaccinology, a technique that adjusts vaccine structure, maximizes vaccine effectiveness through precise dosing. With conventional vaccines, very little attention has been paid to vaccine structure, with emphasis being dedicated to components. With rational vaccinology, equal emphasis is paid to both components and structure, which has been found to have a dramatic impact on vaccine efficacy. Research emphasizing vaccine structure has the potential to improve cancer vaccine effectiveness; researchers hope this work will lay the foundation to develop vaccines for almost any type of cancer, with limited unwanted side effects. NM scientists are continuing to devise different configurations of vaccines to assess effectiveness, with the goal of creating the next generation of medicines based upon the concept of rational vaccinology. The Health System is proud to support this work through Polsky Urologic Cancer Institute of Robert H. Lurie Comprehensive Cancer Center of Northwestern University at NMH.

Closing Remarks

Northwestern Memorial HealthCare (NMHC) is deeply committed to improving the health of the communities we serve. At the heart of our organization are individuals who are called to be caregivers, driven to improve the physical, social and economic health of our patients, workforce and communities.

NM now provides care throughout Chicago, Northeast Illinois and beyond. Expansion of services to better meet our patients' needs near where they live and work continued through FY23. NMHC follows a systemwide Community Benefits Plan that is executed with sensitivity to the individual needs of our communities, which span urban, suburban and rural populations. For generations, as bedrock institutions in our respective communities, the hospitals of NMHC have served the vital role of providing trusted medical care and responding to the needs of our communities in myriad ways.

The Health System demonstrates a commitment to the communities we serve by providing access to quality care, regardless of the patient's ability to pay; improving the health of the communities we serve; and supporting economic growth and development. Our mission-driven commitment to members of our community who are the most medically underserved is underscored by our Charity Care and Presumptive Eligibility policies, and supplemented with additional financial assistance services. NMHC underwrites the cost of many critically important healthcare services, from trauma care to comprehensive behavioral health services.

Our reputation for providing care to all is evidenced by the number of patients who bypass many other sites of care to seek out care at NMHC hospitals; whether they are coming from across Chicago or around the world, patients travel to NM to receive exceptional care. NMHC has cultivated longstanding relationships with community clinical providers and free and charitable clinics across our Community Service Areas, helping to ensure all members of our communities, including those who have been historically medically underserved, can receive the care they need.

The Health System recognizes that we alone cannot improve the health of the communities we serve; in order to truly have an impact, we are committed to increasing community engagement and collaboration. NMHC hospitals continually seek and maintain strong relationships with local residents, business leaders, community service organizations, school and park districts, health departments and others to address the underlying causes of health disparities caused by SDOH. In FY23, the Health System expanded the Community Grant Program to provide direct funding to community-based organizations and increased direct support to those organizations we are proud to partner with in order to amplify the great work already being done. Additional programs were tailored to the unique community needs of each hospital and included interventions to address food access, health literacy, endemic violence and more issues that impact health.

Poverty and underemployment have a detrimental impact and lead to poor health outcomes for individuals and communities alike. NM contributes to a vibrant economy through workforce and economic development, local procurement and youth pipeline programs. In FY23, the Health System concentrated workforce development efforts in high-hardship communities through job fairs, hiring events, job readiness workshops and pilot programs. Comprehensive job training and career development programs are offered at every NMHC hospital in both clinical and nonclinical settings. NM has long invested in programs that provide educational and employment opportunities for youth, often collaborating with schools and social services providers to reach those students who need the programs

the most.

In alignment with the tripartite mission of academic medicine, NM is committed to training a robust healthcare workforce including future physicians, nurses, allied health professionals and administrators. Concerted efforts are made to recruit students from traditionally underrepresented communities to serve as healthcare leaders of tomorrow. Clinician training is exceptionally expensive and severely underfunded by government assistance programs. NM underwrites the cost of these programs to ensure that we can meet the growing healthcare workforce demands in our communities.

By leveraging our relationship with Northwestern University Feinberg School of Medicine (FSM), the Health System conducts and supports breakthrough research. Together, we are leaders in scientific discovery, quality, patient safety and research-informed treatment. NM remains steadfast in our commitment to advance medical discovery from thoracic and cardiovascular care to maximizing vaccine effectiveness, among hundreds of other research initiatives.

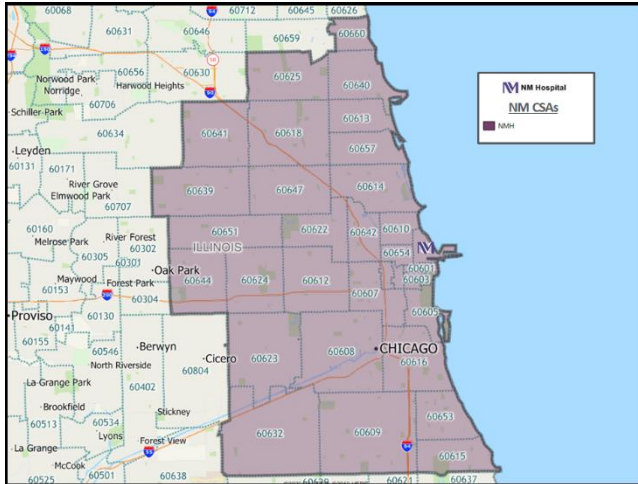
In total, for the fiscal year ended August 31, 2023, NMHC contributed more than \$1.45 billion in community benefits, inclusive of charity care, other unreimbursed care, research, education and other community benefits to the state of Illinois.

**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2023
Appendix**

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Northwestern Memorial Hospital

The only hospital in Illinois listed on the Best Hospitals Honor Roll for 12 consecutive years,¹ Northwestern Memorial Hospital (NMH) is a 943-bed, acute-care, academic medical center (AMC) in downtown Chicago that provides a complete range of adult inpatient and outpatient services in an educational and research environment. For more than 150 years, NMH and its predecessor institutions have served the residents of Chicago. The commitment to provide quality health care, regardless of the patient's ability to pay, reaches back to the founding principles of our predecessors and continues to be integral to our patients-focused mission.



NMH serves a large, complex and diverse area, with patients coming from the city of Chicago and surrounding counties. The NMH Community Service Area (CSA) is defined as a seven-mile radius around NMH, which includes 34 ZIP codes.

NMH is among the limited number of hospitals in the United States to be designated as a major teaching hospital by the Association of American Medical Colleges (AAMC). Though comprising only 5% of the acute-care, general-service hospitals in the United States, in aggregate, major teaching hospitals provide a disproportionate amount of charity care and Medicaid inpatient services.² Recent reports show that nonprofit hospitals in the United States provide nearly nine times more community benefit than foregone federal revenue.³ With a mission-driven commitment to provide quality care regardless of the patient's ability to pay, NMH is among the largest providers of charity care (No. 7)⁴ and providers of care

¹ 2023 – 2024 Best Hospitals Honor Roll and Medical Specialties Rankings, *U.S. News & World Report*, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

² 2018, *Teaching Hospitals Spent 20% More on Community Benefits Post-Affordable Care Act*, Association of American Medical Colleges. <https://www.aamc.org/news/teaching-hospitals-spent-20-more-community-benefits-post-affordable-care-act#:~:text=Community%20benefit%20spending%E2%80%94including%20charity,such%20spending%20by%20the%20AAMC>.

³ *Estimates of the federal revenue forgone due to the tax-exemption of non-profit hospitals compared to the community benefit they provide, 2019*, Prepared for the American Hospital Association, Ernst & Young, LLP. (2022). <https://www.aha.org/system/files/media/file/2022/06/E%26Y-Benefit-of-of-Tax-Exemption-Report-FY2019-FINAL-with-links.pdf>. The \$110.9 billion in community benefits provided by U.S. tax-exempt hospitals is an increase from the same study performed in 2019 that found \$95 billion in community benefits.

⁴ 2022, Illinois Department of Public Health. The most recent information available.

for patients in Illinois with Medicaid coverage (No. 3).⁵ As AMCs serve as major referral centers and have very specialized expertise, they provide care to those patients who are unable to receive necessary care elsewhere and therefore have a patient population that often has more complex medical conditions and socioeconomic challenges than the general patient population.⁶

FY23 operating statistics:

- More than 45,700 inpatient admissions
- More than 11,500 deliveries, making Prentice Women’s Hospital at NMH the largest birthing center in Illinois
- Nearly 85,000 emergency department (ED) visits

NMH is the only adult Level I Trauma Center in downtown Chicago with 24/7 service. The hospital is also the only AMC in downtown Chicago participating in both city and state Level I trauma networks and as a Level III neonatal intensive care unit. NMH is committed to providing lifesaving care and treatment to adults with the most serious injuries, and to infants who are premature and sick.

As an AMC, NMH is committed to academic medicine’s tripartite mission of clinical care, education and research, and is bonded in an essential relationship with Northwestern University Feinberg School of Medicine (Feinberg) to train the next generation of healthcare leaders and to engage in groundbreaking research. The hospital is recognized for providing excellent patient care and innovative advances in virtually every medical specialty.

As the primary teaching hospital for Feinberg, NMH has 2,250 physicians on the medical staff, the majority of whom have faculty appointments at Feinberg. In addition to training medical students, residents and fellows, NMH also educates an exceptional number of both undergraduate and graduate nursing students. Clinical education is also provided to pharmacists, laboratory professionals, allied health workers and skilled technicians at NMH.

To best address the needs of our patients, NMH routinely works with trusted health and social service partners in the Chicago area. Together with our community partners, NMH works to meet the needs of our community beyond clinical care, including on innovative workforce development and youth pipeline programs, addressing needs related to social determinants of health (SDOH), and leading community engagement. In addition to providing leadership and in-kind support for joint programming with community partners, NMH also directly provides funding to support on-the-ground operations in Chicago.

⁵ 2021, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days. NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals because of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois. However, NMH does not have a pediatric program; children account for 43% of all patients on Medicaid.

⁶ 2016, *Policy Priorities to Improve the Nation’s Health*, Association of American Medical Colleges.
<https://www.aamc.org/media/19141/download>.

Awards and Recognition

- Honor Roll ranking for the 12th consecutive year from *U.S. News & World Report*, 2023 – 2024, (*USNWR*) Best Hospitals. NMH is nationally ranked in 11 adult clinical specialties and rated high performing in one adult specialty and 20 procedures and conditions.⁷ *USNWR* also recognized NMH as being one of the best hospitals in Illinois for uncomplicated maternity care.⁸
- Magnet® designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care. NMH first received Magnet designation in 2006 and was redesignated in 2010, 2015 and 2020. As of December 2023, only 9.4% of hospitals in the U.S. have Magnet designation.⁹
- Five-star hospital from the Centers for Medicare & Medicaid Services, the highest possible overall ranking for quality.¹⁰
- Healthgrades 2023 Best Hospitals Award, recognizing those hospitals that are in the top 5% in the nation for overall clinical excellence. Healthgrades also awarded NMH the Outstanding Patient Experience Award, as well as recognizing the hospital as being a leading provider of cardiac care, gastrointestinal care, gastrointestinal surgery and prostate surgery.¹¹
- Recognized by *Newsweek* as the best hospital in Illinois. *Newsweek*, in partnership with Statista, publishes a ranking of America's best in-state hospitals in 2024 to help readers find the most helpful care in their locale.¹²

⁷ 2023 – 2024 Best Hospitals. *U.S. News & World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

⁸ *U.S. News & World Report*, Best Hospitals for Maternity Care (Uncomplicated Pregnancy) in Illinois. <https://health.usnews.com/best-hospitals/area/il/maternity>.

⁹ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

¹⁰ Centers for Medicare & Medicaid Services Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

¹¹ 2023, Healthgrades America's 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?year=2023>.

¹² 2023, The Best Hospital in Every State, *Newsweek*. <https://www.newsweek.com/best-hospital-every-state-1840001>.

Northwestern Medicine Lake Forest Hospital

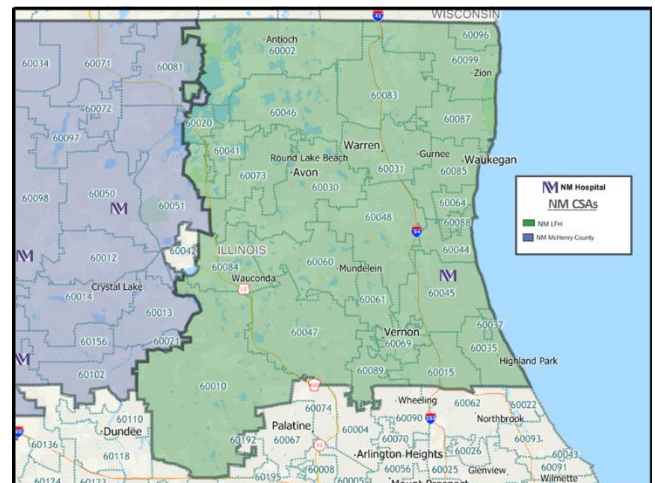
Northwestern Medicine Lake Forest Hospital (NM LFH) is a state-of-the-art, 114-bed hospital serving the majority of Lake County, Illinois. Since joining Northwestern Memorial HealthCare (NMHC or the Health System) in 2010, NM LFH has created a seamless pathway to specialty care for its patients throughout the Health System. Recent and ongoing renovation and expansion is building on the Health System's long-standing commitment to deliver world-class medicine to the region. A new hospital building opened in 2018 and continued campus redevelopment is currently underway, including additional beds and services, to meet increasing demand for care in Lake County.¹³ Outpatient facilities in Grayslake and Glenview, primary care and specialty care offices and immediate care centers in Gurnee, Lake Bluff, Vernon Hills and Deerfield provide additional access to primary, specialty, immediate and emergency care. NM Grayslake Outpatient Center includes a freestanding emergency department that provides 24-hour access to emergency care in Greater Lake County. NM LFH has 989 physicians on the medical staff.

In FY23, NM LFH debuted the Maxine and Thomas B. Hunter III Simulation and Education Center (Simulation Center), a 14,000-square-foot space providing realistic, simulated healthcare settings. The Simulation Center — a leading model for the state of Illinois — includes state-of-the-art technology, including high-fidelity simulators and a mixed-reality learning space. Comprising several classrooms and simulation debriefing spaces, virtual reality, inpatient rooms, full-size operating room and the newest video and sound technologies, the Simulation Center provides hospital staff, first responders, local colleges and community organizations with access to robust training and education solutions to improve performance and reduce learning gaps.

NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents train at NM LFH, NM Grayslake and Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 24 residents in FY23.

FY23 operating statistics:

- More than 11,500 inpatient admissions
- More than 68,000 ED visits



NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals¹⁴ and is committed to serving the residents in Lake County who are most at risk for poor outcomes due to needs associated with SDOH. Since 2020, NM LFH has operated a Transitional Care Clinic (TCC) to provide medical and psychosocial support to patients who do not have a primary care physician and face complex challenges navigating the healthcare system following an inpatient or emergency health episode.

¹³ NM LFH redevelopment is slated to open in 2026, beyond the scope of this report.

¹⁴ Illinois Department of Healthcare and Family Services (HFS).

NM LFH cultivates many long-standing relationships with health, community and social services providers in Lake County. In conjunction with our community partners, NM LFH is working to address SDOH and other needs in the communities we serve. Together, we offer community-based programs and provide in-kind service, leadership and direct financial investment.

Awards and Recognition

- No. 10 in both Illinois and Chicago by *USNWR*. The hospital also earned national rankings in three specialties: Geriatrics, Neurology and Neurosurgery, and Pulmonology and Lung Surgery.¹⁵ *USNWR* also recognized NM LFH as being one of the best hospitals in Illinois for uncomplicated maternity care.¹⁶
- Magnet designation from the American Nurses Credentialing Center. NM LFH first received Magnet designation in 2010 and was redesignated in 2015 and 2020.¹⁷
- Five-star hospital from the Centers for Medicare & Medicaid Services.¹⁸
- Healthgrades 2023 Best Hospitals Award. Healthgrades also awarded NM LFH the Outstanding Patient Experience Award, as well as recognizing the hospital as being a leading provider of gastrointestinal care and stroke care.¹⁹
- Recognized by *Newsweek* as one of the best hospitals in Illinois.²⁰
- Vizient recognition for performance on the quality of patient care in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity.²¹
- “A” Hospital Safety Grade score in FY23 from the Leapfrog Group. The Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections.²²

¹⁵ 2023 – 2024 Best Hospitals. *U.S. News & World Report*. <https://health.usnews.com/best-hospitals>.

¹⁶ *U.S. News & World Report*, Best Hospitals for Maternity Care (Uncomplicated Pregnancy) in Illinois. <https://health.usnews.com/best-hospitals/area/il/maternity>.

¹⁷ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

¹⁸ Centers for Medicare and Medicaid Services Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

¹⁹ 2023, Healthgrades America’s 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?year=2023>.

²⁰ 2023, America’s Best-in-State Hospitals 2024, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024>.

²¹ 2023, Vizient Top Performer, Complex Medical Center Cohort. <https://newsroom.vizientinc.com/en-US/releases/releases-vizient-announces-top-performers-in-clinical-quality-supplier-diversity-and-environmentally-preferred-sourcing-excellence>.

²² Leapfrog Hospital Safety Grade. <https://www.hospitalafetygrade.org>.

Northwestern Medicine Central DuPage Hospital

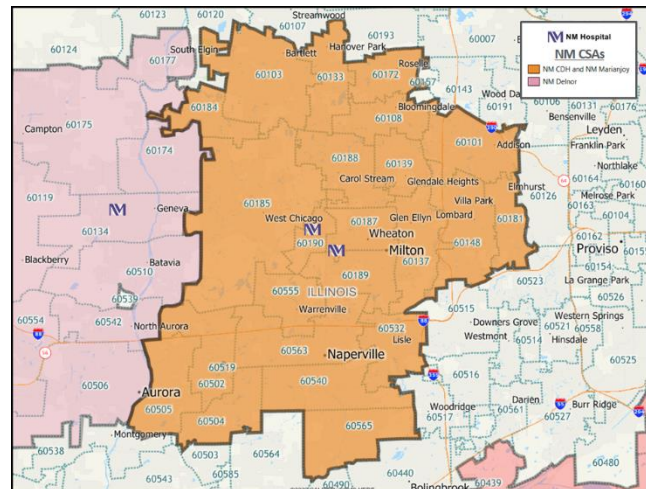
Northwestern Medicine Central DuPage Hospital (NM CDH) is an acute-care, 406-bed tertiary community hospital located in Winfield, Illinois. NM CDH has a deep, nearly 60-year history of caring for its community and providing quality health care to the residents of DuPage County and beyond. NM CDH joined the Health System in 2014, connecting the residents of Chicago's west suburbs to specialty care across NMHC, including access to front-line clinical trials. The hospital provides a full range of emergency, inpatient and outpatient services to patients in DuPage County, and is the single-largest Medicaid provider in the county.²³ NM CDH also serves as a regional destination for clinical services including oncology, neurology, pediatrics, cardiology and orthopaedics. NM CDH has 1,352 physicians on the medical staff.

NM CDH is home to Northwestern Medicine Proton Center, combining advanced technology, exceptional care and academic medicine to bring the latest advances in cancer treatment to the west suburbs. Equipped with state-of-the-art proton therapy technology, and a team of experienced radiation oncologists and other highly skilled medical professionals, the center uses precision medicine to provide exceptional patient care and effective, innovative radiation treatment for multiple types of tumors and cancers.

FY23 operating statistics:

- More than 22,000 inpatient admissions
- More than 76,600 ED visits

To better serve our community, NM CDH cultivates relationships with many community-based organizations, including social services and health providers, health departments, school and park districts, religious organizations and many others. NM CDH supports these organizations through financial and in-kind support as well as by jointly providing programs to the community.



Awards and Recognition

- No. 8 in both the Chicago metro area and in Illinois according to *USNWR*.²⁴ *USNWR* also recognized NM CDH as being one of the best hospitals in Illinois for uncomplicated maternity care.²⁵

²³ 2021, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

²⁴ 2023 – 2024 Best Hospitals. *U.S. News & World Report*. <https://health.usnews.com/best-hospitals>.

²⁵ *U.S. News & World Report*, Best Hospitals for Maternity Care (Uncomplicated Pregnancy) in Illinois. <https://health.usnews.com/best-hospitals/area/il/maternity>.

- Magnet designation from the American Nurses Credentialing Center. NM CDH first received Magnet designation in 2010 and was redesignated in 2015 and 2020.²⁶
- Five-star hospital from the Centers for Medicare & Medicaid Services.²⁷
- “A” Hospital Safety Grade score from the Leapfrog Group. NM CDH is one of only 20 “Straight A” hospitals in the nation, having received 21 consecutive “A” grades since the rating’s launch.²⁸ Leapfrog also recognized NM CDH as a Top Teaching Hospital.²⁹
- Vizient recognition for performance on the quality of patient care in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity.³⁰
- Recognized by *Newsweek* as one of the best hospitals in Illinois.³¹
- Accreditation and certification renewals:
 - The Joint Commission Comprehensive Stroke Center Certification: renewed September 21, 2023.
 - Awaiting the final approval letter from Illinois Department of Public Health after a successful Emergency Department Approved for Pediatrics (EDAP) and Pediatric Critical Care Center (PCCC) visit.

²⁶ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

²⁷ Centers for Medicare & Medicaid Services Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

²⁸ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

²⁹ Leapfrog Top Hospitals, 2023. <https://www.leapfroggroup.org/ratings-reports/top-hospitals>.

³⁰ 2023, Vizient Top Performer, Large, Specialized Complex Care Medical Center Cohort. <https://newsroom.vizientinc.com/en-US/releases/releases-vizient-announces-top-performers-in-clinical-quality-supplier-diversity-and-environmentally-preferred-sourcing-excellence>.

³¹ 2023, America’s Best-in-State Hospitals 2024, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024>.

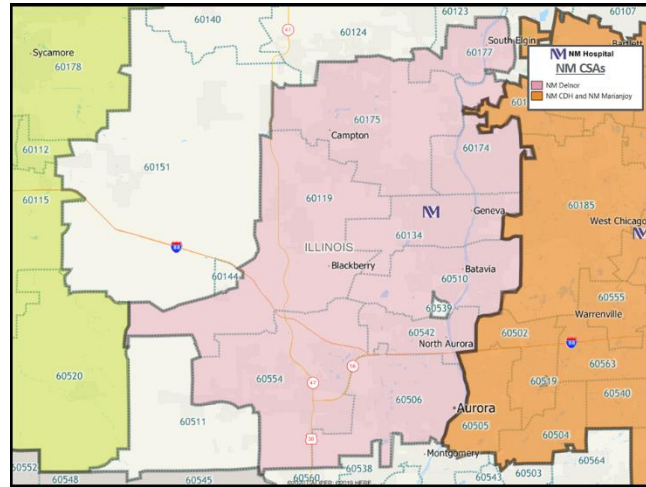
Northwestern Medicine Delnor Hospital

Northwestern Medicine Delnor Hospital (NM Delnor) is an acute-care, 159-bed community hospital in Geneva, Illinois. NM Delnor continues its long-standing commitment to provide quality clinical and patient-centered care to patients in Kane County and the Fox Valley region. NM Delnor provides comprehensive care through a medical staff of 742 physicians. NM Delnor joined the Health System in 2014, greatly expanding patients' access to specialty care, including breakthrough clinical trials, all in the comfort of a community hospital setting.

FY23 operating statistics:

- Nearly 10,000 inpatient admissions
- More than 43,000 ED visits

The Health System's commitment to academic medicine has now brought expansion of medical education to the west suburbs. In 2019, NM Delnor welcomed the first class of physician trainees to the Northwestern McGaw Family Medicine Residency at Delnor. The program had 24 residents in FY23. In FY20, the Health System launched its second Pharmacy Residency Program at NM Delnor, which is the only program of its kind within 25 miles of the hospital.



As a long-standing pillar of the community, NM Delnor maintains relationships with many community, health and social services providers in the greater Fox Valley region. NM Delnor provides programming with community partners, as well as in-kind and financial support.

Awards and Recognition

- NM Delnor received its fifth Magnet® designation from the American Nurses Credentialing Center, one of only 46 hospitals in the nation to receive a fifth designation. In 2004, NM Delnor was the first non-academic hospital in Illinois to receive Magnet designation.³²
- Five-star hospital from the Centers for Medicare & Medicaid Services.³³
- “A” Hospital Safety Grade score from the Leapfrog Group.³⁴
- Recognized by *USNWR* as being one of the best hospitals in Illinois for uncomplicated maternity

³² American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

³³ Centers for Medicare & Medicaid Services Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

³⁴ Leapfrog Hospital Safety Grade. <https://www.hospitalafetygrade.org>.

care.³⁵

- Recognized by *Newsweek* as one of the best hospitals in Illinois.³⁶
- Vizient recognition for performance on the quality of patient care in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity.³⁷

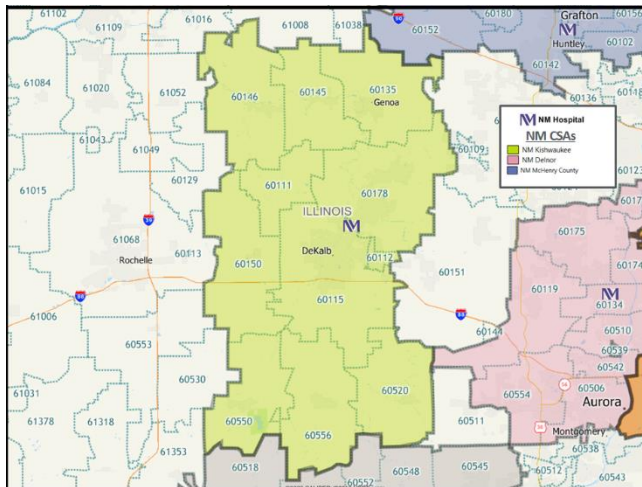
³⁵ *U.S. News & World Report*, Best Hospitals for Maternity Care (Uncomplicated Pregnancy) in Illinois. <https://health.usnews.com/best-hospitals/area/il/maternity>.

³⁶ 2023, America's Best-in-State Hospitals 2024, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024>.

³⁷ 2023, Vizient Top Performer, Complex Care Medical Center Cohort. <https://newsroom.vizientinc.com/en-US/releases/releases-vizient-announces-top-performers-in-clinical-quality-supplier-diversity-and-environmentally-preferred-sourcing-excellence>.

Northwestern Medicine Kishwaukee Hospital

Part of NMHC since 2015 and located in DeKalb, Illinois, Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee) is an acute-care, 98-bed community hospital with an enduring commitment to the residents of DeKalb County. Due to the low ratio of primary care physicians and advanced practice providers to residents in DeKalb County, portions of the county have been designated by the federal government as a Medically Underserved Population (MUP). NM Kishwaukee provides much-needed access to quality health care in its community. The hospital provides care through a broad range of specialties and unique services, including a state-of-the-art Breast Health Center, which opened in 2019. NM Kishwaukee has a medical staff of 349 physicians.



FY23 operating statistics:

- More than 5,600 inpatient admissions
- Nearly 34,000 ED visits

Together, NM Kishwaukee and Northwestern Medicine Valley West Hospital are the top Medicaid providers in DeKalb County.³⁸

Located on the NM Kishwaukee campus, Northwestern Medicine Ben Gordon Center (NM Ben Gordon) provides mental health counseling and substance misuse treatment for DeKalb County residents. Through the Community Support Program, NM Ben Gordon offers a variety of services to patients who have been diagnosed with severe and persistent mental illness, including intensive levels of care and long-term case management for people who are at high risk of poor outcomes and who have limited or no supportive assistance. As an alternative to an emergency department or psychiatric hospitalization, NM Ben Gordon provides The Living Room: a safe, comfortable and nonclinical space for DeKalb County residents 18 years and older who need help resolving nonemergency mental health situations. The Living Room's services are available at no cost to those who visit. The DeKalb County Mental Health Board provides an operational grant that partially offsets the cost of providing these services.

NM Kishwaukee is committed to serving the residents of greater DeKalb County. NM Kishwaukee supports community-based health programming and provides in-kind, leadership and financial support to our community partners.

³⁸ 2021, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

Awards and Recognition

- Magnet® designation from the American Nurses Credentialing Center.³⁹
- Five-star hospital from the Centers for Medicare & Medicaid Services.⁴⁰
- “A” Hospital Safety Grade score from the Leapfrog Group.⁴¹
- Recognized by *USNWR* as being one of the best hospitals in Illinois for uncomplicated maternity care.⁴²

³⁹ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

⁴⁰ Centers for Medicare & Medicaid Services Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

⁴¹ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

⁴² *U.S. News & World Report*, Best Hospitals for Maternity Care (Uncomplicated Pregnancy) in Illinois. <https://health.usnews.com/best-hospitals/area/il/maternity>.

Northwestern Medicine Valley West Hospital

Northwestern Medicine Valley West Hospital (NM Valley West) is a critical-access, 25-bed hospital in Sandwich, Illinois, that has served the Fox Valley community for more than 70 years. Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare & Medicaid Services. As a Critical Access Hospital in a service area that encompasses parts of DeKalb County, with its designated MUP, NM Valley West provides essential services to its rural community. NM Valley West greatly expands access to care in its rural community by providing a seamless pathway from critical care to specialty care across the Health System. More than 150 physicians are on the NM Valley West medical staff, representing a wide range of specialties. NM Valley West joined the Health System in 2015.

FY23 operating statistics:

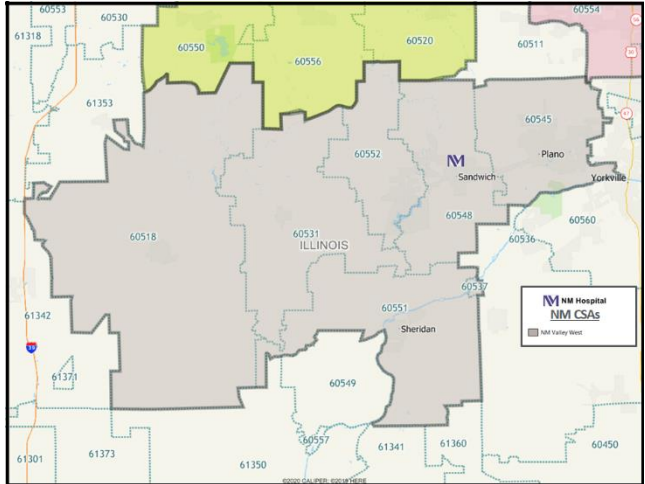
- More than 470 inpatient admissions
- Nearly 9,000 ED visits

Together, NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County.⁴³

NM Valley West is proud to support its community. Often in collaboration with NM Kishwaukee, NM Valley West provides community-based health programs as well as in-kind and financial support for community partners.

Awards and Recognition

- Magnet® designation from the American Nurses Credentialing Center.⁴⁴



⁴³ 2021, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

⁴⁴ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and Northwestern Medicine Woodstock Hospital

In 2018, the Health System incorporated the three hospitals of Centegra Health System: Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Northwestern Medicine Woodstock Hospital (NM Woodstock). The three hospitals have 819 physicians on the medical staff to provide comprehensive care to the residents of greater McHenry County.

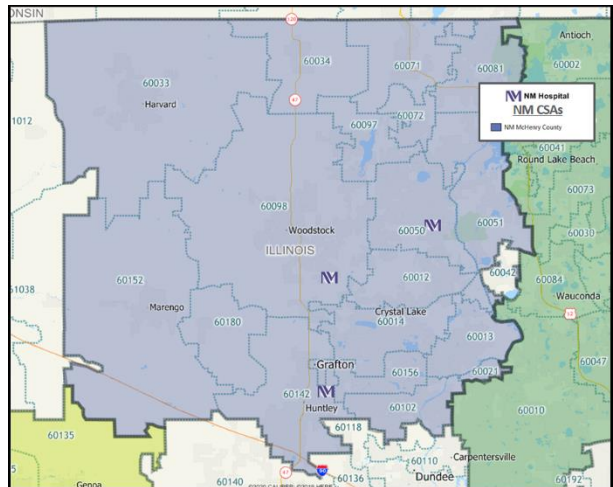
NM McHenry is a 143-bed, acute-care teaching hospital that provides comprehensive health care to residents in McHenry, Illinois, and surrounding communities. The hospital trains the next generation of clinicians through the Chicago Medical School Internal Medicine Residency at NM McHenry; the three-year program admits 13 students annually.⁴⁵

Opened in 2016, NM Huntley is an extension of NM McHenry. The 128-bed hospital offers comprehensive care to residents of Huntley, Illinois, and the surrounding communities, including the Sun City Huntley senior living community.

Serving the community for more than 100 years, NM Woodstock is also an extension of NM McHenry. The 56-bed hospital is a regional destination for inpatient and outpatient behavioral health services, inpatient rehabilitation and outpatient care. NM Woodstock's campus is also home to Aunt Martha's Woodstock Community Health Center, an FQHC that offers comprehensive primary care and mental health services to residents of broader McHenry County, including those who are uninsured and underinsured.

FY23 operating statistics:

- NM McHenry
 - More than 8,800 inpatient admissions
 - More than 34,200 ED visits
- NM Huntley
 - More than 9,800 inpatient admissions
 - More than 33,000 ED visits
- NM Woodstock
 - More than 1,500 inpatient admissions
 - More than 15,000 ED visits
 - More than 37,000 outpatient registrations



Through care provided by NM McHenry, NM Huntley and NM Woodstock, NM is the largest Medicaid provider in McHenry County.⁴⁶ The three hospitals have long supported residents of greater McHenry County and cultivate robust relationships with community-based organizations. Through these relationships, NM hospitals support McHenry County residents by offering joint programming with

⁴⁵ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago.

⁴⁶ 2021, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

community partners, as well as providing in-kind, leadership and financial support for community organizations.

Awards and Recognition

- No. 12 in both the Chicago metro area and Illinois according to *USNWR*. NM McHenry, NM Huntley and NM Woodstock share one ranking in this report.⁴⁷ *USNWR* also recognized NM McHenry as being one of the best hospitals in Illinois for uncomplicated maternity care.⁴⁸
- Magnet® designation from the American Nurses Credentialing Center (NM McHenry and NM Huntley).⁴⁹
- “A” Hospital Safety Grade score from the Leapfrog Group (NM McHenry and NM Huntley).⁵⁰
- Five-star hospital from the Centers for Medicare & Medicaid Services (NM McHenry).⁵¹
- NM McHenry was recognized by *Newsweek* as one of the best hospitals in Illinois.⁵²
- Healthgrades 2023 Best Hospitals Award (NM McHenry. Healthgrades also awarded NM McHenry the Outstanding Patient Experience and Patient Safety Excellence Awards, as well as recognizing the hospital as being a leading provider of bariatric surgery, critical care, pulmonary care, coronary intervention and joint replacement.⁵³

⁴⁷ 2023 – 2024 Best Hospitals. *U.S. News & World Report*. <https://health.usnews.com/best-hospitals>.

⁴⁸ *U.S. News & World Report*, Best Hospitals for Maternity Care (Uncomplicated Pregnancy) in Illinois. <https://health.usnews.com/best-hospitals/area/il/maternity>.

⁴⁹ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

⁵⁰ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

⁵¹ Centers for Medicare & Medicaid Services Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

⁵² 2023, America’s Best-in-State Hospitals 2024, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024>.

⁵³ 2023, Healthgrades America’s 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?year=2023>.

Northwestern Medicine Palos Hospital

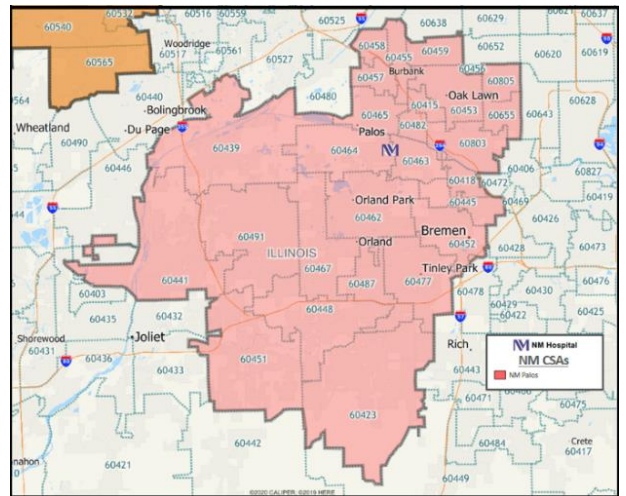
The Health System welcomed Northwestern Medicine Palos Hospital (NM Palos) in 2021. NM Palos is a 406-bed, acute-care hospital located in Palos Heights, Illinois, that serves Chicago's south suburbs, including southwestern Cook County and northeastern Will County. The hospital also has outpatient locations in Mokena and Orland Park; the new multispecialty clinic in Orland Park Outpatient Center with services including neurology, esophageal (gastroenterology) and hepatology care. In FY23, NM Orland Park Cancer Center began offering patients treatment trials by dedicated, on-site clinical research staff, improving access to novel care for communities served by NM Palos. Through seamless integration with the Health System, the new clinic provides access to academic medicine and top-ranked subspecialty programs for patients in south suburban communities, building on the hospital's rich history of caring for its community.

NM Palos has 698 affiliated physicians who provide a complete range of services in a comprehensive ED and Intensive Care Unit, as well as comprehensive cardiovascular, home health, orthopaedic, oncology, maternity and women's health, pediatric, physical and occupational rehabilitation, and psychiatry and behavioral health services. In FY23, NM Palos opened the Discharge Lounge to provide patients with a smoother transition home, improve patient throughput and relieve Emergency Department crowding. The NM Palos Discharge Lounge has reduced the average four-hour discharge process to under an hour at the hospital.

FY23 operating statistics:

- Nearly 17,800 inpatient admissions
- More than 57,800 ED visits

NM Palos has long supported the communities it serves, including through offering community-based health programs and providing both in-kind and financial support for community-based organizations.



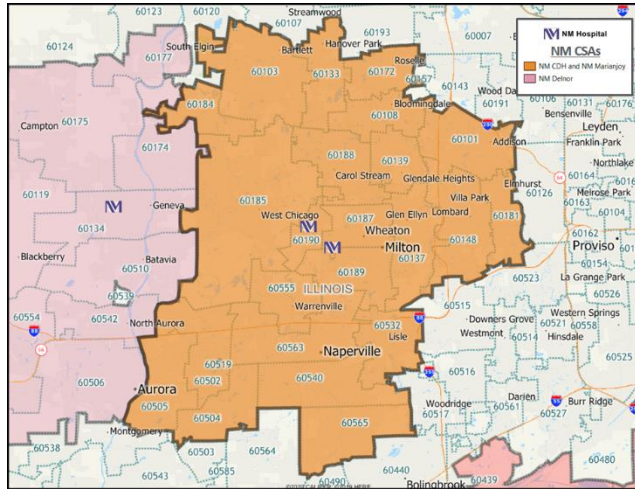
Awards and Recognition

- No. 13 in the Chicago metro area and No. 14 Illinois according to *USNWR*.⁵⁴

⁵⁴ 2023 – 2024 Best Hospitals. *U.S. News & World Report*. <https://health.usnews.com/best-hospitals>.

Northwestern Medicine Marianjoy Rehabilitation Hospital

Northwestern Medicine Marianjoy Rehabilitation Hospital is a specialty and teaching hospital in Wheaton, Illinois, dedicated to the delivery of physical medicine and rehabilitation (PM&R). NM MRH joined the Health System in 2016. The hospital trains residents in the highly specialized field of PM&R through clinical experience, educational opportunities and research activities. Annually, 18 residents train at NM MRH.⁵⁵ Located in DuPage County, NM MRH is also a destination hospital for residents of surrounding counties.



A medical staff of 100 physicians provides advanced care through both inpatient and outpatient services for adult and pediatric patients who are recovering from injury or illness, or who require intensive therapy to regain their function and maximize independence. The hospital offers specialty programs focused on stroke, spinal cord injury, brain injury, pediatric conditions, and orthopaedic/musculoskeletal and neuromuscular disorders. NM MRH has 125 licensed acute inpatient rehabilitation beds. Comprehensive care teams of physicians, therapists, rehabilitation nurses and support staff are trained and certified in the latest and most effective treatment approaches. NM MRH had more than 2,800 inpatient admissions in FY23.

Geographic proximity of NM MRH to other NMHC entities, primarily NM CDH and NM Delnor, facilitates the Health System’s ability to provide a full continuum of care – from diagnosis and treatment through rehabilitation – close to where our patients live and work.

Awards and Recognition

- Recognized by *USNWR* as being one of the best hospitals in the nation for rehabilitation.⁵⁶

⁵⁵ The MRH residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

⁵⁶ 2023 – 2024 Best Hospitals. *U.S. News & World Report*. <https://health.usnews.com/best-hospitals>.

Northwestern Medicine Primary Care and Immediate Care Centers

NM aspires to be the destination of choice for people seeking quality health care and for those who provide, support and advance that care through leading-edge treatments and breakthrough discoveries. Access to high-quality care in recent years has been improved by adding new Primary Care locations and comprehensive Immediate Care Centers across communities served by NM, as well as expanding evening and weekend hours at many of these sites. The Health System opened three new ambulatory care centers in FY23, expanding access to high-quality primary and specialty care throughout Chicagoland. With hundreds of locations close to patients' homes and workplaces, breakthrough care is now more accessible than ever.

Northwestern Memorial HealthCare Physician Groups

In FY23, Northwestern Memorial HealthCare was the nonprofit parent corporation of two physician groups: Northwestern Medical Group (NMG) and Northwestern Medicine Regional Medical Group (NM RMG).⁵⁷ With locations throughout Chicago and its north, northwest, west and south suburbs, and greater DeKalb County, these multispecialty group practices employ more than 2,800 physicians. NMG is the third-largest physician group in Chicago's surrounding seven counties.⁵⁸ NMG serves as the clinical faculty practice plan of Feinberg with the majority of NMG physicians maintaining faculty appointments with Feinberg.

Northwestern Memorial Foundation

Northwestern Memorial Foundation (NMF) conducts fundraising and other related development activities in support of the patient-centered mission and strategic goals of the Health System, including securing funding for clinical programs, research, education and community initiatives. NMF raises philanthropic funds from individuals, corporations and foundations, as well as through community fundraising organizations.

⁵⁷ In order to facilitate alignment across regions, multiple physician groups have been merged into NM RMG, including KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019, Marianjoy Medical Group in September 2019 and Palos Medical Group in 2022.

⁵⁸ 2022, *There's a new leader among Chicago's largest physician groups*. Crain's Chicago Business.

<https://www.chicagobusiness.com/data-center/duly-unseats-advocate-chicagos-largest-physician-group-2023-crain-list>.

Department/Category: FINANCIAL ADMINISTRATION	Page 1 of 26	Policy # FIN 03.0012
Title: FINANCIAL ASSISTANCE	Review of: 09/01/2016	Effective Date: 09/01/2021
		Next Review: 09/01/2026

SCOPE: Applies to entities indicated below as well as their subsidiaries and affiliates

<input checked="" type="checkbox"/> NM – Northwestern Memorial Hospital	<input checked="" type="checkbox"/> NM – Lake Forest Hospital
<input checked="" type="checkbox"/> NM – Northwestern Medical Group	<input checked="" type="checkbox"/> NM – Central DuPage Hospital
<input checked="" type="checkbox"/> NM – Regional Medical Group	<input checked="" type="checkbox"/> NM – Delnor Hospital
<input checked="" type="checkbox"/> NM – Kishwaukee Hospital	<input checked="" type="checkbox"/> NM – Valley West Hospital
<input checked="" type="checkbox"/> NM – Marianjoy Rehabilitation	<input checked="" type="checkbox"/> NM – Palos Community Hospital
<input checked="" type="checkbox"/> NM – Huntley Hospital / <input checked="" type="checkbox"/> NM – McHenry Hospital / <input checked="" type="checkbox"/> NM – Woodstock Hospital	
<input type="checkbox"/> NM – System Functions / NMHC Employees	
<input type="checkbox"/> NM – Other **See “Scope/Persons/Areas Affected” Section below**	

I. PURPOSE:

To define Northwestern Memorial HealthCare’s policy related to the provision of Financial Assistance to those with inadequate financial resources.

II. POLICY STATEMENT:

- A. Northwestern Memorial HealthCare and its Affiliates (collectively referred to herein as “NMHC”), are committed to meeting the health care needs of members of NMHC’s community who are unable to pay for Medically Necessary care received at NMHC Affiliates, including without limitation those who are uninsured, underinsured, ineligible for a government program, or otherwise unable to make payment. Allocation and prioritization of Financial Assistance will take into consideration the many needs of the community, NMHC’s mission as an academic medical center, its financial protocols for allocation of resources, and applicable law and regulation. Notwithstanding the foregoing, NMHC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance under this policy.
- B. Financial Assistance is available through multiple programs (collectively, “Financial Assistance Program” or “Program”) including the following:
 - 1. [*Insured Patient Free And Discounted Care*](#) (set forth on *Appendix B*)
 - 2. [*Uninsured Patient Free And Discounted Care Program*](#) (set forth on *Appendix C*)
 - 3. [*Presumptive Eligibility*](#) (set forth in *Appendix D*)
 - 4. Future programs approved by the Vice President, Revenue Cycle, which shall be included as appendices.

III. SCOPE/PERSONS/AREAS AFFECTED:

This policy applies to all levels of NMHC management and staff of those entities listed on *Appendix A-2* who are involved in the allocation and prioritization of resources to meet the needs of the community. This policy does not apply to physicians who are on staff at an NMHC Hospital Affiliate but who are not otherwise employed by or contracted with an NMHC Physician Affiliate. This policy applies to each Affiliate as an independent entity, and unless otherwise provided herein, each Affiliate shall separately meet the requirements of this policy. A list of health care providers delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained separately by the Financial Counseling Department and shall be incorporated by reference herein as *Appendix G*.

IV. RESPONSIBILITIES:

- A. NMHC's Financial Counseling Department is responsible for assisting Applicants applying for Financial Assistance prior to or during the course of treatment.
- B. Areas within NMHC handling billing inquiry, customer service, and self-pay follow-up shall assist Applicants after services have been provided.
- C. The Revenue Cycle Division, including the department and areas listed in Sections IV.A. and IV.B. above, is responsible for the approval of Financial Assistance Applications and obtaining all supporting documentation.
- D. The Revenue Cycle Division is responsible for developing the basis for calculating the amounts charged to Patients and explaining such calculation upon request.

V. DEFINITIONS:

Capitalized terms not otherwise defined herein are defined in [Appendix A](#).

VI. NOTIFICATION:

To make Patients, Guarantors, their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to notify visitors to its facilities of this policy and to widely publicize this policy. Specific notification measures shall be in accordance with applicable law and shall be set forth in specificity in [Appendix E](#).

VII. DETERMINATION OF ELIGIBILITY:

- A. When Eligibility is Determined: The determination of an Applicant's eligibility for Financial Assistance should be made as early as possible. In cases where the Patient is seeking services other than Emergency Services, determination shall be made prior to the scheduling and/or rendering of services, whenever possible.
- B. Application Requirement: Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantor is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicant's financial position (including, as applicable, information about the Applicant's family) and other information which is necessary in making a determination of eligibility for Financial Assistance. Time frames for submission of an Application and other Application-related time frames shall be in accordance with applicable law and set forth on [Appendix F](#). The Application shall be available on a form provided by NMHC and consistent with the provisions of the Illinois Hospital Uninsured Patient Discount Act and other applicable law. Unless otherwise provided herein or in an appendix, Applications will only be accepted from individuals who have had a previously existing relationship with NMHC during the last 12 months or an upcoming appointment or admission. Patients shall complete one (1) Application which shall be recognized by all NMHC Affiliates.

C. Length of Approval:

1. Once approved, NMHC shall provide Financial Assistance until such time that alternative sources of payment may be secured. Applicants are expected to cooperate in applying and securing alternate sources of payment when applicable. Accordingly, eligibility determinations shall be valid until commencement of the next enrollment period whereby the Applicant may obtain insurance coverage. Notwithstanding the foregoing, the following limitations apply:
 - a. Financial Assistance for Emergency Services may be limited to the Emergency Services and any related stabilization care;
 - b. Financial Assistance for NMHC Hospital Affiliate services may be approved on an episodic basis and such approval may be subject to additional program requirements and screening procedures set forth in Section IX;
 - c. Eligibility determinations shall not extend beyond 12 months.
 2. Applicants shall be required to promptly advise NMHC of changes in their financial situation which may affect their eligibility during a previously approved period. An Applicant's failure to notify NMHC within 30 days of changes in their financial situation may affect the Applicant's ability to continue to receive Free or Discounted Care or qualify for Financial Assistance in the future.
 3. NMHC's Financial Assistance Policy Committee shall determine the length of time that an eligibility determination based upon alternative methods of qualification (see Section VII.D below) shall be valid; provided, however, that the length of time shall not exceed twelve (12) months.
 4. If a Patient's eligibility terminates during a course of treatment and the treating provider confirms that transitioning care would be detrimental to the Patient, the Patient and/or the treating provider may request an exception which shall be evaluated by the Free Care Committee, subject to approval by the NMHC Medical Director or his or her designee and the Vice President, Revenue Cycle, pursuant to Section XV of this policy.
- D. Alternative Methods of Qualification: NMHC (or its agent), at its discretion, may assess a Patient's or Guarantor's Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patient's or Guarantor's Program eligibility.
- E. Withholding of Information: If at any time during the review process it becomes apparent that the Applicant has intentionally withheld relevant information, provided false information, or provided inaccurate information, as evidenced by information obtained through credit agencies or other available sources, and the Applicant is unable to resolve discrepancies to the satisfaction of NMHC, the Applicant may be disqualified for Financial Assistance, which shall result in the resumption of routine collection efforts until such discrepancies are resolved. Notwithstanding the foregoing, NMHC shall not deny Financial Assistance based on information that it has reason to believe is unreliable or incorrect or on information obtained from the Applicant under duress or through the use of coercive practices (including delaying or denying care for Emergency Medical Conditions to an individual until the individual has provided the requested information).

VIII. QUALIFYING SERVICES:

- A. NMHC Hospital Affiliates shall provide Financial Assistance only for Medically Necessary services for which the Applicant meets clinical program criteria and is otherwise financially responsible.
- B. Financial Assistance for transplants and transplant-related services are determined pursuant to a separate process and may be included as an appendix to this policy.
- C. Nothing in this policy requires NMHC to provide services not routinely provided to Patients.

IX. ADDITIONAL PROGRAM REQUIREMENTS AND SCREENING PROCEDURES:

- A. Financial Assistance for certain procedures may be subject to additional program requirements and/or screening procedures. Additional screening requirements shall be communicated to Patients and physicians. By way of example and without limitation, such requirements and screening procedures may include the following:
 - 1. Reexamining a Patient's current financial situation to ensure continued eligibility for Financial Assistance, including availability of insurance coverage;
 - 2. Securing payment arrangements with respect to outstanding amounts owed by the Patient or otherwise establishing a payment plan; or
 - 3. Evaluating selected procedures to ensure that other treatment methods have been exhausted or, if previously tried, the likelihood of success, and/or that after-care resources are put in place; or
 - 4. Securing services from an appropriate level or type of provider.

X. EXHAUSTION OF THIRD PARTY SOURCES:

- A. Financial Assistance will only be applied to self-pay balances, after all third-party benefits/resources are reasonably exhausted, including, but not limited to, benefits from insurance carriers (e.g., health, home, auto liability, worker's compensation, or employer funded health reimbursement accounts), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation, settlements, and/or private fundraising efforts (collectively, "Third-Party Funding Sources"). Patients receiving Financial Assistance and who require Medically Necessary care (other than Emergency Services) must, whenever possible, be screened for eligibility for Medicaid, Health Insurance Exchange, or other available payment programs and, if found eligible, the Patient must fully cooperate with enrollment requirements prior to the procedure being scheduled and/or services being rendered. Eligible Patients who fail or refuse to enroll in available Medicaid, Health Insurance Exchange, or other available payment programs may be ineligible for Financial Assistance. Patients should be given at least one (1) written notice of the necessity of filing for Medicaid, Health Insurance Exchange, or other available payment programs and that failure to do so may jeopardize eligibility for Financial Assistance. Efforts, if any, to assist the Applicant to enroll in Medicaid, Health Insurance Exchange, or other available payment programs shall be documented.
- B. If a Patient seeking care other than Emergency Services is covered by an HMO or PPO and NMHC is not an in-network provider, then the Patient should be directed to seek care from his participating providers and shall not be eligible for Financial Assistance. Financial Assistance is not available for out-of-network costs.

XI. LIMITATION ON CHARGES:

Discounts may vary between Financial Assistance Programs. Calculation of discounts shall be set forth in the various appendices to this policy. However, in all Financial Assistance Programs, amounts charged by NMHC Hospital Affiliates for care for Emergency Medical Conditions or other Medically Necessary care provided to individuals eligible for the Financial Assistance Program with annual household income less than or equal to 600% of the applicable Federal Poverty Level shall not be more than the amounts generally billed to individuals who have insurance covering such care (“Amounts Generally Billed Discount”).

XII. EMERGENCY MEDICAL CARE:

- A. Consistent with the NMHC policy addressing compliance with the Emergency Medical Treatment and Labor Act, NMHC Hospital Affiliates shall provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they can pay for the care or are eligible for Financial Assistance.
- B. NMHC Hospital Affiliates shall not engage in actions that discourage individuals from seeking care for Emergency Medical Conditions, including but not limited to the following:
 - 1. Requiring payment from that Emergency Department Patients before receiving a medical screening or treatment for Emergency Medical Conditions; or
 - 2. Permitting debt collection activities in the Emergency Department or in other areas of an NMHC Hospital Affiliate where such activities could interfere with the provision, without discrimination, of care for Emergency Medical Conditions.

XIII. REFUNDS:

Application of Financial Assistance shall be applied to all open balances. Refunds shall reviewed by NMHC’s Free Care Committee and provided as required by law.

XIV. COORDINATION OF AFFILIATE DETERMINATIONS:

NMHC Affiliates shall coordinate their efforts in the mutual determination of eligibility.

XV. EXCEPTIONS AND APPEALS:

NMHC physicians and/or clinicians may request Financial Assistance on behalf of a Patient; however, the Patient must provide the necessary information and documentation to support the request. If the physician or Patient does not agree with the eligibility or program determination or if the physician or Patient is requesting an exception to this policy, an appeal or request for exception should be made to the Free Care Committee for evaluation, subject to approval by the Vice President, Revenue Cycle. This determination shall be final and binding until such time that the Patient or physician provides significant new or additional information demonstrating qualification for assistance (e.g., change in income, loss of employment, and other circumstances that substantially change the prior review).

XVI. ACTIONS FOR NON-PAYMENT:

The NMHC Credit and Collection Policy, describes the actions that may be taken for non-payment of amounts due. Members of the general public may obtain a free copy of the NMHC Credit and Collection Policy by contacting the Financial Counseling Department.

XVII. APPLICABILITY TO EXISTING PROGRAMS:

Financial Assistance awarded to patients prior to the effective date of this policy shall not be reduced but only through such time period indicated in the award. Upon expiration of such Financial Assistance, this policy shall apply.

XVIII. POLICY UPDATE SCHEDULE:

This policy is reviewed or updated every five (5) years or more often as appropriate.

XIX. REPORTING:

NMHC shall report all required information regarding the Financial Assistance Program to the appropriate governmental agencies.

XX. MONITORING AND NON-SUBSTANTIVE UPDATES:

- A. The Financial Assistance Policy Committee shall be responsible for the on-going monitoring of this policy. It shall review practices hereunder including whether:
 - 1. controls are in place to assess Patient eligibility;
 - 2. information on patients eligible for and/or receiving Financial Assistance status is tracked and maintained;
 - 3. the existence of Financial Assistance is communicated to the community and its Patients;
 - 4. provisions are in place so as not to discourage community members from seeking care for Emergency Medical Conditions; and
 - 5. collection actions are appropriately taken against Patients receiving Financial Assistance.
- B. The Vice President, Revenue Cycle may make non-substantive updates to this policy (e.g., to reflect current Federal Poverty Guidelines, changes in addresses, etc.).

XXI. REFERENCES:

- A. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]
- B. Illinois Fair Patient Billing Act [210 ILCS 88/]
- C. Internal Revenue Code Section 501(r)
- D. Social Security Act [42 U.S.C. 1395dd]

XXII. APPENDICES:

- A. [Appendix A: Definitions](#)
 - 1. [Appendix A-1: Federal Poverty Guidelines](#)
 - 2. [APPENDIX A-2: NMHC AFFILIATES](#)
- B. [Appendix B: Insured Patient Free And Discounted Care](#)
- C. [Appendix C: Uninsured Patient Free And Discounted Care](#)
- D. [Appendix D: Presumptive Eligibility](#)
- E. [APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES](#)
- F. [APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES](#)
- G. [Appendix G: Provider Lists](#)

H. [Appendix H: Lab Testing Financial Assistance](#)

XXIII. APPROVAL:

Responsible Party: Andrew Scianimanico
Vice President, Chief Revenue Cycle Executive

Reviewers: Finance Committee members
Tax & Regulatory Review Committee members
Financial Assistance Policy Committee members
Vice President, Finance
Senior Vice President, Administration
Office of General Counsel
Corporate Compliance & Integrity

Approval Parties: John Orsini
Executive Vice President and CFO
Northwestern Memorial HealthCare
Electronic Approval: 08/20/2021

XXIV. REVIEW HISTORY:

Written: 05/01/2011 – local NMH policy retired
Revised 12/29/2014 – For policy effective 2/1/2016 - Supersedes NMHC 03.0012 v1.0 – 6/1/2011 – Free and Discounted Care
Revised: 08/17/2016 – For policy effective 9/1/2016 - Scope updated to include NM-CDH, NM-Delnor and NM-RMG otherwise no other content updates
Revised: 09/01/2018: Updated Scope Matrix – applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of 9/1/2018.
Revised: 08/11/2020: NMHC Tax and Regulatory Review Committee approved moving the NW Region hospitals (Huntley, McHenry and Woodstock) to the NMHC Financial Assistance policy to be effective September 1, 2020
Reviewed: 09/01/2021
Revised:07/17/2023: editorial only

APPENDIX A: DEFINITIONS

Affiliates: Those entities controlled by, controlling, or under common control with NMHC. NMHC Affiliates to which this policy applies are listed on [Appendix A-2](#). For purposes of this policy, the term “Affiliates” does not include NMHC affiliates that are legally or otherwise restricted from adopting this policy.

Amounts Generally Billed/Amounts Generally Billed Discount: The discount required to ensure that charges for care for Emergency Medical Conditions or other Medically Necessary care provided by an NMHC Hospital Affiliate during an outpatient visit or inpatient stay to individuals eligible for assistance under this policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care (“Amounts Generally Billed”). Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method. Each NMHC Hospital Affiliate shall calculate its own Amounts Generally Billed Discount. A written explanation of the method used at each NMHC Hospital Affiliate can be obtained by contacting the NMHC Financial Counseling Department. Physician Affiliates shall apply the Amounts Generally Billed Discount applicable to NMH.

Applicant: An Applicant is the person submitting an Application for Financial Assistance, including the Patient and/or the Patient’s Guarantor.

Application: A Financial Assistance Application.

Application Period: The period during which an NMHC Hospital Affiliate must accept and process an Application submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance. With respect to any care provided by an NMHC Hospital Affiliate to an individual, the Application Period begins on the date the care is provided to the individual and ends on the 240th day after the date the NMHC Hospital Affiliate provides (i.e. mails, sends electronically, or delivers by hand) the individual with the first post-discharge billing statement for the care.

Billed Charge(s): The fee for a service that is based on the NMHC Affiliate’s master charge schedule in effect at the time of the service and that the Affiliate consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Cost-of-Care Discount: The discount equal to that amount calculated by multiplying the total cost-to-charge ratio from each NMHC Affiliate Hospital’s Medicare cost report to the charges on accounts identified as qualifying for Financial Assistance. Notwithstanding the foregoing, NMHC may, for administrative ease, establish a single Cost-of-Care Discount that is most advantageous to the Patient. The Cost-of-Care Discount shall be equal to or greater than the Amount Generally Billed Discount.

Discounted Care: Care provided at less than Billed Charges other than Free Care. Discounts include the Cost-of-Care Discount and the Amount Generally Billed Discount.

Emergency Medical Condition: Emergency Medical Condition shall be as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Emergency Services: Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, services that are Never-Say-No services, or other services identified by the Vice President, Revenue Cycle and set forth in an appendix to this policy from time to time.

Extraordinary Collection Action(s) ECA(s): Those actions that an NMHC Hospital Affiliate may take against an individual related to obtaining payment of a bill for care covered under the Financial Assistance Program. Such ECAs are further defined in the NMHC Financial Policy: Credit and Collection and may

include, by way of example, requiring payment for previously-rendered care and/or placing a lien on one's property.

Family Size: The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size shall be the number of individuals residing in the Applicant's household. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size may include household members of the individual claiming dependency.

Federal Poverty Guideline(s): The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of 42 USC 9902(2). The Guidelines, attached as Appendix A-1, shall be adjusted annually within thirty (30) days following the issuance of new Federal Poverty Guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Financial Assistance: Amounts attributable to Free Care or Discounted Care provided to Patients who meet NMHC's criteria for Financial Assistance under various programs (collectively, "Financial Assistance Program" or "Program") and are unable to pay for all or a portion of their health care services. Financial Assistance does not include bad debt or uncollectible charges that have been recorded as revenue but written off due to a Patient's failure to pay; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived from those programs; or contractual adjustments with any third-party payors.

Free Care Committee: That Committee charged with addressing questions regarding application of this policy to specific Patient issues. The Free Care Committee shall review appeals and exceptions made to the policy.

Free Care: A discount from Billed Charges equal to one hundred percent (100%).

Financial Assistance Policy Committee: That committee comprised of representatives from NMHC Affiliates and NMHC, which makes recommendations with respect to this policy and ensures operational alignment between Affiliates in implementing this policy. The Financial Assistance Committee shall include representatives from operations, the Office of General Counsel, the Internal Audit Department, the Office of Corporate Compliance and Integrity, and External Affairs. The Financial Assistance Committee shall report its activities to the Tax and Regulatory Committee.

Guarantor: The individual who is financially responsible for services rendered to the Patient.

Household Income: Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income. More specifically, Household Income is equal to the adjusted gross income listed on the Applicant's most recent tax return, adjusted to subtract child support payments and to add amounts of tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income not included in adjusted gross income but available to Applicant. However, if the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.), once again adjusted to remove child support payments and to include tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income available to Applicant. Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident is a Patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act (“HUPDA”). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does not require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition.

Insured Patient: A Patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Patient. A “Medically Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Never-Say-No: Services meeting NMHC’s Never-Say-No criteria as may be amended from time-to-time.

NMHC Hospital Affiliate(s): NMHC affiliates licensed as a hospital. NMHC Hospital Affiliates to which this policy applies are listed on Appendix A-2.

NMHC Physician Affiliate(s): NMHC affiliates providing clinical care in a physician outpatient setting. NMHC Physician Affiliates to which this policy applies are listed on Appendix A-2.

Non-Resident: A Non-Resident is a Patient who is not an Illinois Resident.

Patient: The individual receiving services.

Plain Language Summary: A clear, concise, and easy-to-understand written statement that notifies an individual that an NMHC Hospital Affiliate offers Financial Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this policy; (ii) a brief summary of how to apply for assistance under this policy; (iii) a direct listing of a website address (or URL) and physical locations (including room numbers) where a copy of this policy and Financial Assistance Applications may be obtained; (iv) instructions on how to obtain a free copy of the Financial Assistance Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of offices or departments who can provide an individual with assistance with the Application process; (vi) availability of translations; and (vii) a statement that no Financial Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

Self-Pay Package-Priced Services: Multiple services offered together for a single price which is discounted such that the single price is less than the sum of the prices for all the individual services comprising the package of services.

Uninsured Patient: A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high-deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

APPENDIX A:
Definitions

Andrew Scianimanico
Vice President, Chief Revenue Cycle Executive

Effective Date: 09/01/2021

REVIEW HISTORY:

Written: 03/03/2015
Revised: 12/29/2017
Reviewed: 09/01/2021

APPENDIX A-1: FEDERAL POVERTY GUIDELINES

2024 Federal Poverty Guidelines

Family Size	Federal Poverty Level	Up to 138% FPL	Up to 250% FPL	Up to 400% FPL	Up to 600% FPL
1	\$15,060	\$20,782	\$37,650	\$60,240	\$90,360
2	\$20,440	\$28,207	\$51,100	\$81,760	\$122,640
3	\$25,820	\$35,631	\$64,550	\$103,280	\$154,920
4	\$31,200	\$43,056	\$78,000	\$124,800	\$187,200
5	\$36,580	\$50,480	\$91,450	\$146,320	\$219,480
6	\$41,960	\$57,904	\$104,900	\$167,840	\$251,760
7	\$47,340	\$65,329	\$118,350	\$189,360	\$284,040
8	\$52,720	\$72,753	\$131,800	\$210,880	\$316,320
+1	\$5,380	\$7,424	\$13,450	\$21,520	\$32,280

REFERENCES:

42 USC 9902(2)

APPENDIX A-1:
 Federal Poverty Guidelines

Owner: Andrew Scianimanico
Title: Vice President,
 Chief Revenue Cycle Executive

Effective Date: 01/17/2024

REVIEW HISTORY:

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 Reviewed: 09/01/2021

APPENDIX A-2: NMHC AFFILIATES**A. Hospital Affiliates**

1. Northwestern Memorial Hospital
2. Northwestern Medicine Lake Forest Hospital
3. Northwestern Medicine Central DuPage Hospital
4. Northwestern Medicine Delnor Hospital
5. Kishwaukee Hospital
6. Valley West Hospital
7. Northwestern Medicine - Ben Gordon Center
8. Marianjoy Rehabilitation
9. NM Huntley, NM McHenry and NM Woodstock Hospitals
10. Palos Community Hospital

B. Physician Affiliates

1. Northwestern Medical Group
2. Northwestern Medicine Regional Medical Group
3. Kishwaukee Physician Group
4. Marianjoy Medical Group

APPENDIX A-2:
NMHC Affiliates

Andrew Scianimanico
Vice President, Chief Revenue Cycle Executive

Effective Date: 10/01/2022

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Revised: 07/12/2016

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Revised: 09/01/2018, 07/07/2023

Reviewed: 01/29/2019, 09/25/2020, 09/01/2021

APPENDIX B: INSURED PATIENT FREE AND DISCOUNTED CARE**I. FREE AND DISCOUNTED CARE**

NMHC provides Free Care as well as Discounted Care to Insured Patients as provided in this *Appendix B*.

II. SERVICES

- A. Except as provided in this Appendix's Section II.B below, Free Care and Discounted Care for Insured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Insured Patients shall not be available for the following services:
 - 1. Non-Medically Necessary services;
 - 2. Out-of-network services;
 - 3. Specialty Pharmacy Services; except that hepatitis-C antiviral medications administered to hepatitis-C negative transplant recipients who receive a hepatitis-C positive donor organ at NMH may be considered under this Policy, after all reasonable efforts to secure insurance or other reimbursement for such medications have been exhausted in a timely manner. Provision of such medications must be coordinated through Northwestern Specialty Pharmacy.
 - 4. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment, eye glasses, contacts, and hearing aids;
 - 5. Patient co-insurance or deductibles unless the Applicant otherwise qualifies for Free Care;
 - 6. Co-payments;
 - 7. Self-Pay Package-Priced Services; and
- C. Non-formulary pharmaceuticals provided upon discharge for transitional purposes shall be subject to the Cost-of-Care Discount.

III. RESIDENCY REQUIREMENTS

- A. Insured Patients who are Illinois Residents and who receive Medically Necessary services are eligible for Free Care and Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Insured Applicants receiving Emergency Services.
- B. Except for Insured Patients receiving Emergency Services, Insured Patients who are Non Residents (including but not limited to out-of-state external transfers) and who receive Medically Necessary services are not eligible for Free Care.

IV. CALCULATION OF FREE AND DISCOUNTED CARE

NMHC provides Free Care and Discounted Care to eligible Insured Patients through two methods: "insured sliding fee scale assistance" and "insured catastrophic assistance." If the Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in amounts in excess of 600% of the then current Federal Poverty Guideline applicable to the

Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

A. INSURED SLIDING FEE SCALE ASSISTANCE

Assistance under the insured sliding fee scale application is calculated as follows:

1. Free Care: Insured Illinois Residents with Household Income of 250% or less of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, shall be eligible for a 100% discount. The discount shall be applied to co-insurance and deductibles, as well as Medically Necessary services not covered by insurance.
2. Discounted Care: For Medically Necessary Services that are not covered by insurance, Insured Illinois Residents with Household Income of more than 250% and less than or equal to 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a discount equal or greater than the Amount Generally Billed Discount.

B. INSURED CATASTROPHIC ASSISTANCE

1. For an Insured Patient qualifying for Free Care or Discounted Care with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, total payment shall not exceed, during any twelve-month period, 25% of the Applicant's Household Income.
2. NMHC shall include in the catastrophic calculation total payment owed by the Applicant to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based upon outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

APPENDIX B:

Free and Discounted Care

Andrew Scianimanico

Vice President, Chief Revenue Cycle Executive

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REVIEW HISTORY:

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APPENDIX C: UNINSURED PATIENT FREE AND DISCOUNTED CARE

I. UNINSURED FREE AND DISCOUNTED CARE

NMHC provides Free Care as well as Discounted Care to Uninsured Patients as provided in this *Appendix C*.

II. SERVICES

- A. Except as provided in this Appendix's Section II.B. below, Free Care and Discounted Care for Uninsured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Uninsured Patients shall not be available for the following services:
 1. NMH Specialty Pharmacy Services;
 2. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment and supplies, eye glasses, contacts, and hearing aids;

III. RESIDENCY REQUIREMENTS

Free Care and Discounted Care shall be available for those Uninsured Patients who are Illinois Residents. Non-Residents who are Uninsured Patients are not eligible for Free Care or Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Uninsured Applicants receiving Emergency Services.

IV. CALCULATION OF FREE AND DISCOUNTED CARE

NMHC shall, in accordance with Illinois Hospital Uninsured Patient Discount Act, provide Free Care and Discounted Care to Uninsured Patients. NMHC provides Free Care and Discounted Care to eligible Applicants who are uninsured through two methods: "uninsured sliding fee scale assistance" and "uninsured catastrophic assistance." If an Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

A. UNINSURED SLIDING FEE SCALE

1. Free Care: An Applicant with Household Income equal to or less than 250% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for Free Care.
2. Cost of Care Discount: An Applicant with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a Cost-of-Care Discount.

B. UNINSURED CATASTROPHIC ASSISTANCE

1. For Applicants qualifying for assistance pursuant to Section IV.A.2 above, total payment shall not exceed, during any twelve-month period, 20% of the Patient's Household Income.

2. NMHC shall include in the catastrophic calculation total payment amounts owed by the Patient to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based on outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

V. REFERENCES

- A. Illinois Fair Patient Billing Act [210 ILCS 88/]
- B. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]

APPENDIX C:
Uninsured Patient Discount

Andrew Scianimanico
Vice President,
Chief Revenue Cycle Executive

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APPENDIX D: PRESUMPTIVE ELIGIBILITY

I. PRESUMPTIVE ELIGIBILITY

An Uninsured Patient meeting the requirements and criteria of Sections III and IV, below, is presumed to be eligible for Free Care in accordance with this *Appendix D*. Patients presumed to be eligible do not need to complete a Financial Assistance Application; provided, however, that Patients must demonstrate that they meet the requirements and criteria of Sections III and IV, below.

II. DEFINITIONS

The following definitions, as defined by the Illinois Fair Patient Billing Act, apply to this *Appendix D*:

- A. "Patient" means the individual receiving services from NMHC or any individual who is the guarantor of the payment for services received from NMHC.
- B. "Presumptive Eligibility" means eligibility for Financial Assistance determined by reference to Presumptive Eligibility Criteria demonstrating financial need on the part of a Patient.
- C. "Presumptive Eligibility Criteria" means the categories identified as demonstrating financial need.
- D. "Presumptive Eligibility Policy" means a written document that sets forth the Presumptive Eligibility criteria by which a Patient's financial need is determined and used by NMHC to deem a Patient eligible for Financial Assistance without further scrutiny by NMHC. This *Appendix D* constitutes the NMHC Presumptive Eligibility Policy.

III. RESIDENCY REQUIREMENTS

Presumptive Eligibility shall apply to all Illinois Residents. Presumptive Eligibility shall not be available for or apply to Non-Residents.

IV. CRITERIA

The following Presumptive Eligibility Criteria establish the guidelines for NMHC's Presumptive Eligibility Policy in accordance with NMHC's Financial Assistance Program. An Uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for Free Care, and will not be required to provide additional supporting documentation for such Financial Assistance:

- A. Homelessness
- B. Deceased with no estate
- C. Mental incapacitation with no one to act on Patient's behalf
- D. Medicaid eligibility, but not on date of service or for non-covered service
- E. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 250% of the then current Federal Poverty Income guidelines:
 - 1. Women, Infants and Children Nutrition Program (WIC)
 - 2. Supplemental Nutrition Assistance Program (SNAP)
 - 3. Illinois Free Lunch and Breakfast Program
 - 4. Low Income Home Energy Assistance Program (LIHEAP)

5. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low income financial status as a criterion for membership
 6. Receipt of grant assistance for medical services
- F. To assure NMHC's ability to apply Financial Assistance to a Patient's bill as soon as possible after services have been received by the Patient and before the issuance of such bill, the Patient must provide notice to NMHC of Presumptive Eligibility and supporting documentation as soon as practical, preferably during the Financial Assistance Application process. To the extent such eligibility information is available without Patient notice, NMHC shall use such information to apply Presumptive Eligibility. NMHC will also apply Presumptive Eligibility for NMHC services in situations where the Patient provides notice and supporting documentation after billing has commenced.

V. REFERENCES

Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX D:

Presumptive Eligibility

Andrew Scianimanico

Vice President,

Chief Revenue Cycle Executive

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APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES

I. SPECIFIC NOTIFICATION MEASURES FOR NMHC HOSPITAL AFFILIATES

To make Patients and Guarantors and their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to widely publicize this Financial Assistance Policy, the Financial Assistance Application, a description of the Financial Assistance Application process, and a "Plain Language Summary" of this Financial Assistance Policy (collectively for purposes of this *Appendix E*, "Materials") within the community to be served by NMHC. Specific notification measures shall include the following:

- A. Make Materials widely available on NMHC Hospital Affiliate web sites and on NMHC web sites as follows:
 1. Complete and current versions of Materials shall be placed conspicuously on web sites.
 2. Any individual with access to the Internet can access, download, view and print a hard copy of the Material without requiring special computer hardware or software (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to NMHC or any NMHC Hospital Affiliate and without creating an account or being otherwise required to provide personally identifiable information.
 3. NMHC and NMHC Hospital Affiliates shall provide any individual who asks how to access the Materials online with the direct Web site address, or URL, of the web page on which the Materials are posted.
- B. Make paper copies of the Materials available upon request and without charge both by mail and in public locations, including admission or registration areas and in the Emergency Department of the NMHC Hospital Affiliate.
- C. Post conspicuously in the admission and registration areas and Emergency Departments of each NMHC Hospital Affiliate signage stating, "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information contact [insert hospital financial assistance representative contact information.]" The sign shall be in English, and in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- D. Notify and inform members of the community served by each NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. The notification shall be in a manner reasonably calculated to reach those members of the community who are most likely to require Financial Assistance. "Reasonably calculated" shall take into consideration the primary language(s) spoken by the residents of the community served by the NMHC Hospital Affiliate, as well as other attributes of the community and the NMHC Hospital Affiliate.
- E. Notify and inform patients who receive care from an NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. Specifically, each NMHC Hospital Affiliate shall:
 1. Offer a paper copy of the Plain Language Summary of this policy as part of the intake or discharge process;
 2. Include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this policy and includes the telephone number of the NMHC Hospital Affiliate office or department that can provide information about this policy and application process and the direct Web site address (or

URL) where copies of this policy the Application, and Plain Language Summary of this policy may be obtained; and

3. Set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this policy in public locations in the NMHC Hospital Affiliate, including, at a minimum, the Emergency Department and admissions areas.
- F. Materials shall be in English and translated in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- G. A list of health care providers, other than each Affiliate itself, delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained by the Financial Counseling Department and shall be incorporated by reference herein.

II. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX E:
Notification

Andrew Scianimanico
Vice President,
Chief Revenue Cycle Executive

Effective Date: 09/01/2021

REVIEW HISTORY:

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APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES**I. BILLING TIME PERIOD**

Pursuant to the Illinois Fair Patient Billing Act, Patients shall be instructed to apply for Financial Assistance within sixty (60) days after discharge or the receipt of outpatient care, whichever is longer, and NMHC shall not send bills to Uninsured Patients until such sixty (60) day period has passed. While NMHC may bill Patients after the sixty (60) day period, it shall, nevertheless, process Applications received at any time during the Application Period.

II. EFFORTS REQUIRED TO DETERMINE ELIGIBILITY PRIOR TO TAKING EXTRAORDINARY COLLECTION ACTIONS**A. Need to Notify**

Prior to taking any Extraordinary Collection Action (ECA), NMHC Hospital Affiliates shall make reasonable efforts to determine whether the individual is eligible for Financial Assistance by taking steps as set forth in this *Appendix F*. Specifically, with respect to any care provided by an NMHC Hospital Affiliate to an individual, the NMHC Hospital Affiliate shall take the following steps:

1. Notify the individual about the Financial Assistance Program as described in this *Appendix F* before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs (with the exception of an ECA described in paragraph Section II.C of this *Appendix F*) for at least 120 days from the date the NMHC Hospital Affiliate provides the first post-discharge billing statement for the care. NOTE: If multiple episodes of care are aggregated, the 120-day period starts from the first post-discharge billing statement for the most recent episode of care included in the aggregation;
2. In the case of an individual who submits an incomplete Application during the Application Period, notify the individual about how to complete the Application and give the individual a reasonable opportunity to do so as described in Section II.D of this *Appendix F*; and
3. In the case of an individual who submits a complete Application during the Application Period, determine whether the individual is eligible for Financial Assistance for the care as described in Section II.E of this *Appendix F*.

B. Notification in General

NMHC Hospital Affiliates shall notify Patients and/or Guarantors about the Financial Assistance Program generally by taking in the following steps at least 30 days before first initiating one or more ECA(s) to obtain payment for the care:

1. Provide the individual with a written notice that indicates that Financial Assistance is available for eligible individuals, identifies the ECA(s) that the NMHC Hospital Affiliate (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided;

2. Provide the individual with a Plain Language Summary of the Financial Assistance Program with the written notice described above;
3. Make a reasonable effort to orally notify the individual about the Financial Assistance Program and about how the individual may obtain assistance with the Application process.

C. Deferral or Denial of Care Due to Nonpayment for Prior Care

In the case of an ECA involves deferring or denying care due to nonpayment for prior care, an NMHC Hospital Affiliate may notify the individual about the Financial Assistance Program less than 30 days before initiating the ECA, provided that the NMHC Hospital Affiliate does the following:

1. Otherwise meets the requirements of Section II.B of this *Appendix F* but, instead of the notice described in Section II.B, provides the individual with a an Application and a written notice indicating that Financial Assistance is available for eligible individuals and stating the deadline, if any, after which the NMHC Hospital Affiliate will no longer accept and process an Application submitted (or, if applicable, completed) by the individual for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided.
2. If the individual submits an Application for the previously provided care on or before the deadline described above (or at any time if the NMHC Hospital Affiliate did not provide any such deadline to the individual), processes the Application on an expedited basis.

D. Incomplete Application

If an individual submits an incomplete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs;
2. Provide the individual with written notice of what additional materials are needed to complete his or her application. This written notice shall include a Plain Language Summary of the Financial Assistance Program and the telephone number and physical location of the NMHC Hospital Affiliate office or department that can provide information about the Financial Assistance Program and the office or department that can provide assistance with the Application process. The individual shall provide additional materials by the later of the end of the Application Period or within thirty (30) days of receipt of the notice, with exception being made for extraordinary circumstances.

E. Complete Application

If an individual submits a complete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs against the individual;

2. Make and document a determination as to whether the individual is eligible for Financial Assistance;
 3. Notify the individual in writing of the eligibility determination, including, if applicable, the Financial Assistance for which the individual is eligible and the basis for the determination; and
 4. If the individual is eligible for Financial Assistance, NMHC Hospital Affiliates shall:
 - a. provide the individual (who is determined to be eligible for Financial Assistance other than Free Care) with a billing statement that indicates the amount the individual owes as an individual eligible for Financial Assistance, how that amount was determined and states, or describes how the individual can get, information regarding the Amounts Generally Billed for the care;
 - b. refund any amounts (unless under either \$5.00 or such other amount that is set by notice or other guidance published in the Internal Revenue Bulletin) that the individual previously paid for the care included in the Application and in excess of the amount he or she is determined to owe as an individual eligible for Financial Assistance; and
 - c. reverse any ECAs (with the exception of a sale of debt).
- F. NMHC Hospital Affiliates shall document all notification requirements set forth in this *Appendix F*.
- G. Implementation of this Appendix shall comply with 26 C.F.R. 1.501(r)-6. To the extent this *Appendix F* is inconsistent with 26 C.F.R. 1.501(r)-6 or to the extent 26 C.F.R. 1.501(r)-6 provides further detail on the implementation of this *Appendix F*, 26 C.F.R. 501(r)-6 shall govern.

III. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX F:
Applicable Time Frames

Andrew Scianimanico
Vice President,
Chief Revenue Cycle Executive

Effective Date: 09/01/2021

REVIEW HISTORY:

Written: 03/03/2015
Reviewed: 09/01/2021

APPENDIX G: PROVIDER LISTS

I. LISTING OF PROVIDERS SUBJECT OR NOT SUBJECT TO THIS POLICY

- A. The Financial Counseling Department shall maintain on behalf of each NMHC Hospital Affiliate a list of any providers, other than the NMHC Hospital Affiliate, itself, who deliver Emergency or other Medically Necessary care and indicate whether they are or are not covered under this Policy.
- B. The list shall be available for request on the NMHC Hospital Affiliate website. Paper copies of the list shall also be available free of charge from the Financial Counseling Department.
- C. The list shall be updated at least quarterly.

II. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Internal Revenue Notice 2015-46

APPENDIX G:
Provider Lists

Andrew Scianimanico
Vice President,
Chief Revenue Cycle Executive

Effective Date: 09/01/2021

REVIEW HISTORY:

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Revised: 08/17/2016
Reviewed: 09/01/2021

APPENDIX H: LAB TESTING FINANCIAL ASSISTANCE**I. PATIENT LAB TESTING FINANCIAL ASSISTANCE DESCRIPTION**

- A. NMHC is committed to providing access to lab testing services through NM Lab, a department of NMH, and HealthLab, a department of Central DuPage Hospital. Lab Testing Financial Assistance is limited to patient balances resulting from NM Lab and HealthLab's testing services for specimens drawn by physician offices and sent to NM Lab and HealthLab or specimens obtained through NM Lab and HealthLab draw centers.
- B. NMHC will assess NM Lab and HealthLab patients for financial assistance on balances due by the patient.
- C. Lab Testing Financial Assistance is not available to government program beneficiaries (including Medicare Advantage and Medicaid managed care plans).
- D. The Lab Testing Financial Assistance is administered by NMHC patient accounting services through its automated patient statement process and will automatically be applied to eligible patient balances.

II. SERVICES

- A. Hospital and professional medically necessary lab testing provided through NM Lab and HealthLab.
- B. Financial assistance does not apply to Client Billed Services, whereby NM Lab or HealthLab may perform laboratory services and bill physician practices (clients) directly for those services, rather than billing insurance carriers and patients. Client Billed Service patients are billed by the client, not by NM Lab nor HealthLab.

III. RESIDENCY REQUIREMENTS

There are no residency requirements associated with Lab Testing Financial Assistance.

IV. CALCULATION LAB TESTING FINANCIAL ASSISTANCE

- A. NMHC shall apply a ninety percent (90%) discount on the remaining patient balances over seventy-five dollars (\$75) for patients below 600% FPL and a one hundred (100%) discount for any outstanding balance for patients below 250% FPL.
- B. Other discounts may be applied after Lab Testing Financial Assistance.

APPENDIX H:

Lab Testing Financial Assistance

Andrew Scianimanico

Vice President,

Chief Revenue Cycle Executive

Effective Date: 09/01/2022

REVIEW HISTORY:

Written: 06/03/2017

Reviewed/Revised: 09/01/2021

09/01/2022

NMHC Additional Services and Patient Support

Additional services to support patients in need of financial assistance are available throughout the Health System. These services are often tailored to the individual communities each NMHC hospital serves and may vary by location. Some examples are described below. However, this is not an exhaustive list. Additional information is available by contacting the NM Financial Counseling office at 800.423.0523, making an appointment with Financial Counseling, or by visiting our website: [visiting our website at: https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance](https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance) or by.

- In circumstances where patients (or guarantors) are not able to provide evidence of eligibility for the NMHC Financial Assistance Policy, NMHC hospitals may assess eligibility using third-party and public information. In this way, patients who are eligible can automatically receive the benefit of the program. In addition, in accordance with law, patients meeting specified criteria may be presumed eligible and not required to complete a financial assistance application (Presumptive Eligibility program).
- Patients (or guarantors) may apply for financial assistance even after collection efforts have been made and after an account has been referred to a third-party collection vendor. Third-party collection vendors are required to suspend collection efforts and refer accounts back to NMHC entities if they learn a patient has applied for financial assistance, or if they can determine that a patient may be eligible for financial assistance.
- Interest-free installment payment plans are available at entities served by the NMHC Financial Assistance Policy (as outlined above) as well as under the Catastrophic Program for patients meeting certain conditions.
- Teams of financial counseling and patient financial inquiry representatives are available at various NMHC entities to help patients learn about and assess their eligibility for financial assistance programs as well as other government-based services, including Medicaid, Medicare and the Senior Health Insurance Program (SHIP). There is no minimum-services threshold required to receive this service. Some NMHC institutions utilize third-party representatives to assist with this process. Processes are in place to link patients with financial counselors when financial hardship is identified through the social determinants of health (SDOH) screening and referral program.
- To increase awareness of financial assistance programs:
 - All documents related to the NMHC Financial Assistance Policy, including the Application and Plain Language Summary documents, have been developed in English, Spanish, Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Urdu and Vietnamese.
 - Signs are displayed in hospital patient registration areas, including emergency departments.
 - Patients may also learn about financial assistance programs and obtain a financial assistance application for all NMHC entities at [nm.org/patients-and-visitors/billing-and-insurance/financial-assistance](https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance) (available in each of the aforementioned languages).
 - Interpreters are available at no cost to provide financial counseling in the patient's preferred language.
- In FY20, NMH and NM LFH started the NM Drug Replacement Program through which staff work with drug manufacturers to enroll patients in assistance programs to ensure patients are able to afford their medication; this program has since been expanded to NMG, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry and NMG South. Third-party representatives assist with this process.

- In collaboration with local community clinical providers and social services providers, multiple NM entities conduct community outreach to increase awareness of NM financial assistance programs.
- NM CDH facilitates patients accessing expanded health insurance through involvement with the DuPage Health Coalition's Silver Access DuPage program. The program helps patients who qualify with low income to upgrade to higher-level insurance plans on the ACA exchanges by providing subsidies to cover the cost difference between lower- and higher-level insurance plans.
- Hospital registration staff and financial counselors continue to receive ongoing education and training to ensure that hospital employees who register patients and those who provide financial counseling fully understand and are aware of the range of financial assistance programs available for patients.
- Patients from many local community clinical providers can use documentation already completed at community-based sites to apply for NMHC's financial assistance program. NMHC staff often work directly with FQHC staff to support patients as they complete the financial assistance application process. The Health System may request additional information as necessary for patient financial assistance approval; this includes patients requiring surgery or complex services.

Financial Assistance Application

Patient Name: _____

MRN: _____

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Northwestern Memorial HealthCare (NMHC) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 240 days following the date of discharge or receipt of outpatient care. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist NMHC in determining whether the patient is eligible for financial assistance.

IF YOU ARE UNINSURED AND MEET SPECIFIC PRESUMPTIVE ELIGIBILITY CRITERIA, YOU ARE NOT REQUIRED TO COMPLETE THIS APPLICATION.

- | | |
|---|--|
| <input type="checkbox"/> Homelessness | Enrollment in assistance programs for low-income individuals: |
| <input type="checkbox"/> Deceased with no estate | <input type="checkbox"/> Women, Infants and Children Nutrition Program (WIC) |
| <input type="checkbox"/> Mental incapacitation with no one to act on patient's behalf | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Medicaid eligibility, but not date of service | <input type="checkbox"/> Illinois Free Lunch and Breakfast Program (LIHEAP) |

APPLICANT			
Applicant Name		Social Security #	Date of Birth
Home Address		City	State Zip
Home Phone Number	Cell Phone Number	Email Address	
Preferred Method of Contact <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> I am homeless			Annual Household Income
Applicant's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			# of Individuals in your Household <i>(as reported on your taxes)</i>
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA)			<input type="checkbox"/> Health Insurance not provided

SPOUSE/PARTNER/PARENT/GUARANTOR (when applicable)			
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Guarantor <input type="checkbox"/> Other: _____			
Name		Social Security #	Date of Birth
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA)			<input type="checkbox"/> Health Insurance not provided

INSURANCE COVERAGE		
1. Are you covered or eligible for any health insurance policy, including foreign coverage, Health Insurance Marketplace, Veterans' benefits, Medicaid, and Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If yes, please provide the following information:		
Policy Holder	Insurer	Policy Number
Policy Holder	Insurer	Policy Number

Patient Name: _____

MRN: _____

QUESTIONNAIRE	
1. Were you an Illinois resident when you received your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a foreign national residing in Illinois on a U.S. Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what type of Visa? _____	
3. Are you seeking financial assistance for care received in our emergency room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you are divorced or separated, is your former spouse/partner financially responsible for medical care per the dissolution or separation agreement?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the treatment provided related to any of the following? <input type="checkbox"/> Accident <input type="checkbox"/> Crime <input type="checkbox"/> Workplace Injury <input type="checkbox"/> Other: _____	
6. Have you hired an attorney or are you pursuing a claim for your injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide: _____	
Attorney Name	Attorney Phone Number
7. Have you already applied for Medicaid? (<i>we may require that you do so</i>)	<input type="checkbox"/> Yes – Awaiting Approval <input type="checkbox"/> Yes – Not Eligible <input type="checkbox"/> No
a. If no, please check all of the below that apply:	
<input type="checkbox"/> You are 19 years or younger	<input type="checkbox"/> You are 65 years or older
<input type="checkbox"/> You are taking medication to control diabetes, high blood pressure, or seizures	<input type="checkbox"/> You are disabled as determined by the determined by the Social Security Administration
	<input type="checkbox"/> You are blind
	<input type="checkbox"/> You are pregnant
	<input type="checkbox"/> You have children under the age of 19 living with you

ASSETS	
1. Property. Please provide information regarding any property (<i>buildings and/or land</i>) that you own other than your primary residence.	
a. What is the value of all buildings and land minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is the value of the land (without buildings) minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bank Accounts/Investments. Please list the total current balance for each of the following.	
a. Checking/Savings/Credit Union Accounts:	\$ _____ <input type="checkbox"/> N/A
b. Other Investments (<i>bonds, stocks, etc. excluding IRA and/or retirement accounts</i>):	\$ _____ <input type="checkbox"/> N/A

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by NMHC, and I authorize NMHC to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, or if the application otherwise contains a material error or omission, I will be ineligible for financial assistance, and any financial assistance granted to me may be reversed and I will be responsible for the payment of the bill.

Applicant Signature

Spouse/Partner/Parent/Guarantor Signature (when applicable)

Date

Date

Please return completed application and supporting documents to:

Northwestern Memorial HealthCare
 Attention: Financial Counseling
 675 North Saint Clair, 2-110
 Chicago, IL 60611
 312.926.6906 or 800.423.0523 telephone
 312.694.0447 fax
 finapps@nm.org

Patient Name: _____

MRN: _____

Financial Assistance Required Supporting Documents

Please provide the documents requested below. Your application will be delayed or denied in the event that any of the required documents are not included. If you cannot provide document, please provide a letter of explanation.

Primary Documents:

- Tax Documents: Provide your most recent federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return.
- Valid Government-Issued Photo ID:
 - Driver's license, passport, etc.
- Proof of Illinois Residency: Provide at least one of the following documents.
 - Valid state-issued photo ID or driver's license
 - Recent utility bill with an Illinois address
 - IL Voter Registration card
 - Current mail addressed to applicant from a government or other credible source
 - Letter from homeless shelter
- Proof of Income: Provide all applicable documents listed below.
 - Copies of your two most recent unemployment checks or stubs
 - Copies of your two most recent employer checks or stubs
 - Copies of your two most recent Social Security checks or stubs
- Proof of Assets: Provide your two most recent statements for all checking, savings, and credit union accounts.
- Completed and signed application

Supplemental/Other Documents:

- Proof of Non-Wage Income: Provide the following applicable documents, only if you have not submitted a tax return for the previous calendar year or if any of the following income sources will vary between this calendar year and the previous calendar year.
 - Statement of alimony income
 - Statement of business income
 - Statement of retirement or pension income
- If Married or in a Civil Union: Provide the following applicable documents regarding your spouse/partner
 - Proof of income and non-wage income (as described above)
 - Federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return
 - Most recent statement for all checking, savings and credit union accounts
- Supplemental/Other (if applicable):
 - If a foreign national, copy of your passport and United States Visa
 - Health insurance card (please copy front and back)
 - Medicaid approval/denial letter
 - Letter of support (i.e. if your living expenses are being paid by another party)

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: Northwestern Memorial HealthCare

Mailing Address: 251 East Huron Street Chicago, IL 60611
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 09 / 01 / 2022 through 08 / 31 / 2023 **Taxpayer Number:** 36-3152959
Month Day Year Month Day Year

If part of a health system, list the other Illinois hospitals included in the health system (Note: A separate report must be filed for each Hosp).

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
Northwestern Memorial Hospital	251 E. Huron St. , Chicago, IL 60611	37-0960170
Northwestern Lake Forest Hospital	1000 N. Westmoreland Rd. , Lake Forest, IL 60045	36-2179779
Central DuPage Hospital Association	25 Winfield Rd. , Winfield, IL 60190	36-2513909
Delnor-Community Hospital	300 Randall Rd. , Geneva, IL 60134	36-3484281
Kishwaukee Community Hospital	1 Kish Hospital Dr. , DeKalb, IL 60115	23-7087041
Valley West Community Hospital	1301 N. Main St. , Sandwich, IL 60548	36-4244337
Marianjoy Rehabilitation Hospital	26W171 Roosevelt Rd. , Wheaton, IL 60187	36-2680776
Northern Illinois Medical Center	385 Millennium Dr. , Crystal Lake, IL 60012	36-2338884
Palos Community Hospital	12251 S 80th Ave. , Palos Heights, IL 60463	36-2169179

1. **ATTACH Mission Statement:**
 The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**
 The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**
 Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care. \$ 68,103,812

ATTACH Charity Care Policy:
 Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

**Note: A report for each NMHC health system hospital listed above is attached to this health system report. This report includes charity care, charity care provided in the emergency department, community benefits, and patient service revenue by hospital. Data for financial assistance applications is included behind the Hospital Financial Assistance Reports tab of this NMHC health system report.*

4. **REPORT Community Benefits** actually provided other than charity care.

See instructions for completing Section 4 of Form AG-CBP-1 (Community Benefits Plan Annual Report Form For Not For Profit Hospital)

Community Benefit Type

Language Assistant Services	\$6,891,469
Financial Assistance	\$68,103,812
Government Sponsored	\$1,108,882,770
Donations	\$7,545,392
Volunteer Services	
a) Employee Volunteer Services	\$137,511
b) Non-Employee Volunteer Services	\$63,308
c) Total (add lines a and b)	\$200,819
Education	\$93,551,253
Government-sponsored program services	\$--
Research	\$68,290,035
Subsidized health services	\$52,636,677
Bad debts	\$39,761,967
Other Community Benefits	\$5,653,092

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements** for the reporting period.

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

John A. Orsini, Executive Vice President & Chief Financial Officer

312-926-4777

Name/Title (Please Print)

Phone: Area Code/ Telephone No.

Signature

02/19/2024

Kelly C. Flesch

Date.

312-926-4537

Name of Person Completing Form

Phone: Area Code/ Telephone No.

kflesch@nm.org

N/A

Electronic / Internet Mail Address

FAX: AreaCode/FAXNo.

Charity Cost by Hospital, Charity Cost in the ED by Hospital, Total Community Benefits by Hospital, and Net Patient Revenue by Hospital

	NMHC Hospital Fiscal Year 2023								
	NMH	NLFH	NM CDH	NM Delnor	NM Kishwaukee	NM Valley West	NM McHenry, NM Huntley, NM Woodstock*	NM Palos	NM MRH
Charity Care	16,378,510	8,452,310	9,064,266	2,372,126	2,710,556	625,586	4,786,924	1,652,527	272,368
Charity Care - ED	5,182,377	3,914,844	4,840,510	1,545,854	1,920,063	519,402	2,263,331	984,994	0
Community Benefits	392,559,605	112,669,226	144,678,623	65,264,621	55,205,657	5,296,905	122,317,323	95,210,605	8,328,720
Net Patient Service Revenue	2,475,461,067.27	505,243,157.31	1,269,790,923.79	448,260,081.94	349,419,850.91	57,464,851.43	618,206,520.03	397,308,217.91	89,467,860.84

*NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID.

Charity care is defined as the unreimbursed cost of care provided to patients who are uninsured or underinsured and served by the Hospitals. The cost of charity care for the Hospitals was calculated by applying the total cost-to-charge ratio from each hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants Accounting and Auditing Guide – Healthcare Organizations). The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association’s Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers). The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent healthcare program is not included in the unreimbursed cost figure for charity care.

Charity care in the Emergency Department (ED) is the unreimbursed cost of charity care provided to patients from the time they were admitted to the ED to the time they were discharged from the ED, following the same methodology as the overall charity care calculation explained above. Charity care in the ED does not include the cost of charity care provided to patients outside of the ED. If a patient is subsequently admitted to the hospital as an inpatient from the ED, it is difficult to accurately separate the ED charges from the inpatient charges. Accordingly, the cost data may not include all ED-associated costs if the patient went on to have an inpatient stay. In general, however, charity care in the ED does not include the cost of charity care provided to patients outside of the ED.

Total community benefits include the contributions by the Hospitals into those community benefits activities as defined by the Illinois Community Benefits Act. Details regarding calculation are available on pages 8-10 of the NMHC Community Benefits Report tab of this report.

Net patient revenue (NPR) is the money generated from patient services collected from payors, including insurance and government programs. It is inclusive of Hospital Assessment Program (HAP) reimbursement. NPR excludes provisions for contractual adjustments, discounts, and other adjustments or deductions.



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Memorial Hospital

Mailing Address: 251 E. Huron

City, State, Zip: Chicago, IL 60611

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 37-0960170

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>4,514</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>2,855</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>27,695</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>354</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>18,653,662</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Lake Forest Hospital

Mailing Address: 1000 N. Westmoreland Road

City, State, Zip: Lake Forest, IL 60045

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 36-2179779

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,145</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>916</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>10,552</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>70</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>8,469,695</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Central DuPage Hospital Association

Mailing Address: 25 North Winfield Road

City, State, Zip: Winfield, IL 60190

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 36-2513909

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>3,974</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>6,049</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>17,368</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>337</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>9,064,266</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

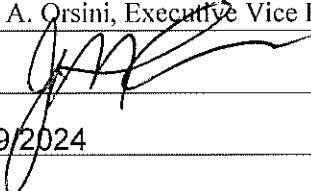
7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

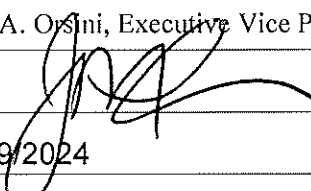
Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

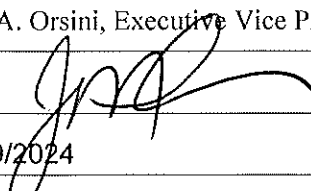
Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Delnor Community Hospital

Mailing Address: 300 Randall Road

City, State, Zip: Geneva, IL 60134

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 36-3484281

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>456</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>594</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>4,620</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>36</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,372,126</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

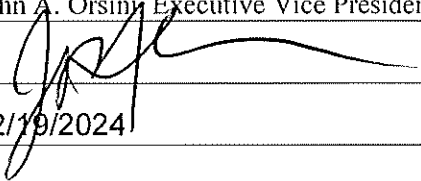
6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:
Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:
Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

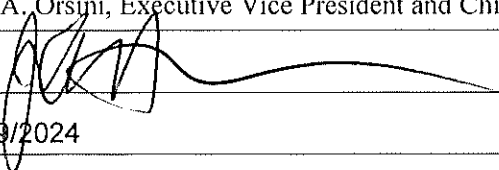
Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Kishwaukee Community Hospital

Mailing Address: One Kish Hospital Drive

City, State, Zip: DeKalb, IL 60115

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 23-7087041

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>452</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>191</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>8,498</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>40</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,710,556</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Valley West Community Hospital

Mailing Address: 1302 N. Main Street

City, State, Zip: Sandwich, IL 60548

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 36-4244337

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>72</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>34</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>1,607</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>6</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>625,586</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northern Illinois Medical Center

Mailing Address: 385 Millennium Dr

City, State, Zip: Crystal Lake, IL 60012

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 36-2338884

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>772</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>351</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>7,546</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>83</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>4,786,924</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: _____

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: _____

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: _____

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Palos Community Hospital

Mailing Address: 12251 S. 80th Avenue

City, State, Zip: Palos Heights, IL 60463

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 36-2169179

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>211</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>268</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>1,377</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>18</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,210,396</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/19/2024



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Marianjoy Rehabilitation Hospital and Clinic

Mailing Address: 26 W 171 Roosevelt Road

City, State, Zip: Wheaton, Illinois 60187

Reporting Period: 9/1/2022 through 8/31/2023

Taxpayer Number: 36-2680776

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>4</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>32</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>253</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>0</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>272,368</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

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Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: _____

Date: 02/19/2024

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Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: _____

Date: 02/19/2024

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Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: _____

Date: 02/19/2024

NMHC and its affiliates are committed to meeting the healthcare needs of those within the NMHC community who are unable to pay for medically necessary or emergency care. This commitment includes providing medically necessary care at free or discounted rates under our Financial Assistance Program. Applications for financial assistance follow a system-standard review process. Applications are approved based upon completion of application, Illinois residency and income or assets within allowable guidelines. In the past, data regarding an applicant's race, ethnicity, sex, or preferred language ("Personal Demographic Data") was neither collected by the financial assistance application nor available for consideration when reviewing the application. Certain Personal Demographic Data has been requested at registration, but patients are not required to provide it. In compliance with revisions to the Illinois Hospital Uninsured Patient Discount Act (HUPDA) and the Illinois Fair Patient Billing Act, NMHC is now requesting Personal Demographic Data on its financial assistance applications. In accordance with those laws, patients may not be required to provide Personal Demographic Data, and such data may not be used in determining the outcome of the application. Because many patients choose not to provide Personal Demographic Data at registration or on their financial assistance application, the Personal Demographic Data provided is incomplete. Personal Demographic Data collected by NMHC is available under the Hospital Financial Assistance Report (HFAR) Tab of this report.

The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year (fiscal year 2023)

NMHC Hospital			
NMH	By race/ethnicity		
		Hispanic or Latino/a	2,264
		No, Not Hispanic, Latino/a, or Spanish origin	1,822
		Patient declined to respond	286
		Unknown	142
	By gender		
		Male	1,415
		Female	3,098
		Unknown	1
	Total Applications Submitted Both Complete and Incomplete FY23		4,514
NM LFH			
NM LFH	By race/ethnicity		
		Hispanic or Latino/a	798
		No, Not Hispanic, Latino/a, or Spanish origin	309
		Patient declined to respond	28
		Unknown	10
	By gender		
		Male	419
		Female	726
Total Applications Submitted Both Complete and Incomplete FY23		1,145	
NM CDH			
NM CDH	By race/ethnicity		
		Hispanic or Latino/a	2,062
		No, Not Hispanic, Latino/a, or Spanish origin	1,761
		Patient declined to respond	108
		Unknown	43
	By gender		
		Male	1,184
		Female	2,790
	Total Applications Submitted Both Complete and Incomplete FY23		3,974
NM Delnor			
NM Delnor	By race/ethnicity		
		Hispanic or Latino/a	157
		No, Not Hispanic, Latino/a, or Spanish origin	292
		Patient declined to respond	7
		Unknown	2
	By gender		
		Male	183
		Female	273
Total Applications Submitted Both Complete and Incomplete FY23		456	

NM Kishwaukee			
By race/ethnicity			
	Hispanic or Latino/a		157
	No, Not Hispanic, Latino/a, or Spanish origin		292
	Patient declined to respond		2
	Unknown		1
By gender			
	Male		189
	Female		263
Total Applications Submitted Both Complete and Incomplete FY23			452
NM Valley West			
By race/ethnicity			
	Hispanic or Latino/a		13
	No, Not Hispanic, Latino/a, or Spanish origin		57
	Patient declined to respond		1
	Unknown		1
By gender			
	Male		32
	Female		40
Total Applications Submitted Both Complete and Incomplete FY23			72
NM McHenry, NM Huntley, NM Woodstock (NIMC)*			
By race/ethnicity			
	Hispanic or Latino/a		295
	No, Not Hispanic, Latino/a, or Spanish origin		462
	Patient declined to respond		14
	Unknown		1
By gender			
	Male		334
	Female		438
Total Applications Submitted Both Complete and Incomplete FY23			772
NM Palos			
By race/ethnicity			
	Hispanic or Latino/a		33
	No, Not Hispanic, Latino/a, or Spanish origin		169
	Patient declined to respond		7
	Unknown		2
By gender			
	Male		110
	Female		101
Total Applications Submitted Both Complete and Incomplete FY23			211
NM MRH			
By race/ethnicity			
	Hispanic or Latino/a		2
	No, Not Hispanic, Latino/a, or Spanish origin		2
By gender			
	Male		2
	Female		2
Total Applications Submitted Both Complete and Incomplete FY23			77
NMHC Total			11,600

* NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID

The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year (fiscal year 2023)

NMHC Hospital			
NMH	By race/ethnicity		
		Hispanic or Latino/a	2,022
		No, Not Hispanic, Latino/a, or Spanish origin	686
		Patient declined to respond	100
		Unknown	47
	By gender		
		Male	744
		Female	2,110
		Unknown	1
	Total Applications Submitted Both Complete and Incomplete FY23		2,855
NM LFH			
NM LFH	By race/ethnicity		
		Hispanic or Latino/a	768
		No, Not Hispanic, Latino/a, or Spanish origin	109
		Patient declined to respond	18
		Unknown	21
	By gender		
		Male	159
		Female	757
Total Applications Approved Under Presumptive Eligibility Policy FY23		916	
NM CDH			
NM CDH	By race/ethnicity		
		Hispanic or Latino/a	5,229
		No, Not Hispanic, Latino/a, or Spanish origin	548
		Patient declined to respond	86
		Patient unable to respond	186
		Unknown	
	By gender		
		Male	1,404
		Female	4,645
	Total Applications Approved Under Presumptive Eligibility Policy FY23		6,049
NM Delnor			
NM Delnor	By race/ethnicity		
		Hispanic or Latino/a	382
		No, Not Hispanic, Latino/a, or Spanish origin	175
		Patient declined to respond	22
		Unknown	15
	By gender		
		Male	181
		Female	413
Total Applications Approved Under Presumptive Eligibility Policy FY23		594	

NM Kishwaukee	By race/ethnicity		
		Hispanic or Latino/a	76
		No, Not Hispanic, Latino/a, or Spanish origin	111
		Patient declined to respond	4
	By gender		
		Male	86
		Female	105
Total Applications Approved Under Presumptive Eligibility Policy FY23		191	
NM Valley West	By race/ethnicity		
		Hispanic or Latino/a	15
		No, Not Hispanic, Latino/a, or Spanish origin	18
		Patient declined to respond	1
	By gender		
		Male	17
		Female	16
	Unknown	1	
Total Applications Approved Under Presumptive Eligibility Policy FY23		34	
NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity		
		Hispanic or Latino/a	128
		No, Not Hispanic, Latino/a, or Spanish origin	209
		Patient declined to respond	1
		Unknown	13
	By gender		
		Male	154
	Female	197	
Total Applications Approved Under Presumptive Eligibility Policy FY23		351	
NM Palos	By race/ethnicity		
		Hispanic or Latino/a	85
		No, Not Hispanic, Latino/a, or Spanish origin	175
		Patient declined to respond	4
		Unknown	4
	By gender		
		Male	129
	Female	139	
Total Applications Approved Under Presumptive Eligibility Policy FY23		268	
NM MRH	By race/ethnicity		
		Hispanic or Latino/a	16
		No, Not Hispanic, Latino/a, or Spanish origin	16
		Patient declined to respond	
	By gender		
		Male	15
	Female	17	
Total Applications Approved Under Presumptive Eligibility Policy FY23		32	
NMHC Total		11,290	

* NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID

The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year (fiscal year 2023)

NMHC Hospital			
NMH	By race/ethnicity		
		Hispanic or Latino/a	9,393
		No, Not Hispanic, Latino/a, or Spanish origin	16,804
		Patient declined to respond	1,432
		Patient unable to respond	
		Unknown	66
	By gender		
		Male	10,885
		Female	16,804
		Unknown	6
Total Applications Approved Outside Presumptive Eligibility Policy FY23		27,695	
NM LFH	By race/ethnicity		
		Hispanic or Latino/a	6,343
		No, Not Hispanic, Latino/a, or Spanish origin	3,991
		Patient declined to respond	197
		Unknown	21
	By gender		
		Male	4,568
		Female	5,981
		Unknown	3
	Total Applications Approved Outside Presumptive Eligibility Policy FY23		10,552
NM CDH	By race/ethnicity		
		Hispanic or Latino/a	3,834
		No, Not Hispanic, Latino/a, or Spanish origin	7,778
		Patient declined to respond	364
		Unknown	5,392
	By gender		
		Male	
		Female	6,980
		Unknown	10,380
	Total Applications Approved Outside Presumptive Eligibility Policy FY23		17,368
NM Delnor	By race/ethnicity		
		Hispanic or Latino/a	1,549
		No, Not Hispanic, Latino/a, or Spanish origin	2,949
		Patient declined to respond	116
		Unknown	6
	By gender		
		Male	1,843
		Female	2,777
	Total Applications Approved Outside Presumptive Eligibility Policy FY23		4,620

NM Kishwaukee	By race/ethnicity		
		Hispanic or Latino/a	1,645
		No, Not Hispanic, Latino/a, or Spanish origin	6,781
		Patient declined to respond	59
		Unknown	13
	By gender		
		Male	3,737
		Female	4,758
		Unknown	3
Total Applications Approved Outside Presumptive Eligibility Policy FY23		8,498	
NM Valley West	By race/ethnicity		
		Hispanic or Latino/a	232
		No, Not Hispanic, Latino/a, or Spanish origin	1,345
		Patient declined to respond	26
		Unknown	4
	By gender		
		Male	724
		Female	883
	Total Applications Approved Outside Presumptive Eligibility Policy FY23		1,607
NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity		
		Hispanic or Latino/a	2,123
		No, Not Hispanic, Latino/a, or Spanish origin	5,269
		Patient declined to respond	138
		Unknown	16
	By gender		
		Male	4,142
		Female	3,402
		Unknown	2
Total Applications Approved Outside Presumptive Eligibility Policy FY23		7,546	
NM Palos	By race/ethnicity		
		Hispanic or Latino/a	276
		No, Not Hispanic, Latino/a, or Spanish origin	965
		Patient declined to respond	132
		Unknown	4
	By gender		
		Male	720
		Female	657
	Total Applications Approved Outside Presumptive Eligibility Policy FY23		1,377

NM MRH		
NM MRH	By race/ethnicity	
	Hispanic or Latino/a	73
	No, Not Hispanic, Latino/a, or Spanish origin	163
	Patient declined to respond	17
	By gender	
	Male	145
	Female	108
Total Applications Approved Outside Presumptive Eligibility Policy FY23		253
NMHC Total		79,516

** NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID*

The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year
(fiscal year 2023)

NMHC Hospital			
NMH	By race/ethnicity		
		Hispanic or Latino/a	65
		No, Not Hispanic, Latino/a, or Spanish origin	247
		Patient declined to respond	32
		Unknown	10
	By gender		
		Male	127
		Female	227
Total Applications Denied FY23		354	
NM LFH	By race/ethnicity		
		Hispanic or Latino/a	23
		No, Not Hispanic, Latino/a, or Spanish origin	46
		Patient declined to respond	1
	By gender		
		Male	33
		Female	37
	Total Applications Denied FY23		70
NM CDH	By race/ethnicity		
		Hispanic or Latino/a	43
		No, Not Hispanic, Latino/a, or Spanish origin	279
		Patient declined to respond	14
		Unknown	1
	By gender		
		Male	103
		Female	234
Total Applications Denied FY23		337	
NM Delnor	By race/ethnicity		
		Hispanic or Latino/a	8
		No, Not Hispanic, Latino/a, or Spanish origin	28
	By gender		
		Male	13
		Female	23
Total Applications Denied FY23		36	
NM Kishwaukee	By race/ethnicity		
		Hispanic or Latino/a	5
		No, Not Hispanic, Latino/a, or Spanish origin	35
	By gender		
		Male	15
		Female	25
Total Applications Denied FY23		40	

NM Valley West		
By race/ethnicity		
	No, Not Hispanic, Latino/a, or Spanish origin	6
By gender		
	Male	3
	Female	3
Total Applications Denied FY23		6
NM McHenry, NM Huntley, NM Woodstock (NIMC)*		
By race/ethnicity		
	Hispanic or Latino/a	17
	No, Not Hispanic, Latino/a, or Spanish origin	65
	Patient declined to respond	1
By gender		
	Male	37
	Female	46
Total Applications Denied FY23		83
NM Palos		
By race/ethnicity		
	Hispanic or Latino/a	1
	No, Not Hispanic, Latino/a, or Spanish origin	15
	Patient declined to respond	2
By gender		
	Male	13
	Female	5
Total Applications Denied FY23		18
NM MRH	Total Applications Denied FY23	0
NMHC Total		944

* NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID

The Top Most Frequent Reasons for Denial of Financial Assistance Applications by the Hospital During the Most Recent Fiscal Year (FY2023)

Top Reasons For Denial NMHC		
Income/Assets Exceed Allowable Guidelines		
Total Applications Denied in FY2023*		879
By Race/Ethnicity	Hispanic or Latino/a	156
	No, Not Hispanic, Latino/a, or Spanish origin	675
	Patient declined to respond	39
	Unknown	9
By Gender	Male	314
	Female	565
Non-Illinois Resident at Time of Service		
Total Applications Denied in FY2023*		48
By Race/Ethnicity	Hispanic or Latino/a	5
	No, Not Hispanic, Latino/a, or Spanish origin	34
	Patient declined to respond	7
	Unknown	2
By Gender	Male	14
	Female	34
Insurance Plan not Contracted With NMHC		
Total Applications Denied in FY2023*		15
By Race/Ethnicity	Hispanic or Latino/a	1
	No, Not Hispanic, Latino/a, or Spanish origin	10
	Patient declined to respond	4
	Unknown	0
By Gender	Male	8
	Female	7
Other		
Total Applications Denied in FY2023*		2
By Race/Ethnicity	Hispanic or Latino/a	0
	No, Not Hispanic, Latino/a, or Spanish origin	2
	Patient declined to respond	0
	Unknown	0
By Gender	Male	0
	Female	2
Total Applications Denied in FY2023*		944

**Total Applications Denied in FY2023 is Combination of all NMHC Hospital Totals*