



LOYOLA
MEDICINE

Community Benefits Plan Report

Annual Nonprofit Hospital
For the Fiscal Year Ending June 30, 2024



**LOYOLA
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We also treat the human spirit.®

December 31, 2024

Ms. Arlyn Torres
Office of the Illinois Attorney General
Charitable Trusts Bureau
Email: Arlyn.Torres@ilag.gov

Dear Ms. Torres:

Enclosed is Loyola University Medical Center's (LUMC) Annual Non-Profit Hospital Community Benefits Plan Report for fiscal year ended June 30, 2024.

The report contains the following documents:

- Mission Statement
- Community Benefit Plan
- Annual Non-Profit Community Benefits Plan Report
- Hospital Financial Assistance Report
- Charity Care Policy documents
- RML Specialty Hospital Community Benefits Report
- Audited Financial Statements*

If you have any questions or concerns, please do not hesitate to reach out to me

Respectfully yours,

Tennille Tucker
Revenue Management Consultant
Tennille.Tucker@trinity-health.org

**Trinity Health, an Indiana non-profit corporation headquartered in Livonia, Michigan, is the sole member of Loyola Medicine, an Illinois non-profit corporation, is the sole member of LUMC. LUMC did not receive a separate independent financial audit. Loyola Medicine however was included in the consolidated audited report for Trinity Health, which was prepared in accordance with Generally Accepted Accounting Principles (GAAP).*

Enclosures: LTorres@team-iha.org

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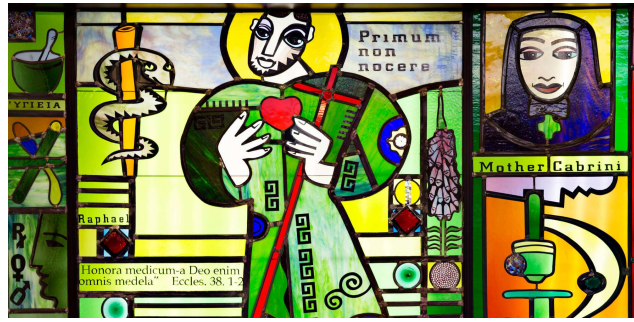
Loyola University Medical Center • 2160 S. First Ave. Maywood, IL 60153 • (888) LUHS-888 • www.luhs.org



LOYOLA
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Mission Statement

Our Mission



Our Mission

We, Loyola Medicine, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Core Values

Reverence

We honor the sacredness and dignity of every person.

Commitment to Those Experiencing Poverty

We stand with and serve those who are experiencing poverty, especially the most vulnerable.

Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity

We are faithful to who we say we are.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Our Heritage

Loyola Medicine was formed and inspired by the vision of St. Ignatius of Loyola, founder of the Jesuits and our namesake; he insisted that every work the Jesuits undertake, whether in education or healthcare, ultimately must be aimed at "the care of souls" — human beings in body, mind and spirit.

This Jesuit legacy of academic distinction, ethical behavior and scientific research that leads to new knowledge has advanced our healing mission in the communities we serve. Loyola Medicine is committed to the education of health professionals and excellence in patient care.

We believe in God's presence in all our work and demonstrate this belief to our patients and families, our students and each other. To fulfill our mission, we foster an environment that encourages innovation, embraces diversity, respects life and values human dignity.

Our Brand Promise

The people of Loyola Medicine promise patients that we go beyond the illness to treat the whole person.

We also treat the human spirit.®

St. Ignatius of Loyola said, "love is shown more in deeds than in words." It is from Ignatius' call that our tagline was created, We also treat the human spirit.® This claim calls upon us to see one another and our patients and families as persons deserving of the utmost respect, filled with inherent dignity, for whom we have the privilege of caring.

We hold ourselves accountable to this commitment to patient care through our Magis Standard, our values that calls us to uphold the service of four values: care, concern, respect and cooperation. The Latin word "magis" means "more," and the Jesuits use this notion to describe an unrelenting desire to do better and be better in all they that they do. At Loyola, this commitment to unceasing improvement shapes our dedication to patient care, clinical research and our educational mission to train the next generation of doctors and scientists capable of "treating the human spirit."



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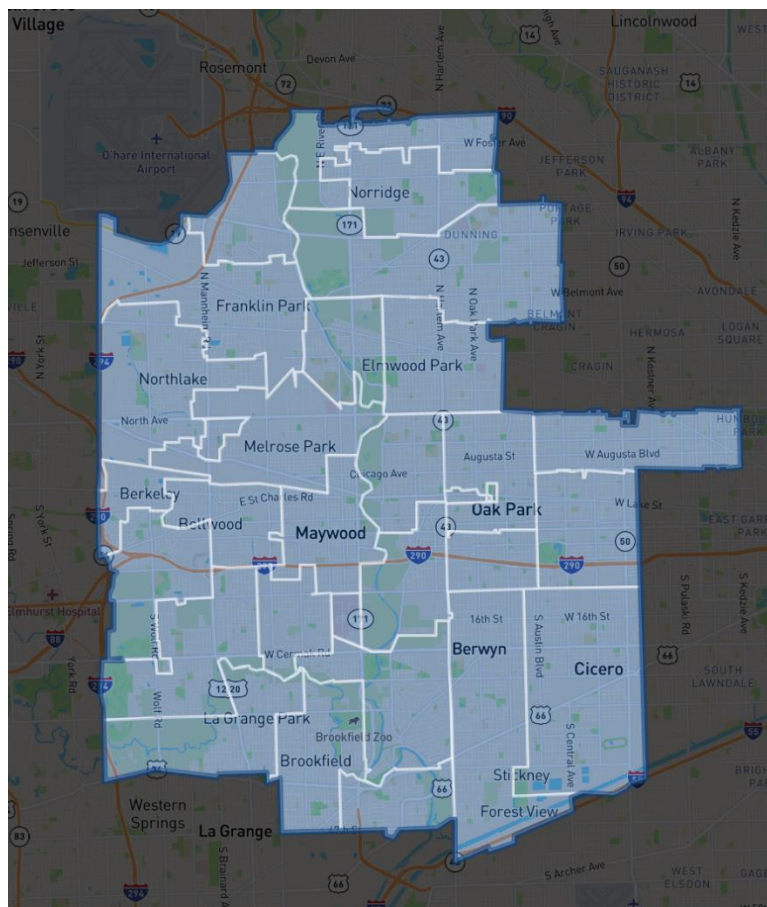
A Member of Trinity Health

COMMUNITIES SERVED BY LOYOLA UNIVERSITY MEDICAL CENTER AND GOTTLIEB MEMORIAL HOSPITAL

Loyola University Medical Center (Maywood, IL) and Gottlieb Memorial Hospital (Melrose Park, IL) serve a CHNA community service area that includes 30 zip codes in west suburban Cook County and the west side of Chicago. Loyola Medicine defines the CHNA service area as the primary service areas for both hospitals and making sure to include any nearby communities of highest need.

Figure 1. Communities Served by Loyola University Medical Center and Gottlieb Memorial Hospital

Zip Code	Municipality / Community
60634	Dunning (Chicago)
60656	Norwood Park (Chicago)
60104	Bellwood
60130	Forest Park
60131	Franklin Park
60141	Hines
60153	Maywood
60154	Westchester
60155	Broadview
60160	Melrose Park
60162	Hillside
60163	Berkeley
60164	Northlake
60165	Stone Park
60171	River Grove
60176	Schiller Park
60301	Oak Park
60302	Oak Park
60304	Oak Park
60305	River Forest
60402	Berwyn
60513	Brookfield
60526	La Grange Park
60534	Lyons
60546	Riverside
60644	Austin (Chicago)
60651	Humboldt Park, Austin (Chicago)
60706	Norridge, Harwood Heights
60707	Elmwood Park
60804	Cicero



The Loyola-Gottlieb service area is home to 747,000 community members.

Forty percent (40%) of the population identifies as Hispanic/Latine, 36% Non-Hispanic White, 20% Black, 3% Asian, and 1.4% two or more races. (*American Community Survey, 2016-2020*)

Twenty-four percent (24%) of the population is children and youth under 18, 62% are 18-64, and 14% are older adults over 65.

Figure 3 compares the demographics of communities in the Loyola-Gottlieb service area to Cook County, Illinois, and the US. The Loyola-Gottlieb service area has a greater percentage of community members that identify as Hispanic/Latine compared to the county, state, and US. The service area has a similar proportion of community members that identify as Black compared to Cook County and greater than Illinois or the US. In the Loyola-Gottlieb service area, nearly 10% of households are limited English proficient, compared to only 4% statewide.



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Community Benefit Plan

Loyola University Medical Center
Community Benefit Plan and Report
Fiscal Year 2024

Introduction

Loyola Medicine, a not-for-profit, mission-based, Catholic organization, is a nationally recognized leader in providing specialty and primary healthcare services. Loyola Medicine is composed of three hospitals in Chicago's western suburbs: Loyola University Medical Center (LUMC) in Maywood, IL, Gottlieb Memorial Hospital (GMH) in Melrose Park, IL and MacNeal Hospital in Berwyn, IL. There are over 30 specialty and primary care centers predominately located in Chicago's western and southwestern suburbs, and over 1,877 combined medical staff members. Loyola Medicine is a major referral center for the Chicago metropolitan area, providing care for some of the most critically ill and injured patients regionally and nationally. Loyola Medicine is a member of Trinity Health, one of the nation's largest Catholic health systems serving patients in 27 states. Trinity Health is one of the largest multi-institutional Catholic healthcare systems in the nation, serving diverse communities that includes 101 hospitals, as well as 126 continuing care locations that include PACE programs, senior living facilities and home care and hospice services. Its continuing care programs provide nearly 2.5 million visits annually. Based in Livonia, Michigan, and with annual operating revenues of \$18.3 billion and assets of \$26.2 billion, the organization returns \$1.1 billion to its communities annually in the form of charity care and other community benefit programs.

Founded in 1969, LUMC is a leader in specialty care for heart disease, cancer, trauma, burns, solid organ transplantation and neurological disorders, along with primary care services. LUMC partners with other Chicagoland healthcare providers and beyond extending Loyola's specialty care expertise beyond its facility and into surrounding communities. On July 1, 2008, Gottlieb Medical Hospital (GMH) joined Loyola University Health System dba Loyola Medicine, an affiliation that further enhances patient care in Chicago's near west suburbs. LUMC has provided five decades of comprehensive healthcare services to its community. On March 1, 2018, Loyola acquired MacNeal Hospital.

Some of Loyola University Medical Center's recent accomplishments:

- Loyola University Medical Center is ranked 8th in the state of Illinois by U.S. News & World Report for 2024-2025. The hospital has been ranked among Illinois' top ten hospitals each year since U.S. News rankings started in 2013.
- In the 2024-2025 U.S. News and World Report Best Hospitals rankings, Loyola University Medical Center had five specialties rated "high performing": Cardiology, Heart & Vascular Surgery, Gastroenterology & GI Surgery, Neurology & Neurosurgery, Pulmonary & Lung Surgery, and Urology.

- Loyola University Medical Center is also rated high performing by U.S. News and World Report in ten adult procedure and condition categories: aortic valve surgery, colon cancer surgery, diabetes, heart attack, heart failure, kidney failure, leukemia, lymphoma & myeloma, lung cancer surgery, pneumonia and stroke.
- Newsweek magazine named Loyola University Medical Center to its 2024 list of the World's Best Hospitals and ranked 5th among Illinois hospitals.
- In 2024, for the 16th year in a row, Loyola University Medical Center received the American Heart Association/American Stroke Association's Get with the Guidelines®-Stroke Gold Plus Achievement Award. The award recognizes Loyola's commitment to providing the most appropriate stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

LUMC is the region's only Catholic academic medical center. Care for the whole person, family support, personal integrity, as well as the development of medical professionalism exemplify LUMC's mission and Jesuit values. In this tradition, the health system is a home for all faiths, with chaplains available to assist patients and families with spiritual concerns 24 hours a day.

Through agreements with Loyola University Chicago, LUMC provides clinical education support and teaching facilities for Loyola University Chicago Stritch School of Medicine and Marcella Niehoff School of Nursing. In addition, 750 graduate medical trainees are part of Loyola Medicine graduate medical education programs. The school, including its faculty, trainees, and staff are called to go beyond facts, experimentation, and treatment of disease to prepare people to lead extraordinary lives and treat the human spirit in an environment that encourages innovation, embraces diversity, respects life, and values human dignity. The thoughtful scholarly excellence, service, stewardship, and continuing reflection advance LUMC's ability to contribute high-impact research and provide the highest-quality education. A wide range of research are conducted on LUMC's campus through collaboration with Loyola University Chicago, encompassing basic research, leading-edge clinical trials, and translational research that brings innovations to the bedside.

LUMC provides many services, programs and activities to support the community's healthcare needs. Below are LUMC's fiscal year 2024 highlights in clinical care, education and research, and LUMC's community benefit plan. GMH and MacNeal filed separate Community Benefit Reports.

Community Benefit Plan

Consistent with Loyola Medicine's commitment to charitable purposes and to improving the health of the patients and families served, LUMC provided \$269 million community benefits in FY24. This community benefit plan focuses on LUMC.

Mission

Loyola Medicine is a member of Trinity Health and committed to Trinity Health's mission as set forth below:

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Community Benefit Planning Process: Objectives

Loyola Medicine (consisting of Loyola University Medical Center, Gottlieb Memorial Hospital and MacNeal Hospital), completed a community health needs assessment in 2022, as required by the Affordable Care Act. Working with a community steering committee composed of local community, religious and government organizations, the committee identified and prioritized the healthcare needs of the communities served. A plan was created in November 2022 to focus Loyola Medicine's community outreach efforts and to demonstrate alignment with the health needs of the communities served. Loyola Medicine is currently performing a comprehensive update of its community health needs assessment, since a renewal process is required every three years.

This plan guides LUMC as follows:

- Evaluating how well current programs serve the community
- Identifying how specific medical services can improve health
- Examining access and barriers to receiving health services
- Determining the need for additional programs
- Furthering efforts to provide quality care and lead the way in medical education

Community Benefit Planning Process:

Identify the Populations and Communities Served by the Hospital

Based in the western suburbs of Chicago, LUMC is a quaternary care system with a 61-acre main medical center campus and over 30 primary and specialty care sites in Cook, Will and DuPage counties. The medical center campus is located in Maywood, IL, 13 miles west of Chicago's Loop area. The heart of the medical

center campus, Foster G. McGaw Hospital, is a 547-licensed-bed facility. The additional following clinical services are located on campus: Level 1 Trauma Center, a Children's Hospital within Loyola University Medical Center, Cardinal Bernardin Cancer Center, Loyola Outpatient Center, and Loyola Center for Heart & Vascular Medicine.

Due to its convenient location, LUMC is accessible to the majority of Chicago's 9-county metropolitan area of 8.5 million people. LUMC's primary service area, which accounts for 64 percent of patients served at LUMC, has a diverse population of almost 2.4 million with the following characteristics:

- 17.1 percent of the population is age 65 or older.
- 38.7 percent of households have average incomes over \$100,000 and 15 percent under \$25,000.
- Hispanics are the fastest-growing race/ethnicity with a projected growth of 6.2 percent by 2029.

LUMC serves 5.1 percent (fourth highest among the area's hospitals) of the 240,693 discharged inpatients from this primary service area in fiscal year 2024. More than 5,500 patients were treated last year for specialized care and for heart disease, cancer, burn/trauma, organ transplantation, neurological disorders and specialized pediatric care. Critical care patients are transported to the hospital via an air-transport service. These critically injured or severely ill patients may receive care from Loyola's Level I trauma services or the Burn Center.

Community Benefit Planning Process:

Health Care Needs Considered in Developing this Plan

LUMC sought community input for the development of its community health needs assessment to understand how LUMC could improve its service to the community. Methods included: 1) health services inventory, 2) community, provider and faith leader surveys, 3) physician focus groups, and 4) community conversations.

LUMC and a steering committee, composed of LUMC, internal representatives as well as community groups and local public health agencies, worked to identify priority health issues for the local community. Through a prioritization review process, committee members selected the top priorities based on criteria including size of the issue, seriousness of not addressing the issue, available resources to address the issue, and potential to impact the issue. The steering committee's priority foci included: Mental Health, Social and Structural Determinants of Health, Community Communication and Leader Engagement, Access to Healthcare, and Chronic Disease Prevention and Management. These priorities required the engagement of many community and governmental partners collaborating to address these societal issues.

Loyola Medicine, in collaboration with community partners, chose to focus on developing and/or supporting initiatives to improve the following health needs:

1. Mental Health

2. Social and Structural Influencers of Health

To ensure the patient care services and community benefits align with the needs of the community, LUMC performs ongoing evaluation of the needs of medically underserved populations within the community. The evaluation utilizes population projections by zip code for LUMC's service areas, which involves identifying the number of patients served by age, race, and gender. This information helps to determine the community's needs, and to evaluate existing and future programs.

Community Benefit Planning Process: Community Benefit Activities

Activities in LUMC's community benefit plan focused on:

- Charity care and other uncompensated healthcare services
- Education
- Subsidized healthcare services
- Language-assistance services
- Donations
- Volunteer services
- Other community benefits

Financial Assistance and Charity Care Policy

In the spirit of the Catholic Jesuit tradition, Loyola University Medical Center (LUMC) is committed to providing healthcare services to all patients based on medical necessity. For patients who require financial assistance or who experience temporary financial hardship, Loyola Medicine offers several assistance and payment options, including charity and discounted care as well as short-term and long-term payment plans.

Additionally, LUMC is committed to:

- Providing access to quality healthcare services with compassion, dignity, and respect for those we serve, particularly the poor and the underserved in our communities.
- Caring for all persons, regardless of their ability to pay for services.
- Assisting patients who cannot pay for part or all the care that they received.

Uninsured Patients

LUMC extends discounts to all uninsured patients who receive medically necessary services per the Illinois Hospital Uninsured Patient Discount Act. The discount amount, updated annually, is based on LUMC's cost to charge ratio.

Presumptive Eligibility for Uninsured Patients

LUMC offers presumptive financial assistances for uninsured patients who demonstrate one or more of the following:

1. Homelessness.
2. Deceased with no estate.
3. Mental incapacitation with no one to act on patient's behalf.
4. Medicaid eligibility, but not enrolled on date of service or for non-covered services.
5. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
 - a. Women, Infants and Children Nutritional Program (WIC)
 - b. Supplemental Nutritional Assistance Program (SNAP)
 - c. Illinois Free Lunch and Breakfast Program
 - d. Low Income Home Energy Assistance Program (LIHEAP)
 - e. 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
 - f. Receipt of grant assistance for medical services

Short-Term and Long-Term Payment Plans

Patients with financial hardship may be eligible for a short-term installment payment plan.

LUMC accepts installment payments for a period of up to 24 months. The minimum payment is \$50 per month. Bank Loan Program is available for payment plans exceeding 24 months.

Financial Assistance / Charity Care Policy

A 100% discount for medically necessary services is available to patients who earn 200% or less of the Federal Poverty Level (FPL) guidelines. Individuals who earn between 200% and 400% of FPL guidelines are eligible for a partial discount equal to the Medicare discount rate.

Patient copays and deductibles may be eligible for discounted rates for patients who qualify for financial assistance and earn less than 200% of FPL guidelines.

Discounts are also available for patients facing catastrophic costs associated with their medical care. Catastrophic costs occur when patients' medical expenses for an episode of care exceed 20% of their annual income.

Patient Financial Services

Financial Counselors are available to work with patients completing financial assistance applications to determine available assistance. This includes assessing Medicaid and Health Insurance Exchange plan eligibility.

In fiscal year 2024, LUMC provided a total of \$175.8 million in uncompensated care. This amount covers \$23,189,666 in charity care, \$59,675,784 in care not fully reimbursed by Medicaid, \$90,469,163 in care not fully reimbursed by Medicare and \$2,459,519 in services where payment was expected, but not received (bad debt).

Education

Loyola Medicine is committed to academic distinction and our core values of Reverence, Commitment to Those Experiencing Poverty, Safety, Justice, Stewardship, and Integrity. Through agreements with Loyola University Chicago, LUMC provided clinical education, support and teaching facilities for Loyola University Chicago Stritch School of Medicine and Loyola's Marcella Niehoff School of Nursing. Loyola University Chicago (Stritch) is Unranked in Best Medical Schools: Research and in Best Medical Schools: Primary Care by U.S. News and World Report. These rankings were based on the school's performance across a set of widely accepted indicators of excellence. LUMC also had agreements with other nursing schools. LUMC provides education and instruction for pre-hospital responders (e.g. paramedics, dispatchers), and social work, medical technology, dietician, pathology, and pastoral care students. LUMC trains medical residents and fellows in its various Graduate Medical Education programs.

As an academic medical center, LUMC provided a total of \$57,290,838 in unreimbursed costs for hospital-based education and clinical research.

Subsidized Health Services

LUMC provides subsidized community responsive health services programs that operate at a financial loss, including clinical services and community health education programs.

Programs Operating at a Loss

LUMC provides \$2.5 million in subsidized support for clinical services that meet an identified community need. These services include the Child Advocacy Program which evaluate and counsel children referred to due to suspected abuse or neglect; the Oral Health Center which provides dental services visits; EMS classes for ambulances and local municipal fire departments, including Narcan training; palliative and spiritual care. If LUMC had not provided these services to the community, they may not have been available. The community's ability for service provision would likely not have met community need, or government or another tax-exempt organization may have been held responsible for service provision.

LUMC physicians volunteer to provide free care for patients enrolled in the Access to Care program. Access to Care is a non-profit corporation that collaborated with LUMC to provide care to uninsured residents of suburban Cook County at Loyola's Maywood Primary Care Clinic. This was the largest primary care site within Access to Care's network. LUMC also provided hospitalization, laboratory, and radiology services.

LUMC continues to participate in the federal Ryan White Program for people living with HIV/AIDS who need medical care but cannot afford it. LUMC provides hospital and physicians services to these needy patients through the support of a federal grant.

Loyola's Pediatric Mobile Health Unit (PMHU) provides free health care to 1,032 area children in FY24. PMHU is a mobile pediatrician office, providing vital healthcare services to medically underserved children in Chicagoland since 1998. It houses two full-size exam rooms, pulmonary function testing, and laboratory and patient intake areas. The mobile health unit offered routine medical examinations, immunizations, lab testing, hearing and vision tests, asthma care, dental screening, and general health education to patients up to 21 years of age. External donations partially support this program.

LUMC's Emergency Medical Services (EMS) provides lifesaving early interventions for illnesses and injuries including patient assessment, urgent treatment and transport to the nearest appropriate hospital. As the EMS Resource Hospital for Region 8 (one of 11 regions in Illinois) predominately covering Chicago's western suburbs, LUMC is a key contributor to Illinois' EMS System. As a Resource Hospital, LUMC makes a substantial community commitment and provides critical care to patients from as far as 300 miles away transported to the hospital via an air-transport service, most of whom received Level I Trauma care.

LUMC provided health education, health screenings and support groups to improve community health. Additionally, free breast and cervical cancer screenings were provided to women, along with supportive services and education, addressing the needs of underserved communities in our service area.

LUMC addressed the Social Determinants of Health by utilizing Community Health Workers (CHW's) to screen patients for social needs (food, housing, health care, and employment). Patients who screened positive were provided resources or connected to community-based organizations or government agencies for further assistance. This referral process was strengthened through the embedding of Trinity Health's social needs into the electronic medical record, allowing the care team to share resources in an electronic format with patients. In FY24, our CHW team significantly increased the rates of screenings completed,

from 20% in FY23 to 70% in FY24. This feat was accomplished through a grant award allowing the hiring of 14 new community health workers. To adequately address the needs of our communities, several members of the team speak Spanish, and one speaks Polish. CHW's are strategically placed in clinics, where the percentage of patients on Medicaid or Uninsured is high, and in the emergency department. In FY24, 736 new patients were linked to resources through 2,694 encounters with a member of our CHW team.

LUMC addressed the prevention of diabetes in FY24 through The National Diabetes Prevention Program (DPP). The DPP, branded Fresh Start at Loyola Medicine, is an evidence-based wellness program that helps people at risk for type 2 diabetes to lower their risk through behavior modification. Targeted audiences for the program included vulnerable populations, those who identified as African American or Hispanic, men, and colleagues. In total, three cohorts were launched in FY24, one was offered in person and the other two were delivered virtually. Cohorts were offered in both English and Spanish, and a new self-paced virtual option for participants was also offered. Additionally, a referral pathway was created to two area YMCAs, thanks to state funding, to facilitate increased program participation among qualified individuals whose schedule restricted them from attending one of our three cohorts. To further support the success of the program, LUMC hired a DPP Lifestyle Coach who was cross trained as a Community Health Worker, allowing all participants to be screened for Social Influencers of Health (SIOH) and any identified needs to be addressed. All formats of the program were offered at no cost to participants.

LUMC provided a total of \$2,537,169 in subsidized health services in fiscal year 2024, which includes programs operating at a loss and community health improvement activities.

Cash and In-kind Donations

LUMC donated \$29 million in cash or in-kind services during fiscal year 2024 toward charitable activities and organizations.

LUMC physicians and residents volunteered to provide free medical care for patients experiencing homelessness. In addition, LUMC combated food insecurity by donating and delivering meals to the Hines VA Hospital. LUMC also focused efforts on addressing mental health by supporting and collaborating with community-based organizations and residents to advance health and racial equity among area youth.

LUMC donated \$29,132,755 in cash or in-kind services during fiscal year 2024 toward charitable activities and organizations.

Language-Assistance Services

LUMC provides free language-assistance services, including interpretation services and translation of vital documents for patients with limited-English proficiency or hard-of-hearing patients. In fiscal year 2024, LUMC cared for a patient population speaking 60 languages. LUMC employs qualified medical interpreters speaking Spanish, Polish, and ASL, supplemented by 24-hour interpreting service by phone, which used more than 30,000 minutes monthly. A direct interpreter-access line allows patients to call LUMC via a dedicated 800-number with a phone interpreter, making it easier for them to communicate with LUMC staff when they are not at the facility. Remote video interpreting capability is provided in the Emergency Department and inpatient units so that ASL interpreter services can be utilized immediately upon patients' entry to the ED, or around-the-clock if hospitalized on an inpatient unit.

LUMC implements a process for the recruitment, testing and training of qualified bilingual staff to provide even greater ease of language access throughout the ambulatory clinics and inpatient units. LUMC tests and trains additional qualified bilingual staff as ad hoc Spanish and Polish speaking medical interpreters when possible, to assist non-English speaking patients. LUMC has tested and trained more than 160 qualified bilingual staff since the program's inception in 2012.

LUMC provided \$3,886,246 in free language-assistance services in fiscal year 2024 for its ethnically and culturally diverse patients.

Volunteer Services

LUMC provides a workplace initiative for employees to volunteer their time for the local community allowing them to contribute to local causes and address community needs. This provides positive impact to the lives in the community and opportunity to boost employee morale, skill development and stronger purpose for LUMC employees.

In addition, LUMC had 389 community members volunteered during fiscal year 2024 and provided 7,930 hours of time to aligning to our mission. Loyola Medicine's volunteers are valued partners who play a vital role in helping to provide important services for our patients and their families.

LUMC provided \$137,033 in total employee and non-employee volunteer services in fiscal year 2024.

Other Community Benefits

During fiscal year 2024, LUMC's Community Health and Well-Being department devoted a portion of its time working with LUMC staff to promote and track effective community health outreach efforts. A portion of the department's budget is allocated to the cost of tracking software, staff time, and logistical support of community organizations' activities.

Emerging Infectious Disease, along with other hazards identified within our Hazard Vulnerability Index, will continue to test Loyola Medicine's capabilities. National Incident Management System concepts were and are still being used to respond to incidents. Multiple communication methods are in place and were used to provide and receive situational updates from local community partners and government agencies at all levels.

A member of Loyola Medicine staff serves as Chair of the Illinois Region 8 Healthcare Coalition (HCC), including liaising between participating hospitals, public health agencies, non-hospital health entities, emergency management agencies and first responders. Regional and state situational reports were produced and disseminated to over 70 HCC members. Response supplies amassed through the ASPR Hospital Preparedness Program and through Strategic National Stockpile (SNS) requests submitted by LUMC were distributed to HCC members. Loyola Medicine partnered with IDPH for staffing options.

In addition, a colleague of Loyola Medicine served as Chair-Elect of the Board of Trustees for the Illinois Health and Hospital Association (IHA), furthering our coalition building work in the community, in FY24. The IHA is dedicated to advocating for Illinois' more than 200 hospitals and nearly 40 health systems as they serve patients and communities throughout the state. Hospitals across Illinois are working to enhance health through new programs, community partnerships and dedicated funding, and Loyola Medicine is honored to play a part in this vital work.

<i>LUMC provided \$270,347 in additional community benefits in fiscal year 2024.</i>

Non-Reportable Community Services

LUMC provides additional activities to the community beyond the community benefit definitions, yet nonetheless valuable.

The Spiritual Care department of LUMC offers compassionate assistance to patients, their families, and colleagues who are navigating grief, emotional challenges, or spiritual distress. During FY24, LUMC team organized and facilitated a monthly support group up to approximately 10 hours per week focused on bereavement and life changes.

LUMC provides electronic medical record and physician leadership to Loyola University Chicago's Community Equity Response Collaborative (CERCL). CERCL is an interdisciplinary collaborative representing Loyola students, faculty, and staff from public health, medicine, nursing, law, and social work, that advocates for structural and health equity by teaming with Chicago area partners to address pressing community concerns and broad health initiatives ranging from gun violence prevention to mental health.

Conclusion

Caring for the community, particularly the vulnerable and underserved is deeply engrained in LUMC's mission and core values. LUMC strives to improve patients' quality of life. LUMC clinicians and staff routinely reach beyond its campuses to bring care to the community via programs and partnerships to respond health needs.



LOYOLA
MEDICINE

Annual Non Profit
Community Benefits Plan Report

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: Loyola University Medical Center

Mailing Address: 2160 South First Avenue
(Street Address/P.O. Box)

Maywood, IL 60153
(City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box)

(City, State, Zip)

Reporting Period: 07 / 01 / 23 through 06 / 30 / 24 **Taxpayer Number:** 36-4015560
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>
<u>Foster G McGaw Hospital</u>	<u>2160 S. First Ave, Maywood, IL 60153</u>	<u>36-4015560</u>
<u>RML Specialty Hospital</u>	<u>5601 S. County Line Rd, Hinsdale, IL 60521</u>	<u>36-4113692</u>
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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 \$ 23,189,666

ATTACH Charity Care Policy:

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

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	\$ 3,886,246 _
Financial Assistance	\$ _____
Government Sponsored	\$ 150,144,947 _
Donations	\$ 29,132,755 _
Volunteer Services	
a) Employee Volunteer Services	\$ _____
b) Non-Employee Volunteer Services	\$ 137,033 _
c) Total (add lines a and b)	\$ 137,033 _
Education	\$ 57,290,838 _
Government-sponsored program services	\$ _____
Research	\$ _____
Subsidized health services	\$ 2,537,169 _
Bad debts	\$ 2,459,518 _
Other Community Benefits	\$ 270,347 _

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.

Melissa Lukasick, Regional CFO

Name/ Title (Please Print)



Melissa M. Lukasick (Dec 31, 2024 13:40 CST)

Signature

Tennille Tucker

Name of Person Completing Form

Tennille.Tucker@trinity-health.org

Electronic / Internet Mail Address

mlukasick@lumc.edu

Phone: Area Code/ Telephone No.

12/31/2024

Date.

815-280-3034

Phone: Area Code/ Telephone No.

Alt: David.Paluck@trinity-health.org

FAX: AreaCode/FAXNo.



LOYOLA
MEDICINE

Hospital Financial Assistance Report



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: Loyola University Medical Center

Mailing Address: 2160 South First Avenue

City, State, Zip: Maywood, IL 60153

Reporting Period: July 1, 2023 through June 30, 2024

Taxpayer Number: 36-4015560

• • •

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) 3,804
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 12,841
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 1,244
 - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 661
 - 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) \$ 23,189,666
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:

Patients complete an application form. If information is missing or appears inaccurate, counselors verify

information using Connance PARO.

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:

Patients complete an application form. Hospital counselors verify information using Connance PARO.

...

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): Melissa M. Lukasick, Regional CFO, Loyola Medicine

Signature: 
Melissa M Lukasick (Dec 31, 2024 13:40 CST)

Date: 12/31/2024

...

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): Melissa M. Lukasick, Regional CFO, Loyola Medicine

Signature: 
Melissa M Lukasick (Dec 31, 2024 13:40 CST)

Date: 12/31/2024

...

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): Melissa M. Lukasick, Regional CFO, Loyola Medicine

Signature: 
Melissa M Lukasick (Dec 31, 2024 13:40 CST)

Date: 12/31/2024



LOYOLA
MEDICINE

Charity Policy

Financial Assistance and Charity Care Policy

Financial Assistance

Trinity Health is committed to providing care, treatment and services to all who come to us based on medical necessity.

Financial Assistance Policy

- Financial help is provided based on your income. This is defined using [Federal Poverty Level guidelines](#).
- If you earn [200]% or less of the Federal Poverty Level guidelines you can get a full discount. It applies to medically necessary services.
- If you earn between [201]% and [400]% of the Federal Poverty Level you may get a partial discount.
- Trinity Health will not charge qualifying patients more than the Medicare discount rate.
- Your copays, coinsurance, and deductibles may get discounts. You can qualify for aid if you earn less than [400]% of the Federal Poverty Level.
- If you are facing catastrophic costs, you may get discounts. This occurs when your medical expenses for the past 12 months are over 20% of your household income. The discount may also include the your copays. It can also include coinsurance, and deductibles.

Elective services such as cosmetic surgery are not eligible for financial assistance.

To apply for financial assistance, complete and submit the application. The Loyola Medicine (a member of Trinity Health) Financial Assistance Policy and Application are available on the hospital's webpage [Loyola Financial Assistance and Charity Care Policy](#). You may also request a free copy of the policy and application by visiting any ministry location, mailing, emailing, or calling Loyola Medicine. Below is the contact information for assistance with Financial Assistance application or submission of application. If you prefer to call, our Benefit Advocates can be reached at 708-216-5014 x5.

Please send the application and all supporting document(s) required within sixty (60) business days.

*****INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.*****

Mail to (drop off not available):

Loyola University Health System,
Patient Financial Services Department
Two Westbrook Corporate Center, 6th Floor
Westchester, Illinois 60154

Fax #: 708-216-5359

Email address: LOY-FinancialAssist@lumc.edu

If you would like to meet with a Benefit Advocate in person or drop off your application, please visit:

Loyola University Medical Center 2160 South 1st Ave Suite/Room 1911 Maywood, IL 60153	Gottlieb Memorial Hospital 701 W. North Ave Door 4 Entrance Melrose Park, IL 60171	MacNeal Hospital 3249 S Oak Park Avenue Berwyn, IL 60402 1st Floor
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The Trinity Health Financial Assistance Policy, Application, and Plain Language Summary are translated into other languages and are available by contacting the hospital or Patient Financial Services department listed above.

Provider List

A list of Providers delivering emergency or medically necessary care in the hospital facility, who are covered by the hospital's Financial Assistance Policy, is available online or upon request.

Short-Term and Long-Term Payment Plans

If you cannot pay your share you may qualify for short or long-term payment plans. Trinity Health's short-term payment plan is interest free. Patients must pay balances within one year. You can get a long-term interest-bearing plan if you can't pay the total balance within one year.

Patient Financial Services

Benefit Advocates (Financial Counselors) are available to help you. They will assist you in completing financial assistance applications. This will determine what aid is available. This includes assessing eligibility for Medicaid.

You may contact a financial counselor at the place where you receive care. The financial counselor can help determine if you qualify for financial help. Financial counselors can also provide free copies of the Financial Assistance Policy, Application, and Plain Language Summary.

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

	Loyola Medicine Fiscal Year 2024			
	LUMC	LGMH	LMNH	
Charity Care	\$ 23,189,666	\$ 4,861,840	\$ 8,427,609	\$ 36,479,115
Community Benefits	\$ 269,048,519	\$ 27,332,564	\$ 38,403,032	\$ 334,784,114
Net Patient Service Revenue	\$ 1,525,563,013	\$ 159,415,787	\$ 332,952,418	\$ 2,017,931,218

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).

Total community benefits include the contributions by the Hospitals into those community benefits activities as defined by the Illinois Community Benefits Act.

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 is gross service revenue less provisions for contractual adjustments, discounts, and other adjustments or deductions, excluding charity care.

A summary of the breakdown of charity care for FY2024 as follows:

Category	Approved Patient Applications	Pending Patient Applications	No Response / Denied Patient Applications
Charity Care (number of Patients)	1,623	5210	2798
Charity Care (100% write-off): Write Off Amount	\$ 29,063,075	0	0
Presumptive Charity Care (number of Patients)	25,805	n/a	n/a
Presumptive Charity Care: Write Off Amount	\$ 64,010,613	0	0
Presumptive Charity Care (Partial write-off): Write Off Amount	\$ 28,192,315	0	0
Other Charity Care (number of Patients)	\$ 188	n/a	n/a
Other Charity Care (Med Indigent/Catastrophic): Write Off Amount	\$ 8,925,960	0	0

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

For Hospital and Professional services provided by facilities and physicians of Hospital Medicine

Guarantor Name Smarttext

Guarantor Address Smarttext

Date Smarttext:

Guarantor: Guarantor smarttext

Case Number: smarttext

Patients Included in Case:

- smarttext patient name(s)

Dear patient name smarttext,

Thank you for selecting Loyola Medicine as your health care provider. Please complete the enclosed application and return to the address below to complete the evaluation of your financial assistance.

Please contact our Customer Service Center at 708-216-5014 option #5 Monday through Friday between 8:00 am -5:00 pm CST if you have questions on the application or regarding your application status.

Mail: Loyola University Health System, Patient Financial Services Department
Two Westbrook Corporate Center, 6th Floor Westchester, Illinois 60154

Fax #: 708-216-5359 **Email address:** LOY-FinancialAssist@lumc.edu

If you would like to meet with a Benefit Advocate in person or drop off your application, please visit:

Loyola University Medical Center 2160 South 1st Ave Suite/Room 1911 Maywood, IL 60153	Gottlieb Memorial Hospital 701 W. North Ave Door 4 Entrance Melrose Park, IL 60171	MacNeal Hospital 3249 S Oak Park Avenue Berwyn, IL 60402 1st Floor
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CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

For Hospital and Professional services provided by facilities and physicians of Hospital Medicine

Required Verifications

- ☐ Past One month Proof of Gross Income
- ☐ Past Two months Complete Bank Statements for all bank accounts, with all pages included.
(Explanation for recurring deposits)
- ☐ Recent Tax Returns (1040 form with Schedule C, E or F) or Three Months Profit and Loss Statements (for self-employed/dependents)

Provide the following, If applicable

- ☐ Recent W2 for Seasonal Income ☐ Unemployment Benefit/ Denial letter ☐ Child Support Income /Alimony
- ☐ No Income – Complete Letter of Financial Support portion of the application

Patient Information

Patient Name		Date of Birth	
Social Security/EIN Number (optional)	Mobile Phone	Other Phone	
Mailing Address	City	State	Zip code
Email Address	What state are you a resident?		
Marital status (Optional) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____			
Do you file a Federal Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		Can you be claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you or your dependents have health insurance coverage at the time of service? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide Insurance card copy)			
Are you a documented resident of the United States? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer			
Household Members, including yourself based on your recent Tax Returns	Date of Birth	Relationship to Patient	Claimed on Tax Return (Yes/No)

Income Verification for all household members

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

For Hospital and Professional services provided by facilities and physicians of Hospital Medicine

Monthly Income Source	Who receives this?	Gross Monthly Income (before taxes)	Monthly Income Source	Who receives this?	Gross Monthly Income (before taxes)
Wages			Worker's Compensation		
Social Security / Disability			Unemployment		
Pension			Child Support / Alimony		
Self-Employment			Rental Land Income		
Public Assistance			Other		

Letter of Financial Support - Should only be completed by the person providing support

- ☐ I provide more than 50% support for the patient's living expenses, but I am unable to help with medical bills.
- ☐ By signing this letter, I verify that the above statement is correct and that I will in no way be held liable for the patient's bills. If you have questions, please contact me at _____
(Phone Number)

Name of person providing support	Relationship to Patient
Signature of person providing support	Date

Verification of Income and Identification

I certify that the information listed in this application is true and complete to the best of my knowledge. I understand that the information provided is subject to verification. I will be responsible for repayment of any services provided at Trinity Health affiliates if the above information is provided under false pretenses.

Signature of Patient: _____ Date: _____

Or Signature of Legal Guardian (If Applicable): _____ Date: _____

Relationship to Patient: _____ Date: _____

Please mail your application, fax at 708-216-5359 or e-mail LOY-FinancialAssist@LUMC.EDU If you have any questions, please contact our Customer Service Center at 708-216-5014 Option #5 Monday through Friday 8 a.m. - 5 p.m. CST

Concerns or complaints with the financial assistance application process or uninsured discount may be reported to the Healthcare Bureau of the Illinois Attorney General 1-877-305-5145 / <https://illinoisattorneygeneral.gov/consumers/hcform.pdf>

EFFECTIVE DATE: *February 20, 2024***POLICY TITLE:***Financial Assistance to Patients**To be reviewed every three years by:
Trinity Health Board of Directors***REVIEW BY:** *March 1, 2027*

POLICY

It is the policy of Trinity Health and each of its Ministries to address the need for Financial Assistance and support of patients for emergency and non-elective medically necessary services provided under applicable state or federal law. Eligibility for Financial Assistance and support from the Ministry is determined on an individual basis using detailed criteria along with evaluation and assessment of the patient's and/or family's health care needs, financial resources and obligations. Trinity Health expects payment for services from individuals Able to Pay (as defined in this Policy).

Trinity Health has a consistent approach to providing Financial Assistance to patients which is approved at the System governance level, implemented, and required, across all Ministries through systemwide Procedures and Guidelines followed by each Ministry and Subsidiary. Because of the dynamic nature of the environment, the impact will be closely monitored and revisited, as necessary. Each Ministry will comply with applicable state law regarding eligibility, notice, applications, appeals and reporting.

I. Eligibility Criteria for Financial Assistance

Financial Assistance described in this section is provided to patients that reside in the Service Area (as defined in this Policy). Additionally, Ministries will provide Financial Assistance to patients from outside their Service Area who qualify under the Ministry Financial Assistance Policy (FAP) and who present with an emergent or life-threatening condition and receive Emergency Medical Care.

Trinity Health will provide Financial Assistance for services in a hospital facility (including services provided in the hospital facility by a substantially-related entity) and each Ministry will provide Financial Assistance for the following services:

- A. All Medically Necessary Care and Emergency Medical Care for

1. self-pay patients who apply for and are determined to be eligible for Financial Assistance, and
 2. patients presumptively eligible for financial assistance.
- B. Certain payments due from patients with coverage from a payer/insurer with whom the Ministry participates/contracts as described in this Policy.

Emergency Medical Care services will be provided to all patients who present to the Ministry's hospital emergency department, regardless of the patient's ability to pay or source of payment. Such medical care will continue until the patient's condition has been stabilized, prior to any determination of payment arrangements.

The following services are not eligible for Financial Assistance from Trinity Health:

- A. Cosmetic services and other elective procedures and services that are not Medically Necessary Care.
- B. Services not provided and billed by the Ministry (e.g., independent physicians services, private duty nursing, ambulance transport, etc.).
- C. Ministries may exclude services that are covered by an insurance program at another provider location but are not covered at Trinity Health Ministry hospitals; provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

The following patients are eligible for Financial Assistance from Trinity Health:

- A. Uninsured Patients whose Family Income is at or below 200% of the Federal Poverty Level (FPL) will be eligible for a 100% discount on the charges for services received.
- B. Uninsured Patients and Insured Patients receiving services in states with higher Family Income discount percentages also will be eligible for a discount on the charges for services received.
- C. Uninsured Patients whose Family Income is above 200% of the FPL and does not exceed 400% of the FPL (or the higher % required by state law, if applicable) will be eligible for a discount on the charges for services received. A Patient eligible for this level of Financial Assistance will not be charged more than the calculated Amounts Generally Billed (AGB).
- D. Insured Patients whose Family Income is at or below 400% of the FPL will be eligible for Financial Assistance for co-pay, deductible, and co-insurance amounts provided that contractual arrangements with the patient's insurer do not prohibit providing such assistance.

Financial Assistance is also provided for medically indigent patients. A medically indigent patient is an insured patient who applies for Financial Assistance, and due to catastrophic circumstances

medical expenses for an episode of care exceed 20% of Family Income The amount in excess of 20% of Family Income (or the lower % required by state law, if applicable) will qualify the insured patient's co-pays, co-insurances, and deductibles for Financial Assistance. Discounts for medically indigent care for those who are uninsured will not be less than the Ministry's AGB for the services provided or an amount to bring the patient's catastrophic medical expense to Family Income ratio back to 20%.

II. Basis for Calculating Amounts Charged to Patients

Patients eligible for Financial Assistance will not be charged more than AGB for emergency and other medically necessary care. Trinity Health uses a look-back method to calculate the AGB by dividing the sum of paid Medicare claims by the total of gross charges submitted, in accordance with Internal Revenue Code Section 501(r).

A copy of the AGB calculation description and percentage(s) may be obtained, free of charge, on the Ministry's website or by calling the Patient Business Services Center at 800-494-5797.

III. Method for Applying for Financial Assistance

A patient may qualify for Financial Assistance by submitting a completed FAP Application, or through presumptive scoring eligibility. Eligibility is based on evaluation and assessment of the patient's and/or family's health care needs, financial resources and obligations on the date of service. A patient determined to be eligible will be eligible for financial assistance for six months from the first date of service for which the patient is determined to be eligible for financial assistance.

Eligibility for Financial Assistance requires the complete cooperation of the patient, during the application process, if applicable, including:

- A. Completion of the FAP Application, including submission of all required documents; and
- B. Participation in the application process for all available assistance, including but not limited to, governmental Financial Assistance and other programs.

Ministries will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services. Ministries may consider offering Premium assistance for a limited period of time if a patient would otherwise be approved to receive Financial Assistance.

Ministries will notify patients that submit an incomplete FAP Application and specify the additional information and/or documentation needed to complete the application process, which must be provided within 30 days.

Ministries reserve the right to deny Financial Assistance if the FAP Application is not received within the Application Period.

Patients who want to apply for Financial Assistance may obtain a free copy of the FAP Application as follows:

- A. Request a copy of the FAP Application from Admissions, the Emergency Department, or a Financial Counselor at the location service was provided;
- B. Download and print the FAP Application from the Ministry's website;
- C. Submit a written request to the Patient Business Services Center at the current address posted on the website and included in notices and applications for the FAP; or
- D. Call the Patient Business Services Center at 800-494-5797 or the current phone number posted on the website and included in notices and applications for the FAP.

IV. Eligibility Determinations

Trinity Health will utilize a predictive model to qualify patients for Financial Assistance presumptively. Presumptive eligibility for Financial Assistance may be determined at any point in the revenue cycle.

If a patient is determined not to be eligible for Financial Assistance or eligible for less than the most generous assistance available under the FAP, Trinity Health will:

- A. Notify the patient regarding the basis for eligibility determination and how the patient may appeal or apply for more generous assistance available under the FAP;
- B. Provide the patient at least 30 days to appeal or apply for more generous assistance; and
- C. Process any complete FAP Application the patient submits by the end of the Application Period.

V. Effective Communications

All Ministries will post signs and display brochures that provide basic information about the Ministry's FAP in public locations in the Ministry. All Ministries will post the FAP, a plain language summary, and an application form on the Ministry's website and make the Ministry's FAP, plain language summary and application form available to patients upon request.

VI. Billing and Collection Procedure

All Ministries will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations. Actions Trinity Health may take in the event of non-payment are described in a separate Billing and Collection Procedure. A copy of the Billing and Collection Procedure may be obtained, free of charge by calling the Patient Business Services Center at 800-494-5797 or by email request. Trinity Health complies with 501(r) and applicable state law regarding prohibitions regarding extraordinary collection actions ("ECAs") against individuals determined to be eligible for financial assistance. In addition, unless the individual is Able to Pay, Trinity Health will not pursue legal action to collect a judgement, place a lien on an individual's property or report the individual to a credit bureau.

If a patient has made payments during the Application Period and prior to the determination of eligibility, Trinity Health will refund amounts in excess of the amount of financial assistance for which the patient is determined to be eligible, unless such amount is less than \$5.00.

VII. List of Providers

A list of the providers who are delivering Emergency Medical Care or Medically Necessary Care in the hospital facility that specifies which providers offer Financial Assistance, as described in the FAP, and those who do not, is maintained separately from this FAP. A copy of the Provider List may be obtained, free of charge, on the Ministry's website or by calling the Patient Business Services Center at 800-494-5797.

VIII. Other Discounts

Patients who are not eligible for Financial Assistance, as described in this Policy, and who receive emergency or other medically necessary/non-elective care, may qualify for other types of assistance offered by the Ministry. The other types of assistance are not need-based and are not part of the Financial Assistance Policy and provided at the discretion of the Ministry.

SCOPE/APPLICABILITY

This is a Board Policy. This Policy applies to all organizations within Trinity Health, including its Ministries and Subsidiaries, and each Ministry and Subsidiary within the System that provides or bills for patient hospital care shall adopt an identical FAP. Ministries will adopt a Mirror Policy that mirrors the provisions of this Policy. Trinity Health organizations that provide or bill for other types of patient care shall adopt a FAP to meet the needs of the community served and that provides financial assistance to individuals who need financial assistance and support.

DEFINITIONS

Able to Pay means

- a. An individual who has been determined ineligible for Medicaid through a Medicaid application screening process or who has received a State Medicaid Program denial for Medicaid benefits.
 - Trinity Health does not require that an individual apply for Medicaid as a pre-requisite for Financial Assistance.
- b. An individual who has been determined ineligible for Financial Assistance after review of the Application.
- c. An individual who has not applied for financial assistance after the Financial Assistance Application Period expires.
- d. An individual who has refused to complete an Application or cooperate in the Financial Assistance Application process.

Amounts Generally Billed (“AGB”) means the amounts generally billed for emergency or other medically necessary care to patients who have insurance covering such care, the Ministry’s acute and physician AGB will be calculated utilizing the look back methodology of calculating the sum of paid Medicare claims divided by the total or “gross” charges for those claims by the System Office or Ministry annually using twelve months of paid claims with a 30 day lag from report date to the most recent discharge date.

Application Period begins the day that care is provided and ends the later of 240 days after that date or either --

- a. the end of the 30 day period that patients who qualified for less than the most generous assistance available based upon Presumptive Support status or prior FAP eligibility are provided to apply for more generous assistance.
- b. the deadline provided in a written notice.

Emergency Medical Care as defined within Section 1867 of the Social Security Act. Patients seeking care for an emergency medical condition at a Trinity Health hospital shall be treated without discrimination and without regard to a patient’s ability to pay for care. Ministries shall operate in accordance with all federal and state requirements for emergency care, including screening, treatment, and transfer requirements under the federal Emergency Medical Treatment and Labor Act (EMTALA).

Family Income means a person’s Family Income includes the annual Income of all adult family members in the household from the prior 12 month period or the prior tax year as shown by recent pay stubs or income tax returns and other information. For patients under 18 years of age, Family Income includes that of the parents and/or stepparents, or caretaker relatives’ annual Income. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate.

Financial Assistance means support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health who meet the eligibility criteria for such assistance.

Financial Assistance Policy (“FAP”) means a written policy and procedure that meets the requirements described in §1.501(r)-4(b).

Financial Assistance Policy Application (“FAP Application”) means the information and accompanying documentation that a patient submits to apply for Financial Assistance under a Ministry’s FAP. Ministries may obtain information from an individual in writing or orally (or a combination of both).

Income includes gross wages, salaries, salary and self-employment income, unemployment compensation, worker’s compensation, payments from Social Security, public assistance, veteran’s benefits, child support, alimony, educational assistance, survivor’s benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Medically Necessary Care means any healthcare services or products provided by a Trinity Ministry reasonably determined by a provider, to be necessary to prevent, diagnose, or treat an illness, injury, disease or its symptoms. Medically Necessary Care does not include elective services that are not covered by the patient's applicable insurance/government payment/health plan or cosmetic procedures to improve aesthetic appeal of a normal, or normally functioning, body part.

Ministry (sometimes referred to as Health Ministry) means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Ministry may be based on a geographic market or dedication to a service line or business. Ministries include Mission Ministries, National Ministries, and Regional Ministries.

Mirror Policy means a model policy approved by Trinity Health and that each Ministry is required to adopt as an identical policy, if appropriate and applicable to its operations, but may modify the format to reflect local style preferences or, subject to approval by the ELT member accountable for such Mirror Policy, to comply with applicable state or local laws and regulations or licensing and accreditation requirements.

Policy means a statement of high-level direction on matters of importance to Trinity Health, its Ministries and Subsidiaries or a statement that further interprets Trinity Health's, its Ministries' and Subsidiaries' governing documents. Policies may be either stand alone, Systemwide or Mirror Policies designated by the approving body.

Procedure means a document designed to implement a policy or a description of specific required actions or processes.

Service Area means the primary markets served by the Ministries. This is demonstrated by a list of zip codes in which the patients reside.

Standards or Guidelines mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a Trinity Ministry is the sole corporate member or sole shareholder.

Uninsured Patient means an individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third-party assistance to cover all or part of the cost of care.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the Trinity Health Revenue Excellence Department.

RELATED PROCEDURES AND OTHER MATERIALS

- Finance Procedure No. RE.PFS.3 - Financial Assistance to Patients
- Finance Procedure No. RE.PFS.13 – Billing and Collection Procedure

APPROVALS

Initial Approval: June 14, 2014, Stewardship Committee of the Trinity Health Board of Directors

Subsequent Review/Revision(s): September 18, 2014; July 1, 2017; December 8, 2021, December 6, 2023, February 20, 2024



All physicians listed are covered under the Loyola Financial Assistance Policy (FAP). There are no physicians who provide medically necessary care and are not covered under the FAP.

Last Name	First Name	Specialty
Abdeljaber	Ashraf	Hospitalist Medicine - Phys
Abdelrhman	Tamer	Radiation Oncology-Oncology
Abdelsattar	Zaid	Thoracic & Cardio Surg
Abegunde	Ayokunle	Gastroenterology
Abood	Gerard	Surgery
Abraham	Gifty	Surgery
Acevedo Alvarez	Marian	Obstetrics & Gynecology
Aggarwal	Deep	Radiology-Diagnostic
Agnew	Sonya	Ortho Surg Rehab-Surgery
Aguirre	Oswaldo	Surgery
Ahlin	Ka Lee	Obstetrics & Gynecology
Ahmad	Fatima	Anesthesiology - HB
Akhal	Malek	Immediate Care - LUMC
Akkina	Sanjeev	Medicine-Renal Diseases
Albain	Kathy	Oncology/Hematology
Albarillo	Fritzie	Medicine-Infectious Diseases
Aleksoniene	Kristina	LMG Hospitalists
Alexander	Anup	Radiology-Diagnostic
Ali	Marriam	Endocrinology
Alkhalwaldeh	Lara	Hospitalist Medicine - Phys
Allam	Emad	Radiology-Diagnostic
Allen	Heather	Hospitalist Medicine - Phys
Alrahmani	Layan	Obstetrics & Gynecology
AL-Sayyed	Ban	Pediatrics
Alvarez Leonardo	Ramon	LMG Psychiatry
Amin	Sachin	Pediatrics
Amin	Parag	LMG Hospitalists
Ander	Michael	Anesthesiology - HB
Anderson	Douglas	Neurological Surgery
Andreatta	Brock	Anesthesiology - HB
Andrews	Steve	Immediate Care - LUMC
Annes	John	Radiology-Diagnostic
Ansari	Aziz	Hospitalist Medicine - Phys
Anstadt	Michael	Surgery

Antony	Agith	Hospitalist Medicine - Phys
Aouhab	Zineb	Medicine-Rheumatology
Apushkin	Marsha	Pathology
Aragao	Alessa	Pathology
Arceo-Mendoza	Rod Marianne	Endocrinology
Arellano	Christina	LMG Family MED
Arnett	Mark	Radiology-Diagnostic
Arredondo Rupp	Melissa	IM Residency - MacNeal
Asafu-Adjei	Denise	Urology
Asconape	Jorge	Neurology
Aubert	Gregory	Cardiology Practice
Aulivola	Bernadette	Surgery
Avramov	Michail	Anesthesiology - HB
Babino	Khalilah	Immediate Care - LUMC
Badami	Ami	Oncology/Hematology
Badar	Ayesha	Ophthalmology
Bailey	Brenda	Hospitalist Medicine - Phys
Baines	Debra	GMH ED Physicians.
Bajaj	Prempreet	Ortho Surg Rehab-Surgery
Baker-Watson	N Kurt	Anesthesiology - HB
Bakhos	Mamdouh	Thoracic & Cardio Surg
Bakir	May	Cardiology Practice
Baksh	Nikolas	Ortho Surg Rehab-Surgery
Baldea	Kristin	Urology
Ball	Caroline	Cardiology Practice
Baluzy	Matthew	Emergency Medicine Physicians
Bansal	Sanjay	Pediatrics
Bansal	Vinod	Medicine-Renal Diseases
Baram	Mujahida	Emergency Medicine Physicians
Barbas	Brian	Emergency Medicine Physicians
Barbato	Rebecca	Primary Care - Physician
Barkan	Guliz	Pathology
Barnes	Sylvester	Medicine-Renal Diseases
Barroeta	Julieta	Pathology
Barsanti-Sekhar	Mary	Primary Care - Physician
Bartels	Steven	Anesthesiology - HB
Bartkus	Darius	LMG Hospitalists
Barton	Kevin	Oncology/Hematology
Bateman	Pantila	Cardiology Practice
Beamer	Emily	Primary Care - Physician
Bebej	Paula	Emergency Medicine Physicians
Bechara	Carlos	Surgery
Bednar	Michael	Ortho Surg Rehab-Surgery
Beissel	Terence	Primary Care - Physician
Belzowski	Andrzej	Radiology-Diagnostic
Benjamin	Stefanie	Radiology-Diagnostic
Bennis	Stacey	Ortho Surg Rehab-Surgery
Berry	John	LMG HemeOnc
Bertino	Anne-Marie	Hospitalist Medicine - Phys

Bertucci	Nicholas	Emergency Medicine Physicians
Beta	Elio	Anesthesiology - HB
Bhamre	Veena	Pediatrics
Bian	Junguo	Radiology-Diagnostic
Bier-Laning	Carol	Otolaryngology
Biller	Jose	Neurology
Blair	Amy	PC - Department
Blecha	Matthew	Surgery
Block	Alec	Radiation Oncology-Oncology
Boblick	John	Primary Care - Physician
Boblick	Kevin	Primary Care - Physician
Bodnar	Yaroslav	Primary Care - Physician
Bommaraju	Kalki	LMG Hospitalists
Borge	Marc	Radiology-Diagnostic
Borrowdale	Richard	Otolaryngology
Borys	Dariusz	Pathology
Borys	Ewa	Pathology
Bouchard	Charles	Ophthalmology
Bova	Davide	Radiology-Diagnostic
Bowers	Sacharitha	Medicine-Dermatology
Boyd	Bridget	Pediatrics
Boyd	Lauren	Pediatrics
Boykin	Tracy	Emergency Medicine Physicians
Boyle	Mary	Emergency Medicine Physicians
Branch	Jeffrey	Urology
Bresler	Larissa	Urology
Briones	Melissa	Medicine-Rheumatology
Brochin	Robert	LMG Orthopedics
Brown	Irwin	Anesthesiology - HB
Brown	Kevin	Surgery
Brown	Nicholas	Ortho Surg Rehab-Surgery
Browne	Deslyn	Obstetrics & Gynecology
Broy	Charles	Gastroenterology
Bruninga	Keith	Gastroenterology
Buchanan	Amy	PC - Department
Bucholz	Eleanor	Surgery
Buck	Troy	Anesthesiology - HB
Budorick	Nancy	Radiology-Diagnostic
Byram	Scott	Anesthesiology - HB
Byram	Susanna	Anesthesiology - HB
Cahill	Kirk	Oncology/Hematology
Cahill	Sean	Primary Care - Physician
Camacho	Pauline	Endocrinology
Campbell	Katelyn	Pediatrics
Carson	Joshua	Surgery
Castaldi	Adele	Immediate Care - LUMC
Chahin	Abdullah	Medicine-Infectious Diseases
Chaku	Meenakshi	Ophthalmology
Chan	Bobby	LMG Family MED

Charnogursky	Gerald	Endocrinology
Charous	Steven	Otolaryngology
Chen	Jian-Feng	Radiology-Diagnostic
Chen	Wendy	Hospitalist Medicine - Phys
Chen	Xiuxu	Pathology
Choi	Haemi	PC - Department
Cholewinski	Monica	GMH ED Physicians.
Chow Johnson	Hannah	Primary Care - Physician
Chundury	Anupama	Radiation Oncology-Oncology
Cichon	Mark	Emergency Medicine Physicians
Clark	Joseph	Oncology/Hematology
Clark	Nina	Medicine-Infectious Diseases
Cohen	Joseph	Ortho Surg Rehab-Surgery
Cohn	Tyler	Surgery
Collins	Elizabeth	Medicine-Pulmonary
Colucci	Nicole	Emergency Medicine Physicians
Connolly	Helene	Immediate Care - LUMC
Cook	James	Medicine-Infectious Diseases
Cotler	Scott	Oncology - Hepatology
Couch	Deborah	Psychiatry
Cox-Pedota	Meghan	Obstetrics & Gynecology
Crider	Alexander	Pediatrics
Crisostomo	Paul	Surgery
Czerlanis	Cheryl	Oncology/Hematology
Czuckerberg	David	LMG OBGyn
Dajani	Khaled	Cardiology Practice
Darki	Amir	Cardiology Practice
Darwish	Dana	Ophthalmology
Davenport	William	Emergency Medicine Physicians
De Alba	Felipe	Ophthalmology
De Gregorio	Lucia	Surgery
De Jong	Steven	Surgery
De La Garza	Louis	LMG Hospitalists
Dean	Andrea	Oncology/Hematology
DeChristopher	Phillip	Pathology
Delos Santos	Grace	Urology
Demarco	David	Int Med - Gen
Denduluri	Sahitya	Ortho Surg Rehab-Surgery
Derhammer	Nathan	Hospitalist Medicine - Phys
Desai	Shilpa Vijay	LMG Internal Med
Dhanarajan	Asha	Oncology/Hematology
Diamond	Sean	Primary Care - Physician
Diaz	Gabriel	Hospitalist Medicine - Phys
Dieter	Robert	Cardiology Practice
Dilling	Daniel	Medicine-Pulmonary
Dimopoulos	Joan	Emergency Medicine Physicians
Ding	Xianzhong	Pathology
Dlugopolski-Gach	Josephine	Primary Care - Physician
Donaldson	Kristen	Emergency Medicine Physicians

Doss	Sara	Primary Care - Physician
Doukas	Demetrios	Cardiology Practice
Downs	Amy	Emergency Medicine Physicians
Doyle	Carolyn	Psychiatry
Doyle	Todd	Psychiatry
Duan	Xiuzhen	Pathology
Dumfeh	Jude	Hospitalist Medicine - Phys
Dux	Katherine	Ortho Surg Rehab-Surgery
Dziedzic	Jacqueline	Emergency Medicine Physicians
Eberhardt	Joshua	Surgery
Edelstein	Steven	Anesthesiology - HB
Edwards	Monica	Primary Care - Physician
El Ramahi	Wesam	Primary Care - Physician
Elahi	Behzad	Neurology
El-Arabi	Ahmad	Urology
Ellis	Jeffrey	Urology
Emanuele	Mary Ann	Endocrinology
Esparza	Nereida	LMG Family MED
Evans	Douglas	Ortho Surg Rehab-Surgery
Evans	Joshua	Primary Care - Physician
Farooq	Ahmer	Urology
Fearon	Maureen	Primary Care - Physician
Feliciano	Claudine	Emergency Medicine Physicians
Fernandez	Luis	Surgery
Finucane	Sarah	Otolaryngology
Fishman	Felicity	Ortho Surg Rehab-Surgery
Fitz	Matthew	Int Med - Gen
Fitzgerald	Colleen	Obstetrics & Gynecology
Fitzgerald	Julie	Pediatrics
Flanigan	Robert	Urology
Flaubert	Mark	Hospitalist Medicine - Phys
Fleming	Emily	Emergency Medicine Physicians
Flinn	Christopher	Primary Care - Physician
Foley	Edward	LMG Family MED
Formanek	Perry	Medicine-Pulmonary
Forsythe	Sean	Medicine-Pulmonary
Francois	Audrice	Anesthesiology - HB
Franklin	Wayne	Pediatrics
Frenn	Recia	Obstetrics & Gynecology
Gable	Eileen	Ophthalmology
Gabriel	Medhat	Radiology-Diagnostic
Gagermeier	James	Medicine-Pulmonary
Gahtan	Vivian	Surgery
Ganesh	Keith	Radiology-Diagnostic
Garbis	Nickolas	Ortho Surg Rehab-Surgery
Garcia-Roca	Raquel	Surgery
Garg	Ravi	Neurology
Garg	Rishi	Neurology
Garg	Ritu	Hospitalist Medicine - Phys

Gavino	Michael	Obstetrics & Gynecology
Gazi	Sadia	Hospitalist Medicine - Phys
Germanwala	Anand	Neurological Surgery
Ghanayem	Alexander	Ortho Surg Rehab-Surgery
Gilbert	Emily	Medicine-Pulmonary
Gill	Rick	Neurology
Glaser	Laura	Obstetrics & Gynecology
Glassberg Csete	Marilyn	Medicine-Pulmonary
Goldberg	Ari	Radiology-Diagnostic
Goldhaber	Kate	Psychiatry
Golombievski	Esteban	Neurology
Gomez Timana	Lucy	Hospitalist Medicine - Phys
Gonik	Ilana	Psychiatry
Gonzalez	Christopher	Urology
Gonzalez	Leticia	Obstetrics & Gynecology
Gonzalez	Richard	Surgery
Gooden	Tonia	IM Residency - MacNeal
Gorbonos	Alex	Urology
Gordezky	Rachel	Pathology
Goyal	Amit	Medicine-Pulmonary
Gramlich	Lisa	Anesthesiology - HB
Graziano	Hank	Emergency Medicine Physicians
Graziano	Scott	Obstetrics & Gynecology
Green	Alexander	Cardiology Practice
Greenhalgh	Sean	Hospitalist Medicine - Phys
Griffin	Karen	Medicine-Renal Diseases
Gros	Sebastien	Radiation Oncology-Oncology
Gruener	Gregory	Neurology
Grunzweig	Katherine	Surgery
Guloy	Diorella	LMG Hospitalists
Gupta	Amit	Emergency Medicine Physicians
Gupta	Gopal	Urology
Gururajan	Kaushik	Radiology-Diagnostic
Gustin	Allen	Anesthesiology - HB
Gutierrez	Blanca	Primary Care - Physician
Hagen	Patrick	Oncology/Hematology
Hajira	Amtul	Immediate Care - LUMC
Hakimi	Michael	Psychiatry
Halandras	Pegge	Surgery
Halaris	Angelos	Psychiatry
Hall	Leo	Primary Care - Physician
Hall	Matthew	Ortho Surg Rehab-Surgery
Haque	Zohaib	IM Residency - MacNeal
Harkenrider	Matthew	Radiation Oncology-Oncology
Harrington	Amanda	Pathology
Hartwig	Jeffrey	Anesthesiology - HB
Hasan	Syed	LMG Psychiatry
Haseeb	Mohsin	Hospitalist Medicine - Phys
Haseeb	Sana	Medicine-Rheumatology

Hasek	Malgorzata	PC - Department
Hashimi	May	Oncology/Hematology
Haske	Michael	Anesthesiology - HB
Hegarty	Kathleen	Emergency Medicine Physicians
Heiferman	Jeffrey	Emergency Medicine Physicians
Heinrich	Kelli	PC - Department
Henry	Kelly	Hospitalist Medicine - Phys
Heroux	Alain	Cardiology Practice
Herrada	Baudelio	IM Residency - MacNeal
Herskovic	Alex	Radiation Oncology-Oncology
Hibbeln	John	Radiology-Diagnostic
Hiltunen	Audrey	Primary Care - Physician
Hintz	Adam	Ortho Surg Rehab-Surgery
Hogan	Martin	Surgery
Holloway	Lianne	Immediate Care - LUMC
Holschen	Jolie	Emergency Medicine Physicians
Holtman	Joseph	Anesthesiology - HB
Hong	Dennis	Medicine-Pulmonary
Hopkinson	William	Ortho Surg Rehab-Surgery
Hornor	Melissa	Surgery
Hossain	Muhaimeen	Hospitalist Medicine - Phys
Hou	Jia	Thoracic & Cardio Surg
Hroncich	Mark	LMG Internal Med
Hubbell	Richard	Otolaryngology
Hunter	Megan	Ophthalmology
Hurtuk	Agnes	Otolaryngology
Hutchison	Paul	Medicine-Pulmonary
Idusuyi	Brittany	Obstetrics & Gynecology
Iglesias	Antonio	Neurology
Ing	Brian	Primary Care - Physician
Ionescu	Madalina	LMG Endocrine
Ivanova	Milena	Radiology-Diagnostic
Ivanovic	Marina	Pathology
Jain	Divya	Medicine-Renal Diseases
Jameel	Aisha	Pediatrics
James	Judy	Radiology-Diagnostic
Janakiram	Mithila	LMG Family MED
Javorski	Joseph	Anesthesiology - HB
Jaworowicz	John	Anesthesiology - HB
Jensen	Elizabeth	Pathology
Johnson	Jessica	Medicine-Pulmonary
Johnson	Katherine	Psychiatry
Jones	Mary	Pediatrics
Jones	Nathaniel	Ortho Surg Rehab-Surgery
Jones	Andrea	LMG OBGyn
Jordan	Tamajah	LMG Family MED
Joshi	Neeraj	Hospitalist Medicine - Phys
Joyce	Jannine	Pediatrics
Jubran	Amal	Medicine-Pulmonary

Kabaker	Adam	Surgery
Kalimullah	Ejaaz	Medicine-Pulmonary
Kallwitz	Eric	Oncology - Hepatology
Kalyaniwalla	Kaizan	Radiology-Diagnostic
Kam	Anthony	Radiology-Diagnostic
Kamal	Umar	Anesthesiology - HB
Kamberos	Natalie	Pediatrics
Kanangat	Sivadasan	Pathology
Kanegusuku	Anastasia	Pathology
Kang	Hyejoo	Radiation Oncology-Oncology
Karaze	Tallib	Emergency Medicine Physicians
Karesh	Stephen	Radiology-Diagnostic
Kassim	Olufemi	Gastroenterology
Katsouli	Anthi	Hospitalist Medicine - Phys
Kaul	Komal	IM Residency - MacNeal
Kaza	Angela	Surgery
Kazan-Tannus	Joao	Radiology-Diagnostic
Keleher	Colleen	Immediate Care - LUMC
Kelly	Michael	Neurology
Kennedy	Kathleen	Oncology/Hematology
Kezdi-Rogus	Paula	Radiology-Diagnostic
Khanna	Anuradha	Ophthalmology
Khayyat	Nael	Radiology-Diagnostic
Khazai	Ladan	Psychiatry
Kheirkhah	Pouyan	Pathology
Khine	Thidar	Hospitalist Medicine - Phys
Khurshid	Abid	Medicine-Pulmonary
Killen	Cameron	LMG Orthopedics
Kim	Amy	Hospitalist Medicine - Phys
Kim	Wendy	Medicine-Dermatology
King	Timothy	Surgery
Kini	Ameet	Pathology
Kinno	Menhel	Cardiology Practice
Kinsinger	Sarah	Gastroenterology
Kircher	Matthew	Otolaryngology
Kizhakepunnur	Lenney	Anesthesiology - HB
Klein	Erica	Radiology-Diagnostic
Knab	Lawrence	Surgery
Komorowski	Monica	Hospitalist Medicine - Phys
Korepta	Lindsey	Surgery
Kostidis	Athena	Neurology
Kosti-Schwartz	Jorgena	Oncology/Hematology
Kristopaitis	Theresa	Int Med - Gen
Krum	Kristen	Pathology
Kubasiak	John	Surgery
Kuchinic	Paulina	Emergency Medicine Physicians
Kumar	Dhruv	Primary Care - Physician
Kumar	Sunita	Medicine-Pulmonary
Kuritza	Theresa	Radiology-Diagnostic

Kuzma	Alexander	Ortho Surg Rehab-Surgery
Kwak	Jenny	Anesthesiology - HB
Lagedrost	Sarah	Primary Care - Physician
Laghi	Franco	Medicine-Pulmonary
Lake	Eden	Medicine-Dermatology
Lal	Ann	Obstetrics & Gynecology
Larsen	Camilla	PC - Department
Lasky	Alexandra	GMH ED Physicians.
Lau	James	Surgery
Laubacher	Bryn	Ortho Surg Rehab-Surgery
Leavitt	Molly	IM Residency - MacNeal
Lebo	Nadine	Radiology-Diagnostic
Lee	Brian	Radiation Oncology-Oncology
Lee	Helen	Hospitalist Medicine - Phys
Lee	Kit	PC - Department
Lee	Rebecca	Anesthesiology - HB
Lee	Aaron	LMG Orthopedics
Lee	Eugene	LMG Family MED
Lee	Hong	LMG Endocrine
Leehey	David	Medicine-Renal Diseases
Leischner	Matthew	Hospitalist Medicine - Phys
Leonetti	John	Otolaryngology
Leon-Jauregui	Dulces	Primary Care - Physician
Levack	Ashley	Ortho Surg Rehab-Surgery
Lew	George	Emergency Medicine Physicians
Lewis	Bruce	Cardiology Practice
Li	Pulsar	Anesthesiology - HB
Libot	Agnes	Hospitalist Medicine - Phys
Liebo	Max	Cardiology Practice
Lim-Dunham	Jennifer	Radiology-Diagnostic
Linares	Victoria	Primary Care - Physician
Ling	Benjamin	Medicine-Renal Diseases
Liotta	Margaret	Obstetrics & Gynecology
Littleton	Stephen	Medicine-Pulmonary
Liu	Lisa	Primary Care - Physician
Lo	Shelly	Oncology/Hematology
Lo	Matthew	LMG Family MED
Lockhart	Courtney	LMG OBGyn
Lomasney	Laurie	Radiology-Diagnostic
Lomax	Dionna	Primary Care - Physician
Lopez	John	Cardiology Practice
Lopez	Norma	Endocrinology
Lopez Soler	Reynold	Surgery
Losurdo	John	Gastroenterology
Lovett	Shannon	Emergency Medicine Physicians
Lubawski	James	Thoracic & Cardio Surg
Luchette	Fred	Surgery
Luo	Xixi	Hospitalist Medicine - Phys
Luu	Brian	Anesthesiology - HB

Lynn	Mary	Obstetrics & Gynecology
Ma	Tehui	Pediatrics
Maalouf	Monica	Primary Care - Physician
MacLeod	Stephen	Surgery
Madani	Syed	Hospitalist Medicine - Phys
Maddrell	Rebecca	PC - Department
Maggiore	Jack	Pathology
Mahmoud	Faaiza	Radiology-Diagnostic
Maietta	Katherine	Primary Care - Physician
Majewski	Michael	Anesthesiology - HB
Malamis	Angelo	Radiology-Diagnostic
Mallik	Atul	Radiology-Diagnostic
Mamalis	Christina	Ophthalmology
Mangukia	Chirantan	Thoracic & Cardio Surg
Marfia	Paula	Hospitalist Medicine - Phys
Markos	Michael	Medicine-Pulmonary
Martin	James	LMG Hospitalists
Marzo	Sam	Otolaryngology
Mashruwala	Anar	Hospitalist Medicine - Phys
Mason	Alexandra	Emergency Medicine Physicians
Mattix-Kramer	Holly	Medicine-Renal Diseases
Mayhew	Ryan	Hospitalist Medicine - Phys
Mazhari	Alaleh	Endocrinology
Mazin	Abdul	Neurology
McCoyd	Matthew	Neurology
McDonnell	James	Ophthalmology
McDonough	Tim	Cardiology Practice
McGann	John	Anesthesiology - HB
McGee	Edwin	Thoracic & Cardio Surg
McIntyre	Jessica	PC - Department
McMahon	Margaret	Primary Care - Physician
McMullen	Phillip	Pathology
McVary	Kevin	Urology
Meade	Michael	Pathology
Mehta	Rishi	Medicine-Pulmonary
Mehta	Sandeep	Cardiology Practice
Merchant	Mekhala	Psychiatry
Meresh	Edwin	Psychiatry
Merjaneh	Zahi	Hospitalist Medicine - Phys
Merrill	Alina	LMG Family MED
Metwally	Sherif	Medicine-Renal Diseases
Michel	Steve	LMG Internal Med
Michelfelder	Aaron	PC - Department
Miles	Katharine	Anesthesiology - HB
Miller	John	Ortho Surg Rehab-Surgery
Miller	Robert	PC - Department
Mirza	Kamran	Pathology
Mitchell	John	Anesthesiology - HB
Mitchell	Myrosia	Radiology-Diagnostic

Molvar	Christopher	Radiology-Diagnostic
Mondesir	Legia	Anesthesiology - HB
Moore	Dennis	Otolaryngology
Morales Vidal	Sarkis	Neurology
Moreland	Connie	LMG OBGyn
Mueller	Elizabeth	Obstetrics & Gynecology
Mueller	Joseph	Emergency Medicine Physicians
Mugve	Neal	Anesthesiology - HB
Mukherji	Jayanta	Anesthesiology - HB
Mukherji-Stewart	Tanya	Emergency Medicine Physicians
Mulcahey	Mary	Ortho Surg Rehab-Surgery
Munoz	Victor	Primary Care - Physician
Muraskas	Jonathan	Pediatrics
Murphy	Elizabeth	Psychiatry
Murphy	Yvonne	LMG Family MED
Murray	Amy	Anesthesiology - HB
Murray	Timothy	Emergency Medicine Physicians
Myles	Bati	Immediate Care - LUMC
Nadeem	Ahmed	Immediate Care - LUMC
Nair	Shanti	Primary Care - Physician
Napier	Laura	Immediate Care - LUMC
Neacy	Kathleen	Emergency Medicine Physicians
Nemeth	Paul	Immediate Care - LUMC
Newman	Joshua	Cardiology Practice
Nghiem	Trac	Emergency Medicine Physicians
Nguyen	Crystal	Pediatrics
Nguyen	Theresa	Emergency Medicine Physicians
Nielsen	Janet	Immediate Care - LUMC
Nishida	Takashi	Neurology
Nobari	Matthew	Medicine-Pulmonary
Nucifora	Paolo	Radiology-Diagnostic
Nwachukwu	Dennis	Immediate Care - LUMC
Obia	Chukwuyem	Pathology
O'donnell	Briana	IM Residency - MacNeal
Ogrodnik	Joseph	Surgery
Ojo	Temiwumi	PC - Department
O'Keefe	Julie	Primary Care - Physician
O'Neil	Bernadette	Pediatrics
O'Rourke	Michael	Anesthesiology - HB
Ostrowski	Rochella	Medicine-Rheumatology
Ozark	Laura	Hospitalist Medicine - Phys
Ozga	Timothy	Radiology-Diagnostic
Pacheco	Susan	Medicine-Infectious Diseases
Paganessi	Elizabeth	Obstetrics & Gynecology
Paiva Parada	Jorge	Medicine-Infectious Diseases
Palin	Charles	Surgery
Palmatier	Jason	Emergency Medicine Physicians
Pandhi	Mithil	Radiology-Diagnostic
Pangan	Antonio	Primary Care - Physician

Pankov	Andrei	LMG Psychiatry
Parker	Ellen	Primary Care - Physician
Pasquale	David	Radiology-Diagnostic
Patadia	Monica	Otolaryngology
Patadia	Neelam	Ophthalmology
Patel	Amees	Medicine-Allergy
Patel	Chirag	Otolaryngology
Patel	Neel	Otolaryngology
Patel	Prerak	Hospitalist Medicine - Phys
Patel	Purvi	Surgery
Patel	Shruti	Medicine-Pulmonary
Paterick	Timothy	Cardiology Practice
Pawlowski	Julius	Anesthesiology - HB
Peacock	Dennis	Immediate Care - LUMC
Pedone	Eric	Anesthesiology - HB
Peiffer	Anne	Obstetrics & Gynecology
Pennings	Isabel	Surgery
Perez-Tamayo	R Anthony	Thoracic & Cardio Surg
Perkins	Sarah	Pediatrics
Pham	Thythy	Obstetrics & Gynecology
Picken	Maria	Pathology
Pierko	Eliza	LMG Orthopedics
Pinzur	Michael	Ortho Surg Rehab-Surgery
Pittman	Amy	Otolaryngology
Polsley	Kevin	Primary Care - Physician
Pontikes	Theodote	Psychiatry
Poonja	Shirin	Hospitalist Medicine - Phys
Popescu	Alexandra	Medicine-Rheumatology
Portalatin	Manuel	Surgery
Porto	Susan	Obstetrics & Gynecology
Potkul	Ronald	Obstetrics & Gynecology
Powe	Darrell	Immediate Care - LUMC
Prabhu	Vikram	Neurological Surgery
Presta	Michael	Anesthesiology - HB
Prinz	Paul	Ortho Surg Rehab-Surgery
Probst	Beatrice	Immediate Care - LUMC
Puri	Jignasa	Immediate Care - LUMC
Puri	Aditi	IM Residency - MacNeal
Qazi	Sameer	Hospitalist Medicine - Phys
Quddus	Sana	Medicine-Pulmonary
Quek	Marcus	Urology
Qureshi	Nadia	Pediatrics
Raad	Wissam	Thoracic & Cardio Surg
Rabbat	Joyce	Pediatrics
Rabbat	Mark	Cardiology Practice
Radzienda	Michael	Int Med - Gen
Rafique	Muhammad	Anesthesiology - HB
Raghavan	Krishna	Hospitalist Medicine - Phys
Ra-Hurka	Yongsun	Primary Care - Physician

Ralston	Brian	LMG Family MED
Raschka	Kathleen	Immediate Care - LUMC
Rebielak	Monica	Surgery
Reed	Trent	Emergency Medicine Physicians
Rees	Harold	Ortho Surg Rehab-Surgery
Reese	Andrew	Anesthesiology - HB
Reid	Gail	Medicine-Infectious Diseases
Renner	Heidi	Primary Care - Physician
Reyna	Chantal	Surgery
Rice	Jason	Primary Care - Physician
Richgels	John	Urology
Rieger	Brent	Primary Care - Physician
Riggs	Robert	Emergency Medicine Physicians
Ringwala	Sukit	Cardiology Practice
Rizvi	Syed	LMG Rheumatology
Robinson	Patricia	Oncology/Hematology
Roeske	John	Radiation Oncology-Oncology
Rohde	Susan	Primary Care - Physician
Rojek	Katarzyna	Primary Care - Physician
Rojo	Manuel	Thoracic & Cardio Surg
Rosania	Stephanie	Radiology-Diagnostic
Rosenblum	Jordan	Radiology-Diagnostic
Rottier	Francis	Ortho Surg Rehab-Surgery
Rubin	Jonah	Oncology - Hepatology
Rudinger	Ann	Primary Care - Physician
Ruland	Sean	Neurology
Rupp	James	Primary Care - Physician
Russell	Timothy	Immediate Care - LUMC
Ryan	Eilis	Immediate Care - LUMC
Sabau	Roxana	Hospitalist Medicine - Phys
Sabzwari	Rabeeya	Medicine-Infectious Diseases
Saelinger-Shafer	Laura	Primary Care - Physician
Sajous	Christine	Pediatrics
Salama	Mohamad	Hospitalist Medicine - Phys
Salazar	Dane	Ortho Surg Rehab-Surgery
Saleem	Nida	Pathology
Samarasinghe	Shanika	Endocrinology
Samra	Manpreet	Medicine-Renal Diseases
Sanford	Arthur	Surgery
Santa	Edwin	Hospitalist Medicine - Phys
Santucci	Peter	Cardiology Practice
Sardone Ponnappan	Jennifer	IM Residency - MacNeal
Scaglione	Steven	Oncology - Hepatology
Schiff	Adam	Ortho Surg Rehab-Surgery
Schilf	Christopher	Anesthesiology - HB
Schilling	David	Psychiatry
Schmitt	Daniel	Ortho Surg Rehab-Surgery
Schneck	Michael	Neurology

Schneider	Julia	Medicine-Renal Diseases
Schnell	Claire	Primary Care - Physician
Schnitz	Adeline	Neurology
Schnitzler	Eugene	Neurology
Schwartz	Jeffrey	Thoracic & Cardio Surg
Segal	Evelyn	PC - Department
Sehgal	Vivek	Radiology-Diagnostic
Serrano Owens	Belinda	Immediate Care - LUMC
Serrone	Joseph	Neurological Surgery
Sethakorn	Nan	Oncology/Hematology
Sethi	Anil	Radiation Oncology-Oncology
Shah	Ricky	Anesthesiology - HB
Shah	Shivani	Pediatrics
Shah	Subir	Cardiology Practice
Shahid	Ramzan	Pediatrics
Sharma	Aparna	Psychiatry
Sharma	Astha	Pediatrics
Sharma	Shivy	Hospitalist Medicine - Phys
Sharp	Lydia	Emergency Medicine Physicians
Shea	Steven	Radiology-Diagnostic
Sheikh	Shehla	Medicine-Renal Diseases
Sherrer	Nathaniel	Primary Care - Physician
Sheth	Deepa	Radiology-Diagnostic
Shields	Brigid	GMH ED Physicians.
Shivakumar	Deepti	Primary Care - Physician
Shott	Gordon	Hospitalist Medicine - Phys
Siddique	Faizah	Medicine-Rheumatology
Siddiqui	Mariah	Radiology-Diagnostic
Siegel	Amanda	Gastroenterology
Simmons	Elizabeth	Psychiatry
Simpson	Giles	Emergency Medicine Physicians
Simpson	Kevin	Medicine-Pulmonary
Singer	Marc	Surgery
Singhal	Madhavi	Pediatrics
Sisbarro	Daniel	Primary Care - Physician
Skerrett	Jacquelyn	LMG Family MED
Slade	David	Medicine-Infectious Diseases
Small	William	Radiation Oncology-Oncology
Smith	David	Int Med - Gen
Smith-Nunez	Ashley	IM Residency - MacNeal
Snow	David	Emergency Medicine Physicians
Sodhi	Rupinder	Medicine-Renal Diseases
Solanki	Abhishek	Radiation Oncology-Oncology
Soliz	Luis	Ortho Surg Rehab-Surgery
Soneru	Alexander	LMG Orthopedics
Song	Albert	Radiology-Diagnostic
Sosnowski	Rafal	Radiology-Diagnostic
Soult	Michael	Surgery
Spangenberg	Katherine	Primary Care - Physician

Speiser	Jodi	Pathology
Sprawka	Nicole	Obstetrics & Gynecology
Srivastava	Alka	LMG Pediatrics
Stacks	Summers	LMG Hospitalists
Stankiewicz	James	Otolaryngology
Starnes	Taylor	Ophthalmology
Staskiewicz	Christina	Ortho Surg Rehab-Surgery
Steen	Lowell	Cardiology Practice
Sterk	Ethan	Emergency Medicine Physicians
Stern	Theodore	Immediate Care - LUMC
Stiff	Patrick	Oncology/Hematology
Stirling	Jerold	Pediatrics
Stokas	Michael	Primary Care - Physician
Stuck	Rodney	Ortho Surg Rehab-Surgery
Suh	Courtney	PC - Department
Suh	Eugene	Pediatrics
Suh	Jane	Gastroenterology
Sultania Dudani	Priyanka	IM Residency - MacNeal
Summers	Alan	Neurology
Summers	Hobie	Ortho Surg Rehab-Surgery
Swartz	Brenda	Psychiatry
Syed	Almas	Pediatrics
Syed	Mushabbar	Cardiology Practice
Szpaderska	Anna	Surgery
Tamayo	Raul	LMG Pediatrics
Tang	Ping	Pathology
Tanis	Donald	Cardiology Practice
Tehrani	Rodney	Medicine-Rheumatology
Tengerstrom	Lindsey	Pediatrics
Tetteh	Elizabeth	Anesthesiology - HB
Thakkar	Jigisha	Neurology
Thilges	Sarah	Psychiatry
Thorp	Christopher	Hospitalist Medicine - Phys
Thorpe	Eric	Otolaryngology
Tkachenko	Igor	Anesthesiology - HB
Tobin	Martin	Medicine-Pulmonary
Tobin	Melinda	Immediate Care - LUMC
Tomur	Rashmi	LMG OBGyn
Tonino	Pietro	Ortho Surg Rehab-Surgery
Ton-That	Hieu	Surgery
Totonchi	Kara	LMG OBGyn
Totonchi	Samer	LMG Urology
Tsai	Stephanie	Oncology/Hematology
Tsien	Margaret	Hospitalist Medicine - Phys
Tu	Tony	Psychiatry
Tuerk	Emily	Primary Care - Physician
Turk	Thomas	Urology
Uddin	Shuja	LMG Psychiatry
Undevia	Nidhi	Medicine-Pulmonary

Ural	Nil	Anesthesiology - HB
Vade	Aruna	Radiology-Diagnostic
Valero	Elsa	LMG Family MED
Van Horn	Christine	Urology
Vandevender	Darl	Surgery
Vasaiwala	Roshni	Ophthalmology
Vasaiwala	Smit	Cardiology Practice
Vavra	Timothy	Primary Care - Physician
Vega	Sandra	Obstetrics & Gynecology
Velankar	Milind	Pathology
Vellanki	Kavitha	Medicine-Renal Diseases
Veselik	Jill	Pediatrics
Von Roenn	Natasha	Oncology - Hepatology
Waddell	Leslie	Obstetrics & Gynecology
Wadhwa	Anuradha	Medicine-Renal Diseases
Wagner	Robert	Radiology-Diagnostic
Wagner	Sarah	Obstetrics & Gynecology
Walsh	Susan	Psychiatry
Wang	Yanping	Pathology
Wantuch	Elizabeth	Hospitalist Medicine - Phys
Ward	Cassandra	Emergency Medicine Physicians
Warrior	Krishnan	Medicine-Pulmonary
Weiss	Jennifer	Oncology/Hematology
Weiss	Jeremy	Urology
Weiss	Marc	Pediatrics
Welsh	James	Radiation Oncology-Oncology
White	Tiffany	Hospitalist Medicine - Phys
White Prock	Paula	Obstetrics & Gynecology
Wiener	Janis	LMG Internal Med
Wiisanen	Michael	Anesthesiology - HB
Wiley	Lena	Obstetrics & Gynecology
Wilgucki	John	Ophthalmology
Williams	Freager	Obstetrics & Gynecology
Winder	Abigail	Obstetrics & Gynecology
Winger	James	PC - Department
Wojcik	Eva	Pathology
Wojewnik	Bartosz	Ortho Surg Rehab-Surgery
Woods	Michael	Urology
Wool	Laura	Psychiatry
Worrell	Stewart	Radiology-Diagnostic
Wrzosek	Mariusz	Surgery
Wu	Karen	Ortho Surg Rehab-Surgery
Yang	Davis	LMG Family MED
Yankol	Yucel	Surgery
Yedavalli	Nina	Oncology/Hematology
Yepez	Yesenia	LMG Family MED
Yoo	David	Ophthalmology
Yu	Mingxi	Cardiology Practice
Yun	Andrea	Emergency Medicine Physicians

Zak	Ramona	Primary Care - Physician
Zhang	Qi	Emergency Medicine Physicians
Ziegler	Andrea	Otolaryngology
Zielinski	Lisa	Surgery
Zielinski	Matthew	Surgery



LOYOLA
MEDICINE

RML Specialty Hospital Community Benefits Report

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: RML Specialty Hospital

Mailing Address: 5601 S County Line Road Hinsdale, IL 60521
(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: 06 / 01 / 2023 through 05 / 31 / 2024 Taxpayer Number: 36-4113692
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).

Hospital Name	Address	FEIN#
RML Specialty Hospital Hinsdale	5601 S. County Line Road Hinsdale, IL 60521	36-4113692
RML Specialty Hospital Chicago	3435 W. Van Buren Street Chicago, IL 60624	36-4113692

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. \$ 0

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

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	\$ <u>8975</u>	-
Financial Assistance	\$ <u>0</u>	-
Government Sponsored	\$ _____	4,305,511
Donations	\$ _____	19,757
Volunteer Services		
a) Employee Volunteer Services	\$ <u>138,917</u>	
b) Non-Employee Volunteer Services	\$ _____	
c) Total (add lines a and b)	\$ _____	138,917
Education	\$ _____	121,432
Government-sponsored program services	\$ _____	-
Research	\$ _____	14,581
Subsidized health services	\$ _____	143,873
Bad debts	\$ _____	389,079
Other Community Benefits	\$ _____	-

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.

James R Prister, President & CEO



Signature

Latoya Johnson

Name of Person Completing Form

ltjohnson@rmlspecialtyhospital.org

Electronic / Internet Mail Address

630-286-4120

Phone: Area Code/ Telephone No.

11/19/2024

Date.

630-286-4270

Phone: Area Code/ Telephone No.

630-286-4130

FAX: AreaCode/FAXNo.

MISSION, VISION, AND VALUES

Our Mission

To provide quality, compassionate care to patients from our referring community who suffer from prolonged, severe illness.

Our care programs include:

- The care and weaning of patients who require prolonged mechanical ventilation.
- The care and treatment of patients with complex wounds; and,
- The care and treatment of patients who require prolonged acute care hospitalization.

Given RML's specialty in serving medically complex patients and patients with long term care needs, we define RML's community in the following way:

- RML Hinsdale: People in Chicago, Suburban Cook County, DuPage County and Will County who have suffered a severe, life-changing, debilitating illness requiring extensive psycho-social and health support services when they return home.
- RML Chicago: People in Chicago and Suburban Cook County who have suffered a severe, life-changing, debilitating illness requiring extensive psycho-social and health support services when they return home.

Our Vision

To be a national center of excellence for long term acute care, recognized for superior clinical outcomes and patient satisfaction, and for valued contributions to the advancement of medical care.

Our Values

Integrity	We are ethical, fair, and honest in all our actions.
Service	We are committed to achieving service excellence in all that we do.
Respect	We respect the individual rights, dignity, and confidentiality of others.
Stewardship	We strive at all times to be good financial stewards of the resources entrusted to us.
Teamwork	We value each staff members contributions to our Mission and believe that collaborative effort is essential to realizing our Vision.
Accountability	We hold ourselves accountable for our actions and for the achievement of results.

**Approved by the RML Specialty Hospital Board of Directors on November 30, 2016,
and reaffirmed on May 24, 2022.**

RML Specialty Hospital – FY23 Community Benefits Report
Attachment B

**RML Specialty Hospital
Community Benefits Plan – FY2024**

Part 1: Goals and Objectives

Community hospitals and university hospitals, as short-term acute care providers, are equipped with the resources, infrastructure, and reach to address major public health issues affecting community health and hospital admissions. These short-term facilities, which typically serve patients for shorter stays focused on acute illnesses and injuries, play a critical role in addressing social determinants of health, such as access to care, community violence, prenatal care, obesity, and chronic conditions like diabetes, mental health, etc., and typically transfer patients needing prolonged intensive care to LTACHs or specialized facilities.

By contrast, Long-Term Acute Care Hospitals (LTACHs) like RML Specialty Hospital specialize in treating patients with complex, chronic medical needs requiring extended hospital-level care, typically for more than 25 days. LTACHs focus on intensive, specialized services like ventilator weaning, wound care, and rehabilitation for patients with severe, often multi-system conditions that need long-term monitoring and treatment.

Given these distinct roles, RML's impact would be limited if it attempted to address broad public health issues already managed by short-term acute care providers. Instead, RML focuses its community benefit efforts on programs uniquely suited to support its long-term acute care patients. As the first stop in the post-acute care continuum, RML is committed to directing its community benefit efforts toward targeted programs and services that align with its unique role as an LTACH. Focusing on these needs presents opportunities for RML to advance our mission by enhancing the care we provide to the unique patient population we serve.

Part 2: Community

Given RML's specialty in serving medically complex patients and patients with long term care needs, we define RML's community in the following way:

RML Hinsdale: People in Chicago, Suburban Cook County, DuPage County and Will County who have suffered a severe, life-changing, debilitating illness requiring extensive psycho-social and health support services when they return home.

RML Chicago: People in Chicago and Suburban Cook County who have suffered a severe, life-changing, debilitating illness requiring extensive psycho-social and health support services when they return home.

As the elderly and low-income are least likely to have the resources to adapt well to these circumstances, we will focus on these populations.

RML Specialty Hospital – FY23 Community Benefits Report
Attachment B

Part 3: Health Care Needs Considered

As part of its Community Health Needs Assessment completed in May 2022, RML identified the following as priority needs of the communities served by both the Hinsdale and Chicago campuses:

- Training and Education for Caregivers.
- Post-discharge Care Coordination.
- Post-discharge Social Services.
- Post-discharge Answers to Medical Questions.

RML Specialty Hospital -FY24 Community Benefits Report
Attachment C



RML Community Benefit – Total FY2024	\$5,129,698
RML Net Revenue – FY2024	\$115,223,178
Community Benefit as a Percentage of Net Revenue – FY2024	4.5%

Community Benefit Categories:

A. Community Health Services ⁽¹⁻³⁾	\$97,160
B. Financial Assistance ⁽⁴⁻⁵⁾	\$0
C. Health Professions Education ⁽⁶⁻⁷⁾	\$121,432
D. Subsidized Health Services ⁽⁸⁻⁹⁾	\$143,873
E. Research ⁽¹⁰⁻¹²⁾	\$14,581
F. Contributions ⁽¹³⁻¹⁶⁾	\$17,056
G. Community Building Activities ⁽¹⁷⁻¹⁸⁾	\$14,813
H. Community Benefit Operations ⁽¹⁹⁻²⁰⁾	\$26,193
I. Charity Care ⁽²¹⁾	\$0
J. Government Sponsored Healthcare ⁽²²⁻²³⁾	\$4,694,590
K. Other ⁽²⁴⁾	\$0

RML Community Benefit – Total FY2024	\$5,129,698
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RML Specialty Hospital -FY24 Community Benefits Report Attachment C



Footnotes

1. All calculations throughout involving RML employees use the average salary for a class of employees and include an indirect cost factor of 0.4710 derived from the methodology approved by the VHA and Catholic Health Association (CHA).
2. RML has interpreter and communication assistance available to patients with communication barriers and needs available free of charge to all patients.
3. Members of RML's executive team participated in several national and local not-for-profit health care committees directed at improving the health of the community.
4. RML did not provide financial assistance to any patients in FY24. Though RML did receive 10 applications for financial assistance, all 10 applicants ended up eligible for and receiving Medicaid.
5. Outside of the 10 financial assistance applications, RML also processed several applications for medical assistance through Medicaid and other governmental agencies.
6. Four Pulmonology Fellows from Loyola University trained at RML.
7. 222 students in professional programs performed clinical rotations at RML.
 - 139 nursing students from six nursing colleges (College of DuPage, Joliet Junior College, Morton College, Rasmussen College, Triton College, Malcolm X College) for a total of over 5800 hours.
 - Two dietetic students from Dominican University received about 120 hours of instruction.
 - Two radiology technology students from Joliet Junior College for a total of nearly 1,700 hours.
 - 74 rehabilitation therapy students in the physical therapy, speech/language pathology, occupational therapy, and physical therapy assistant programs at Northwestern University, Rush University, Chicago State University, Malcolm X College, North Central College and Elmhurst University received over 5600 hours of clinical training.
8. Although RML does not operate an emergency room, patients occasionally come to RML seeking emergency treatment requiring the care of a physician and nurse at a minimum. RML treated, stabilized, and transferred (if necessary) three patients at Chicago required emergency care. No payment was collected from these patients.
9. RML funds chaplain services to provide spiritual support for patients and families.
10. RML participated in 8 sponsored and collaborative projects including a range of clinical trials and pilot studies aimed at advancing medical research and patient care. Sponsored projects involve multi-center clinical trials such as the ReInvigorate Study assessing diaphragm stimulation, as well as regulatory-supported device trials to enhance treatment for ventilated patients. Collaborative efforts include partnerships with institutions like RUSH and the CDC to study airborne pathogen trends, antimicrobial resistance, and innovative cleaning practices. These initiatives underscore RML's active role in pioneering research and fostering collaborations that contribute to improving health outcomes and community wellness.
11. RML maintains an active Institutional Review Board (IRB) to ensure the ethical performance of all research activities.
12. RML provides space and administrative / office support for researchers.
13. RML contributed cash and in-kind donations to the charitable foundations of several local health care providers and to several voluntary health organizations.
14. RML employees volunteered on RML time to support a December food drive for local food pantries; Adopt-a-Child Toy Drives; winter weather supplies for a Chicago youth group; and the American Lung Association's Climb the Tower.
15. RML contributed to fund-raising events for local not-for-profit organizations.
16. RML employees donated to the "RML Fund," which provided support to families demonstrating a need for transportation while their loved ones were at RML and medical equipment and supplies for patients after discharge.
17. RML participated in the Illinois Hospital Association (IHA) Emergency Preparedness Exercise- Cyber Disruption for the Region 11 (Chicago). RML also participates in the Chicago Healthcare System Coalition Preparedness and Response (CHSCPR) initiative through the City of Chicago to identify large scale potential impacts on the healthcare system related to large city-wide events such as the Democratic National Convention, Lollapalooza Music Festival and the Chicago Marathon.
18. RML absorbed the Medicaid application fee for over 60 patients.
19. RML operates a Community Benefits Council made up of RML employees to organize and promote volunteer opportunities in the community for its employees. The Community Benefits Council also organizes, promotes, and supports the RML Annual Holiday Drive.

RML Specialty Hospital -FY24 Community Benefits Report
Attachment C



20. RML conducted a Community Health Needs Assessment (CHNA) in the spring of 2022. A second payment was made towards the assessment in FY23 in the amount of \$15375. In addition to that eight RML leaders participated on the team and in FY23 this group of leaders worked towards implementation of the plans to respond to the needs determined within report.
21. RML Specialty Hospital has a charity care policy that conforms to federal and state regulations, including the standards set forth by the Affordable Care Act and IRS Section 501(r).
22. RML had a bad debt expense of \$389,078 in FY24. Bad debt expense is from audited financial statements.
23. Medicare losses in FY24 totaled \$4,305,511
24. RML's Board of Directors took action to waive the Partner distribution due to financial performance significantly under budget and RML's investments in an unrealized loss position. As financial operations stabilize, and unrealized investment losses mitigate in the market RML expects partner distributions to eventually resume. That distribution would typically be in support of each organization's charitable mission.

Approved by RML Board of Directors on 11/19/2024

RML SPECIALTY HOSPITAL: A VALUABLE PARTNER FOR THE CHICAGOLAND COMMUNITY

RML Specialty Hospital is Chicagoland's center of excellence for long-term acute care and the largest single ventilator weaning hospital in the nation. RML is recognized for having one of the highest ventilator weaning success rates in the country, providing expert complex medical rehabilitation services, and excelling in the treatment of severe surgical wounds and pressure ulcers. At RML, our mission is to provide quality, compassionate care to patients from our referring community with prolonged, severe medical illnesses. We recognize that these patients and their families need a high level of clinical expertise and exceptional care in an environment that gives them the time they need to heal.

As a not-for-profit organization, we also embrace the responsibility we have to those in our community. Through both local programs and far-reaching initiatives, RML Specialty Hospital's unique presence is felt throughout the Chicago area and beyond, even by people who have never heard of our facility. In total, RML employees contributed about 3565 hours to the provision of community benefits. The following narrative summarizes our community benefits activities for fiscal year 2024 (June 1, 2023, to May 31, 2024).

Partnering for Better Community Health

Beyond our work with our long-term acute patients, RML Specialty Hospital augments its ability to improve the health of the community by collaborating with our partners, Loyola University Medical Center and Advocate Health Care. We support each other's missions through joint efforts to improve continuity of care and develop new and improved programs.

RML has also established other partnerships in the community. For example, RML has worked closely with the emergency response networks in Chicago and the Western Suburbs to improve these communities' disaster preparedness. RML participates in the Chicago PROTECT Project, which is co-sponsored by the Centers for Disease Control, The Illinois Department of Public Health, and the Chicago Department of Public Health. Chicago PROTECT aims to stop the spread of multi drug-resistant microorganisms.

In the Spring of 2022, RML conducted its fourth Community Health Needs Assessment (CHNA). RML recognizes that as the first stop in the post-acute care continuum, it is well-positioned to address the needs of chronically, critically ill patients after they leave the hospital and return to the community. Focusing on these needs presents unique opportunities for RML to advance our mission by enhancing the care we provide to the unique patient population we serve.

Eight RML leaders participated on a team facilitated by a consultant, Crowe, LLP (Crowe). The team identified four high-priority needs: training and education for caregivers, post-discharge care coordination, post-discharge social services, and post-discharge answers to medical questions.

In the spring of 2023 RML began implementing the plans developed in fall of 2022 designed to address the high-priority needs discovered within the planning meeting. Implementation has continued throughout FY2024. RML has placed a large focus on needs considered as high priority and has accomplished the following:

RML Specialty Hospital – FY 2024 Community Benefits Report Attachment D

Training and Education for Caregivers:

- Conducted a comprehensive review and standardization of the discharge education process.
- Enhanced discharge documentation, ensuring it is need-based with additional time available as requested by caregivers.
- Expanded the use of materials in caregivers' native languages and increased access to language services to improve communication during discharge training.

Post-Discharge Care Coordination:

- Implemented updates to the social assessment to include questions on social determinants of health (SDOH), supported by a scoring tool. This tool prompts care coordinators to provide referrals when additional assistance is needed. To date, one referral has been made based on this assessment, aligning with The Joint Commission's NPSG.16.01.01 to improve health equity.

Post-Discharge Social Services:

- RML Specialty Hospital has prioritized staff training on a social services referral tool, that aids in connecting patients and their caregivers to essential health and social service support and information. As needs are discovered using our SDOH scoring tool our staff have the resources needed to make appropriate referrals to social services when additional support is required.

Post-Discharge Answers to Medical Questions:

- Updated our discharge follow-up tool within the EHR to include a discharge education rating system

Conducting Research for Medical Advancement

Clinical research is imperative to uncover the root causes of conditions, determining alternative treatments, and improving patient outcomes. RML oversees and participates in numerous clinical research studies on the treatment and care of long-term ventilated patients, as well as those with infectious diseases and medically complex conditions. There were eight active studies underway at RML during FY 2024.

RML Specialty Hospital's sponsored and collaborative projects include a range of clinical trials and pilot studies aimed at advancing medical research and patient care. Sponsored projects involve multi-center clinical trials such as the ReInvigorate Study assessing diaphragm stimulation, as well as regulatory-supported device trials to enhance treatment for ventilated patients. Collaborative efforts include partnerships with institutions like RUSH and the CDC to study airborne pathogen trends, antimicrobial resistance, and innovative cleaning practices. These initiatives underscore RML's active role in pioneering research and fostering collaborations that contribute to improving health outcomes and community wellness.

RML maintains an active Institutional Review Board (IRB) to provide critical oversight over research activities to ensure that the research is appropriate, ethical, and represents the best interests of its human subjects. RML affords researchers with the administrative support and supplies needed to conduct their studies effectively and, in a manner, consistent with the IRB's regulations.

RML Specialty Hospital – FY 2024 Community Benefits Report Attachment D

Educating the caregivers of the future

Several studies have demonstrated that there is an increasing need for qualified health professionals across the country and in the state of Illinois. At RML Specialty Hospital, we provide opportunities for students and health professionals to gain hands-on clinical experience and receive mentorship by qualified caregivers. Each year, we welcome nursing students as well as students in other health care disciplines to sample, study and continue RML's brand of quality, compassionate care, so they may be qualified to provide the same level of care for our community. In FY 2024, we assisted in the training of over 220 students in professional programs, including:

- 139 nursing students from seven nursing colleges (College of DuPage, Joliet Junior College, Morton College, Rasmussen College, Triton College, and Malcolm X College) for a total of over 5,800 hours.
- Two dietetic students from Dominican University received about 120 hours of instruction.
- Two radiology technology students from Joliet Junior College for a total of nearly 1,700 hours.
- 74 rehabilitation therapy students in the physical therapy, speech/language pathology, occupational therapy, and physical therapy assistant programs at Northwestern University, Rush University, Chicago State University, Malcolm X College, North Central College, St. Xavier University, and Fox College received over 5600 hours of clinical training.
- Four Pulmonology Fellows from Loyola University trained at RML.

Offering health education and resources to our community

RML Specialty Hospital provides a number of additional benefits to our community. For example:

- Members of RML's executive team participated on several national and local not-for-profit health care committees directed at improving the health of the community.
- Sensitive to individual beliefs and traditions, RML's Chaplains provided emotional and spiritual support services to those in need.

In these ways and many more, RML Specialty Hospital provides a vital health resource to our patients, their families, our employees and our neighbors. We take great pride and honor in providing these programs and believe they are an essential part of our mission.

Supporting Local and Far-reaching Initiatives through Volunteerism and Donations

In FY 2024, RML built on its recognized status as an organizational leader in the community. This past year, RML employees donated:

- Food and cash for food pantries at the Marillac House on the West Side of Chicago and the Hinsdale Community Center.
- Cash to the RML fund, which provided for transportation to support families with loved ones in the hospital and medical equipment and supplies for patients after discharge.
- Hats, mittens, scarves, and gloves to inner-city children through LifeLine Church in Chicago.
- Toys to children through Adopt-a-Family and the Angel Tree Foundation.
- Volunteered and donated to the American Lung Association's Fight for Air Climb


RML Specialty Hospital – FY 2024 Community Benefits Report
Attachment D

RML operates a Community Benefits Council made up of RML employees to organize and promote volunteer opportunities in the community for its employees.

Providing charity care to those in need

In FY 2024, RML provided charitable health care services to the community in several ways, including:

- Emergency care – RML provided emergency care to three patients; patients were treated, stabilized, and then transferred to local hospitals, if necessary. No payment was collected from these patients.

	Policy	
	Policy Title:	Policy Number:
	Last Review Date:	Next Review Date:
	Financial Assistance Policy	749
	08/21/2024	08/21/2027

I. PURPOSE:

The purpose of this policy is to provide charity care and discounts to uninsured patients as a part of RML Specialty Hospital's (RML) mission to serve the community and to comply with State and Federal laws governing financial assistance provided by 501(c)(3) hospitals. This policy describes eligibility, hospital and patient responsibility, the approval process, discount determination and communication. This policy applies to both the RML Hinsdale facility and the RML Chicago facility.

II. DEFINITIONS

- A. **Financial assistance** means a discount provided to a patient under the terms and conditions RML offers to qualified (eligible) patients or as required by law.
- B. **Cost to charge ratio** means the ratio of a hospital's costs to its charges taken from its most recently filed Medicare cost report. (CMS 2552-96 ,Worksheet C, Part I).
- C. **Family income** means the sum of a family's annual earnings and cash benefits from all sources before taxes, less any payments made for child support.
- D. **Federal poverty income guidelines** means the poverty guidelines updated periodically in the Federal Register by the US Dept of Health and Human Services under authority of 42 USC 9902(2).
- E. **Healthcare services** means any medically necessary inpatient hospital services, including pharmaceuticals or supplies provided by a hospital to a patient.
- F. **Illinois resident** means a person 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 this policy.
- G. **Partner** means a person who has established a civil union Pursuant to the Illinois Religious Freedom Protection and Civil Union Act [750 ILCS 75] or similar law.



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- H. **Patient** means the individual receiving services from the hospital or any individual who is the guarantor of the payment of services received from the hospital.
- I. **Presumptive Eligibility** means eligibility for hospital financial assistance determined by reference to criteria demonstrating financial need on the part of the patient.
- J. **Presumptive Eligibility Criteria** means the categories identified as demonstrating financial need on the part of a patient used by the hospital in the implementation of presumptive eligibility.
- K. **Medically necessary** means any inpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, with the same clinical presentation as the uninsured patient.
- L. **Uninsured patient** means an Illinois resident who is a patient of a hospital and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance health benefit, or other health coverage program, including high deductible health insurance plans, workers compensation, accident liability insurance, or other third-party liability.
- M. **Insured patient** means an Illinois resident who is a patient of a hospital and is covered under a policy of health insurance.
- N. **Eligible assets** means all patient owned assets of personal property excluding personal residence, assets deemed exempt from judgment under Section 121001 of the Code of Civil Procedure; or any amounts held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plans may be included as income.
- O. **Screening** means the process of engaging with a patient to review and assess the patient's potential for any financial assistance offered by RML, public health insurance programs or other discounted care known to RML, informs the patient of the hospital's assessment; documents in the patient's record the



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circumstances of the screening; and assists with the application for RML financial assistance.

- P. **Public Health Insurance Programs** are defined as Medicare, Medicaid, medical assistance under the Non-Citizen Victims of Trafficking, Torture and Other Serious Crimes Program, Health Benefit for Immigrant Adults, Health Benefit for Immigrant Seniors, All Kids, or other medical assistance programs offered by the Illinois Dept of Healthcare and Family Services.

III. RESPONSIBILITIES

Accounting and Patient Financial Service departments

IV. POLICY

It is the policy of RML Specialty Hospital (RML) to provide financial assistance to uninsured patients in need.

V. PROCEDURE

A. Commitment to Provide Emergency Medical Care 1.

Emergency Medical Care Policy:

- a. RML does not have a dedicated emergency department or specialized capabilities that would make it appropriate to accept transfers of individuals who need stabilizing treatment for an emergency medical condition.
- b. RML appraises emergencies, provides initial treatment, and refers or transfers an individual to another facility, when appropriate, in a manner that complies with the federal Emergency Medical Treatment and Labor Act (EMTALA) statute.
- c. RML does not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that patients pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that



interfere with the facility's appraisal and provision, without discrimination, of such initial treatment.

B. Hospital Responsibilities and Compliance Requirements

1. Eligibility

- a. RML shall provide a discount from its charges to any uninsured patient who applies for a discount, has family income of not more than 600% of the federal poverty income level guidelines (FPL), is an Illinois resident and incurs medically necessary health care services exceeding \$150 in any one inpatient admission.

2. Basis for Calculating Amounts Charged to Uninsured Patients

- a. No patient who is eligible for financial assistance will be charged more for medically necessary care than the Amount Generally Billed (AGB) to individuals with insurance.
- b. RML uses the Prospective Medicaid Method to determine AGB. Under this method, AGB is calculated by using the billing and coding process RML would use if the individual eligible for financial assistance was a Medicaid beneficiary and setting AGB for the care at the amount RML determines would be the total amount Medicaid would allow for the care (including both the amount that would be reimbursed by Medicaid and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles).
- c. RML does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

3. Charity Care

- a. For eligible patients with family income 200% or less of the FPL, RML will provide free care.

4. Uninsured Patient Financial Assistance Discount

- a. For health services exceeding \$150 in any one inpatient admission, the maximum amount RML can collect from an uninsured patient deemed eligible under RML's financial assistance policy is the lesser of AGB or 135% of the hospital's cost to provide care. This amount is further discounted based upon the patient's family FPL as follows:

FPL Range

Additional Discount



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> 200% and < = 300%	75%
> 300% and < = 400%	50%
> 400% and < =500%	25%
> 500% and <= 600%	0%

5. Maximum Collectible Amount

- a. The maximum amount that can be collected in a 12 month period for health care services by RML is 20% of the patient's family income and is subject to the patient's continued eligibility under this policy.
- b. The uninsured patient shall inform the hospital in subsequent inpatient admissions that the patient was previously entitled to the uninsured discount and whether his or her circumstances for eligibility under this policy have changed.
- c. An uninsured patient who owns assets having a value in excess of 600% of the FPL is excluded from the maximum collectible amount.
- d. Excluded Assets:
 - i. Primary residence
 - ii. Personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure
 - iii. Pension or retirement plan assets (income however is included for this policy).

C. Patient Responsibilities and Compliance Requirements

1. RML may make the availability of a discount and the maximum collectible amount under this policy contingent upon the uninsured patient first applying for coverage under public health insurance programs such as Medicare, Medicaid, or any other programs that the uninsured patient may be eligible.
2. RML will permit an uninsured patient to apply for a discount within the Application Period (as described in the Billings and Collections Policy, generally 240 days of the date of discharge) when they submit the Application for Financial Assistance.
 - a. RML will require an uninsured patient who is requesting an uninsured discount to provide documentation of family income. Acceptable documentation shall include:
 - i. Copy of most recent tax return

- ii. Copy of most recent W-2 and 1099 forms
 - iii. Copies of the 2 most recent pay stubs
 - iv. Written income verification from an employer if paid in cash.
- b. RML will require the uninsured patient to certify the existence of assets owned by the patient and provide documentation of the value of such assets. Acceptable documentation could include:
 - i. Statements from financial institutions
 - ii. Other third-party verification of value
 - iii. If no third-party verification exists, the patient shall certify as to the estimated value of the asset(s).
- c. Uninsured patients must verify Illinois residency. Acceptable forms include:
 - i. Valid state-issued identification card (permanent or temporary)
 - ii. Recent residential utility bill
 - iii. Lease agreement
 - iv. Vehicle registration card
 - v. Voter registration card
 - vi. Mail addressed to the uninsured patient at an Illinois address from a government or credible source
 - vii. Written statement from a family member of the patient who resides at the same address and presents verification of residency
 - viii. Letter from a homeless shelter, transitional house or other similar facility
- 3. RML's obligation under this policy to the uninsured patient shall cease if that patient fails or refuses to provide the information or documentation requested or apply for coverage under public programs within 30 days of RML's request.
- 4. The uninsured patient shall notify RML of subsequent inpatient admissions that the patient received in order to determine the 12 month maximum amount that can be collected from a patient.
- 5. RML will require the patient to certify that all of the information provided in the application is true. If it is determined by RML that any of the information is untrue, any discount granted to the uninsured patient is forfeited and the uninsured patient is responsible for payment of the charges in full.

D. Procedure

A screening evaluation for uninsured patients shall commence upon their agreement at the earliest reasonable moment for potential eligibility to both public health insurance programs and Uninsured Discount offered by RML and can be initiated in multiple ways.

1. RML notifies an uninsured patient with a self-pay balance due via having provided a plain-language summary of the FAP upon admission and including a statement on the self-pay bill that he/she may be eligible for financial assistance, and the patient notifies RML that he/she cannot afford to pay the bill and requests assistance.
2. A patient without insurance is referred to RML, seeks admission, and states that he/she cannot afford to pay the medical expenses associated with their current medical services and requests assistance.
3. An admitted patient exhausts insurance during the hospital stay and the patient notifies RML they cannot afford to pay the bill and requests assistance.
 - a. Each patient seeking an Uninsured Discount will be referred to the Admitting Department.
 - b. All screening activities, including initial screenings and all follow-up assistance, must be provided in compliance with the Language Assistance Services Act.
 - c. The Admitting Department will communicate with the patient and a preliminary assessment for assistance will be conducted (i.e. federal poverty limits, assets available, employment status).
 - d. The following criteria must be met in order for a review for a final determination for a discount to be conducted:
 - i. Patient must cooperate and apply for all applicable Public Health Insurance Programs that may be available to the patient.
 - ii. Patient must complete the Application for Charity Care/Uninsured Discount with all requested documents.
 - e. The Patient Financial Services Department will determine if patient qualifies for either Public Health insurance or an RML uninsured discount within 10 days of the receipt of a completed application and supporting documentation.
 - i. If the screening indicates that the patient may be eligible for a public health insurance program RML will provide information to the patient about how to apply for benefits including



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- referral to healthcare navigators who provide free and unbiased eligibility and enrollment assistance. Such navigators can include federally qualified health centers, local, State or federal government agencies; or any other resources Illinois recognizes as designated to assist uninsured individuals in obtaining health coverage.
- ii. If the patient ultimately is not eligible for public health insurance and the patient is eligible for an RML Uninsured Discount:
 - 1 Approval must be obtained by either the Controller or Director of Patient Financial Services and forwarded to either the Vice President Finance & CFO or President & CEO for final approval.
 - 2 If approved, a letter and verbal communication will be made to the patient informing them of the approval for a discount, the percentage discount, and the payment plan.
 - f. If a patient declines or fails to respond to the screening process within 30 days of request, the Admitting department shall document in the patient's record the patient's decision to decline or failure to respond to the screening, confirming the date that the screening took place, method by which the patient declined or failed to respond and the lack of received documentation. The screening however could be reopened if the patient subsequently responds and is within 90 days of the later of date of discharge, service or completion of the initial screening. If RML believes a patient declined to respond due to immigration-related consequences, RML may refer the patient to a free, unbiased resource such as the Immigrant Family Resource Program to address the patient's immigration-related concerns and assist in enrolling the patient in a public health insurance program.
 - g. If an insured patient requests financial assistance screening or RML learns information to suggest the patient's inability to pay, RML will provide screening services



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E. Communication

1. The availability of hospital financial assistance as defined under this policy shall be widely communicated to patients including but not limited to:
 - a. Posting signage in areas of the hospital commonly utilized for admission and registration of patients notifying them that they may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. The signage shall contain hospital contact information, including a website and telephone number where the patient may obtain further information regarding financial assistance. The signage shall be in English and in any other language that is the primary language of at least 5% of the patients served by RML annually as defined by RML's 5/31 fiscal year.
 - b. Availability of financial assistance must be prominently displayed on RML's public website including a description of the financial assistance application process, a copy of the financial assistance application, a complete copy of this policy, and a plain language summary of this policy.
 - c. Each patient shall be notified of the availability of financial assistance upon admission by being offered a plain-language summary of this policy.
 - d. Written material shall be available regarding RML's financial assistance program in areas of the hospital commonly utilized for admission and registration of patients.
 - e. Hospital bills shall include a prominent statement that an uninsured patient who meets certain income requirements may qualify for an uninsured discount, how they may apply for consideration under this policy, a phone number at the hospital where the patient can obtain more information, and the website address where copies of this policy, application form, and plain-language summary may be obtained.

F. Application of FAP to Providers other than the Hospital

1. The granting of financial assistance under this policy is limited to hospital charges and the charges of those providers employed by RML. A list of all RML physician staff members who have agreed and not agreed to comply with this policy shall be posted on RML's website at <https://www.rmlspecialtyhospital.org/dischargeplanners/financialinformation>



/#financial (scroll to link on bottom of page) and offered to patients upon admission. This list shall be updated no less than quarterly.

G. Eligibility for Presumptive Financial Assistance

1. Patients are deemed presumptively eligible for free care if the patient demonstrates one or more of the following:
 - 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 services
 - e. Enrollment in one of the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
 - i. Women, Infants and Children Nutrition Program (WIC)
 - ii. Supplemental Nutrition Assistance Program (SNAP)
 - iii. Illinois Free Lunch and Breakfast Program
 - iv. Low Income Home Energy Assistance Program (LIHEAP)
 - v. 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.
 - vi. Receipt of grant assistance for medical services.
2. In the event that the uninsured patient does not apply for financial assistance, cooperate with demonstrating the inability to pay or the patient fails to contact RML in response to collection efforts, RML may extend financial assistance to the uninsured patient. RML would take into consideration the information available to make a determination of presumptive eligibility for financial assistance, such as the Medicaid application completed by the patient, whether the referring hospital granted financial assistance for the patient for the episode of care relating to the patient's RML hospitalization, whether the patient was granted Medicaid eligibility following their RML hospitalization, the use of external credit reporting agencies, and any other available information that would be relevant in determining the patient's ability to pay for their RML hospitalization. RML will make every effort to grant financial assistance on a presumptive eligibility basis only to uninsured patients who are deemed unable to pay.



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3. Presumptive Eligibility shall be applied to an uninsured patient as soon as possible after receipt of hospital services by the patient and prior to issuing any bill for those services.

H. Billings and Collections Policy

1. RML has a separate Billings and Collections Policy, which establishes the collection efforts it may take for all patients with self-pay obligations related to insured patient deductibles and co-pays, non-covered services and uninsured patient financial obligations. This policy is available by contacting the Patient Financial Services Department at 630-286-4222, or online at <https://www.rmlspecialtyhospital.org/dischargeplanners/financialinformation/#financial> (click on Billings and Collections Policy).

I. Hospital Contact Information

1. Hinsdale:
Admitting Department 5601
S. County Line Rd.
Hinsdale, IL 60521
Phone #: 630-286-4516
Fax #: 773-826-2851
2. Chicago
Available by appointment
Admitting Department
3435 West Van Buren Street
Chicago, IL 60624
Phone #: 630-286-4516
Fax #: 773-826-2851
3. Website:
<https://www.rmlspecialtyhospital.org/dischargeplanners/financialinformation/#financial>

VII. ATTACHMENTS

[Attachment A: Application for Financial Assistance](#)



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VIII. RELATED POLICIES

None

IX. REFERENCES

<https://www.rmlspecialtyhospital.org/discharge-planners/financial-information/#financial>

Last Review & Revision Dates: 06/2012, 05/2013, 11/2013, 06/2016, 11/2018, 03/2021, 12/2021

RML HEALTH PROVIDERS, L.P.

FINANCIAL STATEMENTS

May 31, 2024 and 2023

RML HEALTH PROVIDERS, L.P.
FINANCIAL STATEMENTS
May 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
RML Health Providers, L.P.
Hinsdale, Illinois

Opinion

We have audited the financial statements of RML Health Providers, L.P., which comprise the balance sheets as of May 31, 2024 and 2023, and the related statements of comprehensive income, changes in partners' equity, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of RML Health Providers, L.P. as of May 31, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of RML Health Providers, L.P. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, which raise substantial doubt about RML Health Providers, L.P.'s ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of RML Health Providers, L.P.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, which raise substantial doubt about RML Health Providers, L.P.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Crowe LLP

Tampa, Florida
July 30, 2024

RML HEALTH PROVIDERS, L.P.
BALANCE SHEETS
May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 11,280,123	\$ 5,348,141
Short-term investments	-	68
Patient accounts receivable	23,177,452	20,915,475
Estimated settlement due from third party payors	313,279	148,270
Other accounts receivable	72,014	3,309,949
Prepaid expenses	2,398,502	3,767,267
Other current assets	<u>1,593,044</u>	<u>1,982,489</u>
Total current assets	38,834,414	35,471,659
Long term investments	34,164,287	32,684,354
Property and equipment, at cost		
Leasehold improvements	17,580,341	17,155,570
Equipment and furniture	40,309,457	39,671,081
Construction in progress	<u>2,421</u>	<u>-</u>
	57,892,219	56,826,651
Less: accumulated depreciation	<u>(36,764,839)</u>	<u>(33,226,628)</u>
Property and equipment, net	21,127,380	23,600,023
Right-of-use assets - operating	177,843	382,742
Right-of-use assets - finance	25,716,054	27,394,954
Other assets	<u>5,052,171</u>	<u>5,266,205</u>
Total assets	<u>\$ 125,072,149</u>	<u>\$ 124,799,937</u>

(Continued)

RML HEALTH PROVIDERS, L.P.
BALANCE SHEETS
May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
LIABILITIES AND PARTNERS' EQUITY		
Current liabilities		
Accounts payable and accrued expense	\$ 14,730,942	\$ 17,065,255
Estimated settlements due to third party payors	1,506,728	1,097,231
Due to affiliate	-	700
Obligation under leases, current portion	<u>1,100,573</u>	<u>947,644</u>
Total current liabilities	17,338,243	19,110,830
Long term liabilities		
Long term obligations, less current portion		
Professional liability claims	5,111,929	6,744,211
Obligation under capital leases, less current portion	32,849,864	33,950,437
Other non-current liabilities	<u>4,538,921</u>	<u>3,757,344</u>
Total long-term liabilities	<u>42,500,714</u>	<u>44,451,992</u>
Total liabilities	59,838,957	63,562,822
Partners' equity		
Limited partners:		
Loyola University Medical Center	32,322,349	30,344,291
Advocate Health and Hospitals Corporation	32,322,349	30,344,291
General partner - RMLHP Corporation	<u>588,494</u>	<u>548,533</u>
Total partners equity	<u>65,233,192</u>	<u>61,237,115</u>
Total liabilities and partners' equity	<u>\$ 125,072,149</u>	<u>\$ 124,799,937</u>

See accompanying notes to financial statements.

RML HEALTH PROVIDERS, L.P.
STATEMENTS OF COMPREHENSIVE INCOME
Years ended May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Revenue		
Net patient service revenue	\$ 111,917,738	\$ 115,734,556
Grant revenue	1,615,805	181,971
Contribution revenue	15,230	102,097
Other revenue	<u>1,674,405</u>	<u>1,212,441</u>
Total revenue	<u>115,223,178</u>	<u>117,231,065</u>
Expenses		
Salaries, wages, and benefits	65,785,515	61,633,185
Purchased services	17,321,673	22,457,780
Supplies	8,155,017	8,971,382
Rent	577,745	551,210
Depreciation and amortization	5,546,187	5,547,861
Interest	2,283,868	2,326,470
Utilities	1,331,699	1,003,022
Insurance	989,417	2,656,965
Other	<u>10,789,930</u>	<u>9,724,049</u>
Total expenses	<u>112,781,051</u>	<u>114,871,924</u>
Income from operations	2,442,127	2,359,141
Non-operating activities:		
Unrealized (loss) gain on equity investments	1,318,553	(1,266,417)
Realized gain on investments	69,231	58,485
Pension (loss) gain	<u>166,166</u>	<u>(22,241)</u>
Total non-operating activities	<u>1,553,950</u>	<u>(1,230,173)</u>
Comprehensive income	<u>\$ 3,996,077</u>	<u>\$ 1,128,968</u>

See accompanying notes to financial statements.

RML HEALTH PROVIDERS, L.P.
STATEMENTS OF CHANGES IN PARTNERS' EQUITY
Years ended May 31, 2024 and 2023

	<u>Advocate</u>	<u>Loyola</u>	<u>RMLHP Corp</u>	<u>Total</u>
Balance at May 31, 2022	\$ 29,785,452	\$ 29,785,452	\$ 537,243	\$ 60,108,147
Net income	<u>558,839</u>	<u>558,839</u>	<u>11,290</u>	<u>1,128,968</u>
Balance at May 31, 2023	30,344,291	30,344,291	548,533	61,237,115
Net income	<u>1,978,058</u>	<u>1,978,058</u>	<u>39,961</u>	<u>3,996,077</u>
Balance at May 31, 2024	<u><u>\$ 32,322,349</u></u>	<u><u>\$ 32,322,349</u></u>	<u><u>\$ 588,494</u></u>	<u><u>\$ 65,233,192</u></u>

See accompanying notes to financial statements.

RML HEALTH PROVIDERS, L.P.
STATEMENTS OF CASH FLOWS
Years ended May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities		
Net income	\$ 3,996,077	\$ 1,128,968
Adjustments to reconcile net income to net cash from operating activities		
Depreciation and amortization	5,546,187	5,547,861
Realized and unrealized (gains) losses on investments	(1,387,784)	1,253,610
Changes in		
Patient accounts receivable	(2,261,977)	(1,170,127)
Other accounts receivable	3,237,935	(3,269,674)
Prepaid expenses	1,368,765	(1,096,770)
Other current assets, noncurrent assets, and noncurrent liabilities	1,385,056	2,053,351
Accounts payable, accrued expenses, and reserve for professional liability claims	(3,966,595)	(7,446,104)
Due to (from) affiliates	(700)	(24,450)
Estimated settlements due to (from) third-party payors	244,488	(11,152)
Net cash from operating activities	<u>8,161,452</u>	<u>(3,034,487)</u>
Cash flows from investing activities		
Property and equipment additions	(1,189,745)	(2,354,640)
Proceeds from sales of investments	177,620	629,433
Purchase of investments	(269,701)	(949,049)
Net cash from investing activities	<u>(1,281,826)</u>	<u>(2,674,256)</u>
Cash flows from financing activities		
Payments on finance lease obligation	(947,644)	(260,665)
Partnership distributions paid	-	(8,916,469)
Net cash from financing activities	<u>(947,644)</u>	<u>(9,177,134)</u>
(Decrease) increase in cash and cash equivalents	5,931,982	(14,885,877)
Cash and cash equivalents at beginning of year	<u>5,348,141</u>	<u>20,234,018</u>
Cash and cash equivalents, at end of year	<u><u>\$ 11,280,123</u></u>	<u><u>\$ 5,348,141</u></u>
Non-cash transaction and supplemental cash flow information		
Cash paid for interest	\$ 2,283,868	\$ 2,326,468

See accompanying notes to financial statements.

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 1 - ORGANIZATION

RML Health Providers, L.P. ("RML" or the "Partnership"), an Illinois not-for-profit limited partnership, operates a long-term acute care hospital ("LTCH") with locations in Hinsdale, IL, which is licensed for 115 beds and in Chicago, IL, which is licensed for 86 beds. Both locations provide certain specialty services, such as acute ventilator, medically complex, and wound care.

Loyola University Medical Center ("Loyola") and Advocate Health and Hospitals Corporation ("Advocate") each hold a 49.5% interest in the Partnership. RMLHP Corporation, an Illinois not-for-profit corporation, owned equally by Loyola and Advocate, which are also not-for-profit organizations, holds a 1% interest as the general partner of RML. Under the terms of the Partnership Agreement, the earnings are allocated to each partner based on their relative ownership interests.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been presented in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenue, and expenses and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates are used by management to record amounts relating to patient accounts receivable, estimated settlements with third-party payors, and reserves for professional liability and employee medical insurance claims. Actual results could differ from those estimates.

Net Patient Service Revenue: Substantially all of RML's net patient service revenue for 2024 and 2023 is derived from services rendered to beneficiaries under the Medicare, Medicaid, and Managed Care programs. All charges are for inpatient and physician services.

Medicare is a federal program that provides medical insurance benefits to persons aged 65 and over, some disabled persons, and persons with end stage renal disease. Medicare reimbursement is based prospectively upon the LTCH Medicare Severity ("MS") Diagnosis Related Groups ("DRG") prospective payment system as defined and administered by the Centers for Medicare and Medicaid Services ("CMS"). Blue Cross and Medicaid reimbursement is based upon per diem rates as defined by contract or promulgated by law. Health maintenance and preferred provider organizations' payments are based primarily on per diem amounts as defined by contract. RML has provided, by a charge against net patient service revenue, for differences between gross charges for patient services and estimated reimbursement from these third-party payor programs.

Effective June 1, 2016, RML was subject to site neutral reimbursement regulations for Medicare patients pursuant to the Pathway for SGR Reform Act of 2013. Congress established certain additional criteria for reimbursement under the LTCH prospective payment system, including the requirement that admissions must directly transfer from an acute care hospital with an intensive or critical care stay of at least 3 days or receive prolonged mechanical ventilation greater than 96 hours in the LTCH, and cannot have an LTCH primary diagnosis of either psychiatric or rehabilitation. If these additional criteria are not met, prospective reimbursement is determined at site neutral rates, defined as the lower of the LTCH's cost for a case or an inpatient PPS comparable per diem amount. Effective for admissions on or after January 27, 2020 – May 11, 2023, site neutral reimbursement was temporarily suspended during the emergency period due to the Covid-19 global pandemic.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition: Patient service revenue is recognized when obligations under the terms of the contract are satisfied; this occurs as RML provides healthcare services to its patients. Patient service revenues are recognized at an amount equal to the consideration RML expects to receive in exchange for providing healthcare services to its patients. These amounts are due from third-party payors, including health insurers and government programs, other payors, and patients.

Medicare: The amounts RML receives for treatment of patients covered by the Medicare program are generally less than the standard billing rates; accordingly, RML recognizes revenue based on amounts which are payable by Medicare under the LTCH prospective payment system. The expected payment is derived based on the level of clinical services provided, charges billed to the patient's account, the patient's length of stay, and whether the patient meets criteria for full LTCH DRG reimbursement.

Medicaid and Managed Care: RML is reimbursed for healthcare services provided from various other payor sources which include insurance companies, the Illinois State Medicaid program, workers' compensation programs, health maintenance organizations, preferred provider organizations, other managed care companies and employers, as well as patients. RML is reimbursed by these third-party payors primarily on a per diem contracted rate, and the revenue is recognized at the time services are rendered.

Cost Report Settlements: Cost report settlements are accrued in the period the related services are rendered and adjusted in future periods as final settlements are determined. Laws and regulations governing the Medicare program are extremely complex and subject to interpretation. As a result, there is a reasonable possibility that recorded estimated reimbursements and settlements could change by a material amount in the near term.

Patient service revenue recognized by major payor sources is as follows for the years ended May 31:

	<u>2024</u>	<u>2023</u>
Medicare	37%	33%
Managed care	19%	19%
Medicaid	44%	48%
Total	<u>100%</u>	<u>100%</u>

Illinois Hospital Provider Assessment Program: Effective July 1, 2018, Illinois Public Act 100-581 created a new hospital assessment and payment program CMS approved through Illinois State Plan Amendment 18-0005, which is in effect until June 30, 2020. Effective July 1, 2020 Illinois SB 2541 renewed the Hospital Assessment Program CMS approved through Illinois State Plan Amendment 20-005 which is in effect until December 31, 2022. Effective May 17, 2022 Illinois HB 1950 reauthorized the Hospital Assessment Program through December 31, 2026 with some minor changes and reduced RML's May and June 2022 assessment payments by \$437,099 respectively in each month. Effective May 5, 2023 CMS approved Illinois State Plan Amendment 22-0041 retro-active to January 1, 2023 through December 31, 2026. Due to the tax assessment provisions contained in the legislation, implementation of the assessment programs impacted both operating revenue and expense in the statements of comprehensive income.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

The impact of these programs on the statements of comprehensive income is as follows:

	<u>2024</u>	<u>2023</u>
Illinois Hospital Assessment Program Revenue	\$ 15,235,983	\$ 15,617,585
Illinois Hospital Assessment Program Expenses	<u>(7,519,007)</u>	<u>(6,543,482)</u>
Net benefit	<u>\$ 7,716,976</u>	<u>\$ 9,074,103</u>

Further legislative changes to Medicaid reimbursement provided to Illinois hospitals could have a material effect on RML's operating results.

Accounts Receivable: RML reports accounts receivable at an amount equal to the consideration it expects to receive in exchange for providing healthcare services to its patients. Receivables from a commercial or government payor are carried at a net amount determined by the original charges for the services provided less an estimate made for contractual discounts. The substantial majority of RML's patients have Medicare, Medicaid, or Managed Care insurance, however the patient is responsible for deductibles and co-pays, as well as any balance due for services rendered that are not covered by third-party payors. RML does not ascertain the patient's ability to pay prior to rendering services. Accordingly, RML's accounts receivable have been reduced by an implicit price concession in the period during which the services were rendered. RML establishes its implicit price concession by individually assessing the collectability of receivables from third-party payors, establishing a specific reserve when collectability is uncertain, and also by evaluating historical data on patients' inability or unwillingness to pay for services provided and applying past experience to current receivables.

Charity Care: RML offers financial assistance to patients who are financially unable to pay the cost of the health care services they receive. Patients are asked to apply for financial assistance, provide evidence of indigence, and cooperate fully with RML's charity care requirements. RML may grant financial assistance on a presumptive eligibility basis to patients who do not apply for financial assistance using information available relating to the patient's circumstances and assessing the patient's ability to pay for his or her RML hospitalization. Charity care encompasses all forms of eligibility including patients who applied for and were granted charity care as well as all uninsured patients who did not apply for charity care but were presumptively deemed unable to pay for services rendered. The cost of providing charity care to patients, which is determined on the basis of applying the cost to charge ratio to charity care revenue, was \$0 during the years ended May 31, 2024 and 2023.

Contribution and Grant Revenue: RML received grants to conduct a research studies in the total amounts of \$15,804 and \$151,489 during the years ended May 31, 2024 and 2023, respectively. In January 2024, RML was notified and received \$1,600,000 from the State Coronavirus Urgent Remediation Emergency Fund, which is federally funded by the Coronavirus Relief Fund.

Other Revenue: Other revenue includes interest income and dividends earned on investments and other miscellaneous income.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents: Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less and money market funds. From time to time, cash balances held at banks and financial institutions may exceed federally insured amounts.

Investments: Equity Investments measured at their fair value and are recorded as such in the financial statements. Realized gains and losses and unrealized gains and losses on equity investments are included in non-operating income.

Inventories: Inventories are stated at the lower of cost or market using the first in, first out method and are included in other current assets in the accompanying balance sheets.

Property and Equipment: RML depreciates property and equipment using the straight-line method over the asset's useful life or, in the case of building and leasehold improvements, over its useful life or the remaining term of the facility lease (including option periods for which renewal appears to be reasonably assured), whichever is shorter. Costs incurred to maintain or repair property and equipment that do not significantly enhance their useful life are expensed when incurred. One-half year's depreciation is recorded in the year of acquisition and in the year of retirement, with the exception of the building finance leases, which are depreciated on a straight-line basis over the reasonably assured lease periods. Approximate average depreciable lives for financial statement purposes by classification are as follows:

Equipment and Furniture	3-20 years
Building	16-20 years
Leasehold Improvements	5-20 years

Long-Lived Assets: RML continually evaluates whether circumstances have occurred that would indicate the remaining estimated useful life of long-lived assets may warrant revision or that the remaining balance of such assets may not be recoverable. When factors indicate that such assets should be evaluated for possible impairment, RML uses an estimate of the undiscounted cash flows over the remaining life of the asset in measuring whether the asset is recoverable. To date, no such impairments have been necessary.

Income Taxes: RML is a not-for-profit limited partnership and has been recognized as a tax-exempt organization by the Internal Revenue Service pursuant to Section 501(c)(3) of the Code. Income earned in furtherance of RML's tax-exempt purpose is exempt from federal and state income taxes. The Code provides for taxation of unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authority.

U.S. GAAP prescribes recognition thresholds and measurement attributes for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Tax benefits will be recognized only if the tax position is more-likely-than-not to be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized will be the largest amount of tax benefit that is greater than 50% likely to be realized on examination. For tax positions not meeting the more-likely-than-not test, no tax benefit will be recorded. Management is not aware of any tax benefits or liabilities to be recognized at May 31, 2024 and 2023. The Partnership does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months.

Due to its tax-exempt status, the Partnership is not subject to U.S. federal income tax or state income tax. The Partnership recognizes interest and/or penalties related to income tax matters in income tax expense. The Partnership did not have any amounts accrued for interest and penalties at May 31, 2024 or 2023. Tax returns filed by the Partnership are no longer subject to examination for the years ended May 31, 2020 and prior.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Concentrations of Credit Risk: RML grants unsecured credit to its patients, most of whom are Chicago metropolitan area residents and are insured under third-party payor agreements. The mix of receivables, third-party payors and patients as of May 31, 2024 and 2023, was as follows:

	<u>2024</u>	<u>2023</u>
Medicare	32%	37%
Managed care	36%	34%
Medicaid	31%	28%
Self-pay	<u>1%</u>	<u>1%</u>
Total	<u>100%</u>	<u>100%</u>

Net accounts receivable from the Medicaid program, including Medicaid pending and Medicaid Managed Care patients, totaled approximately \$9,879,957 and \$8,613,262 at May 31, 2024 and 2023, respectively. While the State of Illinois continues to experience significant financial difficulties and delays in paying claims, paying Medicaid Managed Care Organizations, and approving eligibility for Medicaid pending patients, the State has not defaulted on any of its payment obligations to RML and RML believes that the State will continue to pay all claims for services that have been rendered to eligible Medicaid beneficiaries and will continue to fund Medicaid Managed Care Organizations. Accordingly, at May 31, 2024 and 2023, no charge has been provided against net accounts receivable due from the Medicaid program for services rendered to Medicaid eligible beneficiaries in the event of default by the State of Illinois.

Insurance Expense: The provision for professional and general liability and medical claims included in the accompanying statements of comprehensive income includes estimates of the ultimate costs for both reported and incurred but not reported claims and premiums relating to purchased insurance coverage maintained during the year.

Insurance Liability and Insurance Recoveries: RML has recorded medical malpractice and workers' compensation claim liability without consideration of insurance recoveries and has recorded an asset for an equal amount to expected insurance recoveries in the amount of \$1,809,642 and \$2,984,351 as of May 31, 2024 and 2023, respectively, which is included in the current assets and other assets sections in the balance sheets. Payments required to settle insurance liabilities in excess of insurance recoveries will be funded by RML.

Recently Adopted Accounting Pronouncements: In June 2016, the FASB issued Accounting Standards update (the "ASU") 2016-13, Financial Instruments – Credit Losses (topic 326): Measurement of Credit Losses on Financial Instruments, which replaces the incurred loss model with a forward-looking expected credit loss ("CECL") model and requires consideration of a broader range of reasonable and supportable information to estimate expected credit losses. ASU 2016-13 applies to financial assets, measured at amortized cost, including accounts receivable. ASU 2016-13 must be adopted using a modified retrospective transition method through a cumulative-effect adjustment to members' equity in the period of adoption. The Company adopted ASU 2016-13 and related amendments as of June 1, 2023, and the adoption of the new standard did not have a material impact on the Company's consolidated financial statements.

(Continued)

NOTE 3 - FAIR VALUE MEASUREMENTS

RML holds certain financial instruments that are required to be measured at fair value on a recurring basis. Accounting guidance establishes a framework for measuring fair value and provides for disclosures about fair value measurements.

Fair value is defined as the price to sell an asset or transfer a liability in an orderly transaction between market participants and represents an exit price at the measurement date. Market participants are buyers and sellers who are independent, knowledgeable, and willing and able to transact in the principal (or most advantageous) market for the asset or liability being measured. The Partnership's assets subject to fair valuation are valued in the principal market where it sells the particular asset or transfers the liability with the greatest volume and level of activity. In the absence of a principal market, the valuation is based on the most advantageous market for the asset.

Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and partners' equity of RML.

Fair value is measured using a hierarchy that prioritizes inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels are defined as follows:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Partnership has the ability to access.

The Partnership's Level 1 assets consist of mutual funds and cash and cash equivalents. The fair value of these investments is based on quoted prices.

Level 2 — Inputs to the valuation methodology include directly or indirectly observable inputs other than Level 1 inputs, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data or correlation or other means.

As of May 31, 2024, the Partnership did not have any Level 2 assets. As of May 31, 2023 the Partnership's Level 2 assets consist of asset-backed securities. Fair market values for these assets are based on quoted vendor prices and broker pricing where all significant inputs are observable.

Level 3 — Inputs to the valuation methodology are used in the measurement of assets and liabilities that are supported by little or no market activity and that are significant to the measurement of the fair value of the assets or liabilities. Level 3 assets and liabilities include those whose fair value measurements are determined using pricing models, discounted cash flow methodologies, or similar valuation techniques, as well as significant management judgment or estimation.

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The Partnership's Level 3 asset consists of an investment in a guaranteed investment contract. The guaranteed investment contract is stated at contract value which equals fair value. The investment underlying the contract is the Transamerica Financial Life Insurance Company (TFLIC) Fixed Fund. The Fixed Fund is supported by TFLIC's general account, which provides the guarantee of principal and interest. Contract value of the guaranteed investment contract is the sum of participant contributions, Partnership contributions, plus accrued interest thereon, less withdrawals.

There were no transfers into or out of Level 1 or Level 2 that occurred in either 2024 or 2023.

A financial instrument's categorization within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Financial assets measured at fair value on a recurring basis, by type of inputs applicable to the fair value measurements at May 31, 2024 and 2023 are as follows:

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 38,097,896	-	\$ -	\$ 38,097,896
Guaranteed investment contract	-	-	205,630	205,630
Cash and cash equivalents	<u>11,280,123</u>	<u>-</u>	<u>-</u>	<u>11,280,123</u>
Total assets, at fair value	<u>\$ 49,378,019</u>	<u>\$ -</u>	<u>\$ 205,630</u>	<u>\$ 49,583,649</u>

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Asset-backed securities	\$ -	\$ 6,780	\$ -	\$ 6,780
Mutual funds	35,718,529	-	-	35,718,529
Guaranteed investment contract	-	-	429,766	429,766
Cash and cash equivalents	<u>5,348,141</u>	<u>-</u>	<u>-</u>	<u>5,348,141</u>
Total assets, at fair value	<u>\$ 41,066,670</u>	<u>\$ 6,780</u>	<u>\$ 429,766</u>	<u>\$ 41,503,216</u>

These investments are classified in the balance sheet as follows:

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 11,280,123	\$ 5,348,141
Long-term investments	34,164,287	32,684,423
Other assets (RML deferred compensation 457(b) and 457(f) plans)	<u>4,139,239</u>	<u>3,470,652</u>
Total	<u>\$ 49,583,649</u>	<u>\$ 41,503,216</u>

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The reconciliation of fair value measurement of assets using significant observable inputs (Level 3) are as follows:

	<u>2024</u>	<u>2023</u>
Balance, beginning of year	\$ 429,766	\$ 704,310
Realized gains	6,310	12,361
Purchases	5,925	8,287
Sales	<u>(236,371)</u>	<u>(295,192)</u>
Balance, end of year	<u>\$ 205,630</u>	<u>\$ 429,766</u>

NOTE 4 - INVESTMENTS

Investment Income: Net investment income consists of interest and dividend income and net realized investment gains or losses. Net investment, interest, and dividend income are reported as part of other revenue in the statements of comprehensive income and changes in partners' equity. Total investment income, unrealized gains (losses), and realized gains recognized are composed of the following:

	<u>2024</u>	<u>2023</u>
Interest and dividends	\$ 1,535,715	\$ 1,089,236
Unrealized gains (losses) on investments	1,318,553	(1,266,417)
Realized gains on investments	<u>69,231</u>	<u>58,485</u>
Total	<u>\$ 2,923,499</u>	<u>\$ (118,696)</u>

As of May 31, 2024 and 2023, the aggregate amount of unrealized losses reflected in investments was \$3,614,773 and \$3,733,275, respectively. The majority of RML's unrealized losses at May 31, 2024 are related to mutual funds invested in fixed investment securities.

Management intends to hold marketable investment securities long-term and does not believe that the unrealized losses at May 31, 2024 and 2023 will have a material adverse effect on the financial position or operating results of RML. Gross unrealized losses on investments as of May 31, 2024, are as follows:

	<u>2024</u>			
	<u>Less than 12 Months</u>		<u>12 Months or Greater</u>	
	<u>Fair</u> <u>Value</u>	<u>Unrealized</u> <u>Loss</u>	<u>Fair</u> <u>Value</u>	<u>Unrealized</u> <u>Loss</u>
Mutual Funds - Bonds	\$ -	\$ -	\$ 25,874,697	\$ 3,536,425
Mutual Funds - Equities	<u>393,032</u>	<u>21,110</u>	<u>846,901</u>	<u>57,238</u>
Total	<u>\$ 393,032</u>	<u>\$ 21,110</u>	<u>\$ 26,721,598</u>	<u>\$ 3,593,663</u>

Management does not believe that any of the declines in value of investments are other than temporary.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 5 - LEASE COMMITMENTS

ASU 2016-02 requires lessees to recognize a lease liability and a right-of-use (ROU) asset on the balance sheet for most operating leases, except for those leases with an original term of 12 months or less.

As of May 31, 2024 and 2023 RML had \$177,843 and \$382,742, respectively, in operating lease right of use assets and \$206,240 and \$382,742, respectively, in corresponding operating lease liabilities.

Leases: At the inception of an arrangement, the Partnership determines if an arrangement is a lease based on all relevant facts and circumstances. Operating leases are included in operating lease ROU assets, current lease liabilities and noncurrent lease liabilities in the Partnership's consolidated balance sheet. Lease expense for operating leases is recognized on a straight-line basis over the lease term.

ROU assets represent the Partnership's right to use an underlying asset for the lease term and lease liabilities represent our obligation to make lease payments arising from the lease. ROU assets and lease liabilities are recognized at the lease commencement date based on the estimated present value of lease payments over the lease term.

As the implicit rate is generally not readily determinable, the Partnership uses the risk-free rate, which is derived from information available at the lease commencement date, in determining the present value of lease payments.

During the year ended May 31, 2018, RML entered into a lease for general office space. The lease has a fixed term through June 30, 2025 and contains a provision to extend the lease for a period of five years at the option of RML.

Maturities of lease liabilities were as follows as of May 31, 2024:

<u>Years Ending May 31,</u>	<u>Operating</u>
2025	\$ 204,232
2026	17,171
Total lease payments	221,403
Less: Imputed interest	15,163
Present value of lease liabilities	206,240
Less: Current lease liabilities	190,470
Long-term lease liabilities	<u>\$ 15,770</u>

Finance Leases: RML leases the Hinsdale facility from the Cook County. In 2017, RML executed the Third Amendment to the lease agreement effective September 14, 2016, which added two 5-year renewal terms at RML's option and included provisions that increased the annual rent expense beginning June 1, 2017. During the year ended May 31, 2020 RML exercised its right and option to extend the primary term of the lease for 5 additional years through May 31, 2027.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 5 - LEASE COMMITMENTS (Continued)

During the year ended May 31, 2011, RML entered into a five-year lease with Advocate for the Chicago facility. The facility lease contains provisions to extend the lease term for four successive additional periods of five years each under the terms and conditions of the current lease at the option of RML, provided no event of default has occurred. The lease presently has a fixed term through June 30, 2025 with three additional five-year renewal terms remaining executable at the option of RML.

As of May 31, 2024 and 2023 RML had \$25,716,054 and \$27,394,954 respectively in finance lease right of use assets and \$33,744,197 and \$34,515,300 respectively in corresponding finance lease liabilities.

During the year ended May 31, 2022, RML entered into a new equipment leasing agreement for clinical equipment classified as a finance lease. The cost and net book value at May 31, 2023 was \$804,762 and \$517,347.

A schedule of future minimum rental payments under these finance lease agreements together with the present value of the net minimum payment as of May 31, 2023 is as follows:

<u>Years Ending May 31,</u>	
2025	\$ 3,142,701
2026	3,233,022
2027	3,326,052
2028	3,421,874
2029	3,487,533
Thereafter	<u>40,258,009</u>
Total minimum lease payment	56,869,191
Less amount representing interest	<u>(23,124,994)</u>
Present value of minimum lease payments	<u>\$ 33,744,197</u>

NOTE 6 - RETIREMENT PLANS

RML sponsors a qualified defined contribution plan, the RML Health Providers Employees' 401(k) Savings Plan (the "Plan"). The Plan is available to employees on the first day of the month following 90 days from their date of hire. Employer contributions are made on a biweekly basis equal to the employees' percentage of contributions up to a maximum of 6% effective January 1, 2024. For the years ended May 31, 2024 and 2023, RML contributed \$1,940,462 and \$1,527,413, respectively to the Plan.

RML sponsors a 457(b) deferred compensation plan, the RML Health Providers L.P. Deferred Compensation Plan (the "457(b) Plan"). The 457(b) Plan is available to certain employees and physicians who can elect to defer a percentage of their compensation in accordance with the 457(b) Plan. Additionally, RML can elect to make an annual discretionary contribution to the 457(b) Plan as determined by the Board of Directors. For 2024 and 2023, RML contributed \$108,513 and \$111,516, respectively, to the 457(b) Plan. The 457(b) Plan assets remain the property of RML until paid or made available to participants and are subject to the claims of general creditors. As of May 31, 2024 and 2023, the 457(b) Plan assets of \$3,926,990 and \$3,246,098, respectively, are included in other assets in the balance sheets. The 457(b) Plan's assets are invested in stock and bond mutual funds and guaranteed investment contracts as of May 31, 2024 and 2023. As of May 31, 2024 and 2023, the 457(b) Plan liabilities of \$3,926,990 and \$3,246,098, respectively, are included in other non-current liabilities in the balance sheets.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 6 - RETIREMENT PLANS (Continued)

RML also sponsors a defined contribution SERP available to a select group of executives as determined by the RML Board of Directors. RML contributed \$58,522 and \$66,782 to the defined contribution SERP during the years ended May 31, 2024 and 2023, respectively.

NOTE 7 - RELATED PARTIES

In the normal course of business, RML purchases certain of its services and supplies from Loyola and Advocate and their various affiliated organizations. RML purchased services from Loyola and Advocate totaling \$169,200 and \$173,750 during the years ended May 31, 2024 and 2023, respectively. Additionally, RML rents the Chicago facility from Advocate. RML paid \$1,318,472 and \$1,280,070 for facility rent to Advocate during the years ended May 31, 2024 and 2023, respectively. Management believes that the lease terms are at market and consistent with those with unrelated third parties.

NOTE 8 - PROFESSIONAL LIABILITY AND EMPLOYEE MEDICAL CLAIMS

RML prior to March 1, 2019 purchased hospital professional liability insurance on a claims made basis with a \$100,000 deductible. Effective March 1, 2019 forward RML's coverage changed from a deductible to retention with the following self-insured retention limits:

Effective March 1, 2019 \$1 million per claim, \$3 million annual aggregate - \$250,000 per claim retention.
Effective March 1, 2021 \$1 million per claim, \$3 million annual aggregate - \$1 million per claim retention.
Effective March 1, 2023 \$3 million per claim, \$6 million annual aggregate - \$3 million per claim retention.

RML also purchased general and professional excess liability insurance coverage on a claims-made basis in the amount of \$20 million per occurrence and annual aggregate. The determination of the liability is based upon an independent actuarial valuation. At May 31, 2024 and 2023, the discounted liability recorded was \$6,385,680 and \$8,873,763 respectively, which is included in accounts payable and accrued expenses and professional liability claims in the balance sheets. The discount rate utilized in the actuarial valuation was 4.25% and 3.75% in 2024 and 2023, respectively. The recorded liability would have been \$841,429 and \$934,012 greater at May 31, 2024 and 2023, respectively, if the liability had not been discounted. The liability is recorded without consideration of insurance recoveries, and RML has recorded an asset for the amount of expected insurance recoveries in the amount of \$745,315 and \$2,254,856 as of May 31, 2024 and 2023, respectively.

Effective January 1, 2016, RML became self-insured for certain medical coverage and all prescription coverage for eligible employees participating in RML's employee health plan. RML is responsible for covering up to \$200,000 for both fiscal years 2024 and 2023 with an aggregate limit of \$6,112,000 at May 31, 2024 and \$6,496,000 at May 31, 2023. Employees are responsible for covering their annual deductible and co-pays and are assessed a premium contribution based on coverage elected. Benefits are paid by a third-party administrator as claims are filed and RML reimburses the third-party administrator for claims paid. The unpaid claims, both reported and incurred but not reported, are accrued for by management based on historical claims experience and enrollment. The determination of the liability for unreported claims is based upon an independent actuarial determination. Liabilities of approximately \$334,000 and \$378,000 for incurred but not reported claims and plan termination fees have been included in accounts payable and accrued expenses as of May 31, 2024 and 2023, respectively, and liabilities of approximately \$473,000 and \$366,000 for claims paid by the third-party administrator that had not been reimbursed by RML to the third-party administrator as of May 31, 2024 and 2023, respectively, have been included in accounts payable and accrued expenses. Total costs incurred for the self-insured plan in 2024 and 2023, net of employee contributions, were \$3,681,281 and \$3,633,286, respectively. Certain HMO medical claims are covered under a fully insured plan.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2024 and 2023

NOTE 8 - PROFESSIONAL LIABILITY AND EMPLOYEE MEDICAL CLAIMS (Continued)

In the opinion of management, the ultimate disposition of any professional or general liability or employee medical insurance claim exposure will not have a material adverse effect on the financial position or results of operations of RML.

NOTE 9 - FUNCTIONAL EXPENSES

RML provides long term acute care services to residents in the greater Chicago metro area. Expenses related to providing these services are as follows:

	<u>2024</u>	<u>2023</u>
Health care services	\$ 99,986,568	\$ 102,402,942
General and administrative	<u>12,794,483</u>	<u>12,468,982</u>
Total	<u>\$ 112,781,051</u>	<u>\$ 114,871,924</u>

RML did not incur any material fundraising expense during the years ended May 31, 2024 and 2023.

NOTE 10 - COMMITMENTS AND CONTINGENCIES

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursements for patient services, and Medicare and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

During the year ended May 31, 2022, RML was provided clinical staffing by the State of Illinois for which RML is to provide reimbursement. RML recorded staffing expenses totaling \$2,582,887 related to these clinical staff. While management has received notification from the State of Illinois that it is attempting to utilize federal funds to recoup the staffing costs incurred and would then forgive the amounts it is owed by providers, including RML, as this is uncertain, the Company believes that it still has a legal liability to the State of Illinois until such time that it receives formal notification of forgiveness. At May 31, 2024 and 2023, RML has recorded \$2,582,887 related to these staffing costs within accounts payable and accrued expenses in the accompanying balance sheets.

Management believes that RML is in compliance with applicable government laws and regulations as they apply to the areas of fraud and abuse. While no regulatory inquiries have been made which are expected to have a material effect on the financial statements, compliance with such laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

(Continued)

NOTE 10 - COMMITMENTS AND CONTINGENCIES (Continued)

Federal healthcare legislation is complex and substantial changes in the United States healthcare system and legislation could be forthcoming. Such legislation may include numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, reimbursement of healthcare providers and the legal obligations of health insurers, providers and employers.

NOTE 11 - SUBSEQUENT EVENTS

The Partnership has evaluated subsequent events through July 30, 2024, the date the financial statements were available to be issued and did not identify any subsequent events to be disclosed.



LOYOLA
MEDICINE

Audited Financial Statements
See attached