



LOYOLA
MEDICINE

Community Benefits Plan Report

Annual Nonprofit Hospital
For the Fiscal Year Ending June 30, 2025



**Loyola
University
Medical
Center**

December 31, 2025

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, 2025.

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,

David B. Paluck

David B. Paluck
Regional Dir Reimbursement
David.Paluck@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



LOYOLA
MEDICINE

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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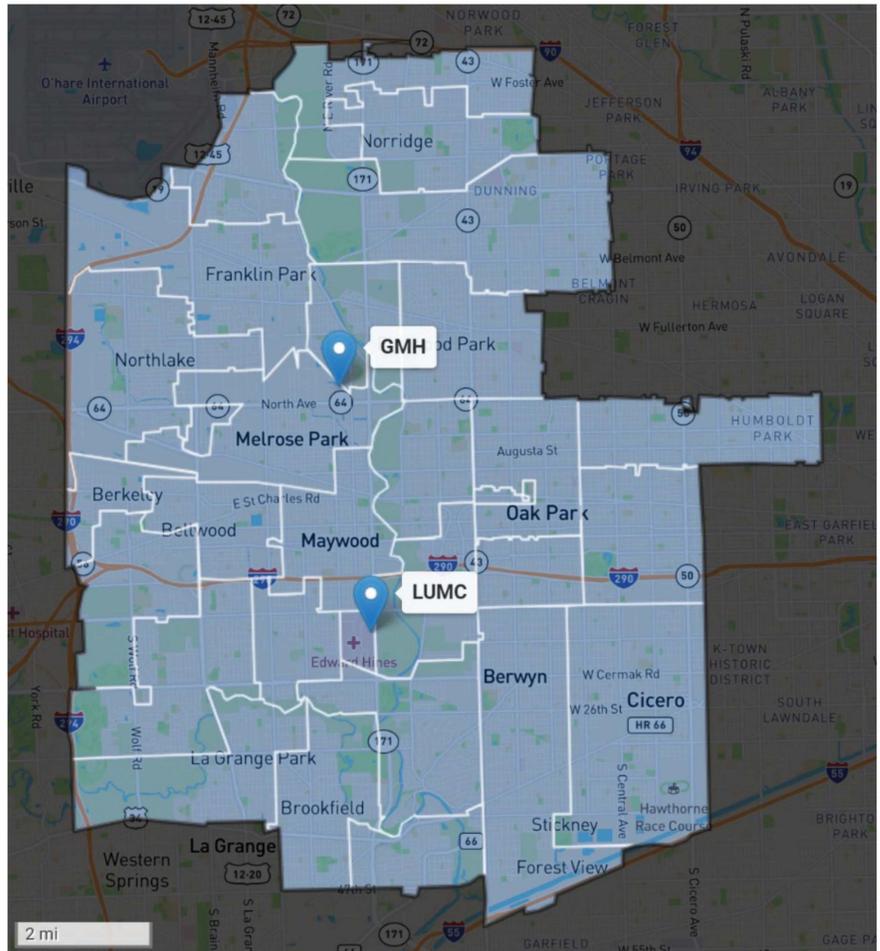
A Member of Trinity Health

Communities Served

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 2 Loyola University Medical Center and Gottlieb Memorial Hospital's primary service area

| 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 |





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Community Benefit Plan

Loyola University Medical Center
Community Benefit Plan and Report
Fiscal Year 2025

Introduction

Loyola Medicine is a nationally ranked academic, quaternary care system based in Chicago's western suburbs. The three-hospital system includes Loyola University Medical Center (LUMC) in Maywood, IL, Gottlieb Memorial Hospital (GMH) in Melrose Park, IL and MacNeal Hospital in Berwyn, IL; as well as convenient locations offering primary care, specialty care and immediate care services from nearly 2,000 physicians throughout Cook, Will and DuPage counties. 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 26 states. Trinity Health is one of the largest multi-institutional Catholic healthcare systems in the nation, serving diverse communities that includes 93 hospitals, as well as 107 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 \$1.3 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 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.
- In 2025, for the 17th 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.
- In 2025, Blue Cross Blue Shield of Illinois recognized Loyola University Medical Center as a Blue Distinction® Center+ for Bariatric Surgery, Cardiac Care, Spine, Heart Transplant, Lung Transplant, and Liver Transplant and designated as a Blue Distinction® Center in Kidney Transplant.
- In 2025, Loyola's blood/bone marrow, kidney, kidney/liver, kidney/pancreas, liver and pancreas transplant programs were designated Optum Centers of Excellence. Optum says patients who choose Optum Centers of Excellence are more likely to have a more accurate diagnosis, higher success rate, care that is planned, coordinated and provided by a team of experts who specialize in the patient's condition, appropriate therapy, fewer complications, shorter hospital stays and decreased out-of-pocket costs.
- For the seventh year in a row, Loyola University Medical Center was named to Becker's Hospital Review's most recent list of "100 Great Hospitals in America" in 2020. Hospitals on the list are known for having a strong history of medical innovation, providing top-notch care to patients and conducting leading-edge research.

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 is 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 2025 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 \$300 million community benefits in FY25. 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 2025, 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 to focus Loyola Medicine's community outreach efforts and to demonstrate alignment with the health needs of the communities served. A comprehensive update to our community health needs assessment has been completed.

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 9.3 million people. LUMC's primary service area, which accounts for 71 percent of patients served at LUMC, has a diverse population of almost 2.4 million with the following characteristics:

- 18.1 percent of the population is age 65 or older.
- 45.4 percent of households have average incomes over \$100,000 and 12.6 percent under \$25,000.
- Hispanics are the fastest-growing race/ethnicity with a projected growth of 5 percent by 2031.

LUMC serves 5.2 percent (fourth highest among the area's hospitals) of the 239,354 discharged inpatients from this primary service area in fiscal year 2025. More than 5,400 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 and Substance-

Use, Access to Community Resources, Chronic Conditions, Access to Healthcare, Child and Adolescent Health, and Community Safety. 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 for Fiscal Years 2026-2028, a shift from the previous cycle's priorities of Mental Health and Social and Structural Influencers of Health:

1. Access to Community Resources
2. Access to Healthcare

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 receive.

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 assistance 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 eligible 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 2025, LUMC provided a total of \$202.6 million in uncompensated care. This amount covers \$37.9 million in charity care, \$27.1 million in care not fully reimbursed by Medicaid, \$136.5 million in care not fully reimbursed by Medicare and \$1 million 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 over \$61 million 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 \$2.7 million in subsidized support for clinical services that meet an identified community need. These services include 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; enrollment assistance to those experiencing poverty; advocacy work statewide; and community health education at events in LUMC's primary service area. 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 needs, 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.

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 also increased support for those experiencing a mental health crisis by coordinating Adult Mental Health First Aid training for 27 staff and community members and hosting The Building Future Success in Youth Conference in collaboration with Youth Crossroads for 92 community members who work with youth.

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 positively 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. 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 FY25, 7,024 new patients were linked to resources through 19,798 encounters with a member of our CHW team.

LUMC addressed the prevention of diabetes in FY25 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, two new cohorts were launched in FY25 and offered in both in-person and virtual formats. Cohorts were offered in both English and Spanish, and a referral pathway was sustained 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 two cohorts. Participants are screened for Social Influencers of Health (SIOH) and any identified needs may be addressed. All formats of the program were offered at no cost to participants.

Additionally, LUMC acknowledges that access to healthcare and community resources is income-dependent and, thereby, sought to increase the number of diverse local hires and improve access to living wage jobs throughout our service area.

LUMC provided over \$2.7 million in subsidized health services in fiscal year 2025, which includes programs operating at a loss and community health improvement activities.

Cash and In-kind Donations

LUMC donated \$30 million in cash or in-kind services during fiscal year 2025 toward charitable activities and organizations.

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 \$29.9 million in cash or in-kind services during fiscal year 2025 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 2025, 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 \$3.6 million in free language-assistance services in fiscal year 2025 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 a positive impact on people's lives in the community and an opportunity to boost employee morale, skill development and stronger purpose for LUMC employees.

In addition, 389 LUMC community members volunteered during fiscal year 2025 and provided 7,930 hours of time in alignment with 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 \$154,244 in total employee and non-employee volunteer services in fiscal year 2025.

Other Community Benefits

During fiscal year 2025, 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 for 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 Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program and through Strategic National Stockpile (SNS) requests submitted by LUMC were distributed to HCC members. Loyola Medicine partnered with the Illinois Department of Public Health (IDPH) for staffing options.

In FY25, A colleague of Loyola Medicine served as Chairman of the Board of Trustees for the Illinois Health and Hospital Association (IHA), furthering our coalition building work in the community. The IHA is dedicated to advocating for Illinois' more than 200 hospitals and nearly 40 health systems as they serve patients and communities throughout the state. Hospitals across Illinois are working to enhance health through new programs, community partnerships and dedicated funding, and Loyola Medicine is honored to play a part in this vital work.

LUMC provided \$328,117 in additional community benefits in fiscal year 2025.

Non-Reportable Community Services

LUMC provides additional activities to the community beyond the 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 FY25, The LUMC Spiritual Care team organized and facilitated weekly support groups up to approximately 12 hours per week focused on bereavement and life changes, community involvement/education against gun violence and debriefing/defusing/resiliency sessions with healthcare colleagues. The LUMC Spiritual Care team also provided 10 hours per week mentoring Medical Students and 10 hours per week mentoring CPE(chaplaincy) students.

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 to 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 Maywood, IL 60153
(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: 07 / 01 / 24 **through** 06 / 30 / 25 **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> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 \$37,964,594

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>3,649,004</u> |
| Financial Assistance | \$ _____ |
| Government Sponsored | \$ <u>163,640,823</u> |
| Donations | \$ <u>29,974,097</u> |
| Volunteer Services | |
| a) Employee Volunteer Services | \$ _____ |
| b) Non-Employee Volunteer Services | \$ <u>154,244</u> |
| c) Total (add lines a and b) | \$ <u>152,244</u> |
| Education | \$ <u>61,034,640</u> |
| Government-sponsored program services | \$ _____ |
| Research | \$ _____ |
| Subsidized health services | \$ <u>2,782,987</u> |
| Bad debts | \$ <u>1,082,166</u> |
| Other Community Benefits | \$ <u>328,117</u> |

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 30, 2025 16:25:41 CST)

Signature

Michael Boland

Name of Person Completing Form

Michael.Boland@luhs.org

Electronic / Internet Mail Address

mlukasic@lumc.edu

Phone: Area Code/ Telephone No.

12/30/2025

Date.

630-698-0220

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, 2024 through June 30, 2025

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) 4,348
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 30,282
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 1,364
 - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 548
 - 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) \$ 37,964,594

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

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 115 South LaSalle Street, 24th Flr.
 Chicago, Illinois 60603

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

Health Care Bureau
 Office of the Illinois Attorney General
 115 South LaSalle Street, 25th Flr.
 Chicago, Illinois 60603

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.

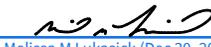
7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

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 30, 2025 16:25:41 CST)

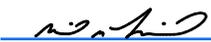
Date: 12/30/2025

...

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 30, 2025 16:25:41 CST)

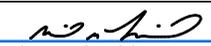
Date: 12/30/2025

...

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 30, 2025 16:25:41 CST)

Date: 12/30/2025



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 |
|--|---|---|

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

| | Loyola Medicine Fiscal Year 2025 | | | |
|-----------------------------|----------------------------------|----------------|----------------|------------------|
| | LUMC | LGMH | LMNH | |
| Charity Care | \$ 37,964,594 | \$ 5,366,611 | \$ 12,405,344 | \$ 55,736,549 |
| Community Benefits | \$ 300,610,672 | \$ 32,367,849 | \$ 62,431,313 | \$ 395,409,834 |
| Net Patient Service Revenue | \$ 1,589,031,144 | \$ 173,853,025 | \$ 370,010,788 | \$ 2,132,894,957 |

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 FY2025 as follows:

| Category | Approved Patient Applications | Pending Patient Applications | No Response / Denied Patient Applications |
|--|-------------------------------|------------------------------|---|
| Charity Care (number of Patients) | 2,073 | 6,339 | 2,558 |
| Charity Care (100% write-off): Write Off Amount | \$ 37,171,706 | 0 | 0 |
| Presumptive Charity Care (number of Patients) | 55,985 | n/a | n/a |
| Presumptive Charity Care: Write Off Amount | \$ 79,124,250 | 0 | 0 |
| Presumptive Charity Care (Partial write-off): Write Off Amount | \$ 43,141,175 | 0 | 0 |
| Other Charity Care (number of Patients) | \$ 217 | n/a | n/a |
| Other Charity Care (Med Indigent/Catastrophic): Write Off Amount | \$ 11,839,704 | 0 | 0 |

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

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



**LOYOLA
MEDICINE**

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 |
|--|---|---|

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

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

| Required Verifications | | | |
|---|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Past One month Proof of Gross Income <input type="checkbox"/> Past Two months Complete Bank Statements for all bank accounts, with all pages included. (Explanation for recurring deposits) <input type="checkbox"/> Recent Tax Returns (1040 form with Schedule C, E or F) or Three Months Profit and Loss Statements (for self-employed/dependents) | | | |
| <u>Provide the following, if applicable</u> | | | |
| <input type="checkbox"/> Recent W2 for Seasonal Income <input type="checkbox"/> Unemployment Benefit/ Denial letter <input type="checkbox"/> Child Support Income /Alimony <input type="checkbox"/> 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) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

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

| Income Verification for all household members | | | | | |
|--|--------------------|-------------------------------------|-------------------------|--------------------|-------------------------------------|
| 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 physician 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 |
| Abrahimani | 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 |

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|-----------------|--------------|-------------------------------|
| 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 |

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|-------------|------------|-------------------------------|
| 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 |

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|------------------|--------------|-------------------------------|
| 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 |

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|-------------|-------------|-------------------------------|
| 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 |

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|-----------------|-------------|-------------------------------|
| 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 |

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| 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 |

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|----------------|-----------|-------------------------------|
| 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 |

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|---------------|-----------|-------------------------------|
| 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 |

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|---------------|-----------|-------------------------------|
| 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 | Faiza | 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 |

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|------------------|-------------|-------------------------------|
| 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



FY2025 Community Benefits Report

Table of Contents

1. Illinois Attorney General “Annual Non-Profit Hospital Community Benefits Plan Report: Form
2. Attachments
 - a. Mission Statement
 - b. Community Benefits Plan
 - c. Detailed Report of Community Benefits
 - i. Community Benefits by Category
 - ii. Footnotes
 - d. Community Benefits Narrative
 - e. Financial Assistance Policy
 - f. Audited Financial Statements

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 / 24 **through** 05 / 31 / 25 **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).

| <u>Hospital Name</u> | <u>Address</u> | <u>FEIN #</u> |
|--|---|-------------------|
| <u>RML Specialty Hospital Hinsdale</u> | <u>5601 S County Line Road</u> <u>Hinsdale, IL 60521</u> | <u>36-4113692</u> |
| <u>RML Specialty Hospital Chicago</u> | <u>3435 W Van Buren</u> <u>Chicago, IL 60624</u> | <u>36-4113692</u> |

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 \$ 104,123

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>6244</u> _ |
| Financial Assistance | \$ <u>21,487</u> _ |
| Government Sponsored | \$ <u>6,141,086</u> |
| Donations | \$ <u>7510</u> _ |
| Volunteer Services | |
| a) Employee Volunteer Services | \$ <u>125,990</u> _ |
| b) Non-Employee Volunteer Services | \$ <u>199</u> _ |
| c) Total (add lines a and b) | \$ <u>126,189</u> _ |
| Education | \$ <u>325,227</u> _ |
| Government-sponsored program services | \$ <u>0</u> _ |
| Research | \$ <u>18,938</u> _ |
| Subsidized health services | \$ <u>131,665</u> _ |
| Bad debts | \$ <u>257,558</u> _ |
| Other Community Benefits | \$ <u>3,231</u> _ |

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

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

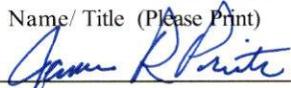
Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the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

James R Prister, President & CEO

630-286-4120

Name/ Title (Please Print)

Phone: Area Code/ Telephone No.



Signature

Date.

Latoya Johnson, Director OD & Education

630-286-4270

Name of Person Completing Form

Phone: Area Code/ Telephone No.

ltjohnson@rmlspecialtyhospital.org

Electronic / Internet Mail Address

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.

Our referring community includes:

- Our partner organization, Loyola University Health System and Advocate Health Care Network;
 - Major tertiary care centers throughout the Chicagoland area; and
 - Community hospitals with patients who require specialized, long-term care upon discharge.
-

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 May 26, 2011**

RML Specialty Hospital Community Benefits Plan – FY2025

Introduction

RML Specialty Hospital operates two long-term acute care hospitals (LTACH) campuses located in Hinsdale and Chicago. Our hospitals provide highly specialized care to medically complex patients who are chronically, critically ill and require extended hospital stays, specialized treatments, and extensive post-discharge support.

Unlike short-term acute care hospitals, which are better positioned to address broader public health issues such as community violence, obesity, or lack of prenatal care, RML's role is distinct and focused. We serve as the first stop in the post-acute care continuum, providing critical support to patients who have survived severe, life-changing illnesses but continue to face significant challenges in recovery and reintegration into daily life.

RML's 2025 Community Health Needs Assessment (CHNA), completed in May 2025, confirms that our community's greatest needs lie not in large-scale public health initiatives, but in addressing the barriers faced by patients and families during and after discharge. These include access to services and supportive resources, transitional care, health literacy, emotional and mental health support, and specialized long-term care.

Through this Community Benefits Plan, RML reaffirms its commitment to advancing our mission by:

- Responding to the needs identified in the 2025 CHNA.
- Prioritizing services that promote smoother transitions of care and long-term recovery.
- Supporting caregivers and families with the tools they need to provide effective care.
- Partnering with community organizations to extend resources beyond our walls.

This plan serves as the framework for how RML will deliver meaningful community benefit in alignment with IRS requirements, while remaining true to our mission of providing quality, compassionate care to patients suffering from prolonged, severe illness.

Part 1: Goals and Objectives

RML Specialty Hospital's mission is to provide quality, compassionate care to patients suffering from prolonged, severe illness. Unlike short-term acute care hospitals that focus on acute episodes of illness and broader population health initiatives, RML plays a unique role as the first stop in the post-acute care continuum.

Our patient population represents a narrow yet profoundly vulnerable group: individuals who have experienced a severe, life-changing illness requiring long recovery, intensive support, and specialized post-acute services. These patients face complex medical, psychosocial, and financial challenges that directly impact their ability to return home and adapt to daily living.

RML Specialty Hospital – FY25 Community Benefits Report Attachment B

Through our Community Benefits Plan, RML is committed to:

- Addressing barriers to access, health literacy, and continuity of care that directly affect patient and caregiver outcomes.
- Providing education, resources, and coordinated support to promote smoother transitions after discharge.
- Collaborating with community organizations, providers, and caregivers to strengthen long-term outcomes for medically complex patients.
- Aligning with our strategic priorities and CHNA findings to ensure that initiatives are both mission-driven and impactful.

By focusing on these goals, RML advances its mission in ways that complement—not duplicate—the efforts of short-term acute care hospitals, while ensuring meaningful improvements for the medically complex patients and families we serve.

Part 2: Community

RML Specialty Hospital serves patients through its two campuses, located in Chicago and Hinsdale. While geographically distinct, both campuses care for the same patient population: individuals who have experienced a severe, life-changing, debilitating illness and require extensive psychosocial, medical, and supportive services upon returning home.

Our community is defined by:

- **Population Served:** Medically complex, chronically critically ill patients requiring long-term acute care, as well as their caregivers who face significant challenges in navigating recovery.
- **Geographic Reach:** Patients primarily come from Chicago, suburban Cook County, DuPage County, and Will County, though referrals extend from more than 65 hospitals across northeast Illinois and beyond.
- **Focus Populations:** Elderly, low-income, minority populations, and Medicare/Medicaid dual-eligible individuals, who are least likely to have the resources necessary to adapt successfully to life after a critical illness.

The two-campus structure allows RML to meet the needs of this highly vulnerable population across a wider geographic area, while ensuring a consistent standard of specialized, compassionate care.

Part 3: Health Care Needs Considered

The 2025 Community Health Needs Assessment (CHNA), completed in May 2025, identified the following as priority needs across the communities served by RML’s Hinsdale and Chicago campuses:

- **Access to Services** (financial support and access to supportive services)
- **Enhanced Transitional Care**
- **Health Literacy and Patient/Family Education**
- **Mental and Emotional Health Support**
- **Specialized Post-Acute and Long-Term Care**

RML Specialty Hospital – FY25 Community Benefits Report
Attachment B

- **Preventative Care Awareness**
- **Social and Community Support**
- **Affordability of Medications**

These needs reflect the most pressing barriers faced by medically complex patients, their caregivers, and underserved groups, including low-income individuals, minorities, seniors, and the underinsured.

RML will use this plan to guide the FY2026–FY2028 Implementation Strategy, ensuring resources are directed toward initiatives that improve continuity of care, strengthen health literacy, expand access to social and community services, and reduce disparities in recovery outcomes.

RML Specialty Hospital -FY25 Community Benefits Report
Attachment C



| | |
|--|----------------------|
| RML Community Benefit – Total FY2025 | \$6,885,700 |
| RML Net Revenue – FY2025 | \$102,339,894 |
| Community Benefit as a Percentage of Net Revenue – FY2025 | 6.7% |

Community Benefit Categories:

| | |
|---|-------------|
| A. Community Health Services ⁽¹⁻³⁾ | \$83,550 |
| B. Financial Assistance and Means Tested Government Programs ⁽⁴⁻⁵⁾ | \$125,610 |
| C. Health Professions Education ⁽⁶⁻⁷⁾ | \$325,227 |
| D. Subsidized Health Services ⁽⁸⁻⁹⁾ | \$131,665 |
| E. Research ⁽¹⁰⁻¹²⁾ | \$18,938 |
| F. Contributions ⁽¹³⁻¹⁶⁾ | \$7,510 |
| G. Community Building Activities ⁽¹⁷⁻¹⁸⁾ | \$3,231 |
| H. Community Benefit Operations ⁽¹⁹⁾ | \$48,883 |
| I. Government Sponsored Healthcare ⁽²¹⁻²²⁾ | \$6,141,086 |
| J. Other ⁽²³⁾ | \$0 |

| | |
|---|--------------------|
| RML Community Benefit – Total FY2025 | \$6,885,700 |
|---|--------------------|

RML Specialty Hospital -FY25 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 0.4951 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 on several national and local not-for-profit health care committees directed at improving the health of the community.
4. In FY25, RML invested approximately \$21,487 in patient financial assistance and coverage support activities. This total reflects consultant expenses and RML staff resources dedicated to assisting patients in applying for or maintaining Medicaid coverage, completing redeterminations, and navigating financial assistance processes. These efforts underscore RML's ongoing commitment to supporting uninsured and underinsured patients by reducing administrative and financial barriers to essential post-acute care services.
5. RML Specialty Hospital maintains a Charity Care Policy consistent with Illinois Hospital Association and IRS Schedule H guidelines. In FY25, RML provided approximately \$104,123 in charity care, reported on a cost basis using the hospital's cost-to-charge ratio. This amount represents the cost of care provided to patients who met established financial assistance criteria and excludes bad debt, Medicaid shortfall, and other uncompensated care not qualifying under the policy.
6. Five Pulmonology Fellows from Loyola University trained at RML.
7. 160 students in professional programs performed clinical rotations at RML.
 - 122 nursing students from five nursing colleges (College of DuPage, Joliet Junior College, Morton College, Rasmussen College, Triton College, Malcolm X College) for a total of over 2200 hours.
 - Sixteen respiratory therapy students from Malcolm X College received about 1500 hours of instruction.
 - Two radiology technology students from Joliet Junior College for a total of 1,700 hours.
 - 15 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 nearly 5200 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) 1 patient at Chicago. There were no patients at Hinsdale requiring emergency care, however the triage room is available 24/7/365. No payment was collected from patients.
9. RML funds chaplain services to provide spiritual support for patients and families.
10. RML participated in multiple clinical and collaborative activities during FY25 under the direction of Dr. Nidhi Undevia and Dr. Sean Forsythe of Loyola University, with coordination by RML Research Project Director Lisa Duffner. Sponsored projects included multi-center clinical device trials such as the ReInvigorate and PREVENT studies evaluating diaphragm stimulation technologies, as well as ongoing collaborations with the CDC, RUSH, and the Chicago Department of Public Health on antimicrobial resistance surveillance (SMART Project) and C. auris decolonization research. Additional initiatives involved partnerships with academic and industry sponsors including Emory University, Rehabtronics, and Bold Insight, focused on infection prevention, device innovation, and patient mobility.
 - RML also advanced several internal quality and research initiatives, including the MOVES and MIST programs, respiratory muscle strength training implementation, and epidemiological analyses of Candida auris. Research findings were presented at the 2025 NALTH Spring Conference and submitted for peer-reviewed publication, demonstrating RML's ongoing commitment to clinical innovation and the advancement of post-acute care research.
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 contributed their time and expertise to support both community service and professional education initiatives. Staff participated in regional post-acute network vendor fairs hosted by Central Dupage,

RML Specialty Hospital -FY25 Community Benefits Report Attachment C



Delnor, Palos, and Huntley hospitals, providing education to more than 150 hospital professionals on the role of long-term acute care hospitals in the continuum of care and best practices for discharge planning collaboration. Collectively, RML representatives invested over 401 hours preparing educational materials and resources that promote coordinated patient transitions. Staff also organized and volunteered in community outreach efforts, including food and winter item drives, Adopt-a-Family gift donations, the American Lung Association's Climb the Tower and culturally inclusive community celebrations. Grief support information was also prepared and distributed to patients and families to provide comfort and resources during the holiday season. Holiday community outreach activities were valued based on estimated paid staff coordination hours using average hourly compensation rates (including benefits) and direct material costs incurred by RML. Personal staff donations and volunteer time outside of paid work hours were not included in community benefit totals.

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 is participating in several community emergency preparedness efforts; the Region 8 (Suburban Cook County and DuPage County) Emergency Management Coalition, and the Region 11 (Chicago) Emergency Management Coalition. RML also 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.
18. Community Building Activities in FY 2025 totaled \$3,231 and reflect RML's continued commitment to strengthening community health, workforce development, and equity. Reportable activities included participation in the Illinois Health and Hospital Association's (IHA) Health Equity Program, the Healthy Chicago Hospital Collaborative, and attendance at community job fairs and workforce development events hosted by the Illinois Department of Employment Security and several local colleges and universities. These initiatives represent RML's investment of staff time and resources to promote equitable access to care, foster partnerships, and build a stronger health-care workforce within the communities it serves.
19. RML conducted its 2025 Community Health Needs Assessment (CHNA) in collaboration with internal leadership and external consultants, including Crowe LLP. The assessment involved planning, data collection, community engagement, and development of implementation strategies to address identified health priorities. These efforts fulfill RML's federal and state requirements to regularly assess and respond to the health needs of the communities it serves.
20. The total unreimbursed cost of government-sponsored health care for FY 2025 was \$6,141,086. This amount represents the shortfall between the cost of providing services to Medicare and Medicaid patients and the payments received from these programs. RML Specialty Hospital includes these losses as community benefit because participation in Medicare and Medicaid ensures access to medically necessary, long-term acute care services for vulnerable and chronically ill populations who otherwise would have limited treatment options. This figure excludes bad-debt expense, which is reported separately in accordance with IRS guidelines and not classified as community benefit.
21. Bad debt expense represents the cost of services provided to patients who were unable or unwilling to pay for medically necessary care and who did not qualify for financial assistance under RML Specialty Hospital's Financial Assistance Policy. In FY 2025, RML's total bad debt expense was \$257,558. These amounts are excluded from the community benefit total in accordance with IRS Schedule H reporting requirements. RML makes every reasonable effort to identify and qualify patients for financial assistance or government programs prior to classifying an account as bad debt.
22. RML's Board of Directors took action to waive the Partner Distribution due to the year-over-year deterioration in Net Operating Income from \$2.4 million in fiscal year 2024 to \$673k in fiscal year 2025. The deterioration in profitability was largely driven by continued declines in admission volume, payer reimbursement pressures, and expense inflation. Future partner distributions are dependent upon an improved operating environment for LTACH's however the Federal One Big Beautiful Bill Act of 2025 is projected to further exacerbate future reimbursement from both Medicare and Medicaid extending financial challenges to healthcare providers.

Approved by RML Board of Directors on November 18, 2025

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 2025 (June 1, 2024, to May 31, 2025).

Community Health Services and Patient Support

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. Oversight for community benefit activities is provided by RML’s Community Benefits Council, which monitors progress on CHNA priorities and reports annually to the RML Board of Directors.

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 and Prevention (CDC), the Illinois Department of Public Health (IDPH), and the Chicago Department of Public Health (CDPH). Chicago PROTECT aims to stop the spread of multidrug-resistant microorganisms.

In early 2025, RML Specialty Hospital completed its fifth Community Health Needs Assessment (CHNA) in partnership with Crowe LLP to identify and prioritize health needs across the communities served by its Chicago and Hinsdale campuses. The assessment highlighted eight key priorities—access to services, transitional care, health literacy, emotional well-being, specialized long-term care, preventive care awareness, social and community support, and affordability of medications.

The resulting 2026–2028 Implementation Plan was approved by RML’s Board of Directors in August 2025, with execution scheduled to begin in Winter 2025 under the guidance of the Community Benefits Council. Both the CHNA and Implementation Plan are publicly available on RML’s website in compliance with IRS 501(r) and the Illinois Community Benefits Act.

Conducting Research for Medical Advancement

Clinical research plays a vital role in uncovering the root causes of illness, advancing innovative treatments, and improving outcomes for medically complex patients. At RML Specialty Hospital,

RML Specialty Hospital – FY 2025 Community Benefits Report Attachment D

research is guided by the Office of Clinical Research, led by Dr. Nidhi Undevia and Dr. Sean Forsythe of Loyola University with Lisa Duffner serving as RML’s Research Project Director.

In FY2025, RML actively participated in a broad portfolio of sponsored, collaborative, and internal studies addressing ventilator weaning, infection prevention, mobility restoration, and device innovation. Sponsored studies included the ReInvigorate and PREVENT diaphragm-stimulation trials; the SMART Project for antimicrobial-resistance wastewater surveillance with the CDC, RUSH, and UIC; and the C. auris Decolonization Pilot assessing infection-control strategies. RML also engaged with academic and industry partners such as Emory University, Bold Insight, and Rehabtronics to explore emerging therapies and medical technologies.

Collaborative studies in partnership with the Chicago Department of Public Health and Society for Healthcare Epidemiology of America examined airborne pathogen surveillance and barriers to *Candida auris* prevention. RML’s internal initiatives—MOVES mobility training, MIST wound-care therapy, and Respiratory Muscle Strength Training (RMST)—continued to demonstrate measurable improvements in functional recovery and ventilator-weaning success.

Research findings were presented at the 2025 NALTH Spring Conference and submitted for publication in peer-reviewed journals. RML’s research portfolio not only advances evidence-based care for medically complex patients but also contributes to national knowledge and community health improvement consistent with RML’s exempt purpose.

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 provides researchers with the administrative support and supplies needed to conduct their studies effectively, and in a manner consistent with the IRB’s regulations.

Educating the caregivers of the future

RML Specialty Hospital continues to play an important role in educating future health-care professionals by providing clinical training, mentoring, and continuing-education experiences across multiple disciplines. In FY 2025, RML contributed \$325,226.86 toward health-professions education through preceptor time, instruction, and staff support. More than 175 students completed clinical rotations, practicums, and internships at the Chicago and Hinsdale campuses, accounting for more than 43,000 student hours and 10,686 employee preceptor hours.

Clinical education experiences included medical fellows, nursing and respiratory-therapy students, radiology technologists, rehabilitation therapy students (physical, occupational, and speech), pharmacy and dietetic students, and administrative interns. Academic partners included Loyola University, Rasmussen College, Joliet Junior College, Malcolm X College, Elmhurst University, North Central College, Chicago State University, St. Xavier University, and others.

RML’s commitment to developing the next generation of caregivers extends beyond student placements. The Education and Organizational Development Department also supports continuing professional education, preceptor development, and research mentorship to strengthen clinical competency and promote a sustainable health-care workforce. Through these initiatives, RML advances its mission while contributing directly to the health-care capacity of the communities it serves.

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

RML Specialty Hospital demonstrates its commitment to community well-being beyond hospital walls through meaningful volunteerism, philanthropy, and outreach. In FY2025, employees across both campuses devoted more than 400 hours to service projects, professional education events, and community partnerships that extend RML’s mission of compassion and stewardship.

RML staff participated in multiple regional post-acute network vendor fairs—including those hosted by Central DuPage, Delnor, Palos, Huntley, and Northwestern Memorial Hospitals—educating more than 150 healthcare professionals on long-term acute care collaboration and best practices for patient transitions. Beyond these professional contributions, RML employees organized and volunteered in community initiatives such as food and winter item drives, Adopt-a-Family gift donations, and participation in the American Lung Association’s Climb the Tower event.

RML also provided cash and in-kind donations to local healthcare foundations and voluntary health organizations. The Community Benefits Council led hospital-wide efforts such as the Annual Holiday Drive and culturally inclusive community celebrations. In addition, RML employees contributed to the RML Fund, which assists patients and families facing hardship by covering transportation costs, medical equipment, and post-discharge supplies.

These initiatives underscore RML’s far-reaching impact—uniting staff compassion, community engagement, and organizational resources to strengthen the continuum of care and support for those most in need.

Providing charity care to those in need

At RML Specialty Hospital, no one is turned away because of an inability to pay. In FY2025, RML provided more than \$104,000 in charity care to patients who met financial assistance criteria—ensuring that medically complex individuals received the care they needed regardless of financial hardship. The value of charity care provided was calculated using RML’s Medicare cost-to-charge ratio and excludes bad debt and Medicaid shortfalls.

RML also invested in helping uninsured and underinsured patients access coverage, dedicating staff and resources to assist with Medicaid applications, renewals, and financial aid navigation.

RML Specialty Hospital – FY 2025 Community Benefits Report
Attachment D

Although RML does not operate an emergency department, its teams provided emergency stabilization and transfer care to several patients who arrived in crisis. Each was treated and stabilized at no charge before being safely transferred to an acute care hospital.

These actions reflect RML’s enduring mission to deliver quality, compassionate care to all members of the community, especially those facing the greatest financial and medical challenges.

|  | Policy | |
|---|---|--|
| | Policy Title: Financial Assistance Policy | Policy Number: 749 |
| | Last Review Date: 08/21/2024 | Next Review Date: 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.



Policy: Financial Assistance Policy
Policy Number: 749

- 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



Policy: Financial Assistance Policy
Policy Number: 749

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



Policy: Financial Assistance Policy
Policy Number: 749

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



Policy: Financial Assistance Policy
Policy Number: 749

| | |
|--------------------|-----|
| > 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:



Policy: Financial Assistance Policy
Policy Number: 749

- 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



Policy: Financial Assistance Policy
Policy Number: 749

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



Policy: Financial Assistance Policy
Policy Number: 749

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 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.



Policy: Financial Assistance Policy
Policy Number: 749

- 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

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.



Policy: Financial Assistance Policy
Policy Number: 749

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



Policy: Financial Assistance Policy
Policy Number: 749

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.

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



Policy: Financial Assistance Policy
Policy Number: 749

3. Website:
<https://www.rmlspecialtyhospital.org/dischargeplanners/financialinformation/#financial>

VII. ATTACHMENTS

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

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, 2025 and 2024

RML HEALTH PROVIDERS, L.P.

FINANCIAL STATEMENTS
May 31, 2025 and 2024

CONTENTS

| | |
|---|---|
| INDEPENDENT AUDITOR'S REPORT | 1 |
| FINANCIAL STATEMENTS | |
| BALANCE SHEETS | 3 |
| STATEMENTS OF COMPREHENSIVE INCOME | 5 |
| STATEMENTS OF CHANGES IN PARTNERS' EQUITY | 6 |
| STATEMENTS OF CASH FLOWS..... | 7 |
| NOTES TO FINANCIAL STATEMENTS | 8 |

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, 2025 and 2024, 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, 2025 and 2024, 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 consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that 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 29, 2025

RML HEALTH PROVIDERS, L.P.
BALANCE SHEETS
May 31, 2025 and 2024

| | <u>2025</u> | <u>2024</u> |
|--|-----------------------|-----------------------|
| ASSETS | | |
| Current assets | | |
| Cash and cash equivalents | \$ 14,324,367 | \$ 11,280,123 |
| Patient accounts receivable | 19,067,776 | 23,177,452 |
| Estimated settlement due from third party payors | 447,216 | 313,279 |
| Other accounts receivable | 16,820 | 72,014 |
| Prepaid expenses | 2,298,639 | 2,398,502 |
| Other current assets | <u>1,363,708</u> | <u>1,593,044</u> |
| Total current assets | 37,518,526 | 38,834,414 |
| Long term investments | 36,603,080 | 34,164,287 |
| Property and equipment, at cost | | |
| Leasehold improvements | 17,920,393 | 17,580,341 |
| Equipment and furniture | 41,497,163 | 40,309,457 |
| Construction in progress | <u>399,932</u> | <u>2,421</u> |
| | 59,817,488 | 57,892,219 |
| Less: accumulated depreciation | <u>(40,316,321)</u> | <u>(36,764,839)</u> |
| Property and equipment, net | 19,501,167 | 21,127,380 |
| Right-of-use assets - operating | 13,446 | 177,843 |
| Right-of-use assets - finance | 23,922,187 | 25,716,054 |
| Other assets | <u>5,052,021</u> | <u>5,052,171</u> |
| Total assets | <u>\$ 122,610,427</u> | <u>\$ 125,072,149</u> |

(Continued)

RML HEALTH PROVIDERS, L.P.
BALANCE SHEETS
May 31, 2025 and 2024

| | <u>2025</u> | <u>2024</u> |
|---|---------------------------|---------------------------|
| LIABILITIES AND PARTNERS' EQUITY | | |
| Current liabilities | | |
| Accounts payable and accrued expense | \$ 12,970,282 | \$ 14,730,942 |
| Estimated settlements due to third party payors | 1,011,268 | 1,506,728 |
| Due to affiliate | 272,282 | - |
| Obligation under leases, current portion | <u>1,076,904</u> | <u>1,100,573</u> |
| Total current liabilities | 15,330,736 | 17,338,243 |
| Long term liabilities | | |
| Long term obligations, less current portion | | |
| Professional liability claims | 3,455,853 | 5,111,929 |
| Obligation under capital leases, less current portion | 31,772,959 | 32,849,864 |
| Other non-current liabilities | <u>4,672,274</u> | <u>4,538,921</u> |
| Total long-term liabilities | <u>39,901,086</u> | <u>42,500,714</u> |
| Total liabilities | 55,231,822 | 59,838,957 |
| Partners' equity | | |
| Limited partners: | | |
| Loyola University Medical Center | 33,384,328 | 32,322,349 |
| Advocate Health and Hospitals Corporation | 33,384,328 | 32,322,349 |
| General partner - RMLHP Corporation | <u>609,949</u> | <u>588,494</u> |
| Total partners equity | <u>67,378,605</u> | <u>65,233,192</u> |
| Total liabilities and partners' equity | <u>\$ 122,610,427</u> | <u>\$ 125,072,149</u> |

See accompanying notes to financial statements.

RML HEALTH PROVIDERS, L.P.
 STATEMENTS OF COMPREHENSIVE INCOME
 Years ended May 31, 2025 and 2024

| | <u>2025</u> | <u>2024</u> |
|---------------------------------------|---------------------|---------------------|
| Revenue | | |
| Net patient service revenue | \$ 100,241,112 | \$ 111,917,738 |
| Grant revenue | 100,302 | 1,615,805 |
| Contribution revenue | 36,736 | 15,230 |
| Other revenue | <u>1,961,745</u> | <u>1,674,405</u> |
| Total revenue | <u>102,339,895</u> | <u>115,223,178</u> |
| Expenses | | |
| Salaries, wages, and benefits | 64,156,759 | 65,785,515 |
| Purchased services | 9,201,484 | 17,321,673 |
| Supplies | 7,583,350 | 8,155,017 |
| Rent | 654,001 | 577,745 |
| Depreciation and amortization | 5,408,890 | 5,546,187 |
| Interest | 2,232,596 | 2,283,868 |
| Utilities | 1,367,068 | 1,331,699 |
| Insurance | 175,040 | 989,417 |
| Other | <u>10,887,491</u> | <u>10,789,930</u> |
| Total expenses | <u>101,666,679</u> | <u>112,781,051</u> |
| Income from operations | 673,216 | 2,442,127 |
| Non-operating activities: | | |
| Unrealized gain on equity investments | 500,651 | 1,318,553 |
| Realized gain on investments | 761,884 | 69,231 |
| Pension gain | <u>209,662</u> | <u>166,166</u> |
| Total non-operating activities | <u>1,472,197</u> | <u>1,553,950</u> |
| Comprehensive income | <u>\$ 2,145,413</u> | <u>\$ 3,996,077</u> |

See accompanying notes to financial statements.

RML HEALTH PROVIDERS, L.P.
 STATEMENTS OF CHANGES IN PARTNERS' EQUITY
 Years ended May 31, 2025 and 2024

| | <u>Advocate</u> | <u>Loyola</u> | <u>RMLHP Corp</u> | <u>Total</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 | 32,322,349 | 32,322,349 | 588,494 | 65,233,192 |
| Net income | <u>1,061,979</u> | <u>1,061,979</u> | <u>21,455</u> | <u>2,145,413</u> |
| Balance at May 31, 2025 | <u>\$ 33,384,328</u> | <u>\$ 33,384,328</u> | <u>\$ 609,949</u> | <u>\$ 67,378,605</u> |

See accompanying notes to financial statements.

RML HEALTH PROVIDERS, L.P.
STATEMENTS OF CASH FLOWS
Years ended May 31, 2025 and 2024

| | <u>2025</u> | <u>2024</u> |
|---|----------------------|----------------------|
| Cash flows from operating activities | | |
| Net income | \$ 2,145,413 | \$ 3,996,077 |
| Adjustments to reconcile net income to net cash from operating activities | | |
| Depreciation and amortization | 5,408,890 | 5,546,187 |
| Realized and unrealized (gains) losses on investments | (1,262,535) | (1,387,784) |
| Changes in | | |
| Patient accounts receivable | 4,109,676 | (2,261,977) |
| Other accounts receivable | 55,194 | 3,237,935 |
| Prepaid expenses | 99,863 | 1,368,765 |
| Other current assets, noncurrent assets, and noncurrent liabilities | 527,236 | 1,385,056 |
| Accounts payable, accrued expenses, and reserve for professional liability claims | (3,416,736) | (3,966,595) |
| Due to (from) affiliates | 272,282 | (700) |
| Estimated settlements due to (from) third-party payors | (629,397) | 244,488 |
| Net cash from operating activities | <u>7,309,886</u> | <u>8,161,452</u> |
| Cash flows from investing activities | | |
| Property and equipment additions | (1,988,810) | (1,189,745) |
| Proceeds from sales of investments | 2,757,638 | 177,620 |
| Purchase of investments | (3,933,896) | (269,701) |
| Net cash from investing activities | <u>(3,165,068)</u> | <u>(1,281,826)</u> |
| Cash flows from financing activities | | |
| Payments on finance lease obligation | (1,100,574) | (947,644) |
| Net cash from financing activities | <u>(1,100,574)</u> | <u>(947,644)</u> |
| Increase in cash and cash equivalents | 3,044,244 | 5,931,982 |
| Cash and cash equivalents at beginning of year | <u>11,280,123</u> | <u>5,348,141</u> |
| Cash and cash equivalents, at end of year | <u>\$ 14,324,367</u> | <u>\$ 11,280,123</u> |
| Non-cash transaction and supplemental cash flow information | | |
| Cash paid for interest | \$ 2,232,596 | \$ 2,283,868 |

See accompanying notes to financial statements.

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 2025 and 2024 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 payer programs.

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.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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>2025</u> | <u>2024</u> |
|--------------|-------------|-------------|
| Medicare | 35% | 37% |
| Managed care | 17% | 19% |
| Medicaid | <u>48%</u> | <u>44%</u> |
| 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. Effective June 16, 2025 Public Act 104-0007 was signed into law making the hospital assessment program permanent and, retroactive to January 1, 2025, increases the tax assessment and revenue. The new law is subject to CMS approval and on a combined basis is not anticipated to have a material impact on Income from Operations. 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. Revenues are included within net patient service revenue and the expenses are included in other on the statement of comprehensive income.

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

| | <u>2025</u> | <u>2024</u> |
|---|---------------------|---------------------|
| Illinois Hospital Assessment Program Revenue | \$ 13,707,222 | \$ 15,235,983 |
| Illinois Hospital Assessment Program Expenses | <u>(7,558,672)</u> | <u>(7,519,007)</u> |
| Net benefit | <u>\$ 6,148,550</u> | <u>\$ 7,716,976</u> |

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

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 \$104,123 and \$0 during the years ended May 31, 2025 and 2024, respectively.

Contribution and Grant Revenue: RML received grants to conduct research studies in the total amounts of \$100,302 and \$15,804 during the years ended May 31, 2025 and 2024, 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.

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.

(Continued)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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, 2025 and 2024. 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 accrued amounts for interest and penalties at May 31, 2025 of \$66,000 and \$0 at May 31, 2024. Tax returns filed by the Partnership are no longer subject to examination for the years ended May 31, 2022 and prior.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

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, 2025 and 2024, was as follows:

| | <u>2025</u> | <u>2024</u> |
|--------------|-------------|-------------|
| Medicare | 37% | 32% |
| Managed care | 18% | 31% |
| Medicaid | 44% | 36% |
| Self-pay | 1% | 1% |
| Total | 100% | 100% |

Net accounts receivable from the Medicaid program, including Medicaid pending and Medicaid Managed Care patients, totaled approximately \$10,272,147 and \$9,879,957 at May 31, 2025 and 2024, 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, 2025 and 2024, 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 \$1,374,735 and \$1,809,642 as of May 31, 2025 and 2024, 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.

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.

(Continued)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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, 2025 and 2024, the Partnership did not have any Level 2 assets. 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.

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 2025 or 2024.

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.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Financial assets measured at fair value on a recurring basis, by type of inputs applicable to the fair value measurements at May 31, 2025 and 2024 are as follows:

| | 2025 | | | |
|---------------------------------|-------------------|----------|----------------|-------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 39,993,776 | - | - | \$ 39,993,776 |
| Guaranteed investment contract | - | - | 924,376 | 924,376 |
| Cash and cash equivalents | 14,324,367 | - | - | 14,324,367 |
| Total assets, at fair value | \$ 54,318,143 | \$ - | \$ 924,376 | \$ 55,242,519 |

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

These investments are classified in the balance sheet as follows:

| | 2025 | 2024 |
|--|-------------------|-------------------|
| Cash and cash equivalents | \$ 14,324,367 | \$ 11,280,123 |
| Long-term investments | 36,603,080 | 34,164,287 |
| Other assets (RML deferred compensation 457(b) and 457(f) plans) | 4,315,072 | 4,139,239 |
| Total | \$ 55,242,519 | \$ 49,583,649 |

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

| | 2025 | 2024 |
|----------------------------|----------------|----------------|
| Balance, beginning of year | \$ 205,630 | \$ 429,766 |
| Realized gains | 13,611 | 6,310 |
| Purchases | 775,750 | 5,925 |
| Sales | (70,615) | (236,371) |
| Balance, end of year | \$ 924,376 | \$ 205,630 |

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

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>2024</u> |
|---------------------------------|-------------------------|-------------------------|
| Interest and dividends | \$ 1,774,805 | \$ 1,535,715 |
| Unrealized gains on investments | 500,651 | 1,318,553 |
| Realized gains on investments | <u>761,884</u> | <u>69,231</u> |
| Total | <u>\$ 3,037,340</u> | <u>\$ 2,923,499</u> |

As of May 31, 2025 and 2024, the aggregate amount of unrealized losses reflected in investments was \$3,066,533 and \$3,614,773, respectively. The majority of RML's unrealized losses at May 31, 2025 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, 2025 and 2024 will have a material adverse effect on the financial position or operating results of RML. Gross unrealized losses on investments as of May 31, 2025 are as follows:

| | 2025 | | | |
|-------------------------|----------------------------|------------------------|-----------------------------|-------------------------|
| | <u>Less than 12 Months</u> | | <u>12 Months or Greater</u> | |
| | <u>Fair Value</u> | <u>Unrealized Loss</u> | <u>Fair Value</u> | <u>Unrealized Loss</u> |
| Mutual Funds - Bonds | \$ - | \$ - | \$ 29,007,057 | \$ 2,988,707 |
| Mutual Funds - Equities | <u>518,734</u> | <u>56,398</u> | <u>402,048</u> | <u>21,428</u> |
| Total | <u>\$ 518,734</u> | <u>\$ 56,398</u> | <u>\$ 29,409,105</u> | <u>\$ 3,010,135</u> |

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

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, 2025 and 2024 RML had \$13,446 and \$177,843, respectively, in operating lease right of use assets and \$15,770 and \$206,240, 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.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

NOTE 5 - LEASE COMMITMENTS (Continued)

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, 2025:

| <u>Years Ending May 31,</u> | <u>Operating</u> |
|------------------------------------|------------------|
| 2026 | \$ 17,171 |
| 2027 | - |
| Total lease payments | 17,171 |
| Less: Imputed interest | 1,401 |
| Present value of lease liabilities | 15,770 |
| Less: Current lease liabilities | 15,770 |
| Long-term lease liabilities | \$ - |

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.

During the year ended May 31, 2011, RML entered into a five-year lease with Advocate for the Chicago facility inclusive of four successive additional periods of five years under the terms and conditions of the lease. During the year ended May 31, 2025 RML entered into a second amendment to the lease providing for a two year fixed term through June 30, 2027 and contains provisions to extend the lease term for three 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.

As of May 31, 2025 and 2024 RML had \$23,922,187 and \$25,716,054 respectively in finance lease right of use assets for both the Hinsdale and Chicago facilities and \$23,519,806 and \$25,198,706 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, 2025 was \$804,762 and \$402,381, respectively.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

NOTE 5 - LEASE COMMITMENTS (Continued)

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, 2025 is as follows:

| <u>Years Ending May 31,</u> | |
|---|----------------------|
| 2026 | \$ 3,233,022 |
| 2027 | 3,326,052 |
| 2028 | 3,421,874 |
| 2029 | 3,487,572 |
| 2030 | 3,490,225 |
| Thereafter | <u>36,767,745</u> |
| Total minimum lease payment | 53,726,490 |
| Less amount representing interest | <u>(20,892,397)</u> |
| Present value of minimum lease payments | <u>\$ 32,834,093</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, 2025 and 2024, RML contributed \$2,261,500 and \$1,940,462, 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 2025 and 2024, RML contributed \$112,429 and \$108,513, 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, 2025 and 2024, the 457(b) Plan assets of \$4,123,231 and \$3,926,990, 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, 2025 and 2024. As of May 31, 2025 and 2024, the 457(b) Plan liabilities of \$4,123,231 and \$3,926,990, respectively, are included in other non-current liabilities in the balance sheets.

RML also sponsors a defined contribution SERP available to a select group of executives as determined by the RML Board of Directors. RML contributed \$60,221 and \$58,522 to the defined contribution SERP during the years ended May 31, 2025 and 2024, 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 \$1,581,793 and \$169,200 during the years ended May 31, 2025 and 2024, respectively. Additionally, RML rents the Chicago facility from Advocate. RML paid \$1,358,027 and \$1,318,472 for facility rent to Advocate during the years ended May 31, 2025 and 2024, respectively. Management believes that the lease terms are at market and consistent with those with unrelated third parties.

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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, 2025 and 2024, the discounted liability recorded was \$4,642,012 and \$6,385,680 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 3.90% and 4.25% in 2025 and 2024, respectively. The recorded liability would have been \$504,067 and \$841,429 greater at May 31, 2025 and 2024, 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 \$434,196 and \$745,315 as of May 31, 2025 and 2024, 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 2025 and 2024 with an aggregate limit of \$6,056,216 at May 31, 2025 and \$6,112,000 at May 31, 2024. 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 \$371,000 and \$334,000 for incurred but not reported claims and plan termination fees have been included in accounts payable and accrued expenses as of May 31, 2025 and 2024, respectively, and liabilities of approximately \$426,000 and \$473,000 for claims paid by the third-party administrator that had not been reimbursed by RML to the third-party administrator as of May 31, 2025 and 2024, respectively, have been included in accounts payable and accrued expenses. Total costs incurred for the self-insured plan in 2025 and 2024, net of employee contributions, were \$3,930,810 and \$3,681,281, respectively. Certain HMO medical claims are covered under a fully insured plan.

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.

(Continued)

RML HEALTH PROVIDERS, L.P.
NOTES TO FINANCIAL STATEMENTS
May 31, 2025 and 2024

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>2025</u> | <u>2024</u> |
|----------------------------|-----------------------|-----------------------|
| Health care services | \$ 89,409,259 | \$ 99,986,568 |
| General and administrative | <u>12,257,420</u> | <u>12,794,483</u> |
| Total | <u>\$ 101,666,679</u> | <u>\$ 112,781,051</u> |

RML did not incur any material fundraising expense during the years ended May 31, 2025 and 2024.

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 of which RML recorded staffing expenses totaling \$2,582,887. To date the State has not billed or attempted to collect the amount from RML. Legal counsel concluded that given the passage of time and information from outside advisors on discussions with IDHFS suggest that IDHFS has no present intent to invoice RML. The State could change its position in the future but deemed not probable so the full liability amount was reversed in fiscal 2025.

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.

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 29, 2025, 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