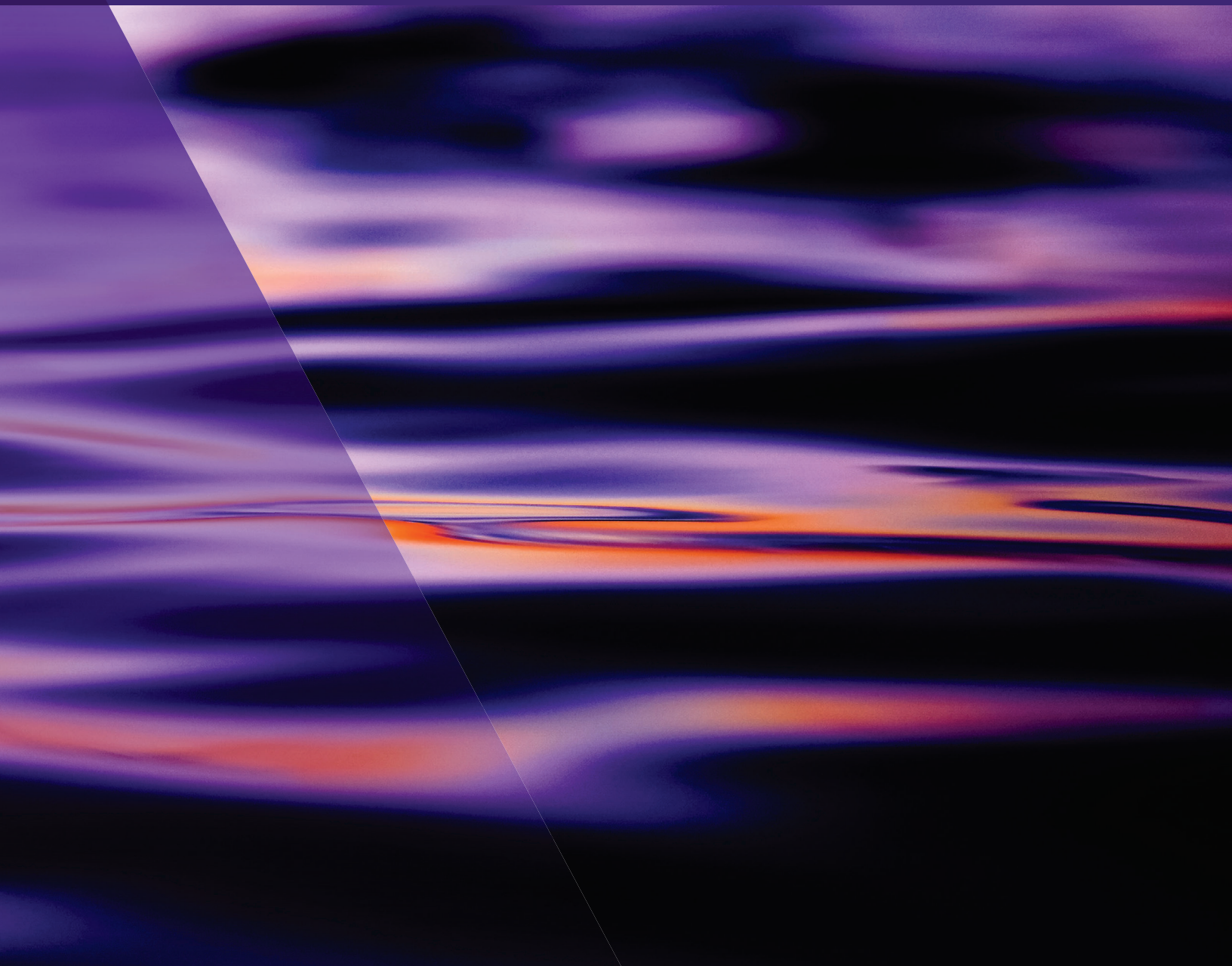


For the Fiscal Year Ended August 31, 2024

# Annual Nonprofit Hospital **Community Benefits Plan Report**



**Northwestern Memorial HealthCare**  
**and Subsidiaries**  
**Community Benefits Plan Report**  
**for the Fiscal Year Ended August 31, 2024**  
**Tab List and Contents**

<b><u>Tab Name and Contents</u></b>	<b><u>Tab #</u></b>
<b>NMHC Community Benefits Report FY24.....</b>	<b>1</b>
About the Health System	
Summary of Charity Care and Community Benefits Totals	
Community Benefits Commitment	
Mission Statement	
Community Benefits Plan	
Populations and Communities Served	
Delivering World-Class Care and Experience Regardless of the Patient’s Ability to Pay	
Improving the Health of the Communities We Serve	
Advancing Discovery and Medical Knowledge	
<b>Appendix .....</b>	<b>2</b>
Northwestern Memorial Hospital	
Northwestern Medicine Lake Forest Hospital	
Northwestern Medicine Central DuPage Hospital	
Northwestern Medicine Delnor Hospital	
Northwestern Medicine Kishwaukee Hospital	
Northwestern Medicine Valley West Hospital	
Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and Northwestern Medicine Woodstock Hospital	
Northwestern Medicine Palos Hospital	
Northwestern Medicine Marianjoy Rehabilitation Hospital	
Northwestern Medicine Primary Care and Immediate Care Centers	
Northwestern Memorial HealthCare Physician Groups	
Northwestern Memorial Foundation	
<b>Charity Care and Presumptive Eligibility Policy .....</b>	<b>3</b>
Northwestern Memorial HealthCare Financial Assistance and Presumptive Eligibility Policy	
NMHC Additional Services and Patient Support	

<b>Hospital Financial Assistance Application .....</b>	<b>4</b>
Northwestern Memorial HealthCare Financial Assistance Application	
<b>Form AG-CBP-1 .....</b>	<b>5</b>
Form AG-CBP-1 for NMHC	
Charity Cost, Charity Cost in the ED, Total Community Benefits and Net Patient Revenue Breakout by Hospital	
<b>Hospital Financial Assistance Reports.....</b>	<b>6</b>
Hospital Financial Assistance Reports (HFAR)	
Northwestern Memorial Hospital HFAR	
Northwestern Medicine Lake Forest Hospital HFAR	
Northwestern Medicine Central DuPage Hospital HFAR	
Northwestern Medicine Delnor Hospital HFAR	
Northwestern Medicine Kishwaukee Hospital HFAR	
Northwestern Medicine Valley West Hospital HFAR	
Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and	
Northwestern Medicine Woodstock Hospital (Northern Illinois Medical Center) HFAR	
Northwestern Medicine Palos Hospital HFAR	
Northwestern Medicine Marianjoy Rehabilitation Hospital HFAR	
Personal Demographic Data Collected on Financial Assistance Applications	
Number of Hospital Financial Assistance Applications Submitted to the Hospital	
Number of Hospital Financial Assistance Applications Hospital Approved under Presumptive Eligibility Policy	
Number of Hospital Financial Assistance Applications Hospital Approved Outside Presumptive Eligibility Policy	
Number of Hospital Financial Assistance Applications Denied by the Hospital	
Top Most Frequent Reasons for Denial of Financial Assistance Applications	
Number of Uninsured Patients Declined or Failed to Respond to Screening	
Top Most Frequent Reasons for Denial or Failure to Respond to Screening	
<b>Audited Financial Statement.....</b>	<b>7</b>

**Northwestern Memorial HealthCare**  
**and Subsidiaries**  
**Community Benefits Plan Report**  
**for the Fiscal Year Ended August 31, 2024**  
**Table of Contents**

<b>Topic</b>	<b>Page(s)</b>
<b>Introduction.....</b>	<b>2-4</b>
<b>About the Health System .....</b>	<b>5-6</b>
<b>Community Investments.....</b>	<b>7</b>
<b>Summary of Charity Care and Community Benefits Based on Illinois Community Benefits Act Reporting Standards for the Fiscal Year Ended August 31, 2024.....</b>	<b>8-10</b>
<b>Community Benefits Commitment .....</b>	<b>11-14</b>
Mission Statement .....	11
Community Benefits Plan.....	11
Populations and Communities Served .....	12-14
<b>Delivering World-Class Care and Experience Regardless of the Patient’s Ability to Pay .....</b>	<b>15-21</b>
Charity Care and Care for Patients With Medicaid and Medicare Coverage.....	15-17
NMHC Financial Assistance Policy.....	17-18
Serving Vulnerable Populations .....	19-21
<b>Improving the Health of the Communities We Serve .....</b>	<b>22-29</b>
NM 2035: Better – From Discovery to Delivery .....	22-25
Supporting Economic Development and Growth.....	25-26
Local Procurement of Supplies and Services .....	26
Youth Pipeline to Medical Education and Healthcare Employment.....	27-29
<b>Advancing Discovery and Medical Knowledge .....</b>	<b>30-37</b>
Relationship With Feinberg School of Medicine.....	31
Training the Next Generation of Healthcare Leaders .....	31-33
Hands-On Community Medical Education.....	33-34
Support for Academic Research.....	34-37
<b>Closing Remarks .....</b>	<b>38-39</b>

## **Introduction**

Northwestern Memorial HealthCare (NMHC, or the Health System) is a premier, fully integrated academic health system dedicated to providing the most advanced health care to the communities and patients we serve. The Health System provides world-class care through 11 hospitals,<sup>1</sup> three medical groups,<sup>2</sup> and more than 200 diagnostic and ambulatory locations to patients across Chicago and Northeastern Illinois, all 50 states and more than 106 countries, bringing better medicine closer to where patients live and work.

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

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

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

The Health System is dedicated to improving the health of the communities we serve. Recent efforts include collaborations to advance community partnerships and programs to reduce health disparities. Recognizing that one organization alone cannot effect change, NMHC cultivates comprehensive community partnerships to support the community. The Health System provides both funding and invaluable support including through in-kind leadership, knowledge transfer and data sharing; volunteer efforts through our employee volunteer program, Team NM; asset donation; and direct programmatic support from NM staff to enhance the work of our community partners. Health disparities are often

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<sup>1</sup> For the time period of this report, fiscal year 2024 (FY24), NMHC was the nonprofit corporate parent of Northwestern Memorial Hospital (NMH); Northwestern Lake Forest Hospital d/b/a Northwestern Medicine Lake Forest Hospital (NM LFH); Central DuPage Hospital Association d/b/a Northwestern Medicine Central DuPage Hospital (NM CDH); Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital (NM Delnor); Kishwaukee Community Hospital d/b/a Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee); Valley West Community Hospital d/b/a Northwestern Medicine Valley West Hospital (NM Valley West); Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Northwestern Medicine Woodstock Hospital (NM Woodstock); Palos Community Hospital d/b/a Northwestern Medicine Palos Hospital (NM Palos); and Marianjoy Rehabilitation Hospital and Clinics, Inc. d/b/a Northwestern Medicine Marianjoy Rehabilitation Hospital (NM MRH).

<sup>2</sup> For the time period of this report, FY24, NMHC was the nonprofit corporate parent of Northwestern Medical Faculty Foundation d/b/a Northwestern Medical Group (NMG), Central DuPage Physician Group d/b/a Northwestern Medicine Regional Medical Group (NM RMG) and Northwestern Medicine Florida Medical Group NFP Corporation (NM FMG). The merger of Palos Medical Group, LLC, d/b/a/ Northwestern Medicine Palos Medical Group (NM PMG) into NM RMG was finalized on October 3, 2022. This report is being submitted to the state of Illinois, therefore NM FMG is not included in this report.

driven by the social determinants of health or social drivers of health (SDOH). Each NM hospital is working to address the individual needs of their respective communities through targeted SDOH initiatives. At a systemwide level, the Health System has deployed a SDOH screening and resource referral program.

As the sixth-largest employer in the Chicago area,<sup>3</sup> NMHC is committed to improving economic vitality for our communities. Key strategies are directed to supporting communities that have been historically under-resourced with economic investment. Our work has included expanding a community-based hiring framework for recruitment and talent pipelines; inviting local vendors and businesses to do business with NMHC; and offering educational and career development programs to create a pipeline to healthcare careers.

Working together as **Northwestern Medicine**® (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg)<sup>4</sup> share a vision to advance medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of communities. NM has made the tripartite mission of academic medicine — clinical care, education and research — accessible.

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

Academic health systems are proven innovators and leaders, as evidenced by the many advances pioneered by NM physicians, scientists and researchers in FY24. NMHC supports some of the nation's most advanced research programs, which are led by physician-scientists at Feinberg. In FY24, these endeavors include: using artificial intelligence (AI) to reduce unnecessary care for patients with breast cancer; advancing heart-pacing technology; and establishing a new center dedicated to Alzheimer's disease research. Growth of the Health System has enhanced clinical trials through both geographic and patient population diversity.

The value of community benefits provided by nonprofit hospitals in the United States offsets forgone federal revenue by nearly 10 times.<sup>5</sup> In Illinois, hospitals annually contribute approximately \$7 billion in

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<sup>3</sup> *Crain's Chicago Business*, Chicago's Largest Employers 2023. <https://www.chicagobusiness.com>. February 26, 2024.

<sup>4</sup> **Northwestern Medicine**® is a trademark of NMHC and is also used by Feinberg. While NMHC and Feinberg share in our mission to put patients first in everything we do and work together to provide world-class medical care to our patients, Feinberg is not a corporate member of NMHC. More information about NMHC's relationship with Feinberg is available in the *Advancing Discovery and Medical Knowledge* section of this report.

<sup>5</sup> *Estimates of the federal revenue forgone due to the tax-exemption of non-profit hospitals compared to the community benefit they provide, 2020, Prepared for the American Hospital Association*, Ernst & Young, LLP. (2024). <https://www.aha.org/system/files/media/file/2022/06/E%26Y-Benefit-of-of-Tax-Exemption-Report-FY2019-FINAL-with-links.pdf>. 2020 is the most recent comparison data available.

community benefits.<sup>6</sup> NMHC is committed to providing a wide range of services that benefit the communities we serve, contributing more than \$1.58 billion in community benefits in FY24 alone. While by no means exhaustive, this report offers an in-depth look into the Health System's organizational structure, mission and community benefits plan; the communities and populations we serve; charity care and financial assistance policies; highlights of the many community benefits activities implemented across the Health System; and efforts to advance discovery and medical knowledge.

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<sup>6</sup> Illinois Health and Hospital Association (IHA), Finance, Community Benefits. <https://www.team-ihh.org/finance/community-benefits>.

## About the Health System

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

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

NMHC is submitting this Annual Report on Community Benefits for the fiscal year ended August 31, 2024 (FY24), on behalf of each of its member hospitals and the Health System. This report offers an in-depth look into the Health System's organizational structure; mission statement; the communities and populations we serve; the Community Benefits Plan and Community Health Needs Assessment (CHNA) process; and charity care and financial assistance policies. It also highlights the many community benefits activities implemented by the Health System in FY24.

Anchored by NMH, the only hospital to be ranked No. 1 in Illinois for 13 consecutive years by *U.S. News & World Report*,<sup>7</sup> the Health System brings academic medicine closer to where patients live and work. Working together as **Northwestern Medicine**® (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg) share a vision to advance medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of communities.

As travel can sometimes be a barrier to treatment, NM continues to expand access to exceptional care close to where patients live and work. In Chicago, the Health System opened the new NM Old Irving Park Outpatient Center, providing primary and specialty care to patients on the Northwest Side of the city. Construction continues on the NM Bronzeville Outpatient Center, which will be NM's first physical location on Chicago's South Side. Downtown, the NM Surgery Center River North opened, expanding access to NMH. Bridging the physical gap between NMH and the Health System's hospitals in the west suburbs is the newly opened NM Oak Brook Outpatient Center, which offers immediate and primary care, as well as diagnostic imaging, physical therapy and lab services. Specialty care is also available and includes oncology; orthopaedic and spine care; rehabilitation services; cardiology and cardiac testing; and neurology. Two new institutes are now serving residents in the south suburbs. NM Mokena is providing easier access to cardiology services and nationally ranked Northwestern Medicine Bluhm Cardiovascular Institute physicians and the NM St. George Cancer Institute is enrolling patients in clinical

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<sup>7</sup> 2024 – 2025 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.



trials and providing access to novel treatments. With the establishment of NM FMG and NM Primary Care Naples, the Health System has extended services to Florida.

NM has established multidisciplinary teams of clinicians to develop and adopt evidence-based care pathways for routine and complex conditions, with the goals of enhancing safety and improving efficiency of care. In several specialties, clinically integrated programs deliver seamless patient care throughout all phases of a patient's condition, across multiple locations of care, with consistently applied standards of quality. Beyond physical expansion, integration and expansion of key clinical service lines has continued across the Health System. From the extension of cardiovascular care to Mokena to the expansion of the cancer center at NM Delnor, and from the creation of the Kenneth C. Griffin Esophageal Center at NMH to the new Procedure Center at NM MRH, FY24 was a year of extensive growth.

Nearly 40,000 physicians, nurses, allied health professionals, clinical support staff and administrative staff — as well as hundreds of volunteers — originating from 85% of Chicago ZIP codes support delivery of quality medical care to the Health System's patients. The Health System trained 995 residents and fellows in FY24. Serving a broad and growing patient base while achieving top patient outcomes, the Health System has provided care to patients from all 50 states and more than 106 countries through on-site care and clinical partnerships. In FY24, the Health System had more than 142,600 inpatient admissions, nearly 475,000 emergency department visits and more than 3.5 million outpatient registrations.<sup>8</sup>

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

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<sup>8</sup> Outpatient registrations exclude outpatient emergency department visits.

## Community Investments

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

As one of the largest employers in the Chicago area, NMHC is committed to improving economic vitality in Chicago and surrounding communities in our service area. Central to this strategy is making key investments in communities that have historically been lacking economic resources. Our approach includes deploying a community-based hiring framework, inviting local businesses and vendors to do business with NM, job generation, and offering educational and career development programs. NMHC hospitals continue to cultivate new relationships while working with long-standing community partners to organize and provide resources to collaborators addressing health inequities. Understanding the immense impact of the social determinants (or drivers) of health (SDOH) on health outcomes, NMHC is committed to working with our community to address SDOH and improve overall health. In FY24, NMHC worked to reduce health disparities and support our communities through the creation of the Office of Health Equity, expanded direct investment, robust volunteer support through Team NM and indirect support, among many more efforts. To better support organizations in our communities, in FY24, NMHC provided nearly \$19 million in direct funding.<sup>9</sup>

The value of community benefits provided by nonprofit (NFP) hospitals in the United States routinely outweighs foregone federal revenue. A recent Ernst & Young, LLP report found that the benefit NFP hospitals provided to their communities, as reported on Form 990 Schedule H, is estimated to be almost 10 times greater than the value of foregone tax revenue, valued at \$129 billion. Nearly half of the community benefits provided by U.S. hospitals is attributed to free or reduced care for patients in need or the unreimbursed cost of government-sponsored indigent care.<sup>10</sup> In Illinois, NFP hospitals annually contribute approximately \$7 billion in community benefits, inclusive of approximately \$870 million in charity care at cost.<sup>11</sup> Despite these significant contributions, NFP hospitals continue to be closely scrutinized at the local, state and federal levels for the amount and type of benefits provided to the community. Reports criticizing NFP hospital community benefits contributions are often incomplete and inaccurate, failing to fully account for the wide range of community benefits provided by hospitals, as demonstrated by comprehensive analysis of community benefit investments reported annually on the Internal Revenue Service (IRS) Form 990 Schedule H.

NMHC is committed to providing a wide range of services that benefit the communities we serve. In FY24, NMHC contributed more than \$1.58 billion, or 18.3% of net patient service revenue.

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<sup>9</sup> Inclusive of more than \$18.5million in community-based grants and donations. A portion of community-based grants and donations is made possible through philanthropic support. This funding is not fully recognized in the community benefits total of this report.

<sup>10</sup> *Estimates of the value of federal tax exemption and community benefits provided by nonprofit hospitals, 2020*, Prepared for the American Hospital Association, Ernst & Young, LLP. (2022). <https://www.aha.org/system/files/media/file/2024/09/EY-Estimates-of-the-value-of-federal-tax-exemption-community-benefits-provided-by-nonprofit-hospitals-2020.pdf>. 2020 is the most recent comparison data available.

<sup>11</sup> Illinois Health and Hospital Association, Community Benefits. <https://www.team-ihh.org/finance/community-benefits>. Accessed January 2025.

## FY24 Charity Care and Other Community Benefits Summary

### **SUMMARY OF CHARITY CARE AND COMMUNITY BENEFITS BASED ON ILLINOIS COMMUNITY BENEFITS ACT REPORTING STANDARDS FISCAL YEAR ENDED AUGUST 31, 2024**

Description	Unreimbursed Cost	See Note No.
Charity Care	85,721,775	1
Language Assistance	7,689,983	2
Government-Sponsored Indigent Health Care	1,193,072,291	3
Donations	18,957,765	4
Volunteer Services (Employee)	173,501	5
Volunteer Services (Non-employee)	77,258	6
Education	97,429,799	7
Government-Sponsored Program Services	---	8
Research	70,098,708	9
Subsidized Health Services	51,991,031	10
Bad Debts	52,452,040	11
Other Community Benefits	6,102,996	12
<b>Total</b>	<b><u>\$1,583,767,147</u></b>	

**Note 1: Charity Care** – This section of the report includes the unreimbursed cost of care provided to patients who are uninsured or underinsured and served by NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM Huntley, NM McHenry, NM Woodstock, NM MRH and NM Palos (collectively “the Hospitals”) as well as by NMG and NM RMG. The cost of charity care for the Hospitals was calculated by applying the total cost-to-charge ratio from each hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants *Accounting and Auditing Guide – Healthcare Organizations*). The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association’s *Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers*). NMG and NM RMG are not required to file a Medicare cost report. Internally calculated cost-to-charge ratios specific to NMG and NM RMG were used to determine the cost of charity care for these entities. The resultant calculated cost was then offset by any payments, consistent with the methodology for the Hospitals. The amount of charity care derived at the NMG and NM RMG entities has been allocated based upon geographical service area to correspond with the associated hospital.<sup>12</sup> **The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent healthcare program is not included in the unreimbursed cost figure for charity care. On a Systemwide basis, NMHC is reporting**

<sup>12</sup> FMG is not included in this report.

**an increase in charity care in FY24 owing to the Medicaid redetermination process and the freeze of Illinois Medicaid Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) programs.**

The costs of charity care in this report differ from NMHC notes to the consolidated audited financial statements for FY24 where they were calculated by applying a cost-to-charge ratio developed prior to the Hospitals' FY24 Medicare cost reports to charges foregone for charity care. The FY24 Medicare cost reports were completed after the audited financial statements were issued. The costs of charity care for the Hospitals included in this report were calculated using the cost-to-charge ratios from the most recently filed Medicare cost reports for each of the hospitals.

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

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

**Note 3: Government-Sponsored Indigent Health Care** – The cost of government-sponsored indigent health care includes the unreimbursed cost of care delivered through Medicare and Medicaid programs. The unreimbursed cost of Medicare and Medicaid was calculated by applying each provider's overall cost-to-charge ratio to its total Medicare and Medicaid inpatient and outpatient charges, and then subtracting payments received and receivable under these programs. The reimbursement and cost-to-charge ratios exclude direct medical education, as those costs are included as part of the unreimbursed cost of education. The cost-to-charge ratios are also adjusted for costs reported in other categories in this report. The unreimbursed cost of government-sponsored indigent health care for FY24 is reduced by \$78.032 million of net reimbursement received under the Illinois Hospital Assessment Program (HAP) and Affordable Care Act Expanded Access Program.

**Note 4: Donations** – Donations include the dollar amount recorded during FY24 in accordance with generally accepted accounting principles in the United States as contributions from unrestricted funds to charitable and other community or civic organizations for furtherance of our charitable purposes.

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

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

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

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

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

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

**Note 11: Bad Debts** – Bad debts represent the provision for uncollectible accounts reported in NMHC's FY24 audited financial statements related to patient care services adjusted to cost, consistent with the methodology used to calculate government-sponsored indigent health care.

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

## **Community Benefits Commitment**

### *Mission Statement*

Our mission is to put patients first. We exist to make people better by making medicine better.

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

### *Community Benefits Plan*

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

#### **Deliver world-class care and experience regardless of the patient's ability to pay.**

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

#### **Improve the health of the communities we serve.**

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

#### **Advance discovery and medical knowledge.**

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

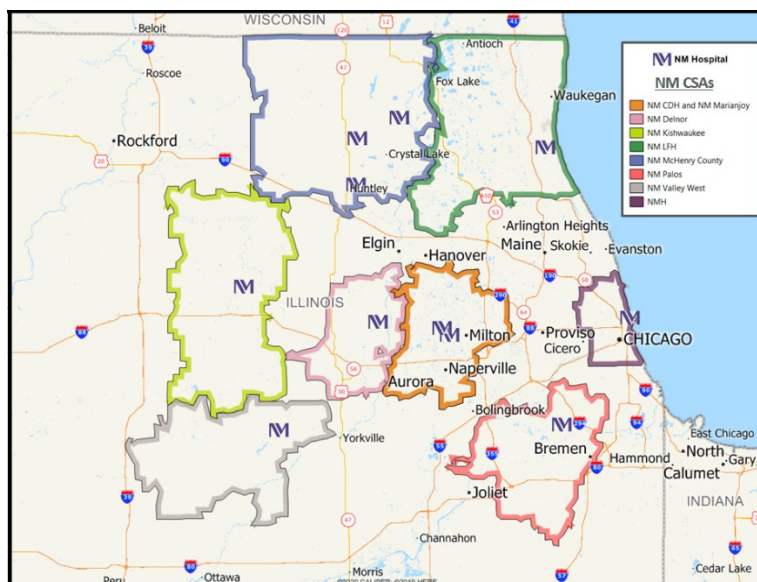
## Populations and Communities Served

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

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

- Geographic area served by the hospital
- Main functions of the hospital
- Areas that have been historically under-resourced with economic investment and access to medical care
- Areas where we are currently working to address priority health needs, including work with community organizations

By considering each of these factors, each NMHC hospital has defined its own Community Service Area (CSA) and is working to meet the unique needs of the community it serves.<sup>13</sup> The following map outlines the CSAs served by the Health System.<sup>14</sup>



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

<sup>13</sup> See appendix for more information on the services each NMHC hospital provides in its respective community.

<sup>14</sup> While NM MRH considers DuPage County its CSA, due to its unique services, it also serves as a destination hospital for surrounding counties. Patients often travel from Cook, Will, Kane, Kendall, DeKalb and LaSalle counties, among many more, to receive care at NM MRH.

residents of its CSA. All CHNAs for the Health System are available online at [nm.org/about-us/nm-community-impact/reports](https://nm.org/about-us/nm-community-impact/reports).

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

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

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

The corresponding implementation plans are established with the overarching goal of improving community health, reducing health disparities and increasing access to healthcare services. Strategies are grounded in public health models and developed with input from public health, community and healthcare organizations that understand and help represent the wide-ranging health needs of our community members. For FY24, each hospital implemented programs to address the following identified priority health needs:



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

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

## **Delivering World-Class Care and Experience Regardless of the Patient's Ability to Pay**

With a mission-driven commitment to provide quality medical care regardless of the patient's ability to pay, the Health System maintains our dedication to improve the health of members of our community who are the most medically underserved. The Health System saw an increase in financial assistance volume in FY24 driven by multiple factors:

- Internal enhancements, including improvements to NM's electronic medical record (EMR) system financial assistance module, increased availability of applications at check-in,<sup>15</sup> and proactive outreach streamlined the financial assistance process.
- The Health System increased collaboration and outreach with community clinical providers.
- Illinois' paused enrollment for the HBIA and HBIS programs drove more patients to apply for financial assistance.
- The Illinois Medicaid redetermination process also drove more patients to apply for financial assistance.

NM hospitals — and NFP hospitals nationwide — play a critical role in providing access to essential services, many of which are extremely expensive and resource-intensive. Combined with the demographic trends of high-acuity patients and an aging population, the U.S. healthcare system is experiencing an increase in care for medically complex patients, including increased inpatient utilization, covered by Medicaid and Medicare. A recent study by the American Hospital Association (AHA) found that, even as care for these patients is increasingly costly to provide, public payor payments fall well below the cost of providing these services.<sup>16</sup> NMHC provides quality care for many patients participating in these programs. In FY23, the Health System reported a significant increase in the cost of care for patients participating in government-sponsored indigent programs; this cost again increased for FY24. While the unreimbursed cost of care for patients with Medicaid and Medicare coverage remained elevated in FY24, the Health System is concurrently reporting an increase in charity care. As well as providing quality care regardless of the patient's ability to pay, NMHC also dedicated increased resources to organizations providing social and support services for Illinois residents in need.

### *Charity Care and Care for Patients With Medicaid and Medicare Coverage*

NMHC financial assistance programs and outreach services enable us to serve patients with the most socioeconomic needs in our communities. Through our financial assistance programs and presumptive eligibility policy, NMHC continues to provide medically necessary health care for those who do not have the resources to pay for it. Many NMHC hospitals are leaders in providing charity care in their respective communities, including in DeKalb, DuPage, Lake and McHenry counties. Three NMHC hospitals are among the top 15 charity care providers in Illinois: NMH (No. 7), NM CDH (No. 12) and NM LFH (No. 14).<sup>17</sup> The unreimbursed cost of charity care for NMHC was more than \$85.7million in FY24.

The Health System is a leading provider of care for patients with Medicaid coverage in Illinois, handling more than 132,000 inpatient days, more than 25,380 admissions and more than 482,000 outpatient

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<sup>15</sup> In compliance with the Illinois Fair Patient Billing Act.

<sup>16</sup> *America's Hospitals and Health Systems Continue to Face Escalating Operational Costs and Economic Pressures as They Care for Patients and Communities*. American Hospital Association (2024). <https://www.aha.org/costsofcaring>.

<sup>17</sup> Illinois Department of Public Health (IDPH) data, 2023, the most recent data available.

visits<sup>18</sup> annually. Along with some of the area's safety-net hospitals, NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. Despite not having a pediatrics program,<sup>19</sup> NMH is the third-largest provider of care to beneficiaries of Illinois Medicaid.

The commitment to patients with Medicaid at NMH has continued to increase: Over a six-year period, the volume of Medicaid inpatient days handled by NMH has increased by 55.9%; the number of Medicaid admissions has risen by 22.5%; and the volume of Medicaid outpatient care is up by 153%.<sup>20</sup> Driving the hospital's large and growing Medicaid volume is the Health System's mission to put patients first in everything we do. NM is dedicated to providing access to quality healthcare services to improve the health of all people in the communities we serve. NMH is a destination for those seeking care from across the Chicago area, including patients with Medicaid. Approximately 34,000 individual patients on Medicaid who live on Chicago's South and West sides receive their care at NM hospitals.<sup>21</sup> Patients with Medicaid account for more than 25,600 visits annually to the NMH Emergency Department (ED); 79% of them arrive by means other than ambulance. Patients continue to seek quality care from NMH with more than 38% of all patients who seek care in the hospital's ED traveling 10 or more miles, mostly from the city's South and West sides.<sup>22</sup>

Several other NMHC hospitals are also the top providers of Medicaid care in their respective communities. NM CDH is the single-largest provider of Medicaid care in DuPage County and a top provider (No. 4) of outpatient care to patients on Medicaid in Illinois.<sup>23</sup> NM Kishwaukee and NM Valley West are the top providers of such care in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest provider of Medicaid care in McHenry County.<sup>24</sup> NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals: the volume handled by NM LFH has increased by 155.3% over a six-year period.<sup>25</sup>

The Illinois Medicaid Hospital Assessment Program (HAP) is a financing mechanism intended to ensure that Illinois residents who are experiencing poverty have adequate access to healthcare services. A special state tax on hospitals funds this program.<sup>26</sup> The state then receives matching funds from the

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<sup>18</sup> Measured via claims.

<sup>19</sup> NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals because of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois. However, NMH does not have a pediatric program. Care for pediatric patients accounts for more than 43% of all patients covered by Medicaid, according to the Illinois Department of HealthCare and Family Services based on a breakdown of FY21 data for patients with Medicaid enrolled in the State Medical Assistance (comprehensive benefit) program, the most recent comprehensive data available.

<sup>20</sup> Illinois Department of Healthcare and Family Services (HFS), Review of Hospital Utilization Data, 2015-2021, the most recent data available.

<sup>21</sup> NM Office of Data Analytics.

<sup>22</sup> IDPH; NM Office of Data Analytics.

<sup>23</sup> HFS data, 2021, the most recent data available.

<sup>24</sup> 2021, HFS, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

<sup>25</sup> HFS.

<sup>26</sup> HAP taxes are imposed on all hospitals in Illinois, except for government-run hospitals (e.g., University of Illinois Chicago; John H. Stroger, Jr. of Cook County Hospital; and Provident Hospital of Cook County), which do not participate in the program.

federal government. The HAP is a necessary program that helps offset the low reimbursement traditionally provided to hospitals by the state's Medicaid program. As demand for care of patients with Medicaid increases, the imbalance between the Medicaid reimbursement received and the taxes paid by NMH to support the HAP is straining the ability to maintain access to care and continue investing in the health of our communities. NMH is by far the single-largest payor of the Illinois HAP tax, paying more than \$94.8 million in HAP taxes in 2024 to support the delivery of care to patients with Medicaid in Illinois.<sup>27</sup> Despite the significant amount of taxes paid annually to support the HAP, NMH absorbs more than \$40.2 million in unreimbursed Medicaid costs annually.<sup>28</sup> All NM entities make significant contributions to the HAP, including NM CDH, which is the fourth-largest payor of HAP taxes, paying more than \$52 million in HAP taxes annually.<sup>29</sup>

In FY24, the unreimbursed cost of government-sponsored indigent healthcare services for NMHC totaled more than \$1.19 billion.

Bad debt is driven in part by patients under active treatment who encounter network restrictions or changes in coverage limits when their healthcare insurance changes. Similarly, if an insurer denies coverage while a patient is under active treatment, NMHC continues to provide care for these patients through the duration of their treatment, even if not reimbursable. Together, these contribute to the cost of bad debt.

A comprehensive regional health system includes health care provided beyond hospitals and health systems, including a robust public health function, coordinated emergency management, behavioral health and substance abuse programs, long-term health care, and others. NMHC contributes to regional health systems by providing leadership, expertise and ongoing support of high-quality programs that predictably and consistently result in a loss to NM. These services range from trauma care to comprehensive behavioral health services and community-based programs. NMHC hospitals collaborate with private and public health organizations to ensure a full spectrum of high-quality, well-coordinated healthcare services are available in the communities we serve. In FY24, the net cost of subsidized healthcare services provided by NMHC totaled nearly \$52 million.

In total, NMHC contributed more than \$1.38 billion to charity care, other unreimbursed care, subsidized health services and bad debt in FY24.

#### *NMHC Financial Assistance Policy*

##### Financial Assistance at NM Hospitals and Medical Groups

The NMHC Financial Assistance Policy in effect during FY24 applied to NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry, NM Huntley, NM Woodstock, NM MRH, NM Palos, NMG and NM RMG. The policy fully complies with the Illinois Fair Patient Billing Act, the Illinois Hospital Uninsured Discount Act and other relevant laws. Free and discounted care is available to those seeking care at the above-named entities based upon the following program criteria:

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<sup>27</sup> M. Werner Consulting; HFS.

<sup>28</sup> Annual Nonprofit Hospital Community Benefits Plan, Report for the Fiscal Year Ended August 31, 2023; NMHC.

<sup>29</sup> M. Werner Consulting; HFS.

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),<sup>30</sup> to determine eligibility. Patients who do not have insurance and have incomes less than or equal to 250% of the FPL receive 100% free care for medically necessary services.<sup>31</sup> Discounted care is available for patients who are uninsured and earning 251% to 600% of the FPL.
- For patients who have insurance, the Financial Assistance Policy waives out-of-pocket expenses, except co-pays, for medically necessary services if their income is less than or equal to 250% of the FPL. Discounted care is also available for medically necessary non-covered services for patients with insurance earning 251% to 600% of the FPL.
- The Financial Assistance Policy also includes a Catastrophic Program for patients who qualify with household income between 251% and 600% of the FPL. (Patients at or below this level are eligible for free care.) Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income, with payments spread over a three-year period.
- Patients seeking care at an NMHC emergency department receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

NMHC and its affiliates are committed to meeting the healthcare needs of those within the NMHC community who are unable to pay for medically necessary or emergency care. This commitment includes providing medically necessary care at free or discounted rates under our Financial Assistance Program. Applications for financial assistance follow a system-standard review process. Applications are approved based upon completion of application, Illinois residency, and income or assets within allowable guidelines. Enrollment in HBIA, which provided expanded coverage for undocumented adults, was paused by Illinois in 2023, resulting in an increased volume for financial assistance. The Health System is reporting a stable level of unreimbursed cost of indigent care and an increase in charity care for FY24.

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

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

<sup>31</sup> The NMHC Financial Assistance Policy was amended to increase the FPL threshold for 100% free care from 200% of FPL to 250% of FPL in FY20.

### *Serving Populations at Highest Risk for Poor Health*

NMHC is committed to providing care to those at highest risk for poor health in the communities we serve due to SDOH. As discussed earlier in this report, every year, NMHC hospitals provide millions of dollars in uncompensated, undercompensated and charitable care to patients in our communities. The Health System is committed to providing essential care where our patients need it most, including to patients living in designated Low Income Medically Underserved Population (MUP) areas through our critical-access hospital, NM Valley West. As a critical-access hospital in a MUP, NM Valley West provides essential services to its rural community, including access to academic health care, by providing a seamless pathway from critical care to specialty care across the Health System.<sup>32</sup> However, we know that we cannot effect change alone; we collaborate closely with community care providers to deliver a multitude of convenient services to Illinois residents who are medically underserved. The Health System dedicates millions of dollars annually to support valuable community services, some of which are outlined below.

#### Support for Community Clinical Providers

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

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

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

The Health System currently fosters relationships with the following FQHC and community clinical providers across the Chicago area and Northeastern Illinois:

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

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<sup>32</sup> MUP is a designation by the Health Resources & Services Administration (HRSA). MUPs have a shortage of primary care services for a specific population subset within a geographic area; these populations may face economic, cultural or language barriers to health care. HRSA, Medically Underserved Area and Medically Underserved Population Search.

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

In FY24, the Health System contracted with FQHCs that provided primary care services for more than 300,000 patients at their sites.<sup>33</sup> Many of these patients reside in NMHC CSAs. Through affiliation and care coordination agreements, and in accordance with NMHC financial assistance and presumptive eligibility policies, NM hospitals provide necessary diagnostic, specialty and subspecialty care for many supported FQHC patients. Additional support for community clinical partners is provided through the ECMH program.<sup>34</sup> NM executives also serve on the boards of directors of multiple community clinical providers offering leadership and in-kind support to those organizations. On top of existing commitments, NMHC also provided more than \$5.5 million to support community clinical provider operations in FY24.<sup>35</sup> The following highlights from FY24 represent just a few examples of the clinical community relationships the Health System has cultivated to help improve access to care in our communities.

- The Josselyn Center (Josselyn) is a certified Community Mental Health Center that has provided quality, accessible mental health services in Northeastern Illinois for more than 70 years. Operating clinics in Grayslake, Highland Park, Highwood, Northbrook, Northfield and Waukegan, Josselyn annually provides specialized services, including therapy and psychiatry, to more than 7,800 clients from 300 communities. Substantial expansion efforts are currently underway, slated to be operationalized in 2026. In FY24, the Health System, in partnership with Grainger Foundation Inc., provided more than \$775,000 to Josselyn to support their current and 2026 strategic efforts.<sup>36</sup> Beyond funding, the president of NM LFH is proud to serve on Josselyn's board of directors. Additional collaborative efforts between NMHC and Josselyn are also underway to serve the residents of Lake County.
- VNA Health Center (VNA) provides primary medical, dental and behavioral health care services and community health programs while also supporting patients' access to community resources. Committed to health equity for persons living in Aurora, Elgin, Bolingbrook, Bensenville and Carol Stream, among other communities, VNA provides access to care for communities served by NM CDH and NM Delnor. In FY24, the Health System awarded VNA a \$250,000 grant to

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<sup>33</sup> HRSA, Health Center Program Uniform Data Set (UDS) Data Overview. Accessed January 2025.  
<https://data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE>.

<sup>34</sup> See the *Advancing Discovery and Medical Knowledge* section of this report.

<sup>35</sup> A portion of these funds made available through philanthropic funds is not reflected in the reported community benefits totals.

<sup>36</sup> These funds were made possible both through NMHC operational funding and through philanthropic funds provided by a Grainger Foundation Inc. grant. Only part of this funding is reflected in the reported community benefits totals.

support expanded access to care for primary and behavioral health services, chronic disease management, and community health programming.

- In a relationship spanning more than 30 years, NMHC and Erie Family Health Centers (Erie) have made it a priority to expand access to primary and preventive health care. Erie serves nearly 90,000 patients annually, providing medical, dental and behavioral health care regardless of the patient's ability to pay or immigration status at locations across the Chicago area and the north suburbs. On top of existing commitments in FY24, the Health System, including NMH and NM LFH, provided grants to Erie totaling nearly \$2 million. The funding supports transportation, facility improvements, supplies, equipment and staffing at Erie for patients who are medically underserved and at high risk for poor health. In addition to direct funding, the Health System and Erie work together to coordinate care for Erie patients at NMHC hospitals for specialty services not available at Erie.

Critically, support from the Health System in FY24 facilitated the opening of urgent care spaces at Erie's East Division Street Health Center. Urgent care is defined as a type of outpatient care that provides immediate treatment for non-life-threatening illnesses and injuries. Centered in the heart of Chicago's West Town and Humboldt Park communities, Erie's East Division Street Health Center provides a wide variety of services for both adults and children. NM's grant will help meet patients' needs, reduce unnecessary emergency department visits, and decrease wait times for patients to receive the care they need for urgent matters.



## Improving the Health of Communities We Serve

### *NM 2035: Better – From Discovery to Delivery*

At the core of NM is our mission to put patients first. In FY23, the Health System developed the NM 2035 strategic plan, including an enhanced mission and vision to be leaders in talent and care, and to impact global healthcare delivery. NM 2035 is built around five pillars, one of which is to deepen relationships with the communities we serve to improve health equity. To advance this goal in FY24, the Health System focused on the following objectives:

#### **Advance community partnerships.**

The Health System has actively engaged with community-based organizations for more than 50 years. Improving the health of the communities we serve cannot be achieved by any one organization; it requires collaboration across sectors and among private, public and nonprofit entities. The Health System and all NMHC hospitals have built — and continue to develop — deep and lasting relationships with local community organizations, including health and social services providers, local school and park districts, faith-based organizations, local businesses and others. Informed by community input from the CHNA process, we work together to identify priority health needs and develop community-based initiatives designed to address health disparities.

For the past several years, the Health System has worked to refine a common approach for collaborating with our myriad of community partners.<sup>37</sup> NM support for our community partners often begins with providing funding to support critically needed programs in the communities we serve. To cultivate consistency and transparency across the Health System, in FY22, NM launched the competitive Community Grant Program. After providing \$1.8 million in grant funding for the first year, in FY24, this program soared to nearly \$4.7 million in grants to grassroots organization across our Community Service Areas. Funding provided through the NM Community Grant Program is only a portion of the more than \$18.5 million in direct funding for community organizations in FY24.<sup>38</sup>

Funding is just one way the Health System supports community organizations, and it often leads to comprehensive relationships supported by a multitude of services offered by NM. Invaluable support is provided in a variety of ways, such as through in-kind executive service on boards, workforce volunteer support through Team NM, direct programmatic support by staff, and data-sharing and knowledge transfer. Ultimately, our approach is not to duplicate the work our trusted community partners are already doing, but rather to support and amplify their work addressing SDOH and priority health needs. The following are two examples of the comprehensive support NM provides within our communities.

- **Team NM** is our workforce volunteer hub that supports community organizations and initiatives to address identified community health needs. Team NM volunteers support and amplify the work of the Health System's community partners, maximizing resources to reduce health disparities beyond what can be achieved at NMHC and in other care settings. Many Team NM events connect multiple health needs, initiatives and/or programs to concentrate efforts in areas where volunteers can have the greatest impact. Volunteer activities vary greatly and have included packing and distributing food in collaboration with local food pantries and food banks;

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<sup>37</sup> A list of organizations supported by NM hospitals is available in the Appendix of this report.

<sup>38</sup> A portion of these funds made available through philanthropic funds is not reflected in the reported community benefits totals.

undertaking community beautification projects; supporting local events; staffing skilled volunteer events, such as vaccine clinics; arranging collection drives; and many more. While these reflect just some of the wide-ranging volunteer efforts, Team NM amplifies the work of the Health System's community partners in ways that best meet the needs of communities we serve. In total, more than 2,350 Health System employees volunteered with Team NM in FY24, dedicating a record-setting 10,451 volunteer hours at 555 separate events to support nearly 200 NM community partners.

- **Donating unused or decommissioned assets** to local providers facing financial and other barriers helps increase access to advanced resources and innovations across our communities, regardless of where a patient lives or receives care. NM staff works to identify local community partners in need, but will also consider donating assets wherever they can best be used to support patient care. Mount Sinai Hospital (Sinai) is an acute-care safety-net hospital serving patients on Chicago's Southwest Side. NMHC and Sinai have long collaborated on community-based programs, and in FY24, the Health System supported Sinai by donating a large variety of medical equipment and furniture. This donation included mammography rooms, which enabled Sinai to begin providing 3D mammography. 3D mammography is the standard of care for breast imaging, providing more accurate detection and fewer false positives. Nonetheless, its availability remains limited for many neighborhoods in Chicago that have been historically medically underserved. The Health System also donated anesthesia machines, ultrasounds, electrocardiogram (EKG) machines, bladder scanners, patient beds, lifts, infant warmers, patient monitors and various office equipment. These donations help provide direct access to life-saving tools available in hospitals located in more affluent areas of the same city and have the additional benefit of driving sustainability efforts by decreasing waste. Beyond the scope of Illinois, in FY24, NMHC also worked with the nonprofit Project C.U.R.E. to donate 102 exam tables to clinical providers in Tanzania, Ethiopia and Syria.

### **Reduce health disparities.**

Up to 80% of health outcomes are influenced by the ways in which people live, work, play and worship, collectively known as SDOH.<sup>39</sup> SDOH relate to social and economic opportunities, community resources, quality education, workplace safety, environmental factors, and the nature of social interactions and relationships. In addition to access to health care, SDOH include food access and security, transportation, violence and community safety, among other considerations. SDOH help explain why some people in the U.S. are healthier than others.

NMHC is dedicated to reducing health disparities by assessing SDOH and responding to the unique needs of our diverse and complex patient population. The importance of SDOH in influencing the health and well-being of our patients and communities is understood by all NMHC hospitals.<sup>40</sup> Each hospital assesses the unique needs of the community it serves through the previously discussed CHNA process, and is now working to address SDOH in the manner that best suits its respective community:

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<sup>39</sup> 2022, Social Determinants of Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>. Accessed January 2025.

<sup>40</sup> NMHC is dedicated to improving access to health care as a foundational pillar of the Health System's community commitment. More information is available in the previous *Providing Access to Care Regardless of the Patient's Ability to Pay* section of this report.

- NM CDH, NM Delnor, NM McHenry, NM Huntley, NM Woodstock and NM MRH have identified SDOH as a priority health need.
- NMH and NM LFH are prioritizing employment and youth development.
- NMH continues to prioritize community safety and violence prevention in reflection of the specific needs of the city of Chicago.
- NM Palos prioritizes food access and insecurity as well as culturally and linguistically appropriate care.
- Behavioral health and substance use disorder has been identified as a broad-reaching health need and is being prioritized across the Health System by all NM hospitals, with the exception of NM MRH.<sup>41</sup>

Recognizing that proactive engagement with the Health System's patients most likely to have needs related to SDOH could have a profound impact on their overall health, the Health System created the Social Drivers of Health and Referral Program with the overall aim of screening all NM patients for a concise set of SDOH that interfere with health and that the Health System can help to mitigate, and then to act on those identified needs through referrals and intervention. In FY24, more than 476,000 screens were completed across the Health System, resulting in 5% of patients identifying needs and requesting assistance. In the inpatient setting, 90% of hospital patients were screened, with 10,574 patients both identifying need(s) and requesting assistance. The highest needs identified were (1) medical home, (2) transportation and (3) medication affordability. In the primary care setting, including geriatrics, obstetrics and gynecology (OB-GYN), and pediatric clinics, 92.9% of screens were fully completed, and 7,621 patients identified need(s) and requested assistance. The highest identified needs in the primary care setting were (1) mental health, (2) medication affordability and (3) safe housing.

Patients who identify a concern through the screening are asked if they want to learn about resources for addressing their needs. Through a community referral platform called UniteUs,<sup>42</sup> a resource list is generated based on the patient's home ZIP code. Additionally, the NM Community Affairs team helps ensure the longstanding community partners are included in the referral platform. UniteUs is integrated into the NM electronic medical record (EMR) system to assist with case management and improve the patient's continuum of care. Through the EMR system, patients receive a referral for programs that can help address their needs. The NM Outreach team includes community health workers (CHW), registered nurses and social workers and has an embedded process for patients requesting resources during screening in primary care settings; the team proactively works to address short term clinical and social needs by following up with patients within two or three days to help provide direct support. The NM SDOH and Referral Program is a first-of-its-kind program to be used on such a large scale and engages NM Operations, Quality, Engagement and Community Affairs teams, as well as direct care providers.

The NM Food Insecurity: Emergency Response, Community Engagement (F.I.E.R.C.E.) program is a grant-funded<sup>43</sup> program managed by the Outreach team for patients who are experiencing a food emergency. Most of the patients are identified through the SDOH referral program and are connected with a CHW

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<sup>41</sup> Due to its unique patient population as a rehabilitation hospital.

<sup>42</sup> Previously NowPow.

<sup>43</sup> NM F.I.E.R.C.E. is supported by the NM Healthier Communities Grant program, which is made possible through philanthropic support and not included in the community benefits totals of this report.

who will address immediate food concerns by providing one-time direct food deliveries. The CHW will also assist the patient with the Supplemental Nutrition Assistance Program (SNAP) screening and provide resources for established food pantries or programs in their community. Since its inception, NM F.I.E.R.C.E has provided more than \$35,000 in groceries for patients facing a food emergency.

Beyond helping patients address SDOH concerns, the Health System is also working to improve health while building a pipeline of future healthcare workers through the NM SDOH Internship Program. This unique paid internship trains students who are not already involved in other NM programs. The students support NM's efforts to screen, document and address patients' SDOH needs. NMHC supported four SDOH interns in FY24.<sup>44</sup>

### *Supporting Economic Development and Growth*

Research indicates that poor health burdens the economy and creates challenges not only for individuals, but also for families, businesses and communities at large. The inverse is also true: healthier populations will contribute to a stronger local economy, and a strong local economy can drive a healthier population.<sup>45</sup> As one of the largest employers in the Chicago area, the Health System is committed to improving economic vitality for our communities. To drive growth in communities that have historically lacked economic development, key strategies include: expanding a community-based hiring framework; inviting local vendors and businesses to do business with NM; and offering educational and career development programs to create a pipeline to healthcare careers.

### Systemwide Community Workforce Recruitment and Development

The Health System's commitment to cultivate relationships with community organizations extends to our commitment to recruit, hire and train a workforce from the communities we serve. Our trusted collaborators on these efforts expanded in FY24 and now include Bright Star Community Outreach, Cara Collective, Chicago Cook Workforce Partnership, Community Assistance Programs, Focus Forward, HOPE Chicago, IMAN, Skills for Chicagoland's Future, St. Sabina Employee Resource Center, Teamwork Englewood and others. In collaboration with our community partners, NM staff help prepare community members for employment by offering career counseling workshops and mapping out futures in health care. In FY24, NM hosted or participated in 57 recruitment and community hiring events in communities that have historically lacked economic opportunities. To better support these efforts, in FY24, NMHC hired an additional full-time staff member fully dedicated to community workforce recruitment. Through these dedicated efforts, more than 370 formal referrals were made in FY24.

The Health System has an established work-based learning program through which NM partners with community-based organizations to identify people seeking jobs who may not currently meet the minimum requirements for employment. Through the program, they can be hired and receive paid, on-the-job training. The program continues to develop employees throughout their career with a focus on promotion to management. Key areas of focus for the work-based learning program include imaging assistants, medical assistants, patient access specialists, patient escort specialists, patient service

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<sup>44</sup> The NM SDOH Internship Program is provided through NM's Healthier Communities Grant, established by Northwestern Memorial Foundation, which is committed to removing barriers to better health and addressing SDOH. NM Healthier Communities Grant program is made possible through philanthropic support and not included in the community benefits totals of this report.

<sup>45</sup> 2019, Community Health and Economic Prosperity: An Initiative of the Office of the Surgeon General, National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6852061/>.

representatives, physician assistants, sterile processing staff and housekeeping staff, with plans to expand the program both in terms of roles and NM locations in the future. Four people participated in the program in FY24, bringing the total to date to 26 participants.

The Health System's internal training and education department, NM Academy, is now offering a Basic Nursing Assistant (BNA) Training Program for NM employees who seek a professional development opportunity in basic care. Designed for nonclinical employees who are interested in growing their careers by shifting to a patient care role, the BNA program is offered and taught by the Health System at no cost to both full- and part-time NM workforce members. While the program is located at NMH, participants can be based at any NM hospital. Participants in the program receive both classroom- and clinical-based education as well as mentorship and networking opportunities. By offering and underwriting the cost for participating in the program, the Health System relieves both financial and time barriers that might otherwise prohibit students from career advancement.

Also in FY24, NM collaborated with JumpHire, a transformative workforce development program serving Chicago's South and West Sides, to expose and train job seekers for various roles within NM's Supply Chain Department. This inspiring work helped community members recognize diverse career opportunities available in health care beyond traditional roles such as doctors, nurses and medical assistants. Additionally, the collaboration shed light on less publicized opportunities that serve as meaningful pathways to long-term, successful careers in health care. Participants took part in multiple hands-on experiences, including trainings at JumpHire and shadow days on-site at NMH. The first cohort had 27 participants; two individuals were hired by the Health System. The second cohort of this program launched in February 2025.<sup>46</sup> By investing in workforce development and economic mobility, NM remains committed to strengthening the overall health of the communities we serve.

#### *Local Procurement of Supplies and Services*

Purchasing products and services from local businesses creates jobs, improves public infrastructure, and provides both social and economic investment in the community. Major efforts have been made to promote economic development within the communities we serve. In FY24 alone, NMHC spent more than \$14 million on supplies and services from local vendors and small businesses.<sup>47</sup> NM's Supply Chain Department is also committed to supporting economic development through jobs and training programs.

NMHC's Planning and Construction Department is committed to developing and sustaining collaborative supplier partnerships with community vendors. In FY24, the department spent more than \$116 million on local vendors. This represents more than 25% of all spend on vendors for the fiscal year. Beyond financial investment, the Health System's Planning and Construction team is working to employ progressive project strategies; educate, train and integrate qualified resources; and implement effective compliance infrastructure to impact the communities we serve.

Several other NMHC departments, including Technology Services and Internal Audit, among others, have also launched collaborations with community organizations to promote opportunities for community

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<sup>46</sup> Beyond the scope of this report.

<sup>47</sup> This is not inclusive of capital expenses within other NM departments, including Planning and Construction, Property Operations and Real Estate.

### *Youth Pipeline to Medical Education and Healthcare Employment*

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

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

The NM Scholars Program offers outstanding high school students the opportunity to explore and prepare for a future in life sciences as physicians and biomedical scientists. Through a variety of activities, selected students learn about career options from leading NM physicians and accomplished scientists at Feinberg. The program serves students from George Westinghouse College Prep High School in East Garfield Park, and has recently expanded to include students from both Daniel Hale Williams Prep and Bronzeville Scholastic Institute on the DuSable campus in Bronzeville. All three participating schools primarily serve Chicago students from families with low incomes. The expansion of the NM Scholars Program represents a long-term investment by the Health System to address educational inequity and a commitment to build a talent pipeline for future physicians, scientists and healthcare workers.

In addition to receiving a behind-the-scenes look and deeper understanding of clinical areas and potential careers from NM staff and Feinberg faculty, students in the NM Scholars Program receive mentoring, participate in an intensive summer program and ACT test preparation, and develop leadership and life skills. Since its start, 88 students have participated in the program. Of those students, 100% have graduated high school, 98% have gone to college with scholarships and 67% have gone on to study in science, technology, engineering and mathematics (STEM) fields. Additionally, 67% of program participants have achieved post-graduate degrees or are currently pursuing post-graduate education toward medical or other terminal degrees.

As part of the Health System's commitment to build stronger communities, the NM Discovery Program's mission is to create a pathway for the next generation of healthcare leaders by drawing on the incredible team of NM healthcare professionals to provide career exploration opportunities for students who might not otherwise have access to such opportunities. Through the program, students are exposed to a broad range of healthcare careers through hands-on and interactive opportunities as well as character and professional development, and community service opportunities. As the Health System has expanded, so too has the NM Discovery Program. The program now comprises six chapters: NM Discovery Program Central, NM Discovery Program West, NM Discovery Program North, NM Discovery Program Greater DeKalb, NM Discovery Program Northwest and NM Discovery Program South. In FY24, 198 students participated in the program. Select students from the program also participate in a summer internship program. The Health System actively coordinates with community partners to recruit students from communities experiencing disinvestment to apply for the program. Since the program

began, many participants have pursued careers in nursing and other healthcare fields. Three former Discovery Program participants are currently employed by the Health System, serving roles in Critical Care, Patient Transport and Inpatient Care.

Project SEARCH endeavors to help young people with intellectual and developmental disabilities learn personal and professional skills, and then supports their search for employment in an area that meets their interests and abilities. The program brings together many different agencies that work to create an environment where people with disabilities can get immersive work experience before entering the competitive job market. Project SEARCH is offered at four NM sites: NM CDH, NM Delnor, NM Kishwaukee and NM Huntley.<sup>48</sup> In FY24, Project SEARCH had 34 participants, with 31 achieving full-time employment at the end of their internship. Two graduates of the program were hired by the Health System.

The NM Summer Pre-Med Internship Program provides opportunities for promising undergraduate students to experience both clinical observation and focused project work. The eight-week paid program is open to students who are enrolled in a four-year university and are interested in becoming a physician. Students in the program are matched with a clinical department and paired with both administrative and clinical mentors across the Health System. The summer 2024 cohort included 45 students from 27 universities across the United States. NM is committed to offering programs that support students throughout the entirety of their education journey.

The Health System provides additional internship opportunities for high school students in collaboration with our community partners. A broad array of programs, a few of which are highlighted below, are designed to inspire, mentor and prepare young people for future careers in STEM. In total, more than 1,300 students from communities served by the Health System were impacted in FY24.

- In FY24, the Health System launched the NM Interpretation Services Internship at NMH, which is specifically aimed at providing opportunities to students who are deaf or hard of hearing. Recognizing that students with disabilities often lack internship opportunities, NM's Interpretation Services and Youth Programming teams worked together to create the internship. The internship focused on supporting Interpretation Services, managing accommodations equipment and completing a capstone project which focused on making health care at NM more accessible and supportive for patients who are deaf or hard of hearing.
- The Chicago Public Schools (CPS) Career and Technical Education (CTE) Internships offered in the summer provide CPS students the opportunity to work in the Health System's Pharmacy and Information Systems departments while learning lifelong skills and gaining hands-on experience. Five students completed the internship in FY24.
- Cristo Rey High School Corporate Work Study Program (CWSP) is a shared program of Cristo Rey Jesuit High School and Christ the King Jesuit College Prep. Through CWSP, students work for and earn a majority of the cost of their education, making a quality college preparatory education possible for students who could not otherwise afford it. NMHC is proud to support the CWSP

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<sup>48</sup> Project SEARCH moved from NM Woodstock to NM Huntley in summer 2023.

and annually provides \$40,000<sup>49</sup> in sponsorship funds to the program. The Health System hosted four CWSP students in FY24.

- Urban Alliance is building a diverse next-generation workforce by providing job skills training, mentoring and paid internships to high school youth. The Health System partners with Urban Alliance to place interns in various roles across the Health System depending on their interests. In FY24, the Health System hosted two Urban Alliance interns.

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

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<sup>49</sup> Sponsorship amount not included in NMHC's community benefits totals.



## Advancing Discovery and Medical Knowledge

NMHC leverages the strengths of our academic health system and our bond with Northwestern University Feinberg School of Medicine (Feinberg) to advance discovery and medical knowledge, train the next generation of clinicians and shape the future of health care. With research and education at the core of what we do, the Health System contributes significantly to training future healthcare leaders — including physicians, nurses, allied health professionals and administrators — and the clinical research necessary to ensure access to quality, innovative care for all. Academic medical centers (AMCs) fulfill a crucial role in the U.S. healthcare system, without which there would be an enormous void in the research community. Further, the infrastructure provided by AMCs for graduate medical education (GME) provides future physicians with crucial experience, including exposure to treating and caring for patients with a broad range of conditions. In general, AMCs are tied to better patient outcomes, and a recent study also found that the presence of AMCs is linked to better outcomes for patients treated at nearby community hospitals as well.<sup>50</sup> The Health System is anchored by NMH, an AMC, which drives better care at all NM hospitals.

The U.S. continues to be plagued by a national physician shortage in both primary and specialty care. A new study by the Association of American Medical Colleges (AAMC) estimates that this shortage will reach 86,000 physicians by 2036.<sup>51</sup> The study notes the positive impact on physician supply due to recent funding of additional residency positions,<sup>52</sup> but cautions that the states, teaching health systems and hospitals, Congress, and the Centers for Medicare & Medicaid Services (CMS) must continue to build upon their investments in GME.<sup>53</sup> The burden to fund many GME positions — colloquially referred to as “over-the-cap” positions — is largely borne by academic medical centers (AMCs), at a significant cost. A recent report by the U.S. Government Accountability Office (GAO) found that 70% of all U.S. teaching hospitals are self-funding residency slots,<sup>54</sup> including at NM hospitals, as detailed below.

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

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<sup>50</sup> Burke, L.G., et al. (2023) Association of Academic Medical Center Presence With Clinical Outcomes at Neighboring Community Hospitals Among Medicare Beneficiaries. *JAMA Network Open*. [doi.org/10.1001/jamanetworkopen.2022.54559](https://doi.org/10.1001/jamanetworkopen.2022.54559).

<sup>51</sup> The Complexities of Physician Supply and Demand: Projections from 2021 to 2036, American Association of Medical Colleges, March 2024. <https://www.aamc.org/media/75236/download?attachment>.

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

<sup>53</sup> *AMA President Sounds Alarm on National Physician Shortage*, American Medical Association, October 2023. <https://www.ama-assn.org/press-center/press-releases/ama-president-sounds-alarm-national-physician-shortage>.

<sup>53</sup> The Complexities of Physician Supply and Demand: Projections from 2021 to 2036, American Association of Medical Colleges, March 2024. <https://www.aamc.org/media/75236/download?attachment>.

<sup>54</sup> 2021, *Physician Workforce: Caps on Medicare-Funded Graduate Medical Education at Teaching Hospitals*, U.S. Government Accountability Office. **GAO-21-391**. <https://www.gao.gov/products/gao-21-391>.

excellence while advancing scientific discovery, both through support of Feinberg and through funding innovation across the Health System.

In FY24, the Health System absorbed more than \$167.5 million in unreimbursed costs for medical education and research.

### *Relationship With Feinberg School of Medicine*

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

Expansion of the Health System and increased collaboration has facilitated expansion of medical education across the region. The faculty of Feinberg and NMH work with our campus partners — Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) and Shirley Ryan AbilityLab<sup>55</sup> (Shirley Ryan) — to connect discoveries to the point of care, accelerate scientific breakthroughs and enable comprehensive training experiences. The Health System operates three Family Medicine Residency Programs — at NMH, NM LFH and NM Delnor — often collaborating with community clinical providers to ensure critically needed access to care in the communities we serve. McGaw residents benefit from exposure to specialty clinical services through rotations across the Health System, including in general surgery, neurology, thoracic surgery, reproductive endocrinology and infertility, female pelvic medicine and reproductive surgery, orthopaedic surgery, pediatrics, transitional care clinic (TCC), emergency medicine and others.

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

### *Training the Next Generation of Healthcare Leaders*

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

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<sup>55</sup> Formerly the Rehabilitation Institute of Chicago.

development, tuition reimbursement and on-the-job training opportunities, including in community-based settings.

Training medical students and residents requires a massive commitment from both medical schools and hospitals. Those seeking to become physicians require an immense breadth of carefully planned clinical and educational experiences to gain the skills, knowledge and perspectives needed to achieve clinical proficiency. Essential to this education is interaction with patients under the guidance and supervision of experienced physician faculty members who are knowledgeable in the most innovative and effective care guidelines.

NMHC underwrites the cost of more than 500 McGaw-sponsored residency slots and more than 130 McGaw-sponsored fellowship slots at NMH that are unfunded by the federal government. NMH serves as the primary teaching hospital for medical students of Feinberg and for physicians in residency and fellowship programs of McGaw.<sup>56</sup> McGaw offers exceptional training experiences at nationally ranked hospitals and fosters a culture of diversity, innovation and excellence. Feinberg, McGaw and the participating hospitals — NMH, Lurie Children's and Shirley Ryan — attract extraordinarily talented and dedicated students who will become some of the nation's top physicians and scientists. During academic year 2023 – 2024, Feinberg welcomed more than 3,700 McGaw medical residents, fellows and other medical students. Most of these students were trained through supervised medical practice at NMHC institutions; a large portion of the patients at NMH receive at least some of their care from these trainees. McGaw residents also have the unique opportunity to participate in community-based training, as outlined below.

Training for future residents is provided beyond the AMC by the Health System. NM MRH trains residents in the highly specialized field of physical medicine and rehabilitation (PM&R), or physiatry. Resident physicians explore clinical areas ranging from stroke rehabilitation, spinal cord rehabilitation, pain management, pediatric care and electrodiagnosis as they begin to develop the necessary clinical skills to become thoughtful and compassionate physiatrists. Additionally, residents have the opportunity to care for patients at Edward Hines, Jr. VA Hospital and Captain James A. Lovell Federal Health Care Center. The curriculum at NM MRH balances inpatient and outpatient responsibilities, and provides broad-based training, thus preparing residents to enter into a clinical practice, pursue a fellowship or establish an academic career. In FY24, 18 residents trained at NM MRH.<sup>57</sup>

The Chicago Medical School Internal Medicine Residency Program at NM McHenry<sup>58</sup> fosters excellence in clinical skills and medical knowledge among its residents. The curriculum offers rotations in each of the subspecialties of internal medicine in both inpatient and ambulatory settings. In FY24, 39 residents trained at NM McHenry.

Teaching hospitals and the federal government recognize that providing hands-on training to physicians in residency and fellowship programs is necessary to ensure that an adequate number of physicians will

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<sup>56</sup> McGaw sponsors graduate medical education programs at its member and member-affiliate institutions: NMH; NM LFH; NM Delnor; Shirley Ryan; Jesse Brown VA Medical Center; John H. Stroger, Jr. Hospital of Cook County; Swedish Covenant Hospital; Erie Family Health Centers; and Lurie Children's.

<sup>57</sup> NM MRH's residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw.

<sup>58</sup> The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw.

be available to meet patient care demands, both in the short and long term. NMHC also provides substantial financial support to clinical fellowship programs for physicians seeking to be leaders in academic medicine, where they can contribute to their chosen areas of medical expertise through research. These programs will also ensure that physicians in sufficient numbers are trained in scientific research and discovery and can continue to advance medical innovation.

Future healthcare professionals in many other disciplines also train at NMHC, as described in later sections of this report. In FY24, the net unreimbursed cost of NMHC's education programs was more than \$97.4 million.

### *Hands-On Community Medical Education*

Medical residents help improve access and provide care for patients in some of our most medically underserved communities. Residents learn in teaching hospitals that provide approximately 40% of all charity care, equating to \$8.4 billion in care, within the United States. Upon graduation, residents also often continue practicing medicine where they trained, further serving their local communities.<sup>59</sup> The NM Department of Family and Community Medicine offers three residency programs that provide unique opportunities for residents to develop their research and leadership skills while gaining clinical experience by providing care to people who have been historically medically underserved. Reflecting the growth of the Health System, these programs, described below, serve Chicago and the north and west suburbs.

- Since 2010, the **Northwestern McGaw Family Medicine Residency at Humboldt Park** has collaborated with Erie Family Health Centers (Erie) to provide high-quality medical education. The program encourages the development of family medicine physicians who will be leaders in primary care and advocates for communities that have been historically underserved. Residents in the program provide care at Erie's West Humboldt Park location, which serves more than 84,000 patients annually, and at Swedish Covenant Hospital. Eight residents are admitted to the program each year.
- The **Northwestern McGaw Family Medicine Residency at Lake Forest** welcomed its first class of students in 2015. The program at NM LFH is dedicated to the education of outstanding family physicians and community leaders. Residents participate in a Spanish immersion program and complete clinical rotations in three locations with different types of patients — inpatients at NM LFH; outpatients at NM Grayslake Outpatient Center; patients in the NM Transitional Care Clinic at NM LFH; and patients at Erie Waukegan. Erie Waukegan, an FQHC that offers a wide range of social services to patients who are economically disadvantaged, is partially funded by NM LFH. NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 24 residents in FY24.
- The Health System launched the **Northwestern McGaw Family Medicine Residency at Delnor** in 2019. Located in Chicago's west suburbs, the three-year residency program maintains exam rooms and instructional space in the same place, simultaneously providing a full spectrum of training for students while offering convenient, comprehensive care for patients. The program

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<sup>59</sup> *The Most Powerful Prescription? A Well-Trained Physician*. American Medical Association, 2022.  
<https://savegme.org>.

helps meet the primary care needs of patients in the west suburbs, and encourages graduating residents to remain in the region. Residents in the program see patients at the clinic, at NM Delnor and in the inpatient Pediatric Unit at NM CDH; residents also make house calls. The program had 24 residents in FY24.

Established in 2011, the ECMH program is an innovative program at Feinberg that offers medical students the opportunity to learn at primary care clinics organized around the Patient Centered Medical Home (PCMH) model. ECMH provides students with early and comprehensive educational exposure to team-based medicine in an authentic outpatient environment while simultaneously increasing access to care for patients who have been medically underserved. Primary care sites include FQHCs and free clinics that are located in Chicago communities where residents are at a high risk of poor health outcomes and/or experience barriers to receiving care.

### *Support for Academic Research*

Feinberg has a national reputation for excellence. Anchored by NMH, a vibrant AMC, NM attracts and retains dedicated faculty, students, trainees and staff who are constantly pushing the boundaries of scientific discovery, pursuing research that in turn informs education and advances patient care. Research is conducted in all Feinberg departments, institutes and centers, and its scientists are nationally recognized as experts in a multitude of fields. Feinberg is considered a Tier 1: Best Medical Schools: Research by *U.S. News & World Report*.<sup>60</sup>

Funding provided by the National Institutes of Health (NIH) is a key indicator of a premier research institution. Feinberg is consistently recognized as such an institution with \$461 million in funding and awards received in the 2023 – 2024 academic year. Overall, Feinberg ranked No. 13 in NIH funding rankings among all medical schools in the United States, up from No. 30 in 2002. According to data released by the NIH, 15 departments at Feinberg ranked among the top 20 in their specialty. They are: Public Health (Preventive Medicine and Medical Social Sciences) (1); Urology (1); Dermatology (2); Obstetrics and Gynecology (3); Physical Medicine and Rehabilitation (3); Physiology (Neuroscience) (4); Anatomy/Cell Biology (5); Neurology (6); Surgery (7); Neurosurgery (10); Pharmacology (14); Internal Medicine (15); Radiation Oncology (15); Microbiology, Immunology and Virology (16); and Pathology (19). While NIH is the primary source of federal funding for medical research, funding for research at Feinberg also comes from multiple additional sources, including NMHC.

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

NM provides patients with access to groundbreaking new treatment options through an evolving roster of promising clinical trials including in cancer, cardiovascular, dermatology, neurology and pediatrics,

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<sup>60</sup> *U.S. News & World Report*, Best Medical Schools: Research, 2024. <https://www.usnews.com/best-graduate-schools/top-medical-schools/research-rankings>. Physical therapy, assessed every four years by *U.S. News & World Report*, ranked No. 4 in the nation in 2020. Feinberg's public health program was ranked No. 24, the second-highest ranking for a U.S. public health program that is part of a medical school.

among many more. More than 6,900 clinical trials and clinical research studies were conducted in 2024 involving more than 372,500 study participants. While teaching hospitals have long been at the leading edge of developing new technologies to prevent, detect, diagnose and treat a broad range of health issues, the Health System's continued geographic expansion has greatly increased access to clinical trials for patients in community hospitals across Northeastern Illinois. This geographic expansion provides a new pool of study participants, improving the diversity of the studies' patient populations and increasing the value of the research conducted. More importantly, community hospital-based clinical trials provide patients with access to leading-edge treatments and more options for care. For example, NM Orland Park Cancer Center recently began offering patients treatment trials by dedicated, on-site clinical research staff, improving access to novel care for those in the south suburbs. The expansion and growth of clinical research across the Health System aligns with our approach to be a premier, integrated academic health system.

NMHC provides significant financial support to cover gaps in funding, leverage extramural funding, and directly support research and innovation across the Health System. NM has continued to support research initiatives that span disciplines, departments and divisions despite the many competing challenges facing health care in recent years. In FY24, the net unreimbursed cost of the contribution to research and innovation from NMHC was approximately \$70.1 million. Funding from NMHC supports a broad array of initiatives, including the use of artificial intelligence (AI) to reduce unnecessary treatments for patients with breast cancer, advancing heart-pacing technology and Alzheimer's disease research (as outlined below,) among many more.

#### Using AI to Spare Patients Unnecessary Breast Cancer Treatments

NM scientists, in collaboration with the American Cancer Society (ACS), developed a first-of-its-kind artificial intelligence (AI) tool to combine cancerous and non-cancerous cell patterns to predict outcomes in invasive breast cancer. This more precise method of predicting outcomes will make it possible to spare patients with breast cancer unnecessary chemotherapy treatments. By using the AI tool to evaluate both cancerous and non-cancerous cells, scientists were able to predict outcomes, ultimately reducing the duration and/or intensity of patients' chemotherapy treatments. Reducing the duration and/or intensity of chemotherapy reduces patients' exposure to any unpleasant and harmful side effects of the treatment.

The ultimate impact of this AI tool could be profound. With the exception of skin cancer, breast cancer is the most common cancer in U.S. women and accounts for approximately 30% of all new female cancers annually.<sup>61</sup> More accurate estimations of the patient's risk associated with their disease will not only allow for more targeted interventions and fewer side effects, but may also help generalist pathologists when evaluating breast cancers, thus helping reduce disparities for patients who are diagnosed in community settings without access to specialized pathologists. Further, avoiding unnecessary

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<sup>61</sup> American Cancer Society, Key Statistics for Breast Cancer. <https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html>. Accessed January 2025.

treatments helps reduce wasteful spending on medical care, which the NIH estimates to be at least \$600 billion per year in the U.S.<sup>62</sup>

The AI model is being evaluated prospectively in order to validate it for clinical use, which coincides with the transition underway at NM hospitals to using digital images for diagnosis. NM scientists are also working to develop models for more specific types of breast cancers.

#### Advances in Heart-Pacing Technology

For the first time at NM, physicians at NM LFH successfully implanted a dual-chamber leadless pacemaker approved by the Food and Drug Administration (FDA). This device is a major advance in heart-pacing technology, offering patients a safer, minimally invasive alternative to surgical implantation of a traditional pacemaker. Pacemaker technology has remained virtually unchanged for decades; this device provides physicians with new options that can have significant advantages for some patients. While traditional pacemakers required invasive surgery, overnight hospitalization and weeks of recovery, the new system allows patients to resume normal activities within days. It is particularly beneficial for patients at high risk of poor outcomes, including those on dialysis or with weakened immune systems. It may also be attractive for patients who are very active.

Minimally invasive procedures, such as implantation of the new dual chamber leadless pacemaker, offer improved patient outcomes and significant cost benefits for the U.S. healthcare system. Improved pacemaker technology that boosts safety and reduces the need for invasive procedures will ultimately lead to better patient outcomes. The new device is currently available at NM LFH and NMH; plans are underway to roll out the technology at NM Bluhm Cardiovascular Institute locations throughout the Health System.

#### New Center to Foster Breakthroughs in Alzheimer's Disease Research

In FY24, the Health System announced the establishment of The Abrams Research Center on Neurogenomics,<sup>63</sup> with the mission to drive scientific innovations and develop effective interventions for Alzheimer's disease. The new center will integrate AI and other leading-edge genomics technologies, computational approaches and strategic international collaborations. According to the NIH, an estimated 6.7 million people in the U.S. age 65 and older are living with Alzheimer's dementia today. Without medical breakthroughs to prevent, slow or cure Alzheimer's dementia, this number could grow to 13.8 million by 2060.<sup>64</sup>

The establishment of the center at NM will create a suite of new AI tools and analysis methods that allow neuroscientists to interrogate the genes and cell types affected by Alzheimer's disease. Using AI tools will allow scientists to analyze volumes of data that are currently incomprehensible. The success of

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<sup>62</sup> Speer, M. et al. (2020) *Excess Medical Care Spending: The Categories, Magnitude, and Opportunity Costs of Wasteful Spending in the United States*. NIH National Library of Medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7661971/#:~:text=Even%20at%20the%20lowest%20end,attention%20from%20consumers%20and%20policymakers>.

<sup>63</sup> The Abrams Research Center on Neurogenomics at Feinberg was made possible through a generous \$25 million gift from Wendy and Jim Abrams and the Eleven Eleven Foundation. The gift total is not included in the community benefits totals of this report.

<sup>64</sup> 2023 Alzheimer's disease facts and figures, NIH National Library of Medicine. <https://pubmed.ncbi.nlm.nih.gov/36918389/>. Accessed January 2025.

these efforts will help fill the chasm between the current understanding of Alzheimer's disease at the level of genes and their functions, with the ultimate goal of developing novel clinical applications. Work conducted at the center by NM and other scientists has the potential to transform the way that care and treatment is provided for patients with Alzheimer's disease and related dementias.



## **Closing Remarks**

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

NM now provides care throughout Chicago, Northeast Illinois and beyond. Expansion of services and locations to better meet our patients' needs near where they live and work continued through FY24. NMHC follows a systemwide Community Benefits Plan that is executed with sensitivity to the individual needs of our communities, which span urban, suburban and rural populations. For generations, as bedrock institutions in our respective communities, the hospitals of NMHC have served the vital role of providing trusted medical care and responding to the needs of our communities in myriad ways.

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

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

The Health System recognizes that we alone cannot improve the health of the communities we serve. In order to truly have an impact, we are committed to increasing and streamlining community engagement and collaboration. NMHC hospitals continually seek and maintain strong relationships with local residents, business leaders, community service organizations, school and park districts, health departments and others to address the underlying causes of health disparities. In FY24, the Health System made significant strides to improve health and reduce health disparities. Key actions included expanding the Community Grant Program to provide direct funding to community-based organizations and increasing direct support to those organizations we are proud to collaborate with to strengthen the great work already being done. NM-led programs are tailored to the unique needs of each hospital's CSA. Additional community support is provided through robust employee volunteer efforts provided by Team NM, leadership and knowledge transfer through executive board service, and asset donation to local and international organizations.

Poverty and underemployment have a detrimental impact and lead to poor health outcomes for individuals and communities alike. NM contributes to a vibrant economy through workforce and economic development, local procurement and youth pipeline programs. In FY24, the Health System concentrated workforce development efforts in communities with limited economic opportunities through job fairs, hiring events, job readiness workshops and pilot programs. Comprehensive job training and career development programs are offered at every NMHC hospital in both clinical and

nonclinical settings. NM has long invested in programs that provide educational and employment opportunities for youth, often collaborating with schools and social services providers to reach those students who need the programs the most.

In alignment with the tripartite mission of academic medicine, NM is committed to training a healthcare workforce including future physicians, nurses, allied health professionals and administrators. Clinician training is exceptionally expensive and severely underfunded by government assistance programs. NM underwrites the cost of these programs to help address growing healthcare workforce demands.

By leveraging our relationship with Feinberg, the Health System conducts and supports breakthrough research. Together, we are leaders in scientific discovery, quality, patient safety and research-informed treatment. NM remains steadfast in our commitment to advance medical discovery, from reducing unnecessary treatments and implementing leading-edge technology to establishing research centers that address Alzheimer's disease, among hundreds of other research initiatives.

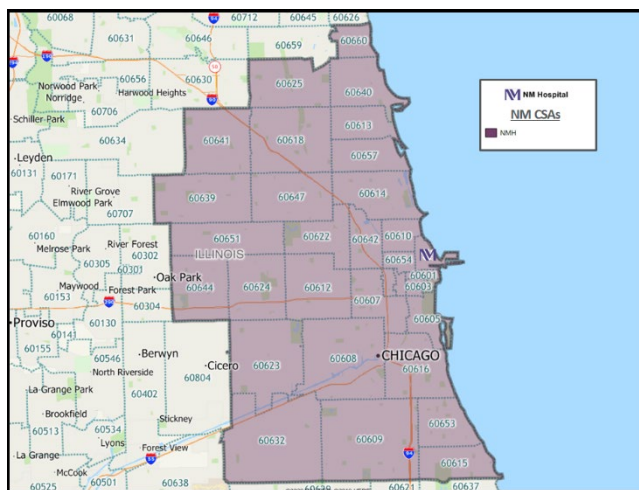
In total, for the fiscal year ended August 31, 2024, NMHC contributed more than \$1.58 billion in community benefits, inclusive of charity care, other unreimbursed care, research, education and other community benefits to the state of Illinois. We are committed to this work as part of our mission to make people better by making medicine better.

**Northwestern Memorial HealthCare**  
**and Subsidiaries**  
**Community Benefits Plan Report**  
**for the Fiscal Year Ended August 31, 2024**  
**Appendix**

<b><u>Entity</u></b>	<b><u>Page</u></b>
Northwestern Memorial Hospital	2-4
Northwestern Medicine Lake Forest Hospital	5-6
Northwestern Medicine Central DuPage Hospital	7-8
Northwestern Medicine Delnor Hospital	9-10
Northwestern Medicine Kishwaukee Hospital	11-12
Northwestern Medicine Valley West Hospital	13
Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and Northwestern Medicine Woodstock Hospital	14-15
Northwestern Medicine Palos Hospital	16
Northwestern Medicine Marianjoy Rehabilitation Hospital	17-18
Northwestern Medicine Primary Care and Immediate Care Centers	19
Northwestern Memorial HealthCare Physician Groups	19
Northwestern Memorial Foundation	19

## **Northwestern Memorial Hospital**

Northwestern Memorial Hospital (NMH) is a 943-bed, acute-care, academic medical center (AMC) in downtown Chicago that provides a complete range of adult inpatient and outpatient services in an educational and research environment. For the 13th consecutive year, NMH has been named to the Best Hospitals Honor Roll by *U.S. News & World Report*, 2024 – 2025, a select group of hospitals from around the country recognized for their exceptional performance across specialties, procedures and conditions. Additionally, NMH is the only Illinois hospital and one of only nine hospitals in the U.S. to be recognized in the report as “High Performing” in all 20 rankings of procedures and conditions.<sup>1</sup> For more than 150 years, NMH and its predecessor institutions have served the residents of Chicago. The commitment to provide quality health care, regardless of the patient’s ability to pay, reaches back to the founding principles of our predecessors and continues to be integral to our patients-focused mission.



NMH serves a large, complex and diverse area, with patients coming from the city of Chicago and surrounding communities. The NMH Community Service Area (CSA) is defined as a seven-mile radius around NMH, which includes 34 ZIP codes. FY24 saw expansion of services throughout Chicago with a newly opened outpatient center in the Old Irving Park neighborhood and continued construction on Northwestern Medicine (NM) Bronzeville Outpatient Center on Chicago’s South Side.

NMH is among the limited number of hospitals in the United States to be designated as a major teaching hospital by the Association of American Medical Colleges (AAMC). Though comprising only 5% of the acute-care, general-service hospitals in the United States, in aggregate, major teaching hospitals provide a disproportionate amount of care to people with Medicare and Medicaid, as well as for those who are uninsured.<sup>2</sup> Additionally, recent reports show that nonprofit hospitals in the United States provide nearly 10 times more community benefit than foregone federal revenue.<sup>3</sup> With a mission-driven

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<sup>1</sup> 2024 – 2025 Best Hospitals Rankings & Ratings, *U.S. News & World Report*. <https://health.usnews.com/best-hospitals>.

<sup>2</sup> 2019, *Academic Health Centers Save Millions of Lives*, Association of American Medical Colleges. <https://www.aamc.org/news/academic-health-centers-save-millions-lives#:~:text=In%20addition%2C%20major%20teaching%20hospitals,of%20all%20inpatient%20psychiatric%20beds>.

<sup>3</sup> *Estimates of the value of federal tax exemption and community benefits provided by nonprofit hospitals, 2020*. Prepared for the American Hospital Association, Ernst & Young, LLP. (2024). <https://www.aha.org/system/files/media/file/2024/09/EY-Estimates-of-the-value-of-federal-tax-exemption-community-benefits-provided-by-nonprofit-hospitals-2020.pdf>.

commitment to provide quality care regardless of the patient's ability to pay, NMH is among the largest providers of charity care (No. 7)<sup>4</sup> and providers of care for patients with Medicaid coverage in Illinois (No. 3).<sup>5</sup> AMCs serve as major referral centers and have very specialized expertise, providing communities with the type of complex care that often cannot be received elsewhere. As such, the patient population served by AMCs is typically more complex and facing more severe socioeconomic challenges than the general patient population.<sup>6</sup>

FY24 operating statistics:

- More than 46,600 inpatient admissions
- More than 11,400 deliveries, making Prentice Women's Hospital at NMH the largest birthing center in Illinois
- More than 89,000 emergency department (ED) visits

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

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

As the primary teaching hospital for Feinberg, NMH has 2,359 physicians on the medical staff, the majority of whom have faculty appointments at Feinberg. In addition to training medical students, residents and fellows, NMH also educates an exceptional number of both undergraduate and graduate nursing students. Clinical education is also provided to pharmacists, laboratory professionals, allied health workers and skilled technicians at NMH.

To best address the needs of our patients, NMH routinely works with trusted health and social service partners in the Chicago area. Together with our community partners, NMH works to meet the needs of our community beyond clinical care, including on innovative workforce development and youth pipeline programs, addressing needs related to social determinants of health (SDOH), and leading community

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<sup>4</sup> 2023, Illinois Department of Public Health. The most recent information available.

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

<sup>6</sup> 2019, *Academic Health Centers Save Millions of Lives*, Association of American Medical Colleges.

<https://www.aamc.org/news/academic-health-centers-save-millions-lives#:~:text=In%20addition%2C%20major%20teaching%20hospitals,of%20all%20inpatient%20psychiatric%20beds>

engagement. In addition to providing leadership and in-kind support for joint programming with community partners, NMH also provides direct funding to support on-the-ground operations in Chicago.

### *Awards and Recognition*

- Honor Roll ranking for the 13th consecutive year from *U.S. News & World Report (USNWR)* Best Hospitals. NMH is the only Illinois hospital (and one of only nine nationwide) to be recognized as “High Performing” in all 20 rankings of procedures and conditions.<sup>7</sup> *USNWR* also recognized NMH as being one of the best hospitals in Illinois for uncomplicated maternity care.<sup>8</sup>
- Magnet® designation from the American Nurses Credentialing Center (ANCC), the gold standard for nursing excellence and quality care. NMH first received Magnet designation in 2006 and was redesignated in 2010, 2015 and 2020. As of January 2025, only 9.8% of hospitals in the U.S. have Magnet designation.<sup>9</sup>
- Five-star hospital from the Centers for Medicare & Medicaid Services (CMS), the highest possible overall ranking for quality.<sup>10</sup> NMH has achieved the highest heart failure survival rate in the nation per CMS, July 2019 – June 2022 (tied). It also has the highest heart attack survival rate in Illinois and is among the best in the nation.
- Healthgrades 2024 Best Hospitals Award, recognizing those hospitals that are in the top 5% in the nation for overall clinical excellence. Healthgrades also awarded NMH the Outstanding Patient Experience Award and recognized the hospital as being a leading provider of cardiac care, cardiac surgery, coronary intervention, gastrointestinal care, gastrointestinal surgery and prostate surgery.<sup>11</sup>
- Recognized by *Newsweek* as the best hospital in Illinois in 2024.<sup>12</sup>
- Vizient recognition for top performance in clinical quality, supplier diversity and environmental sustainability excellence in the comprehensive academic medical center cohort.<sup>13</sup>

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<sup>7</sup> 2024 – 2025 Best Hospitals Rankings & Ratings, *USNWR*. <https://health.usnews.com/best-hospitals>.

<sup>8</sup> 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

<sup>9</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

<sup>10</sup> CMS Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

<sup>11</sup> 2024, Healthgrades America’s 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?filter=top250&year=2024>.

<sup>12</sup> 2024, The Best Hospital in Every State, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024/americas-best-state-hospitals-2024-illinois>.

<sup>13</sup> 2024, Vizient announces 2024 top performers in clinical quality, supplier diversity and environmental sustainability excellence. <https://www.vizientinc.com/newsroom/news-releases/2024/vizient-announces-2024-top-performers-in-clinical-quality>.

## **Northwestern Medicine Lake Forest Hospital**

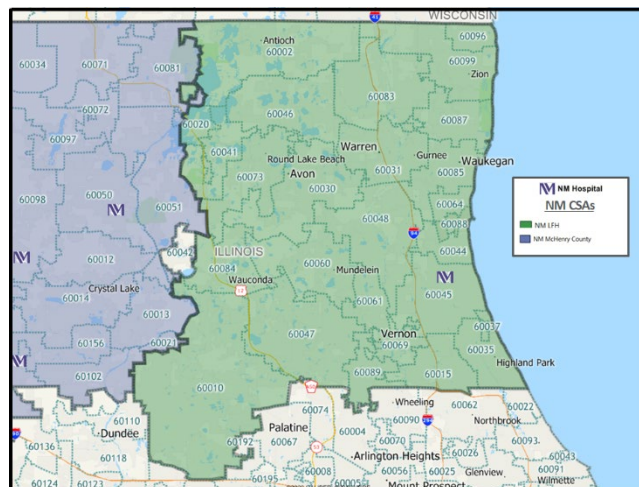
Northwestern Medicine Lake Forest Hospital (NM LFH) is a state-of-the-art, 114-bed hospital serving the majority of Lake County, Illinois. Since joining Northwestern Memorial HealthCare (NMHC, or the Health System) in 2010, NM LFH has created a seamless pathway to specialty care for its patients throughout the Health System. Recent and ongoing renovation and expansion is building on the Health System's long-standing commitment to deliver world-class medicine to the region. A new hospital building opened in 2018. In FY24, parking capacity was expanded to provide convenient patient access to new pavilions, and construction is underway on a new inpatient pavilion. Continued transformation of NM LFH promises expansion of essential services, including critical care and access to high-acuity services and advanced therapeutics for residents in Chicago's north suburbs.<sup>14</sup> Outpatient facilities in Grayslake and Glenview, plus primary care and specialty care offices and Immediate Care Centers in Gurnee, Lake Bluff, Vernon Hills and Deerfield provide additional access to comprehensive care. NM Grayslake Outpatient Center (NM Grayslake) includes a freestanding emergency department offering 24-hour access to emergency care in Greater Lake County. NM LFH has 1,043 physicians on the medical staff.

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

NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents train at NM LFH, NM Grayslake and Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 24 residents in FY24.

FY24 operating statistics:

- More than 11,300 inpatient admissions
- More than 72,000 ED visits



Reduced access to healthcare services in Lake County significantly increased demand for financial assistance at NM LFH in FY24. Additionally, NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals.<sup>15</sup> NM LFH is committed to serving the residents in Lake County who are most at risk for poor health outcomes due to challenges with access to care and other needs associated with SDOH. Since 2020, NM LFH has operated a Transitional Care Clinic

<sup>14</sup> NM LFH redevelopment is slated to open in 2026, beyond the scope of this report.

<sup>15</sup> HFS.

(TCC) to provide medical and psychosocial support to patients who do not have a primary care physician and face complex challenges navigating the healthcare system following an inpatient or emergency health episode.

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

#### *Awards and Recognition*

- No. 8 in both Illinois and Chicago by *USNWR*. The hospital also earned national rankings in three specialties: geriatrics, neurology and neurosurgery, and pulmonology and lung surgery.<sup>16</sup> *USNWR* also recognized NM LFH as being one of the best hospitals in Illinois for uncomplicated maternity care.<sup>17</sup>
- Magnet designation from the ANCC. NM LFH first received Magnet designation in 2010 and was redesignated in 2015 and 2020.<sup>18</sup>
- Five-star hospital from CMS.<sup>19</sup>
- Healthgrades 2024 Best Hospitals Award. Healthgrades also awarded NM LFH the Outstanding Patient Experience Award, Patient Safety Excellence Award and Stroke Care Excellence Award.<sup>20</sup>
- Recognized by *Newsweek* as one of the best hospitals in Illinois.<sup>21</sup>
- Vizient recognition for top performance in clinical quality, supplier diversity and environmental sustainability excellence in the complex care medical center cohort.<sup>22</sup>
- “A” Hospital Safety Grade score for both Fall 2023 and Spring 2024 from the Leapfrog Group.<sup>23</sup>

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<sup>16</sup> 2024 – 2025 Best Hospitals Rankings & Ratings, *USNWR*. <https://health.usnews.com/best-hospitals>.

<sup>17</sup> 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

<sup>18</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

<sup>19</sup> CMS Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

<sup>20</sup> 2024, Healthgrades America’s 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?filter=top250&year=2024>.

<sup>21</sup> 2024, The Best Hospital in Every State, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024/americas-best-state-hospitals-2024-illinois>.

<sup>22</sup> 2024, Vizient announces 2024 top performers in clinical quality, supplier diversity and environmental sustainability excellence. <https://www.vizientinc.com/newsroom/news-releases/2024/vizient-announces-2024-top-performers-in-clinical-quality>.

<sup>23</sup> Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.



## **Northwestern Medicine Central DuPage Hospital**

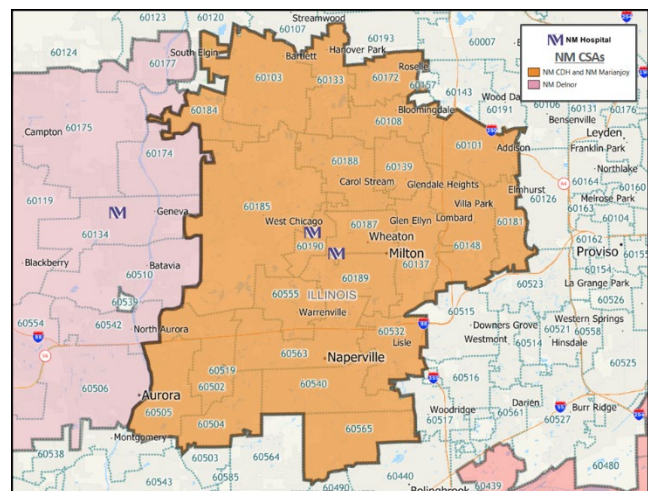
Northwestern Medicine Central DuPage Hospital (NM CDH) is an acute-care, 406-bed tertiary community hospital located in Winfield, Illinois. NM CDH has a deep, nearly 60-year history of caring for its community and providing quality health care to the residents of DuPage County and beyond. NM CDH joined the Health System in 2014, connecting the residents of Chicago's west suburbs to specialty care across NMHC, including access to front-line clinical trials. The hospital provides a full range of emergency, inpatient and outpatient services to patients in DuPage County, and is the single-largest provider of care for people in the county with Medicaid.<sup>24</sup> NM CDH also serves as a regional destination for clinical services including oncology, neurology, pediatrics, cardiology and orthopaedics. NM CDH has 1,448 physicians on the medical staff. In FY24, the Health System opened the NM Oak Brook Outpatient Center, offering immediate and primary care, as well as diagnostic imaging, physical therapy and lab services. Specialty care is also available and includes oncology, orthopaedics and spine care, rehabilitation services, cardiology and cardiac testing, and neurology. The new, 80,000-square-foot medical office building further bridges the gap between NMH and hospitals in the west suburbs, including NM CDH.

NM CDH is home to Northwestern Medicine Proton Center, combining advanced technology, exceptional care and academic medicine to bring the latest advances in cancer treatment to the west suburbs. Equipped with state-of-the-art proton therapy technology, and a team of experienced radiation oncologists and other highly skilled medical professionals, the center uses precision medicine to provide exceptional patient care and effective, innovative radiation treatment for multiple types of tumors and cancers. NM Proton Center treated its 7,000th patient in FY24.

FY24 operating statistics:

- Nearly 72,800 inpatient admissions
- More than 77,600 ED visits

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



## ***Awards and Recognition***

- Ranked No. 7 in both the Chicago metro area and Illinois according to *USNWR*.<sup>25</sup> *USNWR* also

<sup>24</sup> 2021, HFS, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

<sup>25</sup> 2024 – 2025 Best Hospitals Rankings & Ratings, *USNWR*. <https://health.usnews.com/best-hospitals>.

recognized NM CDH as being one of the best hospitals in Illinois for uncomplicated maternity care.<sup>26</sup>

- Magnet designation from the ANCC. NM CDH was redesignated in 2024 after having first received Magnet designation in 2010 and redesignations in 2015 and 2020.<sup>27</sup>
- Five-star hospital from CMS.<sup>28</sup>
- “A” Hospital Safety Grade score from the Leapfrog Group.<sup>29</sup> NM CDH is one of only 15 “Straight A” hospitals in the nation, having received 25 consecutive “A” grades since the rating’s launch in 2012.<sup>30</sup>
- Vizient recognition for top performance in clinical quality, supplier diversity and environmental sustainability excellence in the large, specialized complex care medical center cohort.<sup>31</sup>
- Recognized by *Newsweek* as one of the best hospitals in Illinois.<sup>32</sup>

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<sup>26</sup> 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

<sup>27</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

<sup>28</sup> CMS Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

<sup>29</sup> Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

<sup>30</sup> 2024, Where are Leapfrog’s 15 straight-‘A’ hospitals?, *Becker’s Hospital Review*. <https://www.beckershospitalreview.com/rankings-and-ratings/where-are-leapfrogs-15-straight-a-hospitals.html>.

<sup>31</sup> 2024, Vizient announces 2024 top performers in clinical quality, supplier diversity and environmental sustainability excellence. <https://www.vizientinc.com/newsroom/news-releases/2024/vizient-announces-2024-top-performers-in-clinical-quality>.

<sup>32</sup> 2024, The Best Hospital in Every State, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024/americas-best-state-hospitals-2024-illinois>.

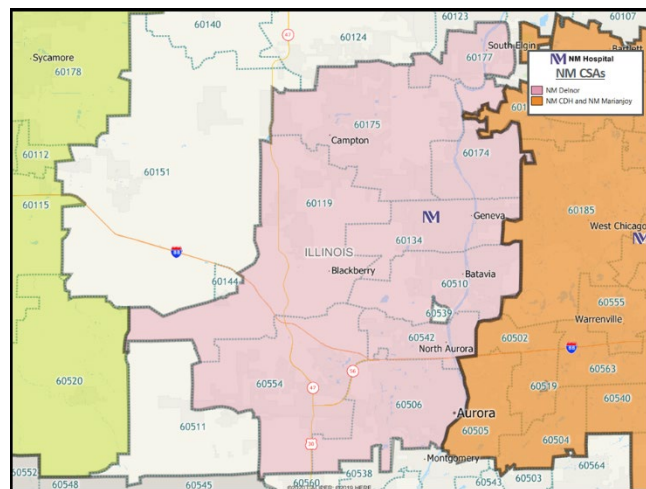
## **Northwestern Medicine Delnor Hospital**

Northwestern Medicine Delnor Hospital (NM Delnor) is an acute-care, 159-bed community hospital in Geneva, Illinois. NM Delnor continues its long-standing commitment to provide quality clinical and patient-centered care to patients in Kane County and the Fox Valley region. NM Delnor provides comprehensive care through a medical staff of 785 physicians. NM Delnor joined the Health System in 2014, greatly expanding patients' access to specialty care, including breakthrough clinical trials, all in the comfort of a community hospital setting. Substantial investments to NM Delnor in FY24 further expanded services for residents of the region. In response to the growing need for additional emergency mental health services throughout Kane County, NM Delnor's Emergency Department (ED) was renovated and expanded, creating additional spaces optimized for patients who need behavioral health treatments. Additionally, expansion of NM Cancer Center Delnor is now complete, providing access to more innovative treatments and clinical trials.

FY24 operating statistics:

- More than 10,200 inpatient admissions
- More than 45,700 ED visits

The Health System's commitment to academic medicine expanded medical education to the west suburbs. In 2019, NM Delnor welcomed the first class of physician trainees to the Northwestern McGaw Family Medicine Residency at Delnor. The program had 24 residents in FY24. The Pharmacy Residency Program at NM Delnor is the only program of its kind within 25 miles of the hospital.



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

### *Awards and Recognition*

- Fifth Magnet designation from the ANCC in 2023. Less than 1% of all U.S. hospitals have achieved five Magnet certifications. In 2004, NM Delnor was the first non-academic hospital in Illinois to receive Magnet designation.<sup>33</sup>
- Five-star hospital from CMS.<sup>34</sup>
- “A” Hospital Safety Grade score in FY24 from the Leapfrog Group.<sup>35</sup>

<sup>33</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

<sup>34</sup> CMS Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

<sup>35</sup> Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

- Recognized by *USNWR* as being one of the best hospitals in Illinois for uncomplicated maternity care.<sup>36</sup>
- Healthgrades 2024 Best Hospitals Award. Healthgrades also recognized NM Delnor as one of the nation's 100 best hospitals for pulmonary care.<sup>37</sup>
- Vizient recognition for top performance in clinical quality, supplier diversity and environmental sustainability excellence in the large, specialized complex care medical center cohort.<sup>38</sup>
- Recognized by *Newsweek* as one of the best hospitals in Illinois.<sup>39</sup>

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<sup>36</sup> 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

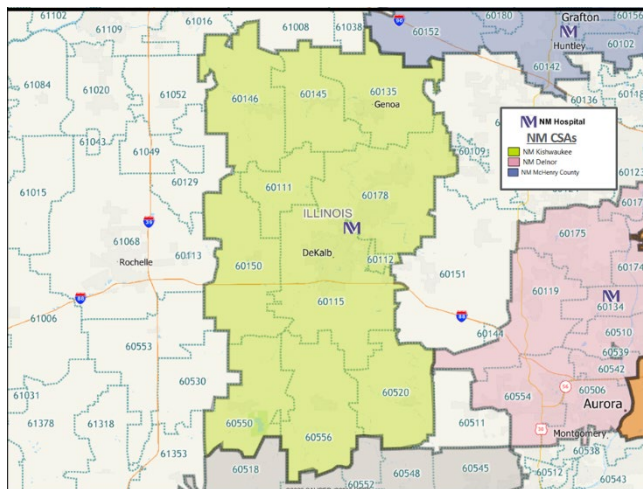
<sup>37</sup> 2024, Healthgrades America's 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?filter=top250&year=2024>.

<sup>38</sup> 2024, Vizient announces 2024 top performers in clinical quality, supplier diversity and environmental sustainability excellence. <https://www.vizientinc.com/newsroom/news-releases/2024/vizient-announces-2024-top-performers-in-clinical-quality>.

<sup>39</sup> 2024, The Best Hospital in Every State, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024/americas-best-state-hospitals-2024-illinois>.

## **Northwestern Medicine Kishwaukee Hospital**

Part of NMHC since 2015 and located in DeKalb, Illinois, Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee) is an acute-care, 98-bed community hospital with an enduring commitment to the residents of DeKalb County. Due to the low ratio of primary care physicians and advanced practice providers to residents in DeKalb County, portions of the county have been designated by the federal government as a Medically Underserved Population (MUP). NM Kishwaukee provides much-needed access to quality health care in its community. The hospital provides care through a broad range of specialties and unique services, including a state-of-the-art Breast Health Center, which opened in 2019. NM Kishwaukee has a medical staff of 381 physicians.



FY24 operating statistics:

- More than 6,200 inpatient admissions
- More than 35,300 ED visits

Together, NM Kishwaukee and Northwestern Medicine Valley West Hospital are the top providers of care for people in DeKalb County on Medicaid.<sup>40</sup>

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

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

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<sup>40</sup> 2021, HFS, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

### *Awards and Recognition*

- Magnet® designation from the ANCC.<sup>41</sup>
- Five-star hospital from CMS.<sup>42</sup>
- “A” Hospital Safety Grade score in FY24 from the Leapfrog Group.<sup>43</sup>
- Recognized by *USNWR* as being one of the best hospitals in Illinois for uncomplicated maternity care.<sup>44</sup>

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<sup>41</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

<sup>42</sup> CMS Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

<sup>43</sup> Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

<sup>44</sup> 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

## **Northwestern Medicine Valley West Hospital**

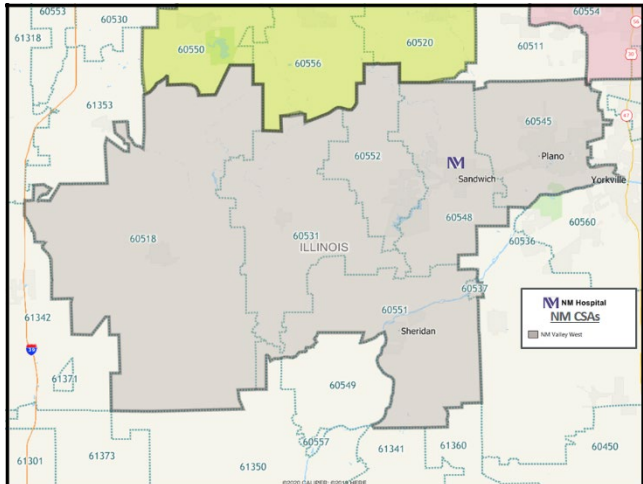
Northwestern Medicine Valley West Hospital (NM Valley West) is a critical-access, 19-bed hospital in Sandwich, Illinois, that has served the Fox Valley community for more than 70 years. Critical Access Hospital is a designation given to eligible rural hospitals by CMS. As a Critical Access Hospital in a service area that encompasses parts of DeKalb County, with its designated MUP, NM Valley West provides essential services to its rural community. NM Valley West greatly expands access to care in its rural community by providing a seamless pathway from critical care to specialty care across the Health System. The NM Valley West medical staff has 164 physicians, representing a wide range of specialties. The hospital joined the Health System in 2015.

FY24 operating statistics:

- More than 560 inpatient admissions
- More than 8,900 ED visits

Together, NM Kishwaukee and NM Valley West are the top providers of care to patients in DeKalb County with Medicaid.<sup>45</sup>

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



### *Awards and Recognition*

- Magnet® designation from the ANCC.<sup>46</sup>

<sup>45</sup> 2021, HFS, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

<sup>46</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.



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

In 2018, the Health System incorporated the three hospitals of Centegra Health System: Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Northwestern Medicine Woodstock Hospital (NM Woodstock). Operating under a single acute-care hospital license, the three hospitals have 972 physicians on the medical staff to provide comprehensive care to the residents of greater McHenry County.

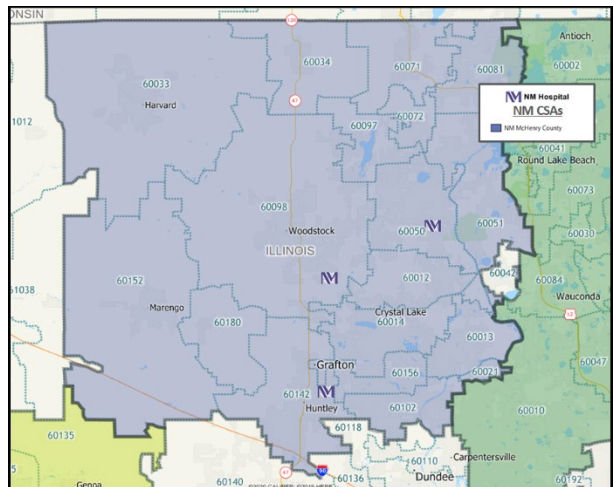
NM McHenry added 11 beds in FY24 to become a 154-bed, acute-care teaching hospital, providing comprehensive health care to residents in McHenry, Illinois, and surrounding communities. The hospital trains the next generation of clinicians through the Chicago Medical School Internal Medicine Residency at NM McHenry; the three-year program admits 13 students annually.<sup>47</sup> NM McHenry continued to expand services offered at the hospital in FY24, with complex neurosurgical procedures now available.

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

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

FY24 operating statistics:

- NM McHenry
  - More than 9,200 inpatient admissions
  - More than 34,200 ED visits
- NM Huntley
  - More than 9,900 inpatient admissions
  - More than 33,100 ED visits
- NM Woodstock
  - More than 1,500 inpatient admissions
  - Nearly 15,000 ED visits
  - Nearly 40,000 outpatient registrations



Through NM McHenry, NM Huntley and NM Woodstock, NM is the largest provider of care for patients in McHenry County with Medicaid.<sup>48</sup> The three hospitals have long supported residents of greater McHenry County and cultivate robust relationships with community-based organizations. Through these relationships, NM hospitals support McHenry County residents by offering joint programming with

<sup>47</sup> The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago.

<sup>48</sup> 2021, HFS, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.



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

#### *Awards and Recognition*

- Ranked No. 12 in the Chicago metro area and No. 13 in Illinois according to *USNWR*. Because NM McHenry, NM Huntley and NM Woodstock operate under a single license, they share one ranking in this report.<sup>49</sup> *USNWR* also recognized the hospitals (specifically NM Huntley Hospital) as being one of the best hospitals in Illinois for uncomplicated maternity care.<sup>50</sup>
- Magnet® designation from the ANCC (NM McHenry and NM Huntley).<sup>51</sup>
- “A” Hospital Safety Grade score in FY24 from the Leapfrog Group (NM McHenry and NM Huntley).<sup>52</sup>
- Five-star hospital from CMS (NM McHenry, NM Huntley and NM Woodstock ranked together).<sup>53</sup>
- NM McHenry was recognized by *Newsweek* as one of the best hospitals in Illinois.<sup>54</sup>
- Healthgrades 2024 Best Hospitals Award (NM McHenry). Healthgrades also awarded NM McHenry the Patient Safety Excellence Award, as well as awards for Cardiac Care, Coronary Intervention Excellence, Pulmonary Care Excellence, Bariatric Surgery Excellence, Critical Care Excellence and Joint Replacement Excellence.<sup>55</sup>

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<sup>49</sup> 2024 – 2025 Best Hospitals Rankings & Ratings, *USNWR*. <https://health.usnews.com/best-hospitals>.

<sup>50</sup> 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

<sup>51</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

<sup>52</sup> Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

<sup>53</sup> CMS Star Ratings. <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospital>.

<sup>54</sup> 2024, The Best Hospital in Every State, *Newsweek*. <https://www.newsweek.com/rankings/americas-best-state-hospitals-2024/americas-best-state-hospitals-2024-illinois>.

<sup>55</sup> 2024, Healthgrades America’s 250 Best Hospitals. <https://www.healthgrades.com/quality/americas-best-hospitals?filter=top250&year=2024>.

## **Northwestern Medicine Palos Hospital**

The Health System welcomed Northwestern Medicine Palos Hospital (NM Palos) in 2021. NM Palos is a 406-bed, acute-care hospital located in Palos Heights, Illinois, that serves Chicago's south suburbs, including southwestern Cook County and northeastern Will County. The hospital also has outpatient locations in Mokena and Orland Park. The multispecialty clinic, NM Orland Park, provides services including neurology, esophageal (gastroenterology) and hepatology care. In FY23, NM St. George Cancer Institute in Orland Park began enrolling patients in clinical trials to give them access to novel treatments delivered by dedicated, on-site clinical research staff. Through seamless integration with the Health System, the new institute provides access to academic medicine and top-ranked subspecialty programs for patients in the NM Palos Community Service Area, building on the hospital's rich history of caring for its community. In FY24, the Health System opened an NM Bluhm Cardiovascular Institute location in Mokena, providing easier access to premier cardiovascular care and world-class physicians.

NM Palos has 757 affiliated physicians who provide a complete range of services in a comprehensive ED and Intensive Care Unit, as well as comprehensive cardiovascular, home health, orthopaedic, oncology, maternity and women's health, pediatric, physical and occupational rehabilitation, and psychiatry and behavioral health services. In FY23, NM Palos opened the Discharge Lounge to provide patients with a smoother transition home, improve patient throughput and relieve ED crowding. The NM Palos Discharge Lounge has reduced the average four-hour discharge process to under an hour at the hospital. Building on the Discharge Lounge's success, in FY24, NM Palos implemented improvements to increase the average number of patients discharged from the lounge from 97 to 147 patients.

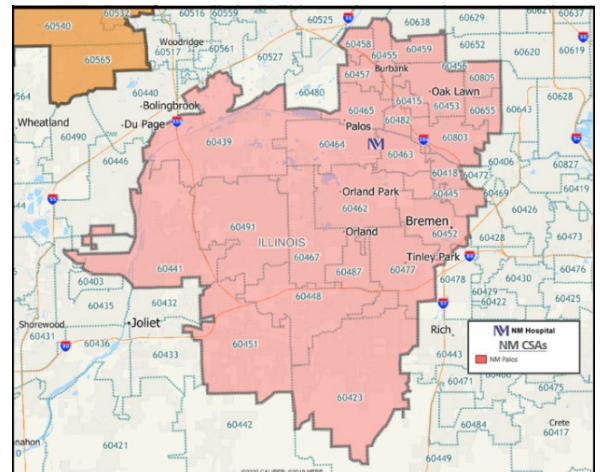
FY24 operating statistics:

- Nearly 21,200 inpatient admissions
- More than 63,700 ED visits

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

### ***Awards and Recognition***

- Ranked No. 13 in the Chicago metro area and No. 15 in Illinois according to *USNWR*.<sup>56</sup> *USNWR* also recognized NM Palos as being one of the best hospitals in Illinois for uncomplicated maternity care.<sup>57</sup>
- NM Palos completed its triennial survey with The Joint Commission in FY24, with award letters indicating accreditation for NM Palos' hospital program, behavioral health program, and home health and hospice programs as well as Advanced Primary Stroke Center Certification.<sup>58</sup>



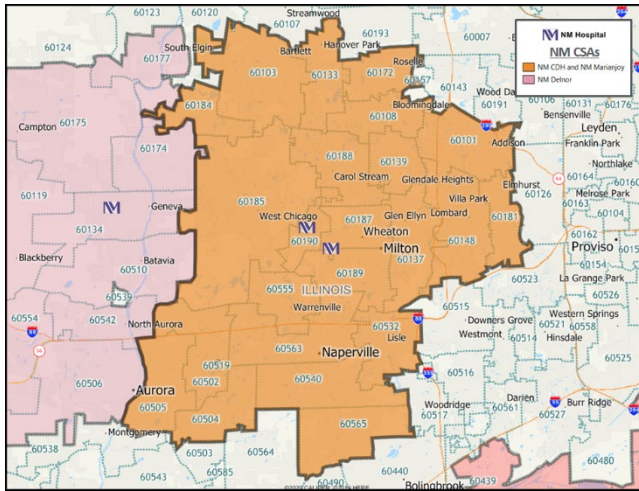
<sup>56</sup> 2024 – 2025 Best Hospitals Rankings & Ratings, *USNWR*. <https://health.usnews.com/best-hospitals>.

<sup>57</sup> 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

<sup>58</sup> The Joint Commission. <https://www.jointcommission.org/what-we-offer/accreditation/> and <https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/stroke-certification/>.

## **Northwestern Medicine Marianjoy Rehabilitation Hospital**

Northwestern Medicine Marianjoy Rehabilitation Hospital (NM MRH) is a specialty and teaching hospital in Wheaton, Illinois, dedicated to the delivery of physical medicine and rehabilitation (PM&R). NM MRH joined the Health System in 2016. The hospital trains residents in the highly specialized field of PM&R through clinical experience, educational opportunities and research activities. Annually, 18 residents train at NM MRH.<sup>59</sup> Located in DuPage County, NM MRH is also a destination hospital for residents of surrounding counties.



FY24 operating statistics:

- Nearly 3,000 inpatient admissions
- More than 44,500 outpatient registrations

A medical staff of 156 physicians provides advanced care through both inpatient and outpatient services for adult and pediatric patients who are recovering from injury or illness, or who require intensive therapy to regain their function and maximize independence. The hospital offers specialty programs focused on stroke, spinal cord injury, brain injury, pediatric conditions, and orthopaedic/musculoskeletal and neuromuscular disorders. NM MRH has 125 licensed acute inpatient rehabilitation beds. Comprehensive care teams of physicians, therapists, rehabilitation nurses and support staff are trained and certified in the latest and most effective treatment approaches. The new NM MRH Procedure Center, opened in FY24, provides better care for patients including electromyogram, radiology, fluoroscopy and endoscopy. By combining inpatient and outpatient services into the Procedure Center, NM MRH is improving care and increasing access for patients with complex medical issues.

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

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<sup>59</sup> The MRH residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

## *Awards and Recognition*

- Recognized by *USNWR* as being one of the best hospitals in the nation for rehabilitation.<sup>60</sup>
- Received its first Magnet® designation from the ANCC in 2024, a testament to the team's commitment to high-quality patient care, nursing practice and creating a supportive work environment. NM MRH is one of only six inpatient freestanding rehabilitation hospitals in the country to receive Magnet® designation.<sup>61</sup>
- Renewed its Stroke Certification from The Joint Commission.<sup>62</sup>
- Received high-level accreditation for Inpatient Rehabilitation Programs Adults and Inpatient Rehabilitation Programs Children and Adolescents from the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF accreditation is the highest level of accreditation that can be awarded to a rehabilitation program.<sup>63</sup>

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<sup>60</sup> No. 45 in the U.S., 2024 – 2025 Best Hospitals Rankings & Ratings, *USNWR*. <https://health.usnews.com/best-hospitals>.

<sup>61</sup> ANCC Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

<sup>62</sup> The Joint Commission. <https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/stroke-certification/>.

<sup>63</sup> The Commission on Accreditation of Rehabilitation Facilities. <https://carf.org>.

### **Northwestern Medicine Primary Care and Immediate Care Centers**

NM aspires to be the destination of choice for people seeking quality health care and for those who provide, support and advance that care through leading-edge treatments and breakthrough discoveries. Access to high-quality care in recent years has been improved by adding new primary care locations and comprehensive Immediate Care Centers across communities served by NM, as well as expanding evening and weekend hours at many of these sites. The Health System continues to expand access to high-quality primary and specialty care throughout the Chicago area and surrounding suburbs, including through the opening of the NM Surgery Center in River North in FY24.

The Health System is now providing primary care, immediate care and specialty care to patients in the Old Irving Park neighborhood. Opened in FY24, NM Old Irving Park Outpatient Center has more than 30 physicians and advanced practice providers. Construction continues on NM Bronzeville Outpatient Center, which will expand access to the Health System for residents on Chicago's South Side.

With hundreds of locations close to patients' homes and workplaces, breakthrough care is now more accessible than ever.

### **Northwestern Memorial HealthCare Physician Groups**

In FY24, Northwestern Memorial HealthCare was the nonprofit parent corporation of three physician groups: Northwestern Medical Group (NMG), Northwestern Medicine Regional Medical Group (NM RMG) and Northwestern Medicine Florida Medical Group (FMG).<sup>64</sup> With locations throughout Chicago and its north, northwest, west and south suburbs, and greater DeKalb County, NMG and NM RMG multispecialty group practices are among the largest physician groups in the state and together employ more than 2,900 physicians. NMG and NM RMG are, respectively, the third-largest and sixth-largest physician groups in the seven counties encompassing Chicago and surrounding communities in Northeastern Illinois.<sup>65</sup> NMG serves as the clinical faculty practice plan of Feinberg, with the majority of NMG physicians maintaining faculty appointments with Feinberg.

### **Northwestern Memorial Foundation**

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

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<sup>64</sup> To facilitate alignment across regions, multiple physician groups have been merged into NM RMG, including KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019, Marianjoy Medical Group in September 2019 and Palos Medical Group in 2022. As it is out of state, the activities of Florida Medical Group are not included in this report.

<sup>65</sup> *Crain's Chicago Business*, Crain's List Physician Groups, 2023. <https://www.chicagobusiness.com>. March 11, 2024.

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

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

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

### I. PURPOSE:

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

### II. POLICY STATEMENT:

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



### **III. SCOPE/PERSONS/AREAS AFFECTED:**

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

### **IV. RESPONSIBILITIES:**

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

### **V. DEFINITIONS:**

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

### **VI. NOTIFICATION:**

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

### **VII. DETERMINATION OF ELIGIBILITY:**

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

C. Length of Approval:

1. Once approved, NMHC shall provide Financial Assistance until such time that alternative sources of payment may be secured. Applicants are expected to cooperate in applying and securing alternate sources of payment when applicable. Accordingly, eligibility determinations shall be valid until commencement of the next enrollment period whereby the Applicant may obtain insurance coverage. Notwithstanding the foregoing, the following limitations apply:
  - a. Financial Assistance for Emergency Services may be limited to the Emergency Services and any related stabilization care;
  - b. Financial Assistance for NMHC Hospital Affiliate services may be approved on an episodic basis and such approval may be subject to additional program requirements and screening procedures set forth in Section IX;
  - c. Eligibility determinations shall not extend beyond 12 months.
2. Applicants shall be required to promptly advise NMHC of changes in their financial situation which may affect their eligibility during a previously approved period. An Applicant's failure to notify NMHC within 30 days of changes in their financial situation may affect the Applicant's ability to continue to receive Free or Discounted Care or qualify for Financial Assistance in the future.
3. NMHC's Financial Assistance Policy Committee shall determine the length of time that an eligibility determination based upon alternative methods of qualification (see Section VII.D below) shall be valid; provided, however, that the length of time shall not exceed twelve (12) months.
4. If a Patient's eligibility terminates during a course of treatment and the treating provider confirms that transitioning care would be detrimental to the Patient, the Patient and/or the treating provider may request an exception which shall be evaluated by the Free Care Committee, subject to approval by the NMHC Medical Director or his or her designee and the Vice President, Revenue Cycle, pursuant to Section XV of this policy.

D. Alternative Methods of Qualification: NMHC (or its agent), at its discretion, may assess a Patient's or Guarantor's Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patient's or Guarantor's Program eligibility.

E. Withholding of Information: If at any time during the review process it becomes apparent that the Applicant has intentionally withheld relevant information, provided false information, or provided inaccurate information, as evidenced by information obtained through credit agencies or other available sources, and the Applicant is unable to resolve discrepancies to the satisfaction of NMHC, the Applicant may be disqualified for Financial Assistance, which shall result in the resumption of routine collection efforts until such discrepancies are resolved. Notwithstanding the foregoing, NMHC shall not deny Financial Assistance based on information that it has reason to believe is unreliable or incorrect or on information obtained from the Applicant under duress or through the use of coercive practices (including delaying or denying care for Emergency Medical Conditions to an individual until the individual has provided the requested information).



## **VIII. QUALIFYING SERVICES:**

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

## **IX. ADDITIONAL PROGRAM REQUIREMENTS AND SCREENING PROCEDURES:**

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

## **X. EXHAUSTION OF THIRD PARTY SOURCES:**

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

**XI. LIMITATION ON CHARGES:**

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

**XII. EMERGENCY MEDICAL CARE:**

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

**XIII. REFUNDS:**

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

**XIV. COORDINATION OF AFFILIATE DETERMINATIONS:**

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

**XV. EXCEPTIONS AND APPEALS:**

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

**XVI. ACTIONS FOR NON-PAYMENT:**

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

**XVII. APPLICABILITY TO EXISTING PROGRAMS:**

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

**XVIII. POLICY UPDATE SCHEDULE:**

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

**XIX. REPORTING:**

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

**XX. MONITORING AND NON-SUBSTANTIVE UPDATES:**

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

**XXI. REFERENCES:**

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

**XXII. APPENDICES:**

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

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

**XXIII. APPROVAL:**

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

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

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

**XXIV. REVIEW HISTORY:**

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

## **APPENDIX A: DEFINITIONS**

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

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

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

**Application:** A Financial Assistance Application.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Patient:** The individual receiving services.

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

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

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

Title: Financial Assistance <b>APPENDIX A: DEFINITIONS</b>	Page <b>11 of 26</b>	Policy # <b>FIN 03.0012A</b>
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**APPENDIX A:**  
Definitions

Andrew Scianimanico  
Vice President, Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

**REVIEW HISTORY:**

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



**APPENDIX A-1: FEDERAL POVERTY GUIDELINES**

**2024 Federal Poverty Guidelines**

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

**REFERENCES:**

42 USC 9902(2)

**APPENDIX A-1:**  
Federal Poverty Guidelines

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

**Effective Date:** 01/17/2024

**REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 04/24/2017, 02/2018, 01/23/2019, 01/28/2020, 02/09/2021, 07/07/2023, 01/17/2024  
Reviewed: 09/01/2021

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

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

**B. Physician Affiliates**

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

**APPENDIX A-2:**  
NMHC Affiliates

Andrew Scianimanico  
Vice President, Chief Revenue Cycle Executive

**Effective Date: 10/01/2022**

**REVIEW HISTORY:**

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Revised: 07/12/2016

Revised: 12/29/2017

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

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

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

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

**II. SERVICES**

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

**III. RESIDENCY REQUIREMENTS**

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

**IV. CALCULATION OF FREE AND DISCOUNTED CARE**

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

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

**A. INSURED SLIDING FEE SCALE ASSISTANCE**

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

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

**B. INSURED CATASTROPHIC ASSISTANCE**

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

**APPENDIX B:**

Free and Discounted Care

Andrew Scianimanico

Vice President, Chief Revenue Cycle Executive

**Effective Date: 07/18/2023**

**REVIEW HISTORY:**

Written: 03/03/2015

Revised: 08/17/2016

Revised: 12/29/2017, 07/18/2019, 07/07/2023

Reviewed: 09/01/2021

**APPENDIX C: UNINSURED PATIENT FREE AND DISCOUNTED CARE****I. UNINSURED FREE AND DISCOUNTED CARE**

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

**II. SERVICES**

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

**III. RESIDENCY REQUIREMENTS**

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

**IV. CALCULATION OF FREE AND DISCOUNTED CARE**

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

**A. UNINSURED SLIDING FEE SCALE**

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

**B. UNINSURED CATASTROPHIC ASSISTANCE**

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

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

## V. REFERENCES

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

### APPENDIX C:

Uninsured Patient Discount

Andrew Scianimanico

Vice President,

Chief Revenue Cycle Executive

**Effective Date: 07/18/2023**

### REVIEW HISTORY:

Written: 03/03/2015

Revised: 08/17/2016

Revised: 12/29/2017, 08/01/2019

Reviewed: 09/01/2021

## **APPENDIX D: PRESUMPTIVE ELIGIBILITY**

### **I. PRESUMPTIVE ELIGIBILITY**

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

### **II. DEFINITIONS**

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

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

### **III. RESIDENCY REQUIREMENTS**

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

### **IV. CRITERIA**

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

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

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

## V. REFERENCES

Fair Patient Billing Act [210 ILCS 88/27]

### APPENDIX D:

Presumptive Eligibility

Andrew Scianimanico

Vice President,

Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

### REVIEW HISTORY:

Written: 12/2013

Revised: 12/2014 – previous version Appendix A to NMHC 03.0012 v 1.0 – 6/1/2011

Reviewed: 08/2016

Revised: 12/29/2017

Reviewed: 09/01/2021



## **APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES**

### **I. SPECIFIC NOTIFICATION MEASURES FOR NMHC HOSPITAL AFFILIATES**

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

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

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

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

## **II. REFERENCES**

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

**APPENDIX E:**  
Notification

Andrew Scianimanico  
Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

### **REVIEW HISTORY:**

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

## **APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES**

### **I. BILLING TIME PERIOD**

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

### **II. EFFORTS REQUIRED TO DETERMINE ELIGIBILITY PRIOR TO TAKING EXTRAORDINARY COLLECTION ACTIONS**

#### **A. Need to Notify**

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

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

#### **B. Notification in General**

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

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

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

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

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

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

D. Incomplete Application

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

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

E. Complete Application

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

1. Suspend any ECAs against the individual;

2. Make and document a determination as to whether the individual is eligible for Financial Assistance;
3. Notify the individual in writing of the eligibility determination, including, if applicable, the Financial Assistance for which the individual is eligible and the basis for the determination; and
4. If the individual is eligible for Financial Assistance, NMHC Hospital Affiliates shall:
  - a. provide the individual (who is determined to be eligible for Financial Assistance other than Free Care) with a billing statement that indicates the amount the individual owes as an individual eligible for Financial Assistance, how that amount was determined and states, or describes how the individual can get, information regarding the Amounts Generally Billed for the care;
  - b. refund any amounts (unless under either \$5.00 or such other amount that is set by notice or other guidance published in the Internal Revenue Bulletin) that the individual previously paid for the care included in the Application and in excess of the amount he or she is determined to owe as an individual eligible for Financial Assistance; and
  - c. reverse any ECAs (with the exception of a sale of debt).

- F. NMHC Hospital Affiliates shall document all notification requirements set forth in this *Appendix F*.
- G. Implementation of this Appendix shall comply with 26 C.F.R. 1.501(r)-6. To the extent this *Appendix F* is inconsistent with 26 C.F.R. 1.501(r)-6 or to the extent 26 C.F.R. 1.501(r)-6 provides further detail on the implementation of this *Appendix F*, 26 C.F.R. 501(r)-6 shall govern.

### III. REFERENCES

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

**APPENDIX F:**  
Applicable Time Frames

Andrew Scianimanico  
Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

### **REVIEW HISTORY:**

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

## **APPENDIX G: PROVIDER LISTS**

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

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

### **II. REFERENCES**

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

**APPENDIX G:**  
Provider Lists

Andrew Scianimanico  
Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

### **REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 08/17/2016  
Reviewed: 09/01/2021

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

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

**II. SERVICES**

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

**III. RESIDENCY REQUIREMENTS**

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

**IV. CALCULATION LAB TESTING FINANCIAL ASSISTANCE**

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

**APPENDIX H:**

Lab Testing Financial Assistance

Andrew Scianimanico

Vice President,

Chief Revenue Cycle Executive

**Effective Date: 09/01/2022**

**REVIEW HISTORY:**

Written: 06/03/2017

Reviewed/Revised: 09/01/2021

09/01/2022

## NMHC Additional Services and Patient Support

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

- In circumstances where patients (or guarantors) are not able to provide evidence of eligibility for the NMHC Financial Assistance Policy, NMHC hospitals may assess eligibility using third-party and public information. In this way, patients who are eligible can automatically receive the benefit of the program. In addition, in accordance with law, patients meeting specified criteria may be presumed eligible and not required to complete a financial assistance application (Presumptive Eligibility program).
- Patients (or guarantors) may apply for financial assistance even after collection efforts have been made and after an account has been referred to a third-party collection vendor. Third-party collection vendors are required to suspend collection efforts and refer accounts back to NMHC entities if they learn a patient has applied for financial assistance, or if they can determine that a patient may be eligible for financial assistance.
- Interest-free installment payment plans are available at entities served by the NMHC Financial Assistance Policy (as outlined above) as well as under the Catastrophic Program for patients meeting certain conditions.
- Teams of financial counseling and patient financial inquiry representatives are available at various NMHC entities to help patients learn about and assess their eligibility for financial assistance programs as well as other government-based services, including Medicaid, Medicare and the Senior Health Insurance Program (SHIP). There is no minimum-services threshold required to receive this service. Some NMHC institutions use third-party representatives to assist with this process. Processes are in place to link patients with financial counselors when financial hardship is identified through the Social Drivers of Health and Referral Program.
- To increase awareness of financial assistance programs:
  - All documents related to the NMHC Financial Assistance Policy, including the Application and Plain Language Summary documents, have been developed in English, Spanish, Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Urdu and Vietnamese.
  - Signs are displayed in hospital patient registration areas, including emergency departments. Free copies of the application are available at these locations as well as check-in and check-out areas.
  - Patients may also learn about financial assistance programs and obtain a financial assistance application for all NMHC entities at [nm.org/patients-and-visitors/billing-and-insurance/financial-assistance](https://nm.org/patients-and-visitors/billing-and-insurance/financial-assistance) (available in each of the aforementioned languages).
  - Patients may also obtain the application by logging in to their patient portal at [mynm.nm.org](https://mynm.nm.org), visiting an NM Financial Counseling office, or by mail.
  - Interpreters are available at no cost to provide financial counseling in the patient's preferred language.



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

# Financial Assistance Application

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

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

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

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

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

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

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

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

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

# Financial Assistance Application

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

QUESTIONNAIRE	
1. Were you an Illinois resident when you received your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a foreign national residing in Illinois on a U.S. Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what type of Visa? _____	
3. Are you seeking financial assistance for care received in our emergency room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you are divorced or separated, is your former spouse/partner financially responsible for medical care per the dissolution or separation agreement?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the treatment provided related to any of the following? <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Accident</span> <span><input type="checkbox"/> Crime</span> <span><input type="checkbox"/> Workplace Injury</span> <span><input type="checkbox"/> Other: _____</span> </div>	
6. Have you hired an attorney or are you pursuing a claim for your injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide:  <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <span style="width: 45%;">Attorney Name</span> <span style="width: 45%;">Attorney Phone Number</span> </div>	
7. Have you already applied for Medicaid? <i>(we may require that you do so)</i>	<input type="checkbox"/> Yes – Awaiting Approval <input type="checkbox"/> Yes – Not Eligible <input type="checkbox"/> No
a. If no, please check all of the below that apply:	
<input type="checkbox"/> You are 19 years or younger	<input type="checkbox"/> You are 65 years or older
<input type="checkbox"/> You are taking medication to control diabetes, high blood pressure, or seizures	<input type="checkbox"/> You are disabled as determined by the determined by the Social Security Administration
	<input type="checkbox"/> You are blind
	<input type="checkbox"/> You are pregnant
	<input type="checkbox"/> You have children under the age of 19 living with you

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

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

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please return completed application and supporting documents to:

**Northwestern Memorial HealthCare**

Attention: Financial Counseling

675 North Saint Clair, 2-110

Chicago, IL 60611

312.926.6906 or 800.423.0523 telephone

312.694.0447 fax

finapps@nm.org

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

**Financial Assistance Required Supporting Documents**

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

**Primary Documents:**

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

**Supplemental/Other Documents:**

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

## Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: Northwestern Memorial HealthCare

Mailing Address: 251 East Huron Street

(Street Address/P.O. Box)

Chicago, IL 60611

(City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box)

(City, State, Zip)

Email Address: \_\_\_\_\_

Reporting Period: 09 / 01 / 2023 through 08 / 31 / 2024 Taxpayer Number: 36-3152959  
Month Day Year Month Day Year

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

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

1. **ATTACH Mission Statement:**

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

2. **ATTACH Community Benefits Plan:**

The reporting entity must provide its 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 ..... \$ 85,721,775

**ATTACH Charity Care Policy:**

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

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

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

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

Community Benefit Type

Language Assistant Services .....	\$ <u>7,689,983</u>
Financial Assistance .....	\$ <u>85,721,775</u>
Government Sponsored .....	\$ <u>1,193,072,291</u>
Donations .....	\$ <u>18,957,765</u>
Volunteer Services	
a) Employee Volunteer Services .....	\$ <u>173,501</u>
b) Non-Employee Volunteer Services .....	\$ <u>77,258</u>
c) Total (add lines a and b) .....	\$ <u>250,760</u>
Education .....	\$ <u>97,429,799</u>
Government-sponsored program services .....	\$ _____
Research .....	\$ <u>70,098,708</u>
Subsidized health services .....	\$ <u>51,991,031</u>
Bad debts .....	\$ <u>52,452,040</u>
Other Community Benefits .....	\$ <u>6,102,996</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.

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

Name/ Title (Please Print)

Signature

Kelly C. Flesch

Name of Person Completing Form

kflesch@nm.org

Electronic / Internet Mail Address

312-926-4777

Phone: Area Code/ Telephone No.

02/18/2025

Date.

312-926-4537

Phone: Area Code/ Telephone No.

N/A

FAX: AreaCode/FAXNo.

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

	NMHC Hospital Fiscal Year 2024								
	NMH	NM LFH	NM CDH	NM Delnor	NM Kishwaukee	NM Valley West	NM McHenry, NM Huntley, NM Woodstock*	NM Palos	NM MRH
Charity Care	32,448,804	14,893,557	15,345,574	4,133,673	4,335,095	524,424	8,470,081	4,520,575	1,049,991
Charity Care - ED	4,729,166	4,720,211	5,852,202	1,740,857	1,620,097	377,063	2,887,095	2,222,289	0
Net Patient Service Revenue	2,663,768,100.54	538,681,638.84	1,351,988,409.01	466,210,950.23	377,450,263.88	62,429,694.07	667,818,052.18	434,796,886.39	95,233,038.44

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

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

\*\*Northwestern Medicine Florida Medical Group NFP Corporation (NM FMG) is not included in this report.

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

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

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



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Northwestern Memorial Hospital  
Mailing Address: 251 E. Huron  
Chicago, IL 60611  
City, State, Zip:  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 37-0960170

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
  - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 4,258
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 2,617
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 26,402
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 128
  - 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) \$ 32,448,804
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

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

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Northwestern Lake Forest Hospital  
Mailing Address: 1000 N. Westmoreland Road  
Lake Forest, IL 60045  
City, State, Zip:  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 36-2179779

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
  - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 1,720
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 1,148
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 10,780
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 42
  - 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) \$ 14,893,557
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

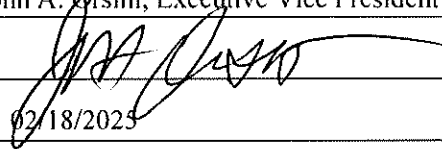
7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature: 

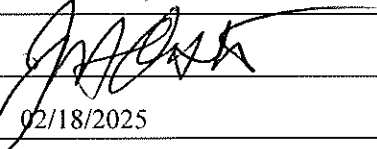
Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Central DuPage Hospital Association  
Mailing Address: 25 North Winfield Road  
Winfield, IL 60190  
City, State, Zip:  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 36-2513909

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
  - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 4,821
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 11,727
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 19,422
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 301
  - 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) \$ 15,345,574
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

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

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Delnor Community Hospital  
Mailing Address: 300 Randall Road  
Geneva, IL 60134  
City, State, Zip:  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 36-3484281

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
  - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 690
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 701
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 5,282
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 24
  - 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) \$ 4,133,673
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

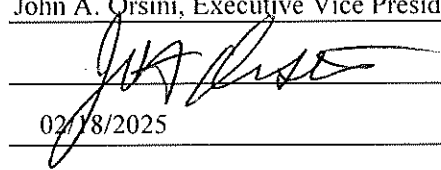
7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature: 

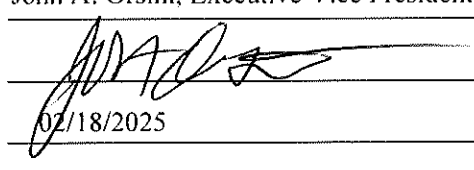
Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Kishwaukee Community Hospital  
Mailing Address: One Kish Hospital Drive  
DeKalb, IL 60115  
City, State, Zip:  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 23-7087041

...

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) 507
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 304
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 9,238
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 19
  - 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) \$ 4,335,095
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

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

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Valley West Community Hospital  
Mailing Address: 1302 N. Main Street  
City, State, Zip: Sandwich, IL 60548  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 36-4244337

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
  - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 97
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 40
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 1,702
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 5
  - 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) \$ 524,424
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

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

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Northern Illinois Medical Center  
Mailing Address: 385 Millennium Dr  
City, State, Zip: Crystal Lake, IL 60012  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 36-2338884

...

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) 1,024
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 597
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 9,484
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 44
  - 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) \$ 8,470,081
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

**Charitable Trusts Bureau**

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

**Health Care Bureau**

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

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

Epic Electronic Health Record, TransUnion, Connance

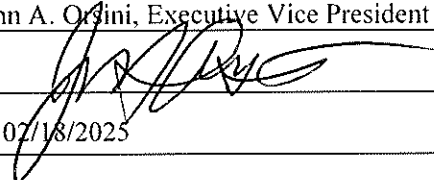
7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature: 

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature: 

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Palos Community Hospital  
Mailing Address: 12251 S. 80th Avenue  
City, State, Zip: Palos Heights, IL 60463  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 36-2169179

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
  - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 440
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 110
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 4,164
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 14
  - 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) \$ 4,520,575
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

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

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025



# HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Marianjoy Rehabilitation Hospital and Clinic  
Mailing Address: 26 W 171 Roosevelt Road  
City, State, Zip: Wheaton, Illinois 60187  
Reporting Period: 9/1/2023 through 8/31/2024  
Taxpayer Number: 36-2680776

• • •

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) 22
  - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 43
  - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 259
  - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 2
  - 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) \$ 1,049,991
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

Epic Electronic Health Record, TransUnion, Connance

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

Epic Electronic Health Record, TransUnion, Connance

...

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

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

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025

...

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): John A. Orsini, Executive Vice President and Chief Financial Officer

Signature:

Date: 02/18/2025

## Personal Demographic Data Collected on Financial Assistance Applications

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

In this section, NMHC is providing available Personal Demographic Data for each NMHC hospital as voluntarily provided by patients including:

- The Number of Hospital Financial Assistance Applications Submitted to the Hospital, Both Complete and Incomplete, During the Most Recent Fiscal Year (FY24)
- The Number of Hospital Financial Assistance Applications the Hospital Approved Under Its Presumptive Eligibility Policy During the Most Recent Fiscal Year (FY24)
- The Number of Financial Assistance Applications the Hospital Approved Outside Its Presumptive Eligibility Policy During the Most Recent Fiscal Year (FY24)
- The Number of Hospital Financial Assistance Applications Denied by the Hospital During the Most Recent Fiscal Year (FY24)
- The Top Most Frequent Reasons for Denial of Financial Assistance Applications by the Hospital During the Most Recent Fiscal Year (FY24)\*
- The Number of Uninsured Patients Who Have Declined or Failed to Respond to Screening for Eligibility in State/Federal Health Insurance Programs, Hospital Financial Assistance, and Other Public Programs During the Most Recent Fiscal Year (FY24)†
- The Top Most Frequent Reasons for Decline to Screen or Failure to Respond to Screening for Eligibility in State/Federal Health Insurance Programs, Hospital Financial Assistance, and Other Public Programs During the Most Recent Fiscal Year (FY24)\*†

\* NMHC is reporting this requirement for the Health System, and not as a breakout by NM Hospital, to ensure patient security and privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

† NMHC is submitting this report for FY24 (September 1, 2023, to August 31, 2024). This new reporting requirement is effective for services provided on or after July 1, 2024. NMHC is therefore reporting data only for July 1, 2024 to August 31, 2024.

**The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year (fiscal year 2024)**

**NMHC Hospital**

<b>NMH</b>	By race/ethnicity	
	Hispanic or Latino/a	2411
	No, Not Hispanic, Latino/a, or Spanish origin	1485
	Patient declined to respond	225
	Unknown	137
	By gender	
	Male	1279
	Female	2976
	Unknown	3
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	<b>4,258</b>

<b>NM LFH</b>	By race/ethnicity	
	Hispanic or Latino/a	1200
	No, Not Hispanic, Latino/a, or Spanish origin	453
	Patient declined to respond	47
	Unknown	20
	By gender	
	Male	581
	Female	1138
	Unknown	1
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	<b>1,720</b>

<b>NM CDH</b>	By race/ethnicity	
	Hispanic or Latino/a	2300
	No, Not Hispanic, Latino/a, or Spanish origin	2342
	Patient declined to respond	139
	Unknown	40
	By gender	
	Male	1523
	Female	3294
	Unknown	4
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	<b>4,821</b>

**The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year (fiscal year 2024)**

<b>NM Delnor</b>	By race/ethnicity	
	Hispanic or Latino/a	369
	No, Not Hispanic, Latino/a, or Spanish origin	304
	Patient declined to respond	16
	Unknown	1
	By gender	
	Male	435
	Female	255
	Unknown	0
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	<b>690</b>
<b>NM Kishwaukee</b>	By race/ethnicity	
	Hispanic or Latino/a	161
	No, Not Hispanic, Latino/a, or Spanish origin	341
	Patient declined to respond	4
	Unknown	1
	Male	231
	Female	276
	Unknown	0
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	<b>507</b>
<b>NM Valley West</b>	By race/ethnicity	
	Hispanic or Latino/a	19
	No, Not Hispanic, Latino/a, or Spanish origin	76
	Patient declined to respond	2
	Unknown	0
	By gender	
	Male	42
	Female	55
	Unknown	0
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	<b>97</b>

**The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year (fiscal year 2024)**

<b>NM McHenry, NM Huntley, NM Woodstock (NIMC)*</b>	By race/ethnicity	
		Hispanic or Latino/a 423
		No, Not Hispanic, Latino/a, or Spanish origin 569
		Patient declined to respond 27
		Unknown 5
	By gender	
		Male 419
		Female 604
		Unknown 1
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	
		<b>1,024</b>
<b>NM Palos</b>	By race/ethnicity	
		Hispanic or Latino/a 71
		No, Not Hispanic, Latino/a, or Spanish origin 353
		Patient declined to respond 16
		Unknown 0
	By gender	
		Male 194
		Female 246
		Unknown 0
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	
		<b>440</b>
<b>NM MRH</b>	By race/ethnicity	
		Hispanic or Latino/a 8
		No, Not Hispanic, Latino/a, or Spanish origin 14
		Patient declined to respond 0
		Unknown 0
	By gender	
		Male 10
		Female 12
		Unknown 0
	<b>Total Applications Submitted Both Complete and Incomplete FY2024</b>	
		<b>22</b>
<b>NMHC Total</b>		<b>13,579</b>

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

**The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year (fiscal year 2024)**

<b>NMHC Hospital</b>		
<b>NMH</b>	By race/ethnicity	
	Hispanic or Latino/a	1833
	No, Not Hispanic, Latino/a, or Spanish origin	622
	Patient declined to respond	106
	Unknown	56
	By gender	
	Male	660
	Female	1953
	Unknown	4
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>2,617</b>
<b>NM LFH</b>	By race/ethnicity	
	Hispanic or Latino/a	932
	No, Not Hispanic, Latino/a, or Spanish origin	170
	Patient declined to respond	39
	Unknown	7
	By gender	
	Male	282
	Female	866
	Unknown	0
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>1,148</b>
<b>NM CDH</b>	By race/ethnicity	
	Hispanic or Latino/a	3594
	No, Not Hispanic, Latino/a, or Spanish origin	654
	Patient declined to respond	78
	Unknown	7401
	By gender	
	Male	3360
	Female	8364
	Unknown	3
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>11,727</b>

**The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year (fiscal year 2024)**

<b>NM Delnor</b>	By race/ethnicity	
	Hispanic or Latino/a	500
	No, Not Hispanic, Latino/a, or Spanish origin	187
	Patient declined to respond	13
	Unknown	1
	By gender	
	Male	228
	Female	473
	Unknown	0
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>701</b>
<b>NM Kishwaukee</b>	By race/ethnicity	
	Hispanic or Latino/a	76
	No, Not Hispanic, Latino/a, or Spanish origin	222
	Patient declined to respond	5
	Unknown	1
	By gender	
	Male	106
	Female	198
	Unknown	0
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>304</b>
<b>NM Valley West</b>	By race/ethnicity	
	Hispanic or Latino/a	6
	No, Not Hispanic, Latino/a, or Spanish origin	34
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	12
	Female	28
	Unknown	0
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>40</b>

**The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year (fiscal year 2024)**

<b>NM McHenry, NM Huntley, NM Woodstock (NIMC)*</b>	By race/ethnicity	
	Hispanic or Latino/a	265
	No, Not Hispanic, Latino/a, or Spanish origin	314
	Patient declined to respond	18
	Unknown	0
	By gender	
	Male	276
	Female	321
	Unknown	0
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>597</b>
<b>NM Palos</b>	By race/ethnicity	
	Hispanic or Latino/a	13
	No, Not Hispanic, Latino/a, or Spanish origin	93
	Patient declined to respond	4
	Unknown	0
	By gender	
	Male	38
	Female	72
	Unknown	0
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>110</b>
<b>NM MRH</b>	By race/ethnicity	
	Hispanic or Latino/a	40
	No, Not Hispanic, Latino/a, or Spanish origin	3
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	32
	Female	11
	Unknown	0
	<b>Total Applications Approved Under Presumptive Eligibility Policy FY2024</b>	<b>43</b>
<b>NMHC Total</b>		<b>17,287</b>

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



**The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year (fiscal year 2024)**

**NMHC Hospital**

<b>NMH</b>	By race/ethnicity	
	Hispanic or Latino/a	7829
	No, Not Hispanic, Latino/a, or Spanish origin	16933
	Patient declined to respond	1582
	Unknown	58
	By gender	
	Male	10489
	Female	15906
	Unknown	7
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>26,402</b>

<b>NM LFH</b>	By race/ethnicity	
	Hispanic or Latino/a	6039
	No, Not Hispanic, Latino/a, or Spanish origin	4499
	Patient declined to respond	228
	Unknown	14
	By gender	
	Male	4851
	Female	5928
	Unknown	1
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>10,780</b>

<b>NM CDH</b>	By race/ethnicity	
	Hispanic or Latino/a	3948
	No, Not Hispanic, Latino/a, or Spanish origin	8477
	Patient declined to respond	479
	Unknown	6518
	By gender	
	Male	7741
	Female	11675
	Unknown	6
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>19,422</b>

**The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year (fiscal year 2024)**

<b>NM Delnor</b>	By race/ethnicity	
	Hispanic or Latino/a	1716
	No, Not Hispanic, Latino/a, or Spanish origin	3460
	Patient declined to respond	102
	Unknown	4
	By gender	
	Male	2085
	Female	3197
	Unknown	0
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>5,282</b>
<b>NM Kishwaukee</b>	By race/ethnicity	
	Hispanic or Latino/a	1834
	No, Not Hispanic, Latino/a, or Spanish origin	7322
	Patient declined to respond	79
	Unknown	3
	By gender	
	Male	4126
	Female	5110
	Unknown	2
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>9,238</b>
<b>NM Valley West</b>	By race/ethnicity	
	Hispanic or Latino/a	285
	No, Not Hispanic, Latino/a, or Spanish origin	1396
	Patient declined to respond	18
	Unknown	3
	By gender	
	Male	788
	Female	913
	Unknown	1
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>1,702</b>

**The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year (fiscal year 2024)**

<b>NM McHenry, NM Huntley, NM Woodstock (NIMC)*</b>	By race/ethnicity	
	Hispanic or Latino/a	2535
	No, Not Hispanic, Latino/a, or Spanish origin	6758
	Patient declined to respond	174
	Unknown	17
	By gender	
	Male	4233
	Female	5240
	Unknown	11
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>9,484</b>
<b>NM Palos</b>	By race/ethnicity	
	Hispanic or Latino/a	718
	No, Not Hispanic, Latino/a, or Spanish origin	3300
	Patient declined to respond	138
	Unknown	8
	By gender	
	Male	2228
	Female	1936
	Unknown	0
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>4,164</b>
<b>NM MRH</b>	By race/ethnicity	
	Hispanic or Latino/a	61
	No, Not Hispanic, Latino/a, or Spanish origin	188
	Patient declined to respond	10
	Unknown	0
	By gender	
	Male	143
	Female	116
	Unknown	0
	<b>Total Applications Approved Outside Presumptive Eligibility Policy FY2024</b>	<b>259</b>
<b>NMHC Total</b>		<b>86,733</b>

**The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year (fiscal year 2024)**

<b>NMHC Hospital</b>		
<b>NMH</b>	By race/ethnicity	
	Hispanic or Latino/a	43
	No, Not Hispanic, Latino/a, or Spanish origin	77
	Patient declined to respond	7
	Unknown	1
	By gender	
	Male	39
	Female	89
	Unknown	0
	<b>Total Applications Denied FY2024</b>	<b>128</b>
<b>NM LFH</b>	By race/ethnicity	
	Hispanic or Latino/a	19
	No, Not Hispanic, Latino/a, or Spanish origin	23
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	14
	Female	28
	Unknown	0
	<b>Total Applications Denied FY2024</b>	<b>42</b>
<b>NM CDH</b>	By race/ethnicity	
	Hispanic or Latino/a	52
	No, Not Hispanic, Latino/a, or Spanish origin	235
	Patient declined to respond	12
	Unknown	2
	By gender	
	Male	230
	Female	71
	Unknown	0
	<b>Total Applications Denied FY2024</b>	<b>301</b>

**The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year (fiscal year 2024)**

<b>NM Delnor</b>		
	By race/ethnicity	
	Hispanic or Latino/a	6
	No, Not Hispanic, Latino/a, or Spanish origin	18
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	9
	Female	15
	Unknown	0
	<b>Total Applications Denied FY2024</b>	<b>24</b>
<b>NM Kishwaukee</b>		
	By race/ethnicity	
	Hispanic or Latino/a	2
	No, Not Hispanic, Latino/a, or Spanish origin	16
	Patient declined to respond	1
	Unknown	0
	By gender	
	Male	8
	Female	11
	Unknown	0
	<b>Total Applications Denied FY2024</b>	<b>19</b>
<b>NM Valley West</b>		
	By race/ethnicity	
	Hispanic or Latino/a	0
	No, Not Hispanic, Latino/a, or Spanish origin	5
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	4
	Female	1
	Unknown	0
	<b>Total Applications Denied FY2024</b>	<b>5</b>

**The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year (fiscal year 2024)**

NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity		
		Hispanic or Latino/a	12
		No, Not Hispanic, Latino/a, or Spanish origin	30
		Patient declined to respond	2
		Unknown	0
	By gender		
		Male	24
		Female	20
		Unknown	0
	Total Applications Denied FY2024		44
NM Palos	By race/ethnicity		
		Hispanic or Latino/a	3
		No, Not Hispanic, Latino/a, or Spanish origin	11
		Patient declined to respond	0
		Unknown	0
	By gender		
		Male	7
		Female	7
		Unknown	0
	Total Applications Denied FY2024		14
NM MRH	By race/ethnicity		
		Hispanic or Latino/a	0
		No, Not Hispanic, Latino/a, or Spanish origin	2
		Patient declined to respond	0
		Unknown	0
	By gender		
		Male	1
		Female	1
		Unknown	0
	Total Applications Denied FY2024		2
NMHC Total		579	

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

**The Top Most Frequent Reasons for Denial of Financial Assistance Applications by the Hospital During the Most Recent Fiscal Year (FY2024)\*\***

**Top Reasons For Denial NMHC**

**Income/Assets Exceed Allowable Guidelines**

By Race/Ethnicity	Hispanic or Latino/a	87
	No, Not Hispanic, Latino/a, or Spanish origin	380
	Patient declined to respond	18
	Unknown	2
By Gender	Male	152
	Female	335
	Unknown	0
<b>Total Applications Denied in FY2024*</b>		<b>487</b>

**Citizenship/Residency not met**

By Race/Ethnicity		2
	No, Not Hispanic, Latino/a, or Spanish origin	3
	Patient declined to respond	0
	Unknown	0
By Gender	Male	2
	Female	3
	Unknown	0
<b>Total Applications Denied in FY2024*</b>		<b>5</b>

**Insurance Plan not Contracted With NMHC**

By Race/Ethnicity	Hispanic or Latino/a	6
	No, Not Hispanic, Latino/a, or Spanish origin	3
	Patient declined to respond	0
	Unknown	1
By Gender	Male	1
	Female	9
	Unknown	0
<b>Total Applications Denied in FY2024*</b>		<b>10</b>

**Denied: Non-IL Resident**

By Race/Ethnicity	Hispanic or Latino/a	3
	No, Not Hispanic, Latino/a, or Spanish origin	11
	Patient declined to respond	1
	Unknown	0
By Gender	Male	2
	Female	13
	Unknown	0
<b>Total Applications Denied in FY2024*</b>		<b>15</b>

**The Top Most Frequent Reasons for Denial of Financial Assistance Applications by the Hospital During the Most Recent Fiscal Year (FY2024)\*\***

<b>Denied: Other</b>		
By Race/Ethnicity	Hispanic or Latino/a	36
	No, Not Hispanic, Latino/a, or Spanish origin	17
	Patient declined to respond	3
	Unknown	0
By Gender	Male	16
	Female	40
	Unknown	0
<b>Total Applications Denied in FY2024*</b>		<b>56</b>
<b>NMHC Total</b>		<b>573</b>
<i>*Total Applications Denied in FY2024 is Combination of all NMHC Hospital Totals Including physician groups.</i>		



The number of uninsured patients who have declined or failed to respond to screening for Eligibility in state/federal health insurance programs, hospital financial assistance, and other public programs during the most recent fiscal year (fiscal year 2024)\*\*

**NMHC Hospital**

<b>NMH</b>	By race/ethnicity	
	Hispanic or Latino/a	4
	No, Not Hispanic, Latino/a, or Spanish origin	0
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	2
	Female	2
	Unknown	0
	<b>Total denials/failures to screen FY2024</b>	<b>4</b>

<b>NM LFH</b>	By race/ethnicity	
	Hispanic or Latino/a	4
	No, Not Hispanic, Latino/a, or Spanish origin	2
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	2
	Female	4
	Unknown	0
	<b>Total denials/failures to screen FY2024</b>	<b>6</b>

<b>NM CDH</b>	By race/ethnicity	
	Hispanic or Latino/a	4
	No, Not Hispanic, Latino/a, or Spanish origin	7
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	8
	Female	3
	Unknown	0
	<b>Total denials/failures to screen FY2024</b>	<b>11</b>

The number of uninsured patients who have declined or failed to respond to screening for Eligibility in state/federal health insurance programs, hospital financial assistance, and other public programs during the most recent fiscal year (fiscal year 2024)\*\*

NM Delnor	By race/ethnicity	
	Hispanic or Latino/a	0
	No, Not Hispanic, Latino/a, or Spanish origin	3
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	1
	Female	2
	Unknown	0
	<b>Total denials/failures to screen FY2024</b>	<b>3</b>
NM Kishwaukee	By race/ethnicity	
	Hispanic or Latino/a	0
	No, Not Hispanic, Latino/a, or Spanish origin	1
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	0
	Female	1
	Unknown	0
	<b>Total denials/failures to screen FY2024</b>	<b>1</b>
NM Valley West	By race/ethnicity	
	Hispanic or Latino/a	1
	No, Not Hispanic, Latino/a, or Spanish origin	1
	Patient declined to respond	0
	Unknown	0
	By gender	
	Male	1
	Female	1
	Unknown	0
	<b>Total denials/failures to screen FY2024</b>	<b>2</b>

The number of uninsured patients who have declined or failed to respond to screening for Eligibility in state/federal health insurance programs, hospital financial assistance, and other public programs during the most recent fiscal year (fiscal year 2024)\*\*

NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity		
		Hispanic or Latino/a	2
		No, Not Hispanic, Latino/a, or Spanish origin	2
		Patient declined to respond	0
		Unknown	0
	By gender		
		Male	3
		Female	1
		Unknown	0
	Total denials/failures to screen FY2024		4
NM Palos	By race/ethnicity		
		Hispanic or Latino/a	0
		No, Not Hispanic, Latino/a, or Spanish origin	2
		Patient declined to respond	0
		Unknown	0
	By gender		
		Male	2
		Female	0
		Unknown	0
	Total denials/failures to screen FY2024		2
NM MRH	By race/ethnicity		
		Hispanic or Latino/a	0
		No, Not Hispanic, Latino/a, or Spanish origin	0
		Patient declined to respond	0
		Unknown	0
	By gender		
		Male	0
		Female	0
		Unknown	0
	Total denials/failures to screen FY2024		0

The number of uninsured patients who have declined or failed to respond to screening for Eligibility in state/federal health insurance programs, hospital financial assistance, and other public programs during the most recent fiscal year (fiscal year 2024)**			
NMG	By race/ethnicity		
		Hispanic or Latino/a	3
		No, Not Hispanic, Latino/a, or Spanish origin	13
		Patient declined to respond	2
		Unknown	0
	By gender		
		Male	2
		Female	16
		Unknown	0
	Total denials/failures to screen FY2024		18
RMG	By race/ethnicity		
		Hispanic or Latino/a	2
		No, Not Hispanic, Latino/a, or	5
		Patient declined to respond	0
		Unknown	0
	By gender		
		Male	2
		Female	5
		Unknown	0
	Total denials/failures to screen FY2024		7
NMHC Total		58	
<i>* NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID .</i>			
<i>** NMHC is submitting this report for FY2024 (September 1, 2023-August 31, 2024). This new reporting requirement is effective for services provided on or after July 1, 2024. NMHC is therefore reporting data for July 1, 2024-August 31, 2024 only.</i>			

The Top Most Frequent Reasons for Decline to Screen or Failure to Respond to Screening for Eligibility in State/Federal Health Insurance Programs, Hospital Financial Assistance, and Other Public Programs During the Most Recent Fiscal Year (fiscal year 2024)\*\*

**NMHC**

**Patient Unresponsive**

By Race/Ethnicity	Hispanic or Latino/a	12
	No, Not Hispanic, Latino/a, or Spanish origin	18
	Patient declined to respond	1
	Unknown	0
By Gender	Male	9
	Female	22
<b>Total Applications Denied or Failed to Screen in FY2024*</b>		<b>31</b>

**Additional Documentation Needed**

By Race/Ethnicity	Hispanic or Latino/a	5
	No, Not Hispanic, Latino/a, or Spanish origin	7
	Patient declined to respond	1
	Unknown	0
By Gender	Male	5
	Female	8
<b>Total Applications Denied or Failed to Screen in FY2024*</b>		<b>13</b>

**Discontinued:No Longer Needed**

By Race/Ethnicity	Hispanic or Latino/a	2
	No, Not Hispanic, Latino/a, or Spanish origin	5
	Patient declined to respond	0
	Unknown	0
By Gender	Male	3
	Female	4
<b>Total Applications Denied or Failed to Screen in FY2024*</b>		<b>7</b>

**Patient Declined FA/Medicaid Assessment**

By Race/Ethnicity	Hispanic or Latino/a	1
	No, Not Hispanic, Latino/a, or Spanish origin	5
	Patient declined to respond	0
	Unknown	0
By Gender	Male	6
	Female	0
<b>Total Applications Denied or Failed to Screen in FY2024*</b>		<b>6</b>

The Top Most Frequent Reasons for Decline to Screen or Failure to Respond to Screening for Eligibility in State/Federal Health Insurance Programs, Hospital Financial Assistance, and Other Public Programs During the Most Recent Fiscal Year (fiscal year 2024)\*\*

**Discontinued: Per Patient Request**

By Race/Ethnicity	Hispanic or Latino/a	0
	No, Not Hispanic, Latino/a, or	1
	Patient declined to respond	0
	Unknown	0
By Gender	Male	0
	Female	1

**Total Applications Denied or Failed to Screen in FY2024\*** **1**

**NMHC Total** **58**

*\*Total Applications Denied in FY2024 is Combination of all NMHC Hospital and Physician Group Totals.*

*\*\* NMHC is submitting this report for FY2024 (September 1, 2023-August 31, 2024). This new reporting requirement is effective for services provided on or after July 1, 2024. NMHC is therefore reporting data for July 1, 2024-August 31, 2024 only.*