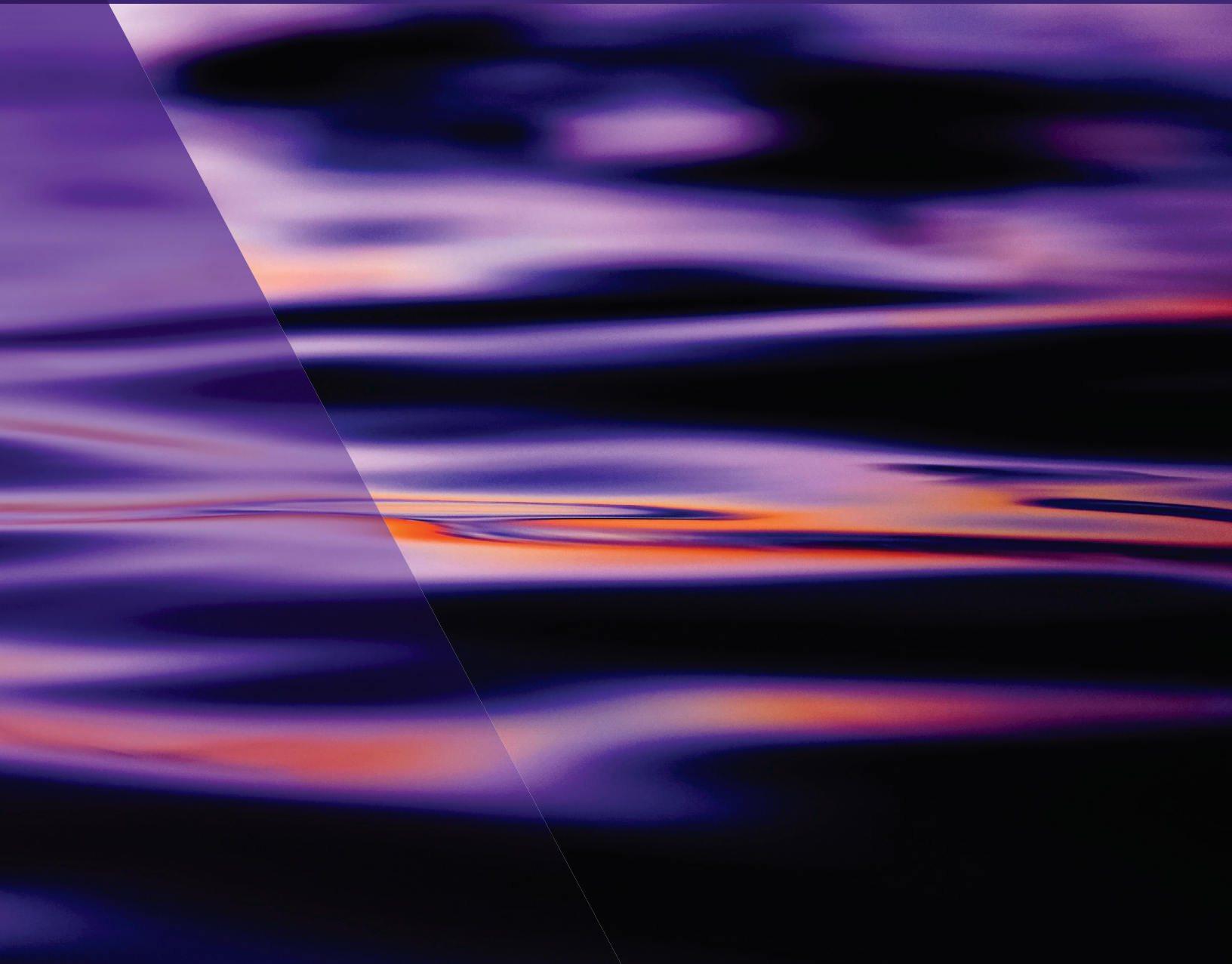


For the Fiscal Year Ended August 31, 2025

Annual Nonprofit Hospital Community Benefits Plan Report



**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2025
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**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2025
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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,¹ three medical groups,² and more than 200 diagnostic and ambulatory locations to patients across Chicago and northeastern Illinois, and all 50 states, 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:

- 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

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 are experiencing 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 (FQHCs) and free community clinics.

The Health System is dedicated to improving the health of the communities we serve. To advance this goal, the Health System recently introduced a Community Health Institute (CHI) model. Ongoing efforts to deepen community relationships and programs to reduce health disparities continue. Recognizing that one organization alone cannot effect change, NMHC cultivates comprehensive opportunities to collaborate with community-based organizations. The Health System provides holistic support, including direct funding, as well as in-kind leadership, knowledge transfer and data sharing; volunteer efforts through our employee volunteer program, Team NM; and direct programmatic support from NM staff to enhance the work of our community partners. Health disparities are often driven by the social drivers of health (SDOH). Each NM hospital is working to address the individual needs of their respective

¹ For the time period of this report, fiscal year 2025 (FY25), 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).

² For the time period of this report, FY25, 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). This report is being submitted to the state of Illinois; therefore, NM FMG is not included in this report.

communities through targeted SDOH initiatives. These include but are not limited to programs targeting food insecurity and housing and transportation needs. At a systemwide level, the Health System has deployed a SDOH screening and resource referral program.

As a cornerstone of the Chicago region's healthcare economy and one of the largest employers in Chicago,³ NMHC is committed to supporting a healthy workforce and improving economic vitality for our communities. Key strategies are directed at generating and supporting high-quality jobs, workforce development within communities that have been historically under-resourced with economic investment, cultivating a pipeline to healthcare careers and employee advancement through educational and career development programs, and investing in local businesses through the procurement of goods and services.

Working together as **Northwestern Medicine**[®] (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg)⁴ 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.

Academic health systems are proven innovators and leaders, as evidenced by the many advances pioneered by NM physicians, scientists and researchers in FY25. NMHC supports some of the nation's most advanced research programs, which are led by physician-scientists at Feinberg. In FY25, these diverse endeavors included ushering in a new era of lung research, education and patient care; creating the world's smallest pacemaker; and improving care for stroke patients. Innovation is not restricted to the laboratory or clinical setting: as an academic health system, NM supported innovative projects by direct care providers across the Health System. Growth has enhanced clinical trials through both geographic and patient population diversity.

Providers in the United States (U.S.) continue to navigate a complex system and face significant financial pressures. Skyrocketing inflation costs, a complex labor market, rising levels of uncompensated care, and regulatory challenges continue to strain the system. Nonetheless, nonprofit hospitals in the U.S. continue to positively impact the health and vitality of their respective communities. A recent study estimates the value of community benefits provided by nonprofit hospitals is more than 11 times that of

³ *Crain's Chicago Business*, Chicago's Largest Employers 2024. NMHC is the sixth-largest employer overall and the third-largest private employer in the Chicago area. <https://www.chicagobusiness.com>. February 17, 2025.

⁴ **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.

their foregone federal tax revenue.⁵ In Illinois, hospitals annually contribute approximately \$7 billion in community benefits inclusive of care for vulnerable patients and programs focused on improving the health of our communities.⁶ Despite these significant contributions, not-for-profit (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 Form 990 Schedule H.

NMHC is committed to providing a wide range of services that benefit the communities we serve. In FY25, NMHC contributed more than \$1.801 billion, or nearly 19% of net patient service revenue.

In addition, NMHC is a major economic driver for the State of Illinois, generating direct economic impact, creating and sustaining thousands of jobs, and making significant tax contributions. 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; economic impact on our communities; and efforts to advance discovery and medical knowledge.

⁵ *Estimates of the value of federal tax exemptions and community benefits provided by U.S. nonprofit hospitals, 2022, Prepared for the American Hospital Association, Ernst & Young, LLP. (November 2025). [Microsoft Word - AHA Benefit of Tax Exemption Report TY2022](#). 2022 is the year of the most recent comparison data available.*

⁶ Illinois Health and Hospital Association (IHA), Finance, Community Benefits. <https://www.team-iha.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 Catherine Gratz Griffin Lake Forest Hospital (NM Catherine Gratz Griffin LFH) in Lake Forest⁷
- 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, 2025 (FY25), 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 and 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 and economic impact to the State of Illinois in FY25.

Anchored by NMH, the only hospital to be ranked No. 1 in Illinois for 14 consecutive years by *U.S. News & World Report*,⁸ 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.

NMHC is dedicated to investing and growing in the Chicago area. To ensure access to high-quality care close to home, the Health System invested in multiple capital expansion projects in FY25. For more than a decade, NMHC has developed strong community relationships in the Bronzeville neighborhood on Chicago's South Side. Holistic initiatives ranging from mental health support to workforce development ultimately culminated in the opening of the Northwestern Medicine Bronzeville Outpatient Center in 2025.⁹ The 120,000-square-foot center provides primary, specialty and immediate care services; imaging and diagnostic services; a cancer center; community spaces; and programming for individual and

⁷ In recognition of generous philanthropic support from Ken Griffin, NM LFH was renamed Northwestern Medicine Catherine Gratz Griffin Lake Forest Hospital, effective October 8, 2025.

⁸ 2025 – 2026 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.

⁹ Officially opened on September 3, 2025.

community health. Working together with residents and neighbors in the greater Bronzeville community, the center aims to make a generational impact on the health and wellness of Chicago's South Side.

Development continues at NM Catherine Gratz Griffin LFH, including an expanded and relocated emergency department (ED), as well as additional inpatient pavilions. This effort will help the Health System meet current — and growing — volume demands in Lake County while enabling future growth and the ability to provide more complex care for patients. On the NM Huntley hospital campus, work began on a new medical office building that will expand access to comprehensive heart and cancer care and additional services to residents in the northwest suburbs. The project allows NMHC to provide services that are in high demand in McHenry County, ensuring community members receive high-quality specialty care and increasing capacity to reduce wait times. In downtown Chicago on NMH's Streeterville campus, five major construction projects are currently underway, including a new bed tower to expand the Health System's capacity to serve more patients — especially high-acuity patients — in the city. NMHC's strategic reinvestment in existing facilities as well as development of the new tower will allow NMHC to streamline care delivery while expanding access to world-class care for patients from Chicago, Illinois and beyond. These are just a few examples of the major investments NM continues to make in the greater Chicago community. Despite the challenging economic moment, the Health System remains deeply committed to the communities we serve.

In addition to significant capital investments and physical expansion, NM continues to innovate 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. Two highlights from FY25 include the opening of the NM Human Longevity Clinic at NMH and the expansion of advanced surgical care in the south suburbs through the opening of a new hybrid vascular operating room at NM Palos. 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.

Nearly 40,000 physicians, nurses, allied health professionals, clinical support staff and administrative staff — as well as hundreds of volunteers — support delivery of quality medical care to the Health System's patients. These dedicated individuals originate from 85% of Chicago ZIP codes. The Health System trained more than 700 residents and fellows in FY25. Serving a broad and growing patient base while achieving top patient outcomes, the Health System has provided care to patients from all 50 states through on-site care and clinical partnerships. In FY25, the Health System had more than 143,600 inpatient admissions, nearly 484,000 ED visits and more than 4.45 million outpatient registrations.¹⁰

¹⁰ Outpatient registrations exclude outpatient emergency department visits.

FY25 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, 2025**

Description	Unreimbursed Cost, \$	See Note No.
Charity care	114,908,722	1
Language assistance	7,439,903	2
Government-sponsored indigent health care	1,357,074,550	3
Donations	19,076,705	4
Volunteer services (employee)	184,712	5
Volunteer services (non-employee)	72,795	6
Education	102,305,423	7
Government-sponsored program services	---	8
Research	72,736,172	9
Subsidized health services	61,602,066	10
Bad debts	60,235,509	11
Other community benefits	6,218,881	12
Total	<u>\$1,801,855,439</u>	

Note 1: Charity care – This section of the report includes the unreimbursed cost of care provided to patients who are uninsured or underinsured and served by NMH, NM Catherine Gratz Griffin 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 Northwestern Medical Group (NMG) and Northwestern Medicine Regional Medical Group (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 *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 on geographical service area to correspond with the associated hospital.¹¹ **The unreimbursed cost of bad**

¹¹ NM FMG is not included in this report.

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 an increase in charity care in FY25 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. This upward trend was tracked in FY24 as well.

The costs of charity care in this report differ from NMHC notes to the consolidated audited financial statements for FY25 where they were calculated by applying a cost-to-charge ratio developed prior to the Hospitals' FY25 Medicare cost reports to charges foregone for charity care. The FY25 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 FY25 is reduced by \$69.784 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 FY25 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. The NM Volunteer Services department includes volunteer managers and coordinators who are employees of NM and work with non-employee volunteers to guide their services. These NM employees are included in this employee category, while the non-employee volunteer services category focuses on non-NM individuals providing volunteer services around the Health System.

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 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 SDOH 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.

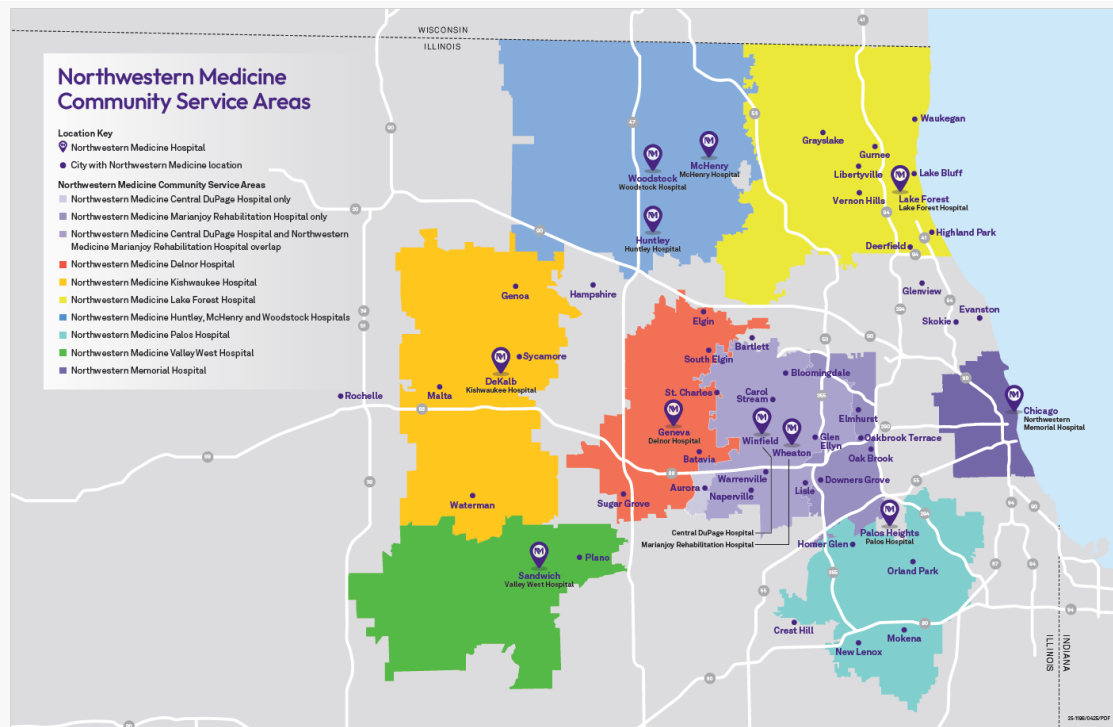
Populations and Communities Served

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.¹² The following map outlines the CSAs served by the Health System.¹³



¹² See appendix for more information on the services each NMHC hospital provides in its respective community.

¹³ While NM MRH considers DuPage County its CSA, because of 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.

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

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

- Seeking root causes 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 uses 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 FY25, 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 is reporting significant increases in uncompensated care in FY25 driven by multiple factors:

- The closure of Illinois’ Medicaid Health Benefits for Immigrant Adults (HBIA) and pause in new enrollees for Health Benefits for Immigrant Seniors (HBIS) programs.
- Changes to Medicaid coverage in Illinois and the restart of the State’s Medicaid redetermination process.
- Reimbursement from Medicare and Medicaid that do not keep pace with the cost of care for those patients.
- An increase in patients without insurance coverage or with insufficient insurance coverage.
- The Health System increased collaboration and outreach with community clinical providers, including with FQHCs.
- Internal enhancements, including improvements to NM’s electronic medical record system financial assistance module, increased availability of applications at check-in¹⁴ and proactive outreach, streamlined the financial assistance process.

These challenges are not unique to NM hospitals. NFP hospitals nationwide provide essential but extremely expensive and resource-intensive services. 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 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.¹⁵ NMHC provides quality care for many patients participating in these programs. The Health System reported an increase in the cost of care for patients participating in government-sponsored indigent programs over the past three years. At the same time, the cost of charity care and bad debt continue to rise nationally. The same demographic changes noted above, coupled with the effects of state redetermination for Medicaid enrollment, continue to drive these costs higher, with the greatest impact being felt in the Midwest.¹⁶ NM is mirroring these trends: while the unreimbursed cost of care for patients with Medicaid and Medicare coverage remained elevated in FY25, the Health System is concurrently reporting increases in charity care and bad debt. 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.

¹⁴ In compliance with the Illinois Fair Patient Billing Act.

¹⁵ *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>.

¹⁶ *National Hospital Flash Report*, KaufmanHall, May 2025. [KaufmanHall | National Hospital Flash Report](#).

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. 3), NM CDH (No. 12) and NM Catherine Gratz Griffin LFH (No. 13).¹⁷ The unreimbursed cost of charity care for NMHC was more than \$114.9 million in FY25.

The Health System is a leading provider of care for patients with Medicaid coverage in Illinois, handling more than 167,036 inpatient days of service, more than 31,292 admissions and more than 578,871 outpatient visits¹⁸ annually. 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,¹⁹ NMH is the third-largest provider of care to beneficiaries of Illinois Medicaid, when measured by days of service or admissions.

The commitment to patients with Medicaid at NMH has continued to increase: Over an eight-year period, the volume of Medicaid inpatient days handled by NMH has increased by 89%, the number of Medicaid admissions has increased by 44%, and the volume of Medicaid outpatient care is up by 166%.²⁰ 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 with Medicaid who live on Chicago's South and West sides bypass other providers to receive their care at NM hospitals.²¹

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. 7) of outpatient care to patients with Medicaid in Illinois.²² 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

¹⁷ Illinois Department of Public Health, 2024, the most recent data available.

¹⁸ Measured via claims.

¹⁹ 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 FY23 data for patients with Medicaid enrolled in the state medical assistance (comprehensive benefit) program, the most recent comprehensive data available.

²⁰ Illinois Department of Healthcare and Family Services (HFS), Review of Hospital Utilization Data, 2015-2023, the most recent data available.

²¹ NM Office of Data Analytics.

²² HFS data, 2023, the most recent data available.

County.²³ NM Catherine Gratz Griffin LFH continues to experience the highest growth rate in Medicaid days and admissions among every hospital in the State. The volume handled by NM Catherine Gratz Griffin LFH has increased by 282% over an eight-year period, when measured by days of service.²⁴

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.²⁵ The state then receives matching funds from the federal government. The HAP is a necessary program that helps offset the low reimbursement traditionally provided to hospitals by the state's Medicaid program. As demand for care of patients with Medicaid increases, the imbalance between the Medicaid reimbursement received and the taxes paid by NMH to support 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 \$96.2 million in HAP taxes in 2025 to support the delivery of care to patients with Medicaid in Illinois.²⁶ Despite the significant amount of funding that the HAP generates to support the Illinois Medicaid program, NMH absorbs more than \$46.7 million in unreimbursed Medicaid costs annually.²⁷ All NM entities make significant contributions to the HAP. Systemwide, NM hospitals paid more than \$236.7 million in HAP taxes in 2025.²⁸

In total, NMHC contributed more than \$1.593 billion to charity care, other unreimbursed care, subsidized health services and bad debt in FY25.

NMHC Financial Assistance Policy

Financial Assistance at NM Hospitals and Medical Groups

The NMHC Financial Assistance Policy in effect during FY25 applied to NMH, NM Catherine Gratz Griffin 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 Patient Discount Act and other relevant laws. Free and discounted care is available to those seeking care at the above-named entities based on the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),²⁹ to determine eligibility. Patients who do not have insurance and have incomes less than or equal to 250% of

²³ HFS data, 2023, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

²⁴ HFS.

²⁵ 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.

²⁶ M. Werner Consulting; HFS.

²⁷ Annual Nonprofit Hospital Community Benefits Plan, Report for the Fiscal Year Ended August 31, 2025; NMHC.

²⁸ M. Werner Consulting; HFS.

²⁹ The FPL in calendar year 2025 was \$32,150 for a family of four living in the 48 contiguous states, according to the U.S. Department of Health and Human Services.

the FPL receive 100% free care for medically necessary services.³⁰ 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, 20% of the patient's household income, with payments spread over a three-year period.
- Patients seeking care at an NMHC ED 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 people 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 on completion of application, Illinois residency, and income or assets within allowable guidelines. The HBIA, which provided expanded coverage for undocumented adults, ended in 2025, resulting in an increased volume for financial assistance. The Health System is reporting an increased level of unreimbursed cost of indigent care and an increase in charity care for FY25.

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 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 tab of this report. Additionally, in compliance with revisions to the Illinois Community Benefits Act, NMHC is now reporting charity care costs and net patient revenue provided by each NM hospital. This information is available under the Form AG-CBP-1 tab of this report.

Serving Populations at Highest Risk for Poor Health

NMHC is committed to providing care to those at highest risk for poor health due to SDOH in the communities we serve. 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

³⁰ 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.

critical access hospital, NM Valley West. As a critical access hospital in an 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.³¹ 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 that affect 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.

As part of the newly implemented Community Health Institute (CHI) model, the Health System has implemented a universal approach to developing and operating community clinical relationships. Through this process, existing relationships were assessed, areas of opportunity developed and gaps identified. The CHI model intends to maximize the benefits of those relationships to NM, the patients we serve, the community and our community partners.

In FY25, the Health System fostered relationships with the following FQHCs and community clinical providers across the Chicago area and northeastern Illinois. Additional relationships are currently being cultivated across the communities we serve.

- Aunt Martha’s Woodstock Community Health Center
- CommunityHealth
- DuPage Health Coalition
- Erie Family Health Centers and Erie HealthReach Waukegan
- Family Health Partnership Clinic
- Greater Family Health
- Inner-City Muslim Action Network (IMAN) Community Health Center
- The Josselyn Center
- Lake County Health Department & Community Health Center
- Near North Health
- Tri City Health Partnership
- VNA Health Care

³¹ MUP is a designation by the Health Resources and 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.

In FY25, the Health System contracted with FQHCs that provided primary care services for more than 330,000 patients at their sites.³² 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 patients of supported FQHCs. Additional support for community clinical partners is provided through the Education-Centered Medical Home and internal medicine residency programs.³³ NM executives also serve on the boards of directors of multiple community clinical providers, offering leadership and in-kind support to those organizations. In addition to existing commitments, NMHC provided nearly \$8.8 million to support community clinical provider operations in FY25.³⁴ The following highlights from FY25 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.** Access to behavioral health care is a top health need in Lake County. 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. The Health System and Josselyn are collaborating on an initiative to support patients discharged from NM Catherine Gratz Griffin LFH's ED, Transitional Care Clinic (TCC), and the NM Grayslake Outpatient Center (NM Grayslake) with referrals to Josselyn's Waukegan and Grayslake sites. Through this initiative, a Josselyn behavioral healthcare coordinator contacts patients within 24 hours of a referral and supports them in scheduling and navigating barriers to care. The Health System, in partnership with Grainger Foundation Inc. (Grainger), provided funding for the coordinators. Since the beginning of this partnership, more than 925 patients have been referred from NM Catherine Gratz Griffin LFH to Josselyn with 100% offered appointments within 72 hours; 54% of these patients completed their first appointments within the same time frame. An additional 249 patients were referred from NM Grayslake to Josselyn with 97% contacted within 24 hours; 31% were offered appointments within 72 hours. In FY25 the Health System, in partnership with Grainger, provided more than \$485,000 to Josselyn in support of these and other strategic efforts.³⁵ Beyond funding, the president of NM Catherine Gratz Griffin LFH contributes time and expertise by serving on Josselyn's board of directors. Additional collaborative efforts between NMHC and Josselyn are underway to serve the residents of Lake County.
- **VNA Health Care.** VNA Health Care (VNA) provides primary medical, dental and behavioral healthcare 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. VNA is committed to expanding access

³² HRSA, Health Center Program Uniform Data Set (UDS) Data Overview. Accessed February 2026. [Health Center Program Uniform Data System \(UDS\) Data Overview](#).

³³ See the *Advancing Discovery and Medical Knowledge* section of this report.

³⁴ A small portion of these funds made available through philanthropic funds is not reflected in the reported community benefits totals.

³⁵ These funds were made possible through both NMHC operational funding and philanthropic funds provided by a Grainger Foundation Inc. grant. Only part of this funding is reflected in the reported community benefits totals.

to healthcare services in additional communities served by the Health System. In addition to the Health System's annual support to VNA of \$250,000, in FY25, the Health System awarded VNA an additional \$1.5 million grant to support its expansion efforts.³⁶

- **Erie Family Health Centers.** The Health System and Erie Family Health Centers (Erie) share a commitment to expand access to comprehensive primary and behavioral health care and community resources. Erie serves nearly 90,000 patients annually, providing medical, dental and behavioral health care regardless of the patient's ability to pay or their immigration status at locations across the Chicago area and the north suburbs. On top of existing commitments, in FY25 the Health System, including NMH and NM Catherine Gratz Griffin LFH, provided grants to Erie totaling more than \$1.6 million.³⁷ 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 FY25 facilitated the opening of urgent care spaces at the Erie 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 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 ED visits and decrease wait times for patients to receive the care they need for urgent matters.

³⁶ The Health System is recognizing its commitment to VNA in this FY25 report. More information on expansion efforts will be available in future reports.

³⁷ A small portion of these funds were made in collaboration with Grainger. The amount provided by Grainger is not included in the reported community benefits totals.

Improving the Health of Communities We Serve

NM 2035: Better – From Discovery to Delivery and the Community Health Institute Model

NM's strategic plan, NM 2035, recommitting the organization's mission to put patients first. NM 2035 includes an enhanced mission and vision to be a leader in talent and care and to impact global healthcare delivery. Key to this initiative is the commitment to deepen relationships within the communities we serve.

To meet the NM 2035 goal to deepen relationships in our communities, the Health System worked to implement a Community Health Institute (CHI) model. NM's CHI model endeavors to build stronger, healthier communities now and for generations to come. Through this model, the Health System will elevate community health as an enterprise function, inclusive of multiple departments and clinical units, to influence patient care, social needs, social drivers of health and deeper community partnerships. In FY25, work on the CHI model centered on creating the organizational structure and arranging resources to meet these goals.

FY25 was a year of deliberate and comprehensive planning and strategizing to address the health needs of the communities we serve while aligning with the provision of patient care. Nonetheless, the Health System continued to work to positively impact our communities. Some of those initiatives are highlighted below.

Advancing 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, which will be fully implemented with the CHI model.³⁸

Community Grants

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, NM created the competitive Community Grant Program. After providing \$1.8 million in grant funding for the first year, in FY25, this program soared to providing nearly \$5 million in grants to grassroots organization across our Community Service Areas. Funding provided through the NM

³⁸ A list of organizations supported by NM hospitals is available in the appendix of this report.

competitive Community Grant Program is only a portion of the more than \$22.6 million in direct funding for community organizations in FY25.³⁹

Holistic Community Partnership in Bronzeville

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 of directors, workforce volunteer support through Team NM, direct programmatic support by staff, data sharing and knowledge transfer, and community building. 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 Health System and Bright Star Community Outreach (BSCO) have worked together for more than 10 years to positively impact the health of the Bronzeville neighborhood on Chicago's South Side. NMH annually provides BSCO with an operational grant of more than \$500,000. Together with other community organizations, NM supported the launch of BSCO's The Urban Resilience Network (TURN) model, and Health System executives currently serve on BSCO's board of directors. Additionally, staff and Team NM volunteers provide direct support for BSCO community programs. Our organizations also partner on workforce development initiatives, creating a direct conduit to gainful employment with the Health System.

Near North Health (NNH) is an FQHC annually serving more than 26,000 Chicago residents for nearly 60 years. One of the oldest providers of community-based care in the city, NNH recently began streamlining its network of clinics in order to improve services by consolidating its operations. NMH and NNH have cultivated a longstanding relationship. Similar to the Health System's relationship with BSCO, NMH supports NNH with an annual operating grant of more than \$400,000 as well as providing executive board service, staff support and volunteer support for community programs. Our organizations further work together to assist NNH patients with transition of care to specialized healthcare services at NMH. The Health System has previously provided NNH with support for their capital projects, a commitment that extended into FY25 with a \$1 million grant to support NNH's relocation of its Komed clinic to Oakwood Shores in Bronzeville.

Furthermore, in FY25 NMH also supported the Big Shoulders Fund with a grant of \$200,000, to further the organization's goal to provide a quality, values-based education for children in Chicago. This grant support enabled Big Shoulders Fund to extend programming to Holy Angels Catholic School in Bronzeville, a school committed to providing an affordable, safe and nurturing environment in the neighborhood.

Building on this legacy, in September 2025, the Health System opened the NM Bronzeville Outpatient Center (NN Bronzeville). The Health System invested approximately \$160 million in the project, representing one of the most significant new development projects in the neighborhood in decades. NM

³⁹ This total includes competitive and strategic grants as well as donations. A limited portion of these funds were made available through philanthropic funds, which will not be included in the reported community benefits donations total.

Bronzeville is expected to serve more than 50,000 patients and family members from Bronzeville and nearby communities every year and is welcoming a workforce of more than 110 new employees.

NMHC's comprehensive support, ranging from direct financial contribution, to leadership and staff support, knowledge transfer, collaboration on healthcare delivery, education and workforce initiatives, and even strategic capital investment, is demonstrative of the Health System's commitment to improve the health of our patients, staff and community. Through the CHI model, the Health System will endeavor to replicate similar initiatives, with sensitivity to the unique communities we serve, to positively impact health across the greater Chicago region.

Team NM

Deeply rooted in community service, compassionate care and the legacy of service each NM hospital brings to the Health System, Team NM is our workforce volunteer hub that provides support to community organizations and their initiatives. Team NM gives NMHC yet another way to address identified community health needs by 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; undertaking community beautification projects; supporting local events; arranging collection drives; and many more. In FY25, Team NM leadership worked to further harness NM's skilled workforce through initiatives that emphasize the unique talents and professional skills of our staff. NM dietitians created healthy recipes; clinicians organized and hosted health screenings and vaccine clinics; business teams helped community partners identify organizational goals and developed plans for future success; and designers and writers helped create marketing tools. 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 2,600 Health System employees volunteered with Team NM in FY25, dedicating a record-setting 11,096 volunteer hours at 658 separate events to support nearly 209 NM community partners.

Reducing Health Disparities

Social drivers of health are non-medical factors that influence health outcomes. Collectively referred to as SDOH, these factors include the conditions in which people are born, grow, live, work and age, as well as the wider set of forces and systems that shape the condition of daily life.⁴⁰ It is estimated that SDOH impact up to 80% of health outcomes.⁴¹ In addition to access to health care, SDOH include food access and security, transportation, housing, violence and community safety, among other considerations. SDOH help explain why some people in the U.S. are healthier than others.

⁴⁰ 2024, Social Determinants of Health, Centers for Disease Control and Prevention. [Social Determinants of Health | NCHHSTP Health Equity | CDC](#). Accessed January 2026.

⁴¹ 2023, Greer ML, Garza MY, Sample S, Bhattacharyya S. Social Determinants of Health Data Quality at Different Levels of Geographic Detail. [Social Determinants of Health Data Quality at Different Levels of Geographic Detail - PubMed](#). Accessed January 2026.

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.⁴² Each hospital assesses the unique needs of the community it serves through the previously discussed CHNA process, and is now working to address SDOH in the manner that best suits its respective community. Teams across the Health System have implemented programs to evaluate and address SDOH; a few of these initiatives are highlighted below.

Systemwide Social Drivers of Health Screening and Referral Program

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 Screening and Referral Program. The program's overall aim is to screen all NM patients for a concise set of SDOH that the Health System can help mitigate, and then act on those identified needs through referrals and intervention. In FY25, more than 405,000 screens were conducted across the Health System, spanning inpatient, emergency and ambulatory settings. Through the SDOH primary care outreach follow-up program, more than 17,000 patients received outreach with a 66% engagement rate. The needs identified the most were (1) medication affordability, (2) mental health, (3) food security and (4) housing stability.

Patients who identify a concern through the screening are asked if they want to learn about resources for addressing their needs. In FY25, NM transitioned to a new community referral platform called FindHelp,⁴³ which will allow for self-advocacy, whereby patients can search for their own resource. Additionally, the NM Community Affairs team makes sure to include longstanding community partners in the referral platform. FindHelp will be integrated into the NM electronic medical record system to assist with case management and improve the patient's continuum of care. The NM Outreach team includes community health workers, registered nurses and social workers and has an embedded process for patients who request resources during screening in primary care settings. The team works to address short-term clinical and social needs by following up with patients within two or three days. The NM Social Drivers of Health Screening 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.

Addressing Food Insecurity

The NM Food Insecurity: Emergency Response, Community Engagement (F.I.E.R.C.E.) program is a grant-funded⁴⁴ program managed by the Outreach team for patients who are experiencing a food emergency. Most of the patients are identified through the Social Drivers of Health Screening and Referral Program and are connected with a community health worker who will address immediate food concerns by providing a one-time direct food delivery. The community health worker will also assist with

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

⁴³ Previously UniteUs.

⁴⁴ 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.

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 helped more than 400 patients with direct food deliveries and purchased more than \$66,000 in groceries.

The NM Catherine Gratz Griffin LFH Transitional Care Clinic (TCC) supports patients who do not have a medical home and may not have the resources to coordinate follow-up care after a health crisis. The TCC helps care for a patient's immediate needs, including addressing food insecurity. In FY25 the NM Catherine Gratz Griffin LFH TCC partnered with the Northern Illinois Food Bank (NIFB) to create the Food as Medicine program to support patients through grocery deliveries. Through this partnership, NM Catherine Gratz Griffin LFH TCC patients who identify as food insecure through the SDOH screening will receive direct grocery deliveries from NIFB for 12 weeks, as well as a cookbook, available in both English and Spanish, with recipes for healthy, inexpensive meals. Fifteen patients have been identified for the first phase of the Food as Medicine program.

A Path to Stable Housing

Stable housing is an SDOH that plays a key role in a person's health and well-being. When patients present at the ED with housing needs, the Health System's social workers often face limited housing options and a challenging process to locate permanent housing for those patients. Noticing a growing number of patients experiencing homelessness, NMH's ED Social Work team launched an innovative approach. The team collaborated with All Chicago, a nonprofit focused on ending homelessness, to launch a housing assessment pilot. Through this pilot, social workers are able to bypass challenging steps to connect patients to waitlists for permanent housing. Working within existing ED workflows, when a patient reports a need for housing, NMH social workers enter an application for permanent housing directly with the City of Chicago, rather than provide referrals to external agencies. The social workers work one-on-one with patients to evaluate their situation and identify potential housing matches. Within the first year of the program, 195 patients received comprehensive housing assessments, and 16 patients were matched for permanent housing. All of NMH's full-time ED social workers are approved housing assessors and provide 24-hour coverage, which allows the team to reach patients overnight who previously did not have access to housing centers. The social workers provide real-time assistance during ED visits, track housing placements and health outcomes, and work with other teams across the Health System, including the TCC, to coordinate follow-up care for housed patients.

The program has demonstrated early success. Previously unhoused patients who have been connected with stable housing have dramatically reduced ED visits. While still in an early stage, this program highlights the impact of stable housing on health and demonstrates the positive impact it can have for the patient, the Health System and the broader community.

Transportation Support in the West Suburbs

Access to safe, reliable transportation is a critical SDOH because it directly impacts a person's ability to access essential resources, including health care. Without access to transportation, people often delay or miss medical treatments, cannot access grocery stores or other sources of healthy foods, and cannot sustain employment, all of which lead to worse health outcomes. As suburban areas generally have less density development than urban areas, residents in suburban areas often have less transportation options.

Through direct conversations with patients as well as the Social Drivers of Health Screening and Referral Program, the Heart Failure team at NM Bluhm Cardiovascular Institute identified access to transportation as an issue for patients in the western suburbs. The team applied for a Healthier Communities Grant⁴⁵ and has used the funding for patients with heart failure to provide more than 100 rides to cardiology appointments as well as 350 digital scales and more than 300 blood pressure cuffs to support at-home monitoring. The transportation grant helps pay for patients to use rideshare and medical transportation services to get to cardiology appointments, and is especially helpful for patients who may need door-through-door assistance to get to medical appointments and procedures. Both initiatives support access to timely follow-up care, reduce hospital readmissions, and help keep patients stable and safe at home, all of which drive improved health outcomes.

Supporting Economic Development and Growth

A healthy workforce is vital for families, communities, businesses and the economy. A healthy population maximizes economic productivity and reduces the cost of health care whereas an unhealthy workforce will place the U.S. economy at a disadvantage and drive healthcare costs higher.⁴⁶ As a cornerstone of the region's healthcare economy, and one of the largest employers in the Chicago area, the Health System is committed to supporting a healthy workforce and improving economic vitality for our communities. To drive growth, especially within communities that have historically lacked economic development, key strategies include generating high-quality jobs with strong benefits, expanding a community-based hiring framework, offering educational and career development programs to create a pipeline to healthcare careers and employee advancement, and facilitating the local procurement of goods and services.

Job Generation

Large employers are critical economic drivers. These organizations generate significant employment, contribute greatly to state gross domestic product, help foster stability, drive innovation, and provide higher wages and strong benefits. As the sixth-largest overall employer — and third-largest private employer — in the Chicago area,⁴⁷ the Health System is a major economic driver in the region, and for the State of Illinois. With 11 hospitals and more than 200 diagnostic ambulatory locations, NMHC creates thousands of quality jobs, both directly and indirectly. In FY25, the Health System's operations supported the equivalent of nearly 79,000 full-time equivalent jobs. This is inclusive of more than 40,000 full-time and part-time workers. Furthermore, NM generates thousands of additional jobs through its network of suppliers and service providers as well as those jobs supported by the household spending of NM employees and those working for NM vendors. Overall, for every job the Health System hires, an

⁴⁵ The NM Healthier Communities Grant program is made possible through philanthropic support and not included in the community benefits donation total of this report.

⁴⁶ 2021, National Center for Chronic Disease Prevention and Health Promotion (U.S.) Office on Smoking and Health. Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders—A Report of the Surgeon General. [The U.S. Health Disadvantage and Why It Matters to Business - Community Health and Economic Prosperity - NCBI Bookshelf](#). Accessed January 2026.

⁴⁷ *Crain's Chicago Business*, Chicago's Largest Employers 2024. <https://www.chicagobusiness.com>. February 17, 2025.

additional 1.2 jobs are created in the Illinois economy.⁴⁸

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 FY25 and now include Bright Star Community Outreach, Cara Collective, Career Spring, Chicago Cook Workforce Partnership, Community Assistance Programs, Edward Hines Jr. Veterans Administration Hospital, Focus Forward, Hope Chicago, IMAN, JumpHire, Skills for Chicagoland's Future, St. Sabina Employee Resource Center, Teamwork Englewood and others. In collaboration with our community partners, NM employees help prepare community members for employment by offering career counseling workshops and mapping out futures in health care. In FY25, NM hosted or participated in 46 recruitment and community hiring events in communities that have historically lacked economic opportunities. More than 410 formal referrals were made in FY25. NM is committed to expanding these efforts across the Health System, and to better support these efforts, in FY25, NMHC aligned community hiring under the CHI model.

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 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.

NM is committed to supporting our workforce through unique professional development opportunities. NM Academy — the Health System's internal training and education department — offers the Basic Nursing Assistant (BNA) training program. 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.

NM is a national leader in supply chain management and is building a pipeline of talented professionals to support NM employees and patients. At NMH, the Supply Chain team is training future supply chain professionals in collaboration with JumpHire, a transformative workforce development program serving Chicago's South and West Sides, to train job seekers through exposing them to various roles in NM's Supply Chain department. Through a two-month program, participants receive the knowledge, experience and skills needed to start a successful career in this field. Participants receive hands-on training at NMH while JumpHire emphasizes other professional skills including interviewing, communication and computer literacy. Two cohorts have completed the program as of FY25. In total 38 participants have graduated from the program with two hired for roles with the Supply Chain team at NMH.

⁴⁸ *Northwestern Medicine Impact Study, Economic and Fiscal Impact Study, Prepared for Northwestern Medicine, HR&A Advisors, Inc. (2025).*

These are just some examples of the many efforts made by the Health System to invest in workforce development and economic mobility. NMHC remains committed to strengthening the overall health of the communities we serve.

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 programs can help young people from our community learn about and gain valuable experience in medicine and health care, not only exposing students to potential careers but ensuring a diverse pipeline of future healthcare workers.

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 is a four-year program that aims to create a community pipeline of future physicians, biomedical scientists and healthcare workers. Outstanding high school students from George Westinghouse College Prep in East Garfield Park and Daniel Hale Williams Preparatory School of Medicine and Bronzeville Scholastic Institute on the DuSable campus in Bronzeville participate in a variety of activities and learn about career options from leading NM physicians and accomplished scientists at Feinberg. All three participating schools primarily serve Chicago students from families with low incomes. 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 FY25, 211 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.

To-date, seven former participants from the NM Discovery Program and NM Scholars Program have been hired by the Health System and are currently employed in the fields of 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 matches 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. In FY25, Project SEARCH had 42 participants. On completion of the program, 31 graduates attained full-time employment at the end of their internship, with one graduate 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 2025 cohort included 46 students from 31 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 inspire, mentor and prepare young people for future careers in STEM, a few of which are highlighted below. In total, more than 14,117 students from communities served by the Health System were impacted in FY25.

- The Chicago Public Schools (CPS) Career and Technical Education 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 FY25.
- Cristo Rey Jesuit 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 annually provides sponsorship funds⁴⁹ to CWSP. The Health System hosted four CWSP students in FY25.
- As the only public high school in Evanston, Illinois, Evanston Township High School (ETHS) serves a diverse student body committed to preparing students for future success. The Health System and NMG physicians partner with ETHS to expose students to careers in health care. In FY25 NM provided tours for 42 students, attended career fairs and provided seven students with paid summer internships.

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

Recognizing that students thrive best in healthy families, NMH provides financial support to Hope Chicago, an organization that drives economic mobility for Illinois families by funding postsecondary scholarships and non-tuition costs for CPS graduates and adult family members who are eager to return to school and update their skills. Sharing a commitment to expand opportunities in historically under-resourced communities, we are collaborating to build a sustainable pipeline to careers in health care. In FY25 NMH gave Hope Chicago \$500,000 to support this goal. Currently 139 Hope scholars are pursuing healthcare-related degrees.

Beyond high school and college, 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 fields that include interpretation services, allied health radiology, administration, information services, pre-medical studies and SDOH.

Local Procurement of Goods 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 FY25 alone, NMHC spent more than \$7 million on supplies and services from local vendors and small businesses.⁵⁰

NMHC's Planning and Construction department is committed to developing and sustaining collaborative supplier partnerships with community vendors. In FY25, the department spent more than \$122 million with local vendors. This represents more than 25% of all spend with vendors for the fiscal year. Beyond financial investment, the Health System's Planning and Construction team is working to use 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 launched collaborations with community organizations to promote opportunities for community residents.

⁵⁰ This is not inclusive of capital expenses within other NM departments, including Planning and Construction, Property Operations and Real Estate.

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) play a unique and pivotal role in the U.S. healthcare system. Academic medicine brings together the missions of education, research, patient care and community collaboration. Furthermore, 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.⁵¹ 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 study by the Association of American Medical Colleges estimates that this shortage will reach 86,000 physicians by 2036.⁵² The study notes the positive impact on physician supply due to recent funding of additional residency positions,⁵³ but cautions that the states, teaching health systems and hospitals, Congress, and the Centers for Medicare & Medicaid Services (CMS) must continue to build on their investments in GME.⁵⁴ Strengthening GME is necessary to meet the increasing demand for healthcare services in the U.S. due to the rapidly aging population, pervasive chronic health issues, physician shortages and the rising cost of health care. However, the burden to fund many GME positions — colloquially referred to as “over-the-cap” positions — is largely borne by AMCs at a significant cost. The U.S. Government Accountability Office recently found that 70% of all U.S. teaching hospitals are self-funding residency slots,⁵⁵ 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

⁵¹ 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.

⁵² 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>.

⁵³ As part of the 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>.

⁵⁴ *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>.

⁵⁵ 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 FY25, the Health System absorbed more than \$175 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 have 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 AbilityLab⁵⁶ (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 Catherine Gratz Griffin 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, 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

The U.S. healthcare system depends on 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

⁵⁶ 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. Considering recent challenges to federal funding for U.S. medical schools, that commitment is more necessary now than ever. 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 560 McGaw-sponsored residency slots and more than 180 McGaw-sponsored fellowship slots at NMH, more than half of which 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.⁵⁷ 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 2024 – 2025, Feinberg welcomed nearly 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 residents is provided beyond the AMC by the Health System. NM MRH trains residents in the highly specialized field of physical medicine and rehabilitation, 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 FY25, 18 residents trained at NM MRH.⁵⁸

The Chicago Medical School Internal Medicine Residency Program at NM McHenry⁵⁹ 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 FY25, 39 residents trained at NM McHenry.

⁵⁷ 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 Hospital; Erie Family Health Centers; and Lurie Children’s.

⁵⁸ NM MRH’s residency program is affiliated with Chicago Medical School at Rosalind Franklin University of Medicine and Science in North Chicago, not with McGaw.

⁵⁹ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of Medicine and Science in North Chicago, not with McGaw.

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

Future healthcare professionals in many other disciplines also train at NMHC, as described in later sections of this report. In FY25, the net unreimbursed cost of NMHC's education programs was more than \$102 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. On graduation, residents also often continue practicing medicine where they trained, further serving their local communities.⁶⁰ 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.

- Emerging from a collaborative partnership between Erie Family Health Centers (Erie) and Feinberg, the **Northwestern McGaw Family Medicine Residency at Humboldt Park** promotes quality education and patient care through clinical excellence, scholarship and leadership. One of the original Teaching Health Center residency programs, 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 Hospital. Eight residents are admitted to the program each year.
- The **Northwestern McGaw Family Medicine Residency at Lake Forest** strives to innovate residency education through a lens of health equity to meet the needs of our diverse communities and eliminate health disparities. The program at NM Catherine Gratz Griffin 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 Catherine Gratz Griffin LFH, outpatients at NM Grayslake Outpatient Center, patients in the NM Catherine Gratz Griffin LFH TCC, and patients at Erie HealthReach Waukegan. Erie HealthReach Waukegan, an FQHC that offers a wide range of social services to patients who are economically disadvantaged, is partially funded by NM Catherine Gratz Griffin LFH. NM Catherine Gratz Griffin LFH underwrites the cost of the residency program at Erie HealthReach Waukegan, which had 24 residents in FY25.

⁶⁰ *The Most Powerful Prescription? A Well-Trained Physician*. American Medical Association, 2022. [Homepage | SaveGME](#).

- The **Northwestern McGaw Family Medicine Residency at Delnor** strives to promote an educational environment of excellence that will train family physicians to provide evidence-based, patient-centered care. Located in Chicago’s west suburbs, the three-year residency program maintains exam rooms and instructional space in the same place, simultaneously providing a full spectrum of training for students while offering convenient, comprehensive care for patients. The program helps meet the primary care needs of patients in the west suburbs and encourages graduating residents to remain in the region. Residents in the program see patients at the clinic, at NM Delnor and in the inpatient Pediatric Unit at NM CDH; residents also make house calls. The program had 24 residents in FY25.

NM’s Education-Centered Medical Home program is a four-year, longitudinal, ambulatory experience in primary care clinics where multilevel student teams work collaboratively to care for high-risk patients. In this student-centered environment, trainees learn traditional patient care, acquire communication skills, achieve medical knowledge objectives, and work toward competencies in a number of areas of clinical care. Primary care sites include FQHCs and free clinics located in Chicago communities where patients 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 leads medical research and clinical trials, seeking to understand complex biological processes, develop treatments for various diseases, and identify ways to implement evidence-based care, all with the goal of improving human health. Feinberg’s research also serves as an economic driver. The total impact of NM research is more than \$3 billion with \$1.9 billion impacting the Chicago region alone. Research conducted by NM supports more than 14,500 jobs nationally.⁶¹

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 continue critical research, 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 in many specialties, including cancer, cardiovascular, dermatology, neurology and pediatrics. More than 7,100 clinical trials and clinical research studies were conducted in 2025 involving nearly 400,000 study participants. While teaching hospitals have long been at the leading edge of developing new technologies to prevent, detect, diagnose and treat a broad range of health issues,

⁶¹ Feinberg School of Medicine, Research Overview. [Research: Feinberg School of Medicine](#). Accessed January 2026.

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. 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 FY25, the net unreimbursed cost of the contribution to research and innovation from NMHC was nearly \$73 million. Funding from NMHC supports a broad array of initiatives, including in lung research, education and patient care; development of pacemaker technology; and care for stroke patients (as outlined below) among many more.

New Era of Lung Research, Education and Patient Care

The data about lung disease is alarming. According to the American Lung Association, more than 35 million people in the U.S. live with chronic lung diseases, including asthma and chronic obstructive pulmonary disease (COPD). Annually, the U.S. has up to 44 million cases of acute respiratory illnesses, such as flu, pneumonia and COVID-19. Each year more than 226,000 people are diagnosed with lung cancer.⁶² The impact of lung disease on quality of life is profound: lung disease can accelerate dementia, skeletal muscle dysfunction, renal failure and cardiovascular disease. NM scientists and clinicians have made significant advancements in the study and treatment of lung disease in the last few years. Through translational science — the field of study focused on generating innovations and applying findings to improve patient care — NM scientists have seamlessly integrated patient care with research, and the momentum has been remarkable.

The NM Canning Thoracic Institute (CTI) is anchored at NMH, but serves as a regional destination for patients in need of highly specialized thoracic care. Together with Feinberg, the Health System is committed to shaping the future of medicine through research and innovation and to finding answers to complex medical questions. Reflecting the leading-edge services offered and results achieved for patients, NMH is ranked by *U.S. News & World Report* as No. 7 in the nation for Pulmonary and Lung Surgery.⁶³ During the onset of the COVID-19 pandemic, Feinberg scientists made discoveries at breakneck speed, from the first examination of cells in the lungs of patients with COVID-19 pneumonia to the first-ever lung transplant performed on a patient with COVID-19. To date, NM has performed 45 lung transplants for patients with COVID-19.

⁶² American Lung Association, Our Impact. [American Lung Association Impact | American Lung Association](#). Accessed January 2026.

⁶³ 2025 – 2026 Best Hospitals for Pulmonology & Lung Surgery, *U.S. News & World Report*, [Best U.S. Hospitals for Pulmonology & Lung Surgery | Rankings](#).

To fully realize the immense potential of NM’s bedside-to-bench-to-bedside approach, in FY25 Feinberg launched the new Simpson Querrey Lung Institute for Translational Science (SQLIFTS).⁶⁴ The partnership between SQLIFTS and CTI will give patients across the Health System access to leading-edge thoracic care as well as participate in research. Demonstrative of the synergy of this partnership is the development of the Ambulatory Precision LUng Sparing (A-PLUS) program, which not only allows for the diagnosis and surgical treatment of lung cancer in a one-day outpatient procedure, but also offers another opportunity for sample collection. To ensure the crucial study of the respiratory system continues to flourish, NM has also created the SQLIFTS Health Education Program.

In an effort to expand the donor pool for lung transplant recipients and give surgeons more time to removed diseased lungs, the CTI now routinely repairs damaged lungs through the “lungs in a box” technology and stores them for transplantation by putting “lungs in a fridge.” Physicians use this lung perfusion technology to repair donor lungs that were not initially usable; controlled lung refrigeration keeps lungs alive outside of the human body for an extended period of time. Together, these innovative approaches have yielded dramatic benefits. In 2024, the CTI’s lung transplant team performed 148 lung transplants, the team’s highest volume of lung transplants since the program began and the most completed in the U.S. in that year, as well as achieved the shortest wait time for a lung transplant with a median wait time of four days.

Also in FY25, NM made significant advancement in minimally invasive care for patients for lung and chest conditions by becoming the first health system in Illinois to adopt the da Vinci Single Port surgical system for thoracic surgery. The new robotic platform enables thoracic surgeons to perform complex procedures through one small incision in the upper abdomen instead of using multiple incisions in the chest, allowing for improved outcomes and faster recovery times for patients undergoing thoracic surgeries involving tumors in the chest and lungs. Patients who have received this new type of procedure reported a faster and less painful recovery, allowing them to get back to their lives easier and more quickly. Because it reduced the amount of pain experienced, the procedure also reduced the need for opioid pain medications.

The World’s Smallest Pacemaker

Heart defects affect approximately 40,000 births in the U.S. per year. About one in four babies born with a critical heart defect will need intervention.⁶⁵ Feinberg engineers and scientists have developed a pacemaker so small that it can be injected into the body non-invasively with a syringe. Although this pacemaker is extremely tiny (measuring 1.8 millimeters in width, 3.5 millimeters in length, and 1 millimeter in thickness), it delivers the same stimulation as a full-sized pacemaker and can work with hearts of all sizes. Its tiny size makes it particularly well-suited to the small, fragile hearts of newborn babies with congenital heart defects. Pacing is controlled by a small, soft, flexible, wireless, wearable device. This innovation of this device means that surgeons no longer have to sew electrodes onto the heart muscle during surgery, and there are no wires exiting the patient’s chest, decreasing the risk of infection, dislodgement, damaged tissues and other potential complications. The tiny pacemaker’s components are all biocompatible, so they naturally dissolve into the body’s biofluids. Most children

⁶⁴ SQLIFTS is made possible thanks the generous philanthropic support from Kimberly Querrey and the Louis Simpson Trust. Funding for this initiative is not reflected in the donations total submitted as part of this report.

⁶⁵ 2025, Congenital Heart Defects (CHDs), Data and Statistics, Centers for Disease Control and Prevention. [Data and Statistics | Congenital Heart Defects \(CHDs\) | CDC](#). Accessed January 2026.

born with congenital heart defects only need temporary pacing after a surgery, generally lasting about seven days. As the pacemaker dissolves after it is no longer needed, patients do not need an additional surgery to remove it.

The tiny pacemaker builds on the same NM team's development of their first dissolvable pacemaker, which was about the size of a quarter. While the original dissolvable pacemaker worked well in clinical trials, cardiac surgeons asked if it was possible to make the device even smaller to make it better suited for non-invasive implantation and for use in the smallest patients. The tiny pacemaker's technology is extremely versatile. There are a broad range of possibilities for its use in bioelectronic medicines, such as helping nerves and bones heal, treating wounds and blocking pain. This technology is just one example of how the Health System and NU can leverage our relationship and resources to innovate and improve care for all patients.

Stroke Care Excellence

Stroke is the No. 4 cause of death and a leading cause of disability in the U.S.⁶⁶ The NM Comprehensive Stroke Center at NMH is a leader in stroke treatment and prevention. Physicians spanning multiple specialties and subspecialties work together to provide the most advanced levels of stroke treatment possible. Working together with Feinberg, the center aims to improve the lives of stroke patients by providing access to the latest clinical protocols and research advances. Feinberg's Division of Stroke & Vascular Neurology brings together a multidisciplinary team of physicians, scientists and educators. At NMH and across the Health System, clinical faculty provide advanced patient care for the most serious neurological emergencies using a personalized, evidence-based and compassionate approach. As an AMC, NM aims to improve health through scientific research. Clinical trials are part of clinical research and are at the heart of all medical advancements. Among many other trials taking place in FY25, NM scientists conducted a clinical trial to investigate the use of small wearable devices to reduce abnormal arm muscle coordination in individuals with impaired arm movement from a stroke. At the pre-clinical trial stage, NM scientists are studying the use of a post-stroke injection to protect the brain from harmful inflammation and resulting risk on long-term disability.

Innovation also occurs beyond the laboratory setting. AMCs are uniquely structured to encourage innovation across the organization, as evidenced by a performance improvement project undertaken by the NMH ED in FY25. The urgent need for ischemic stroke is clot removal. Eligible patients can have improved outcomes after the administration of intravenous (IV) clot-busting medications such as tenecteplase (TNK), but those medications must be administered quickly. Recognizing the need for timely, high-quality stroke care, the NMH ED collaborated with Neurology, Radiology and Clinical Quality on a performance improvement initiative in FY25. Their goal was to administer TNK to more patients within 30 minutes of arrival. To achieve this goal, the team built a streamlined workflow that reduced delays and strengthened cross-departmental coordination. Over nine months, their work increased the percentage of patients receiving IV thrombolytics from 50% to 81%, representing a relative increase of 62%. This project has broad implications for patient care both across the Health System and nationally and reflects the power of collaboration, clinical excellence and a shared commitment to improving patient outcomes.

⁶⁶ 2026, About Stroke, American Stroke Association. [About Stroke | American Stroke Association](#). Accessed January 2026.

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. In FY25 we reaffirmed our commitment to the region through significant capital investments and expanded services to better meet our patients' needs near where they live and work. 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 (CSAs), helping to ensure all members of our communities can receive the care they need.

The Health System recognizes that we alone cannot improve the health of the communities we serve. To increase impact, we are committed to increasing and streamlining community engagement and collaboration. In FY25, the Health System began implementing a Community Health Institute model. 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. The Health System made significant strides to improve health and reduce health disparities in FY25. NMHC's holistic approach to community support includes direct funding as well as in-kind leadership, knowledge transfer and data sharing; volunteer efforts through our employee volunteer program, Team NM; and direct programmatic support from NM staff to enhance the work of our community partners. All programs are tailored to meet the unique needs of each hospital's CSA.

As a major economic driver in the Chicago area and the State of Illinois, NM is uniquely situated to address the poverty and underemployment that cause poor health outcomes for individuals in our communities. The Health System generates thousands of jobs and works to invest in our employees through comprehensive job training and career development programs at every NMHC hospital in both clinical and nonclinical settings. The Health System collaborates with our community partners on targeted workforce development efforts in communities with limited economic opportunities. 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 leading a new era of lung research, education and patient care; to creating the world's smallest pacemaker; and improving care for stroke patients, among hundreds of other research initiatives, NM is at the forefront of innovation — from discovery to delivery.

In total, for the fiscal year ended August 31, 2025, NMHC contributed more than \$1.801 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.

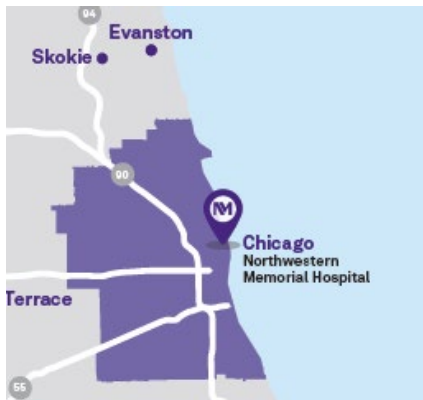
**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2025
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Northwestern Memorial Hospital

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 14th consecutive year, NMH has been named to the Best Hospitals Honor Roll by *U.S. News & World Report*, 2025 – 2026, 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 to have eight nationally ranked specialties in the Top 10.¹ 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 patient-focused mission.

FY25 was a year of significant expansion for NMH. There are currently five major construction projects underway on the hospital’s main Streeterville campus in Chicago, including a new bed tower to expand the Health System’s capacity to serve more patients and more high-acuity patients. To ensure access to high-quality care, close to home, the Health System invested in multiple capital expansion projects in FY25. For more than a decade, Northwestern Memorial HealthCare (NMHC, or the Health System) has developed strong community relationships in the Bronzeville neighborhood on Chicago’s South Side. Holistic initiatives ranging from mental health support to workforce development ultimately culminated in the opening of the Northwestern Medicine (NM) Bronzeville Outpatient Center in 2025.² The 120,000-square-foot center provides primary, specialty and immediate care services; imaging and diagnostic services; a cancer center; community spaces; and programming for individual and community health. Working together with residents and neighbors in the greater Bronzeville community, the center aims to make a generational impact on the health and wellness of Chicago’s South Side. In addition to significant capital investments and physical expansion, NMH continues to expand services to optimize health, including the opening of the NM Human Longevity Clinic in FY25.



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) (depicted) is defined as a seven-mile radius around NMH, which includes 34 ZIP codes.

¹ 2025 – 2026 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.

² Officially opened on September 3, 2025.

The Health System's strategic reinvestment in existing facilities, development of new capital projects, and expansion of services in the City of Chicago reinforces our commitment to delivery exceptional care for Chicago and the broader Chicago region.

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. Though comprising only 5% of the acute-care, general-service hospitals in the United States, major teaching hospitals in aggregate provide a disproportionate amount of care to people with Medicare and Medicaid, as well as those who are uninsured.³ Additionally, a recent report estimates the value of community benefits provided by nonprofit hospitals is more than 11 times that of their foregone federal tax revenue.⁴

With a mission-driven commitment to provide quality care regardless of the patient's ability to pay, NMH is among the largest providers of charity care (No. 3)⁵ and providers of care for patients with Medicaid coverage in Illinois (No. 3).⁶ AMCs serve as major referral centers and have 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.⁷

FY25 operating statistics:

- More than 48,000 inpatient admissions
- More than 11,600 deliveries, making NM Prentice Women's Hospital at NMH the largest birthing center in Illinois
- More than 90,600 emergency department (ED) visits

³ 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>

⁴ *Estimates of the value of federal tax exemptions and community benefits provided by U.S. nonprofit hospitals, 2022. Prepared for the American Hospital Association*, Ernst & Young, LLP. (November 2025). [Microsoft Word - AHA Benefit of Tax Exemption Report TY2022](#). 2022 is the most recent comparison data available.

⁵ 2024, Illinois Department of Public Health; the most recent information available.

⁶ 2023, 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 in northeastern Illinois. However, NMH does not have a pediatric program; children account for 43% of all patients with Medicaid.

⁷ 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>

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 2,565 physicians on the medical staff, all 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, creating innovative workforce development and youth pipeline programs, addressing needs related to social drivers of health (SDOH), and leading community 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 14th consecutive year by *U.S. News & World Report (USNWR)* Best Hospitals. NMH is the only Illinois hospital to have eight nationally ranked specialties in the Top 10.⁸ *USNWR* also recognized NMH as being one of the best hospitals in Illinois for uncomplicated maternity care.⁹
- NMH received its fifth Magnet® designation for nursing excellence in 2025 from the American Nurses Credentialing Center (ANCC). This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team's commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation.¹⁰ NMH first received Magnet designation in 2006 and was redesignated in 2010, 2015, 2020 and 2025.
- Vizient recognition for top performance in the Comprehensive Academic Medical Center cohort in 2025. The award recognizes participating healthcare organizations on the quality of patient care in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity.¹¹
- Five-star hospital from the Centers for Medicare & Medicaid Services, the highest possible overall ranking for quality.¹²
- Healthgrades 2025 Best Hospitals Award, recognizing 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 and gastrointestinal surgery.¹³
- Recognized by *Newsweek* as one of the best hospitals in the world¹⁴ and as one of the best hospitals in Illinois in 2025.¹⁵
- "A" Hospital Safety Grade score for both Fall 2024 and Spring 2025 from the Leapfrog Group.¹⁶

⁸ 2025 – 2026 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.

⁹ 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

¹⁰ ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#).

¹¹ 2025, Vizient announces 2025 top performers in clinical quality, and sustainability excellence. [Vizient announces 2025 Top Performers in clinical quality and sustainability excellence](#).

¹² CMS Star Ratings. [Find Healthcare Providers: Compare Care Near You | Medicare](#).

¹³ 2025, Healthgrades America's 250 Best Hospitals. [Best Hospitals in Illinois | Healthgrades Awards](#).

¹⁴ 2025, World's Best Hospitals, *Newsweek*. [World's Best Hospitals 2025 - United States of America](#).

¹⁵ 2025, The Best Hospital in Every State, *Newsweek*. [Illinois](#).

¹⁶ Leapfrog Hospital Safety Grade. [Home | Hospital Safety Grade](#)

Northwestern Medicine Catherine Gratz Griffin Lake Forest Hospital

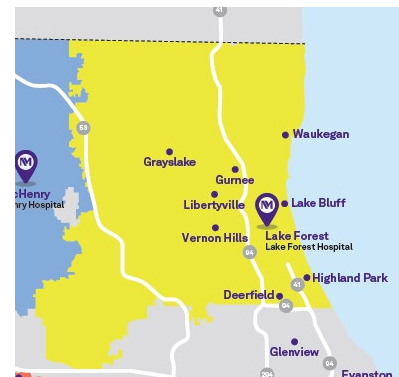
Northwestern Medicine Catherine Gratz Griffin Lake Forest Hospital¹⁷ (NM Catherine Gratz Griffin LFH) is a state-of-the-art, 114-bed hospital serving the majority of Lake County, Illinois. Since joining NMHC in 2010, NM Catherine Gratz Griffin LFH has created a seamless pathway to specialty care for its patients throughout the Health System. Ongoing work on the campus includes an expanded and relocated ED as well as two additional inpatient pavilions. Continued transformation of NM Catherine Gratz Griffin 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.¹⁸ 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 ED offering 24-hour access to emergency care in Greater Lake County. NM Catherine Gratz Griffin LFH has 1,159 physicians on the medical staff.

NM Catherine Gratz Griffin LFH's 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.

The hospital operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents train at NM Catherine Gratz Griffin LFH, NM Grayslake and Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). NM Catherine Gratz Griffin LFH underwrites the cost of the residency program at Erie Waukegan, which had 24 residents in FY25.

FY25 operating statistics:

- More than 11,800 inpatient admissions
- More than 73,200 ED visits



NM Catherine Gratz Griffin LFH
Community Service Area (CSA)

¹⁷ In recognition of generous philanthropic support from Ken Griffin, Northwestern Medicine Lake Forest Hospital was renamed Northwestern Medicine Catherine Gratz Griffin Lake Forest Hospital, effective October 8, 2025.

¹⁸ NM Catherine Gratz Griffin LFH redevelopment is slated to open in 2026, beyond the scope of this report.

Reduced access to healthcare services in Lake County significantly increased demand for financial assistance at NM Catherine Gratz Griffin LFH in FY25. Additionally, NM Catherine Gratz Griffin LFH continues to experience the highest growth rate in Medicaid days and admissions among every hospital in the state.¹⁹ NM Catherine Gratz Griffin 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 Catherine Gratz Griffin LFH has operated a Transitional Care Clinic to provide medical and psychosocial support to patients who do not have a primary care physician and face complex challenges navigating the healthcare system after an inpatient or emergency health episode.

NM Catherine Gratz Griffin LFH cultivates many long-standing relationships with health, community and social services providers in Lake County. In conjunction with our community partners, NM Catherine Gratz Griffin 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.

¹⁹ HFS.

Awards and Recognition

- No. 8 in both Illinois and Chicago by *USNWR*. The hospital also earned national rankings in four adult specialties²⁰ and was recognized as being one of the best hospitals in Illinois for uncomplicated maternity care.²¹
- NM Catherine Gratz Griffin LFH received its fourth Magnet® designation for nursing excellence and its first Magnet® *with Distinction* in 2025 from the ANCC. This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team’s commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation.²² NM Catherine Gratz Griffin LFH first received Magnet designation in 2010 and was redesignated in 2015, 2020 and 2025.
- Vizient recognition for top performance in the Complex Care Medical Center cohort in 2025. The award recognizes participating healthcare organizations on the quality of patient care in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity.²³
- Five-star hospital from the Centers for Medicare & Medicaid Services, the highest possible overall ranking for quality.²⁴
- Healthgrades 2025 Best Hospitals Award. Healthgrades also awarded NM Catherine Gratz Griffin LFH the Outstanding Patient Experience Award, Patient Safety Excellence Award and Stroke Care Excellence Award.²⁵
- Recognized by *Newsweek* as one of the best hospitals in Illinois.²⁶
- “A” Hospital Safety Grade score for both Fall 2024 and Spring 2025 from the Leapfrog Group.²⁷

²⁰ 2025 – 2026 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.

²¹ 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

²² ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#)

²³ 2025, Vizient announces 2025 top performers in clinical quality and sustainability excellence. [Vizient announces 2025 Top Performers in clinical quality and sustainability excellence](#).

²⁴ CMS Star Ratings. [Find Healthcare Providers: Compare Care Near You | Medicare](#).

²⁵ 2025, Healthgrades America’s 250 Best Hospitals. [Best Hospitals in Illinois | Healthgrades Awards](#).

²⁶ 2025, The Best Hospital in Every State, *Newsweek*. [Illinois](#).

²⁷ Leapfrog Hospital Safety Grade. [Home | Hospital Safety Grade](#)

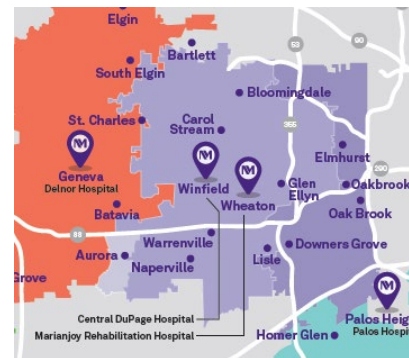
Northwestern Medicine Central DuPage Hospital

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.²⁸ NM CDH also serves as a regional destination for clinical services, including oncology, neurology, pediatrics, cardiology and orthopaedics. NM CDH has 1,457 physicians on the medical staff. The recently opened NM Oak Brook Outpatient Center offers 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. The first of its kind in Illinois, the NM Proton Center has treated thousands of patients from Illinois, across the country and around the world.

FY25 operating statistics:

- Nearly 24,100 inpatient admissions
- More than 78,500 ED visits



NM CDH's Community Service Area

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.

²⁸ 2023, 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

- Ranked No. 7 in both the Chicago metro area and Illinois according to *USNWR*.²⁹ *USNWR* also recognized NM CDH as being one of the best hospitals in Illinois for uncomplicated maternity care.³⁰
- Magnet® designation from the ANCC. This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team’s commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation.³¹ NM CDH was redesignated in 2024 after having first received Magnet designation in 2010 and redesignations in 2015 and 2020.
- Vizient recognition for top performance in the Large, Specialized Complex Care Medical Center cohort in 2025. The award recognizes participating healthcare organizations on the quality of patient care in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity.³²
- Five-star hospital from the Centers for Medicare & Medicaid Services, the highest possible overall ranking for quality.³³
- Recognized by *Newsweek* as one of the best hospitals in Illinois.³⁴
- “A” Hospital Safety Grade score for both Fall 2024 and Spring 2025 from the Leapfrog Group.³⁵ NM CDH is one of only 11 “Straight A” hospitals in the nation, having received 26 consecutive “A” grades since the rating’s launch in 2012.³⁶

²⁹ 2025 – 2026 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.

³⁰ 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

³¹ ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#)

³² 2025, Vizient announces 2025 top performers in clinical quality, and sustainability excellence. [Vizient announces 2025 Top Performers in clinical quality and sustainability excellence](#).

³³ CMS Star Ratings. [Find Healthcare Providers: Compare Care Near You | Medicare](#).

³⁴ 2025, The Best Hospital in Every State, *Newsweek*. [Illinois](#).

³⁵ Leapfrog Hospital Safety Grade. [Home | Hospital Safety Grade](#)

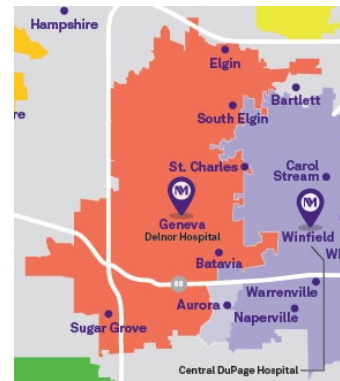
³⁶ 2025, Where are Leapfrog’s 11 straight-‘A’ hospitals? *Becker’s Hospital Review*. [Where are Leapfrog’s 11 straight-‘A’ hospitals?](#)

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 814 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. Recent investments by the Health System at NM Delnor have 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 ED was recently renovated and expanded, creating additional spaces optimized for patients who need behavioral health care. NM Cancer Center Delnor was also expanded, providing access to more innovative treatments and clinical trials.

FY25 operating statistics:

- More than 10,300 inpatient admissions
- More than 46,500 ED visits



NM Delnor's Community Service Area

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 FY25. 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. This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team’s commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation.³⁷ In 2004, NM Delnor was the first non-academic hospital in Illinois to receive Magnet designation.
- Vizient recognition for top performance in the Complex Care Medical Center cohort in 2025. The award recognizes participating healthcare organizations on the quality of patient care in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity.³⁸
- Five-star hospital from the Centers for Medicare & Medicaid Services, the highest possible overall ranking for quality.³⁹
- Recognized by *Newsweek* as one of the best hospitals in Illinois.⁴⁰
- “A” Hospital Safety Grade score for both Fall 2024 and Spring 2025 from the Leapfrog Group.⁴¹
- Recognized by *USNWR* as being one of the best hospitals in Illinois for uncomplicated maternity care.⁴²
- Healthgrades 2025 Best Hospitals Award. Healthgrades also awarded NM Delnor the Outstanding Patient Experience Award.⁴³

³⁷ ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#)

³⁸ 2025, Vizient announces 2025 top performers in clinical quality, and sustainability excellence. [Vizient announces 2025 Top Performers in clinical quality and sustainability excellence.](#)

³⁹ CMS Star Ratings. [Find Healthcare Providers: Compare Care Near You | Medicare.](#)

⁴⁰ 2025, The Best Hospital in Every State, *Newsweek*. [Illinois.](#)

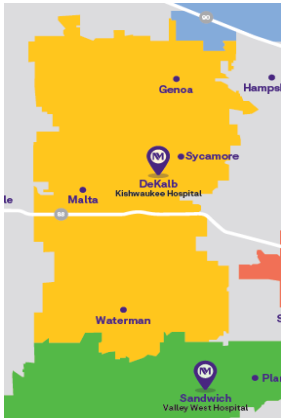
⁴¹ Leapfrog Hospital Safety Grade. [Home | Hospital Safety Grade](#)

⁴² 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. [https://health.usnews.com/best-hospitals/hospital-ratings/maternity.](https://health.usnews.com/best-hospitals/hospital-ratings/maternity)

⁴³ 2025, Healthgrades America’s 250 Best Hospitals. [Best Hospitals in Illinois | Healthgrades Awards.](#)

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. Because of 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. NM Kishwaukee has a medical staff of 548 physicians.



NM Kishwaukee Community Service Area

FY25 operating statistics:

- More than 6,500 inpatient admissions
- More than 35,200 ED visits

Together, NM Kishwaukee and Northwestern Medicine Valley West Hospital are the top providers of care for people in DeKalb County who have Medicaid.⁴⁴

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.

⁴⁴ 2023, 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 in 2021. This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team's commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation.⁴⁵
- Recognized by *Newsweek* as one of the best hospitals in Illinois.⁴⁶
- "A" Hospital Safety Grade score for both Fall 2024 and Spring 2025 from the Leapfrog Group.⁴⁷

⁴⁵ ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#)

⁴⁶ 2025, The Best Hospital in Every State, *Newsweek*. [Illinois](#).

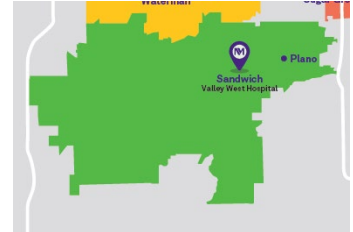
⁴⁷ Leapfrog Hospital Safety Grade. [Home | Hospital Safety Grade](#)

Northwestern Medicine Valley West Hospital

Northwestern Medicine Valley West Hospital (NM Valley West) is a critical-access, 21-bed⁴⁸ 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 Centers for Medicare & Medicaid Services. As a critical access hospital in a service area that encompasses parts of DeKalb County with its designated MUP, NM Valley West provides essential services to its rural community. NM Valley West expands access to care by providing a seamless pathway from critical care to specialty care across the Health System. The NM Valley West medical staff has 370 physicians, representing a wide range of specialties. The hospital joined the Health System in 2015.

FY25 operating statistics:

- More than 600 inpatient admissions
- More than 9,200 ED visits



NM Valley West Community Service Area

Together, NM Kishwaukee and NM Valley West are the top providers of care for people in DeKalb County who have Medicaid.⁴⁹

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 in 2021. This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team's commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation.⁵⁰

⁴⁸ Two beds were added on May 1, 2025.

⁴⁹ 2023, 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.

⁵⁰ ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#)

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

In 2018, the Health System expanded to include 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 1,020 physicians on the medical staff to provide comprehensive care to the residents of greater McHenry County.

NM McHenry is 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.⁵¹

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. To meet growing demand in the northwest suburbs, in FY25 the Health System began work on a new medical office building. The 80,000 square-foot building will expand access to comprehensive heart and cancer care and additional services.

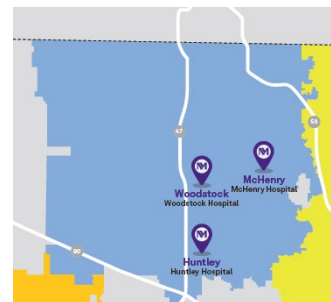
Serving the community for more than 100 years, NM Woodstock is a 56-bed hospital and a regional destination for inpatient and outpatient behavioral health services, inpatient rehabilitation and outpatient care, including an ED. NM Woodstock’s campus is also home to Aunt Martha’s Woodstock Community Health 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.

FY25 operating statistics:

- NM McHenry
 - More than 9,500 inpatient admissions
 - More than 36,000 ED visits

- NM Huntley
 - More than 9,200 inpatient admissions
 - More than 35,500 ED visits

- NM Woodstock
 - More than 1,500 inpatient admissions
 - Nearly 14,500 ED visits
 - Nearly 46,300 outpatient registrations



NM McHenry, NM Huntley and NM Woodstock Community Service Area

⁵¹ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of Medicine and Science in North Chicago.

Through NM McHenry, NM Huntley and NM Woodstock, NM is the largest provider of care for patients in McHenry County with Medicaid.⁵² 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 community partners, as well as providing in-kind, leadership and financial support for community organizations.

Awards and Recognition

- Ranked No. 10 in both the Chicago metro area and Illinois according to *USNWR*. Because NM McHenry, NM Huntley and NM Woodstock operate under a single license, they share one ranking in this report.⁵³
- Magnet® designation from the ANCC in 2021 (NM McHenry and NM Huntley). This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team’s commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation.⁵⁴
- “A” Hospital Safety Grade score in FY24 from the Leapfrog Group (NM McHenry and NM Huntley).⁵⁵
- Five-star hospital from the Centers for Medicare & Medicaid Services, the highest possible overall ranking for quality.⁵⁶ (NM McHenry, NM Huntley and NM Woodstock ranked together.)
- NM McHenry was recognized by *Newsweek* as one of the best hospitals in Illinois.⁵⁷
- Healthgrades 2025 Best Hospitals Award (NM McHenry). Healthgrades also awarded NM McHenry the Patient Safety Excellence Award and Cardiac Care award.⁵⁸

⁵² 2023, 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.

⁵³ 2025 – 2026 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.

⁵⁴ ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#)

⁵⁵ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

⁵⁶ CMS Star Ratings. [Find Healthcare Providers: Compare Care Near You | Medicare](#).

⁵⁷ 2025, The Best Hospital in Every State, *Newsweek*. [Illinois](#).

⁵⁸ 2025, Healthgrades America’s 250 Best Hospitals. [Best Hospitals in Illinois | Healthgrades Awards](#).

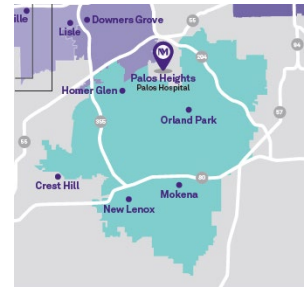
Northwestern Medicine Palos Hospital

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. Clinical trials are available to patients at the NM St. George Cancer Institute in Orland Park, providing 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. Recently, the Health System opened an NM Bluhm Cardiovascular Institute location in Mokena, providing easier access to premier cardiovascular care and world-class physicians. Expanded access to advanced surgical care continued in FY25 with the addition of a new hybrid vascular operating room.

NM Palos has 931 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. NM Palos’ Discharge Lounge provides patients with a smoother transition home, improving patient throughput and relieving ED crowding, and has demonstrated remarkable success by reducing the average four-hour discharge process to less than an hour at the hospital. The Discharge Lounge averages 139 patients per month.

FY25 operating statistics:

- Nearly 18,800 inpatient admissions
- More than 64,700 ED visits



NM Palos Community Service Area

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. 16 (tie) in the Chicago metro area and No. 17 (tie) in Illinois according to *USNWR*.⁵⁹ *USNWR* also recognized NM Palos as being one of the best hospitals in Illinois for uncomplicated maternity care.⁶⁰

⁵⁹ 2025 – 2026 Best Hospitals Rankings & Ratings, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals>.

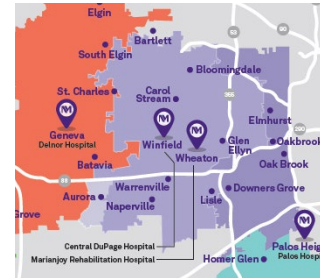
⁶⁰ 2025, Best Hospitals for Maternity Care (Uncomplicated Pregnancy), *USNWR*. <https://health.usnews.com/best-hospitals/hospital-ratings/maternity>.

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. Located in DuPage County, NM MRH is also a destination hospital for residents of surrounding counties.

FY25 operating statistics:

- Nearly 3,000 inpatient admissions
- More than 52,200 outpatient registrations



*NM Marianjoy Rehabilitation Hospital
Community Service Area*

Though NM MRH recognizes the outlined area as its Community Service Area for the purposes of the Community Health Needs Assessment, the hospital provides highly specialized services for patients across the region.

A medical staff of 294 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-care 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 provides diagnostic and therapeutic procedures that include 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.

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

Awards and Recognition

- Received its first Magnet® designation from the ANCC in 2024. This designation is the highest honor for professional nursing practice and is considered the gold standard for nursing excellence. It testifies to the team’s commitment to high-quality patient care, nursing practice and creating a supportive work environment. Only about 10% of hospitals in the U.S. receive Magnet designation. NM MRH is one of only six inpatient freestanding rehabilitation hospitals in the country to receive Magnet designation.⁶¹
- 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.⁶²
- Ranked among the most beautiful hospitals in the U.S. by Soliant in 2025. This recognizes the warm and healing environment we strive to provide for staff, patients and visitors.⁶³

⁶¹ ANCC Magnet®. [Find an ANCC Magnet Organization Near Me | ANA](#)

⁶² The Commission on Accreditation of Rehabilitation Facilities. [Home - CARF International](#)

⁶³ 2025 Most Beautiful Hospitals in the USA, Soliant. [Top Most Beautiful Hospital Contest in the U.S. of 2025 | Soliant](#)

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.

Recent capital investment by the Health System has expanded access to primary, specialty and immediate care services in the City of Chicago. In FY24 the Health System opened the NM Old Irving Park Outpatient Center, and in September 2025, the Health System officially opened the NM Bronzeville Outpatient Center.

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

Northwestern Memorial HealthCare Physician Groups

In FY25, 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).⁶⁴ 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 3,300 physicians. NMG is the largest physician group in the seven counties encompassing Chicago and surrounding communities in Northeastern Illinois. NM RMG is the tenth-largest.⁶⁵ NMG serves as the clinical faculty practice plan of Feinberg; NMG physicians maintain Feinberg faculty appointments with Feinberg and participate in the coordination of clinical instruction to clinical trainees.

Northwestern Memorial Foundation

Northwestern Memorial Foundation 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. Northwestern Memorial Foundation raises philanthropic funds from individuals, corporations and foundations, as well as through community fundraising organizations.

⁶⁴ 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.

⁶⁵ *Crain's Chicago Business*, Crain's List Physician Groups, 2025. [Largest physician groups in the Chicago area | Crain's Chicago Business](#). March 10, 2025.

Community Organizations Supported by NMHC FY2025*

100 Club of Illinois	Family Health Partnership Clinic	North Chicago Public Education Foundation
360 Youth Services	Family Service Agency of DeKalb County	Northeast DuPage Family and Youth Services
AMoment of Magic	Fathers, Families, & Healthy Communities	Northern Illinois Food Bank
ASafe Haven Foundation	Feed My Starving Children/Make a Difference DKC	Nourishing Hope
ASafe Place	Fenix Family Health Center	Omnis Rehabilitation
AbilityLinks	Food for Greater Elgin	Options for Youth
Above and Beyond Family Recovery Center	Foster Progress	Outreach House
Acclivus	Fox Valley Food for Health	PADS Lake County
Adventure Works of DeKalb County, Inc.	Fox Valley Special Recreation Foundation	Pancreatic Cancer Action Network (PanCAN)
Affirm Leadership Christian Academy	Fox Valley United Way	Pathlights
African American Christian Foundation	Free Root Operation	People's Resource Center
ALAS-WINGS	Fremont School District 79	Pioneer Center for Human Services
American Heart Association	Friends of McHenry County College Foundation	PrimeCare Community Health
And Rise Women, Inc.	Friends of the Highwood Public Library	Project Vida, Inc.
Andrew's Assist	Geneva Park District Foundation	Quad Communities Development Corporation
Angel's Boxing Academy	GiGi's Playhouse McHenry County	Ray Graham Association for People With Disabilities
Arab American Family Services	Girls 4 Girls Ghana Inc	Refuge for Women
Aspire of Illinois	Girls on the Run of Northwest Illinois	Richmond Township
Association House of Chicago	Glad Tidings Assembly of God	Rise 2 Greatness Foundation
Aunt Martha's Health and Wellness	Glen Ellyn Children's Resource Center	Rising Lights Project
Aurora Area Interfaith Food Pantry	Glenbard Parent Series	Roberti Community House
Barb City Manor, Inc.	Gorton Center	Ronald McDonald House Charities of Chicagoland and Northwest Indiana
Barb Food Mart	Great Lakes Adaptive Sports Association	Room to Grow National, Inc.
Bartlett Learning Center, Inc.	Greater Chicago Food Depository	Rooted For Good (DCCG)
Batavia RSVP, Inc.	Greater Family Health	Rosalind Franklin University Health Clinics
Beacon Place NFP	Grief Guide	Rosecrance Foundation
BEDS Plus Care, Inc.	Habitat for Humanity Lake County	Rotaract Club of Sycamore

Big Brothers Big Sisters of Metropolitan Chicago	Habitat for Humanity of DeKalb County	Saint Anthony Hospital
Big Shoulders Fund	Healthy West Chicago (People Made Visible - fiscal agent)	Salt and Light Coalition NFP
Boys & Girls Club of Lake County	Heart of the City	Samara Care
Boys & Girls Clubs of Dundee Township	Hephzibah Children's Association	Sandwich Park District
Breakthrough	Hippocratic Cancer Research Foundation	Sandwich Police Department
Bridge Communities	Home of the Sparrow	Senior Home Sharing
Bright Star Community Outreach	Hope Center	Sisters Working It Out
Brightpoint	Hope Chicago	Skills for Chicagoland's Future
Brushwood Center at Ryerson Woods	Hope Haven of DeKalb County, Inc.	Sleep in Heavenly Peace, Inc.
BUILD, Inc.	Hopeful Beginnings of St Mary's	Sokana Collective Worldwide
Calvary Church	Howard Brown Health	South Loop Village
Candor Health Education	Humanitarian Service Project	South Suburban Joy Emporium
Cara Collective	Humanity Rising	Southwest Organizing Project
CASA of McHenry County	Ignite	Spectrios Institute for Low Vision
Center for Companies That Care	Illinois Coalition for Immigrant and Refugee Rights	Springboard to Success
Centro San Bonifacio	Illinois Transplant Fund	STEAM&Dream Liberation Labs
Chicago Botanic Garden	iMentor Chicago	Street Samaritans
Chicago Brigade	IMSA Fund for Advancement of Education	Strides for Peace
Chicago Cares	In His Hands Resource Center Inc	Suicide Prevention Services
Chicago Cook Workforce Partnership	Independence Health & Therapy	Sycamore Park District
Chicago Emerging Stars	Indo-American Center	Synapse House
Chicago Lights	Inner-City Muslim Action Network (IMAN)	TaskForce Prevention & Community Services
Chicago Survivors	Island Lake Police Department	Teamwork Englewood
Chicago Youth Programs	It Takes a Village Family of Schools	Teen Challenge Illinois
Children's Place Association	J & P National Youth Empowerment Network	The Bridge Teen Center
Chinese Mutual Aid Association	Juvenile Protective Association	The Civic Federation
Christ the King Jesuit College Prep	Kayla's Hope Foundation	The Community Builders, Inc.

City of Palos Heights	Keeping Families Covered	The Grace Network
Coalition of Schools Educating Mindfully	Kishwaukee United Way	The Joshua Tree Community
Common Threads	Ladies of Virtue	The Josselyn Center
Community Assistance Programs	Lake County Community Foundation	The Renaissance Collaborative
Community Health Partnership of Illinois	Lake County Haven	The Salvation Army Harbor Light Center
Community High School District 218	Lake Forest High School Booster Club	Timothy Community Corporation
Community Nutrition Network and Senior Services Association	Lake Forest High School Foundation	Together We Cope
Community Youth Network DBACYN Counseling Center	Lambs Farm	Tony Reyes Family Foundation
Community Health	LaSalle Street Church	Trellus
Connections for Abused Women and their Children	Lazarus House	Tri City Health Partnership, Inc.
Consolidated High School District 230 Foundation	Leadership Greater McHenry County (LGMC)	TriCity Family Services
Consumer Credit Counseling Service of Northern Illinois	Lighthouse Foundation of Chicagoland	Tuesday's Child
Cook County Health Foundation	Lightways Hospice and Serious Illness Care	Turning Point, Inc.
COOL Ministries	Little Friends, Inc.	United Way of Lake County
CQLC NFP	Loaves & Fishes Community Services	United Way of Metro Chicago
Crisis Center for South Suburbia	Making Kane County Fit for Kids	Veterans Path to Hope
Curt's Cafe	Malta Township Public Library	Village of Hebron
Daniel Murphy Scholarship Fund	March of Dimes	Village of Palos Park
DCEDC	Marie Wilkinson Food Pantry	Vision for Chicago
DeKalb Area Alano Club	McHenry County Department of Health	Vivory Community
DeKalb County Community Foundation	McHenry County Economic Development Corporation	VKMI Hattie B. Williams Food Pantry
DeKalb County Health Department	Metropolitan Family Services	VNA Health Care
DeKalb CUSD 428	MetroSquash	Voluntary Action Center
Digs with Dignity	Midlothian School District 143	Warp Corps
DuPage Foundation	Midwest Shelter for Homeless Veterans	Waukegan Township

DuPage Health Coalition	Mission Shanti	WeGo Together for Kids (Metropolitan Family Services)
DuPage Pads	Mission USA	Well Child Center
DuPage Senior Citizens Council	Missionary Athletes Int.	West Town Bikes NFP
Easterseals of DuPage & Fox Valley	Moraine Valley Community College Foundation	Western DuPage Chamber of Commerce
Ecker Center for Behavioral Health	Mosaic House Ministries	Western DuPage Special Recreation Association Foundation
Elawa Farm Foundation	Mosque Foundation	Willow House
ElderCARE Lake County	Mothers Trust Foundation	Winfield Education Foundation
Elderday Center, Inc.	Mutual Ground	Winfield Park District
Elgin Adventist Church	NAMI Chicago	Winfield School District 34
Elgin Cooperative Ministry	NAMI DuPage	WINGS Program, Inc.
Elgin Lions Club Foundation	NAMI Metro Suburban	Woodstock Food Pantry
Enlace Chicago	NAMI of McHenry County	Xilin Association
Envision Unlimited	Navy Pier, Inc.	YMCA of Metropolitan Chicago/Kelly Hall YMCA
Equal Hope	Near North Health Service Corporation	YMCA of Metropolitan Chicago/South Side YMCA
Equine Dreams	Neighborhood Food Pantries	Youth & Family Counseling
Erie Family Health Center	New Community Outreach	Youth & Opportunity United
EverThrive Illinois	New Directions Addiction Recovery Services	Youth Conservation Corps
Experiences That Matter Foundation Inc	Next Generation Playground	Youth Crossroads
Facing Forward to End Homelessness	Nicasa Behavioral Health Services	Youth Sports Science Institute
Family First Center of Lake County	NISRA Foundation	YouthBuild Lake County (YBLC)
Family Focus	NIU Foundation	YWCA Metropolitan Chicago
		Zacharias Sexual Abuse Center

*NMHC and NM hospitals are proud to provide funding to community organizations to support critically needed programs in the communities we serve. The above list represents those organizations supported by NMHC in FY2025 through grant support and donations. The Health System provided support for additional community organizations through sponsorships and other funding mechanisms. Those organizations are not represented in this list. A portion of the funds provided to community organizations may come from philanthropic support. Those totals will not be reflected in the community benefits financial totals.

Department/Category: FINANCIAL ADMINISTRATION	Page 1 of 25	Policy # FIN 03.0012
Title: FINANCIAL ASSISTANCE	Review of: 09/01/2021	Effective Date: 02/06/2025
		Next Review: 09/01/2026

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

<input checked="" type="checkbox"/> NM – Northwestern Memorial Hospital	<input checked="" type="checkbox"/> NM – Lake Forest Hospital
<input checked="" type="checkbox"/> NM – Northwestern Medical Group - Academic Medical Center (AMC)	<input checked="" type="checkbox"/> NM – Central DuPage Hospital
<input checked="" type="checkbox"/> NM – Northwestern Medical Group - Northwestern Health Network (NHN)	<input checked="" type="checkbox"/> NM – Delnor Hospital
<input checked="" type="checkbox"/> NM – Regional Medical Group - Northwestern Health Network (NHN)	<input checked="" type="checkbox"/> NM – Valley West Hospital
<input checked="" type="checkbox"/> NM – Kishwaukee Hospital	<input checked="" type="checkbox"/> NM – Palos Community Hospital
<input checked="" type="checkbox"/> NM – Marianjoy Rehabilitation	<input type="checkbox"/> NM – System Functions / NMHC Employees
<input checked="" type="checkbox"/> NM – Huntley Hospital / <input checked="" type="checkbox"/> NM – McHenry Hospital / <input checked="" type="checkbox"/> NM – Woodstock Hospital	
Ambulatory Surgery Centers (Freestanding) <input type="checkbox"/> NM – Surgery Center River North <input type="checkbox"/> NM – Surgery Center Sycamore <input type="checkbox"/> NM – Surgery Center Warrenville <input type="checkbox"/> NM – Palos Health Surgery Center, LLC	<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. **DEFINITIONS:**

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

V. **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.

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
Corporate Compliance & Integrity
Office of General Counsel

Committees: None

Approval Party: 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)

Reviewed/Revised 12/29/2014 (For policy effective 2/1/2016 Supersedes NMHC 03.0012 v1.0 – 6/1/2011 – Free and Discounted Care), 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), 09/01/2018 (Updated Scope Matrix – applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of 9/1/2018), 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), 09/01/2021, 07/17/2023

APPENDIX A: DEFINITIONS

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

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

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

Application: A Financial Assistance Application.

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

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

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

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

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

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

Extraordinary Collection Action(s) ECA(s): Those actions that an NMHC Hospital Affiliate may take against an individual related to obtaining payment of a bill for care covered under the Financial Assistance Program. Such ECAs are further defined in the NMHC Financial Policy: Credit and Collection and may include, by way of example, requiring payment for previously-rendered care and/or placing a lien on one’s property.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Patient: The individual receiving services.

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

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

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

APPENDIX A:
Definitions

Andrew Scianimanico
Vice President, Chief Revenue Cycle Executive

Effective Date: 09/01/2021

REVIEW HISTORY:

Written: 03/03/2015

Reviewed/Revised: 12/29/2017, 09/01/2021

APPENDIX A-1: FEDERAL POVERTY GUIDELINES

2025 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	\$15,650	\$21,597	\$39,125	\$62,600	\$93,900
2	\$21,150	\$29,187	\$52,875	\$84,600	\$126,900
3	\$26,650	\$36,777	\$66,625	\$106,600	\$159,900
4	\$32,150	\$44,367	\$80,375	\$128,600	\$192,900
5	\$37,650	\$51,957	\$94,125	\$150,600	\$225,900
6	\$43,150	\$59,547	\$107,875	\$172,600	\$258,900
7	\$48,650	\$67,137	\$121,625	\$194,600	\$291,900
8	\$54,150	\$74,727	\$135,375	\$216,600	\$324,900
+1	\$5,500	\$7,590	\$13,750	\$22,000	\$33,000

REFERENCES:

42 USC 9902(2)

APPENDIX A-1:
 Federal Poverty Guidelines

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

Effective Date: 02/06/2025

APPROVAL

Marilyn Papson
 Program Manager Patient Accounting
 SBO Self Pay
 Date of Approval: 01/29/2025

REVIEW HISTORY:

Written: 03/03/2015

Reviewed Revised: 04/24/2017, 02/2018, 01/23/2019, 01/28/2020, 02/09/2021, 09/01/2021, 07/07/2023, 01/17/2024, 02/06/2025

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:

Written: 03/03/2015

Reviewed/Revised: 07/12/2016, 12/29/2017, 09/01/2018, 01/29/2019, 09/25/2020, 09/01/2021, 07/07/2023

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

Reviewed/Revised: 08/17/2016, 12/29/2017, 07/18/2019, 09/01/2021, 07/07/2023

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

Reviewed/Revised: 08/17/2016, 12/29/2017, 08/01/2019, 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

Reviewed/Revised: 12/2014 (previous version Appendix A to NMHC 03.0012 v 1.0 – 6/1/2011), 08/2016, 12/29/2017, 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

Reviewed/Revised: 08/17/2016, 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: <https://www.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 utilize third-party representatives to assist with this process. Processes are in place to link patients with financial counselors when financial hardship is identified through the social determinants of health (SDOH) screening and referral program.
- To increase awareness of financial assistance programs:
 - All documents related to the NMHC Financial Assistance Policy, including the Application and Plain Language Summary documents, have been developed in English, Spanish, Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Urdu and Vietnamese.
 - Signs are displayed in hospital patient registration areas, including emergency departments.
 - Patients may also learn about financial assistance programs and obtain a financial assistance application for all NMHC entities at [nm.org/patients-and-visitors/billing-and-insurance/financial-assistance](https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance) (available in each of the aforementioned languages).
 - Interpreters are available at no cost to provide financial counseling in the patient's preferred language.

- NM offers a Drug Replacement Program through which staff, and third-party representatives, work with drug manufacturers, who 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 patients who qualify with low income to upgrade to higher-level insurance plans on the ACA exchanges by providing subsidies to cover the cost difference between lower- and higher-level insurance plans.
- Hospital registration staff and financial counselors continue to receive ongoing education and training to ensure that hospital employees who register patients and those who provide financial counseling fully understand and are aware of the range of financial assistance programs available for patients.

Patients from many local community clinical providers can use documentation already completed at community-based sites to apply for NMHC's financial assistance program. NMHC staff often work directly with FQHC staff to support patients as they complete the financial assistance application process. NM may request additional information as necessary for patient financial assistance approval; this includes patients requiring surgery or complex services.

FINANCIAL ASSISTANCE APPLICATION

Patient Name _____ MRN _____

You may be able to receive free or discounted care.

Complete this application to help Northwestern Memorial HealthCare (NMHC) determine if you can get:

- Free or discounted services
- Other public programs that can help pay for your health care

If you do not have health insurance: You do not need a Social Security Number to get free or discounted care.

A Social Security Number is required for some public programs, including Medicaid. You are not required to provide a Social Security Number, but doing so will help NMHC determine if you qualify for any public programs.

Complete this form and submit it in person or by mail, email or fax, along with **all** required supporting documents. You must submit a complete application and supporting documents **within 240 days** after you are discharged or get outpatient care.

You acknowledge you tried in good faith to apply for free or discounted care within 240 days after the date of discharge or the date you received outpatient care. You acknowledge you have made a good faith effort to give all information this application requests to help NMHC determine if you qualify for financial assistance.

If you do not have health insurance and meet certain criteria: You do not need to complete this application.

- | | |
|--|---|
| <input type="checkbox"/> You are experiencing homelessness.
<input type="checkbox"/> Patient is deceased, with no spouse/estate.
<input type="checkbox"/> You are unable to make your own decisions (mental incapacitation) and have no one to act on your behalf.
<input type="checkbox"/> You are eligible for Medicaid, but not date of service. | Select any of these programs you are enrolled in.
<input type="checkbox"/> Women, Infants and Children Nutrition Program (WIC)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Illinois Free Lunch and Breakfast Program
<input type="checkbox"/> Illinois Home Energy Assistance Program (LIHEAP) |
|--|---|

Your Information			
Name		Social Security Number	Date of Birth (MM/DD/YYYY)
Home Address		City	State
Home Phone Number	Cell Phone Number	Email	
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 experiencing homelessness	Annual Household Income
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow or Widower		Number of People 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 (add last date worked) _____			
Employer Name		Phone Number	
Employer Address		City	State
Name of health insurance plan your employer offers, including COBRA			<input type="checkbox"/> Your employer does not offer health insurance.

FINANCIAL ASSISTANCE APPLICATION

Patient Name _____ MRN _____

Insurance Coverage		
Are you covered or eligible for any health insurance policy, including: <ul style="list-style-type: none"> International/travel health insurance Health Insurance Marketplace plans Veterans' benefits Medicaid Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes, please give the following information:		
Name of the person who bought the plan (policyholder):	Insurer	Policy Number
Name of the person who bought the plan (policyholder):	Insurer	Policy Number

Spouse, Partner, Parent or 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 Number	Date of Birth (MM/DD/YYYY)	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed (add last date worked) _____			
Employer Name		Phone Number	
Employer Address	City	State	ZIP Code
Name of health insurance plan the employer offers, including COBRA			<input type="checkbox"/> The employer does not offer health insurance.

FINANCIAL ASSISTANCE APPLICATION

Patient Name _____ MRN _____

Questionnaire	
1. Did you live in Illinois when you received your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a foreign national (not a U.S. citizen) living in Illinois on a U.S. visa? A. If yes, what type of visa? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you want financial help for care you received in our emergency department?	<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. Was your care related to any of the following? <input type="checkbox"/> Accident <input type="checkbox"/> Crime <input type="checkbox"/> Workplace Injury <input type="checkbox"/> Other _____	
6. Have you hired an attorney or are you pursuing a claim for your injury or illness? A. If you answered yes, please provide: _____ Attorney Name _____ Attorney Phone Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you already applied for Medicaid? We may require you to. <input type="checkbox"/> Yes – Waiting for Approval <input type="checkbox"/> Yes – Not Eligible <input type="checkbox"/> No A. If you answered no, please check all 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 blind. <input type="checkbox"/> You are taking medication to manage diabetes, high blood pressure or seizures. <input type="checkbox"/> You are disabled, as determined by the Social Security Administration. <input type="checkbox"/> You are pregnant. <input type="checkbox"/> You have children younger than 19 living with you.	

ASSETS
1. Property: Please give information about any buildings or land you own that are not the main place you live. A. What is the value of all buildings and land minus the amount you owe on the property? \$ _____ <input type="checkbox"/> Not applicable I. Is this property used to make money? <input type="checkbox"/> Yes <input type="checkbox"/> No B. What is the value of the land (without buildings) minus the amount you owe on the property? \$ _____ <input type="checkbox"/> Not applicable I. Is this property used to make money? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bank accounts and investments: Please list the total amount in each of the following. A. Checking accounts, savings accounts and credit union accounts: \$ _____ <input type="checkbox"/> Not applicable B. Other investments, such as bonds and stocks. Do not include any type of retirement account. \$ _____ <input type="checkbox"/> Not applicable

By signing, I agree that:

- I will apply for any state, federal or local assistance I may be eligible for to help pay this bill.
- The information in this application is true and correct to the best of my knowledge.
- I understand NMHC may confirm this information.
- NMHC may contact third parties to check the information I provided in this application.

I understand that if I knowingly provided false information, if the application has a significant mistake, or if something significant was left out:

- I will not be eligible for financial help.
- Any financial help granted to me may be reversed.
- I will be responsible for paying the bill.

Time _____ Date _____ Applicant Signature _____

Time _____ Date _____

Spouse Partner Parent/Guarantor (select one) Signature (when applicable) _____

Please return completed application and any supporting documents to:

Northwestern Memorial HealthCare
Attention: Financial Counseling
675 North Saint Clair Street, Suite 2-110, Chicago, Illinois 60611

Phone: 312.926.6906 or 800.423.0523
Fax: 312.694.0447
finapps@nm.org

FINANCIAL ASSISTANCE APPLICATION

Patient Name _____ MRN _____

Required Supporting Documents for Financial Assistance

Your application will be delayed or denied if you do not include all of the required documents. If you cannot provide a required document, provide a letter explaining why.

Required documents

Verification of Illinois Residency:

- At least **one** of the following documents:

- A copy of a valid state-issued identification card
- Recent residential utility bill with Illinois address
- A copy of your Illinois voter registration card
- Mail addressed to your current address from a government or other credible source
- Letter from homeless shelter, transitional house or other similar facility verifying that you live at the facility
- A copy of your Illinois vehicle registration card
- A temporary visitor's driver's license
- Lease agreement
- A statement from a family member who resides at the same address and presents verification of residency
- One of the documents listed in the "Financial Documents" section below

Financial Documents:

- At least **one** of the following documents:

- A copy of your most recent tax return
- A copy of your most recent W-2 and 1099 forms
- Copies of your two most recent employer checks or pay stubs
- Copies of your two most recent unemployment checks or pay stubs
- Written income verification from an employer if paid in cash

If you are married or in a civil union, please provide at least one of the above documents that apply for your spouse or partner.

Completed and signed application.

Other documents

- If you have not submitted a tax return for last year **or** if your alimony, business, retirement or pension income will be different from last year: Provide the non-wage documents below that apply to you.

- Statement of alimony income
- Statement of business income
- Statement of retirement or pension income

- If you are a foreign national (not a U.S. citizen):

- Submit a copy of your passport and U.S. visa

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: Northwestern Memorial HealthCare

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

Physical Address (if different than mailing address):

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

Email Address: _____

Reporting Period: 09 / 01 / 2024 through 08 / 31 / 2025 **Taxpayer Number:** 36-3152959
Month Day Year Month Day Year

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

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

1. ATTACH Mission Statement:

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

2. ATTACH Community Benefits Plan:

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

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

3. REPORT Charity Care:

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

Charity Care. \$ 114,908,722

ATTACH Charity Care Policy:

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

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

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

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

Community Benefit Type

Language Assistant Services	\$ <u>7,439,903</u>
Financial Assistance	\$ <u>114,908,722</u>
Government Sponsored	\$ <u>1,357,074,550</u>
Donations	\$ <u>19,076,705</u>
Volunteer Services	
a) Employee Volunteer Services	\$ <u>184,712</u>
b) Non-Employee Volunteer Services	\$ <u>72,795</u>
c) Total (add lines a and b)	\$ <u>257,507</u>
Education	\$ <u>102,305,423</u>
Government-sponsored program services	\$ _____
Research	\$ <u>72,736,172</u>
Subsidized health services	\$ <u>61,602,066</u>
Bad debts	\$ <u>60,235,509</u>
Other Community Benefits	\$ <u>6,218,881</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

Signed by: John Orsini (Print)
Signature
23842DDF5B9A44F...

Kelly C. Flesch
Name of Person Completing Form

kflesch@nm.org
Electronic / Internet Mail Address

312-926-4777

Phone: Area Code/ Telephone No.

02.19.2026

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 2025								
	NMH	NLFH	NM CDH	NM Delnor	NM Kishwaukee	NM Valley West	NM McHenry, NM Huntley, NM Woodstock*	NM Palos	NM MRH
Charity Care	40,517,921	21,113,162	19,909,590	5,085,396	6,662,202	647,190	12,533,686	6,776,391	1,663,184
Charity Care - ED	6,202,458	6,652,395	7,836,326	2,401,934	2,580,635	484,376	4,126,509	3,357,168	0
Community Benefits	479,068,617	110,935,836	188,764,722	70,294,435	60,079,259	3,513,325	123,451,966	123,272,093	5,158,436
Net Patient Service Revenue	2,857,230,540	605,084,297	1,484,247,446	505,723,159	418,244,860	69,534,422	735,088,240	481,390,240	107,667,571

*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 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 (Northwestern Medical Group and Northwestern Medicine Regional Medical Group) 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.

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 7 through 9 of the Mission Statement and Community Benefits tab of this report.

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



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Northwestern Memorial Hospital
 Mailing Address: 251 E. Huron
 City, State, Zip: Chicago, IL 60611
 Reporting Period: 9/1/2024 through 8/31/2025
 Taxpayer Number: 37-0960170

• • •

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

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>7,138</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>5,419</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>29,160</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>339</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>40,517,921</u>

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

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

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

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

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:  Signed by: John A. Orsini
23842DDF5B9A44F...
Date: 02.19.2026

...

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

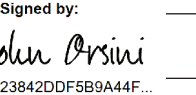
I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: John A. Orsini
23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: John A. Orsini
23842DDF5B9A44F...
Date: 02.19.2026



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Northwestern Lake Forest Hospital
 Mailing Address: 1000 N. Westmoreland Road
 City, State, Zip: Lake Forest, IL 60045
 Reporting Period: 9/1/2024 through 8/31/2025
 Taxpayer Number: 36-2179779

• • •

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

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>2,614</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>2,270</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>13,697</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>65</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>21,113,162</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

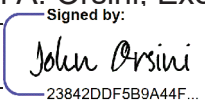
Epic Electronic Health Record, TransUnion, Connance

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

...

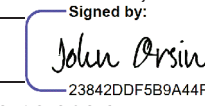
Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026



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 Winfiled Road
 City, State, Zip: Winfiled. IL 60190
 Reporting Period: 9/1/2024 through 8/31/2025
 Taxpayer Number: 36-2513909

• • •

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

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>5,549</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>22,752</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>20,054</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>277</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>19,909,590</u>

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

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

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

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

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:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026

...

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

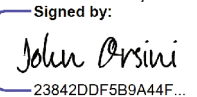
I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Delnor Community Hospital
 Mailing Address: 300 Randall Road
 City, State, Zip: Geneva, IL, 60134
 Reporting Period: 9/1/2024 through 8/31/2025
 Taxpayer Number: 36-3484281

• • •

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

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>890</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>1,125</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>5,702</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>54</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>5,085,396</u>

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

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

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

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

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

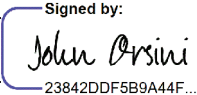
Epic Electronic Health Record, TransUnion, Connance

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

...

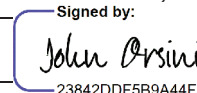
Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

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

Reporting Hospital: Kishwaukee Community Hospital
 Mailing Address: One Kish Hospital Drive
 City, State, Zip: Dekalb, IL 60115
 Reporting Period: 9/1/2024 through 8/31/2025
 Taxpayer Number: 23-7087041

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

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>900</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>670</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>10,692</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>53</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>6,662,202</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

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

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

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

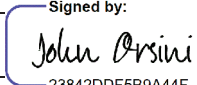
Epic Electronic Health Record, TransUnion, Connance

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:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026

...

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

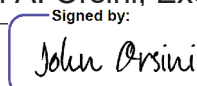
I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: 23842DDF5B9A44F...
Date: 02.19.2026



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: 9/1/2024 through 8/31/2025
 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) 130
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 119
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 1,911
 - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 6
 - 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) \$ 647,190

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

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

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

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

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

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

Signed by: John Orsini
Signature: 23842DDF5B9A44F...

Date: 02.19.2026

...

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

Signed by: John Orsini
Signature: 23842DDF5B9A44F...

Date: 02.19.2026

...

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

Signed by: John Orsini
Signature: 23842DDF5B9A44F...

Date: 02.19.2026



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: 9/1/2024 through 8/31/2025
 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) <u>2,012</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>1,462</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>11,318</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>84</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>12,533,686</u>

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

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

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

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

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


Epic Electronic Health Record, TransUnion, Connance

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

Epic Electronic Health Record, TransUnion, Connance

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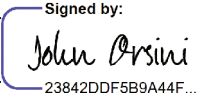
Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
 Signature:  Signed by: 23842DDF5B9A44F...
 Date: 02.19.2026

...

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

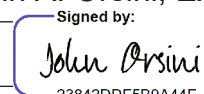
I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
 Signature:  Signed by: 23842DDF5B9A44F...
 Date: 02.19.2026

...

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:  Signed by: 23842DDF5B9A44F...
 Date: 02.19.2026



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: 9/1/2024 through 8/31/2025
 Taxpayer Number: 36-2169179

• • •

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

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,112</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>607</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>5,919</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>34</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>6,776,391</u>

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

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

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

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

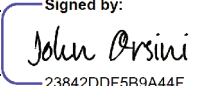
Epic Electronic Health Record, TransUnion, Connance

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

...

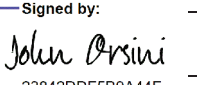
Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026

...

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

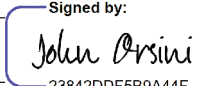
I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026



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: 26W171 Roosevelt Road
 City, State, Zip: Wheaton, IL 60187
 Reporting Period: 9/1/2024 through 8/31/2025
 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) 81
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 137
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 333
 - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 1
 - 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) \$ 1,663,184

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
 115 South LaSalle Street, 24th Flr.
 Chicago, Illinois 60603

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

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

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

...

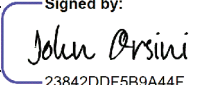
Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026

...

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

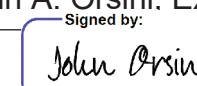
I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Executive Vice President and Chief Financial Officer
Signature:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026

...

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:  Signed by: _____
23842DDF5B9A44F...
Date: 02.19.2026

Personal Demographic Data Collected on Financial Assistance Applications

Northwestern Memorial HealthCare (NMHC, or the Health System) 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 on 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 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:

- Number of hospital financial assistance applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year (FY25)
- Number of hospital financial assistance applications the hospital approved under its presumptive eligibility policy during the most recent fiscal year (FY25)
- Number of financial assistance applications the hospital approved outside its presumptive eligibility policy during the most recent fiscal year (FY25)
- Number of hospital financial assistance applications denied by the hospital during the most recent fiscal year (FY25)
- Top most frequent reasons for denial of financial assistance applications by the hospital during the most recent fiscal year (FY25)*
- 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 (FY25)*
- 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 (FY25)*

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

The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year (fiscal year 2025)

NMHC Hospital		
NMH	By race/ethnicity	
	Hispanic or Latino/a	3352
	No, Not Hispanic, Latino/a, or Spanish origin	3149
	Patient declined to respond	484
	Unknown	153
	By gender	
	Male	2945
	Female	4189
	Unknown	4
	Total Applications Submitted Both Complete and Incomplete FY25	
NM LFH	By race/ethnicity	
	Hispanic or Latino/a	1808
	No, Not Hispanic, Latino/a, or Spanish origin	647
	Patient declined to respond	105
	Unknown	27
	By gender	
	Male	918
	Female	1695
	Unknown	1
	Total Applications Submitted Both Complete and Incomplete FY25	
NM CDH	By race/ethnicity	
	Hispanic or Latino/a	2672
	No, Not Hispanic, Latino/a, or Spanish origin	2667
	Patient declined to respond	169
	Unknown	41
	By gender	
	Male	1964
	Female	3583
	Unknown	2
	Total Applications Submitted Both Complete and Incomplete FY25	
NM Delnor	By race/ethnicity	
	Hispanic or Latino/a	417
	No, Not Hispanic, Latino/a, or Spanish origin	450
	Patient declined to respond	20
	Unknown	3
	By gender	
	Male	355
	Female	534
	Unknown	1
	Total Applications Submitted Both Complete and Incomplete FY25	

NM Kishwaukee	By race/ethnicity	
	Hispanic or Latino/a	267
	No, Not Hispanic, Latino/a, or Spanish origin	624
	Patient declined to respond	8
	Unknown	1
	Male	373
	Female	527
	Unknown	
Total Applications Submitted Both Complete and Incomplete FY25		900
NM Valley West	By race/ethnicity	
	Hispanic or Latino/a	22
	No, Not Hispanic, Latino/a, or Spanish origin	105
	Patient declined to respond	3
	Unknown	
	By gender	
	Male	59
	Female	71
	Unknown	
Total Applications Submitted Both Complete and Incomplete FY25		130
NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity	
	Hispanic or Latino/a	771
	No, Not Hispanic, Latino/a, or Spanish origin	1173
	Patient declined to respond	60
	Unknown	8
	By gender	
	Male	915
	Female	1096
	Unknown	1
Total Applications Submitted Both Complete and Incomplete FY25		2012
NM Palos	By race/ethnicity	
	Hispanic or Latino/a	208
	No, Not Hispanic, Latino/a, or Spanish origin	860
	Patient declined to respond	38
	Unknown	6
	By gender	
	Male	562
	Female	550
	Unknown	
Total Applications Submitted Both Complete and Incomplete FY25		1112

NM MRH	By race/ethnicity	
	Hispanic or Latino/a	32
	No, Not Hispanic, Latino/a, or Spanish origin	46
	Patient declined to respond	3
	Unknown	
	By gender	
	Male	37
	Female	44
	Unknown	
	Total Applications Submitted Both Complete and Incomplete FY25	81
NMHC Total	20,426	

** 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 2025)

NMHC Hospital			
NMH	By race/ethnicity		
	Hispanic or Latino/a	3027	
	No, Not Hispanic, Latino/a, or Spanish origin	2053	
	Patient declined to respond	311	
	Unknown	28	
	By gender		
	Male	1694	
	Female	3723	
	Unknown	2	
	Total Applications Approved Under Presumptive Eligibility Policy FY25		5419
	NM LFH	By race/ethnicity	
Hispanic or Latino/a		1654	
No, Not Hispanic, Latino/a, or Spanish origin		532	
Patient declined to respond		83	
Unknown		1	
By gender			
Male		660	
Female		1610	
Unknown			
Total Applications Approved Under Presumptive Eligibility Policy FY25		2270	
NM CDH		By race/ethnicity	
	Hispanic or Latino/a	4964	
	No, Not Hispanic, Latino/a, or Spanish origin	2547	
	Patient declined to respond	346	
	Unknown	14895	
	By gender		
	Male	6235	
	Female	16510	
	Unknown	7	
	Total Applications Approved Under Presumptive Eligibility Policy FY25		22752
	NM Delnor	By race/ethnicity	
Hispanic or Latino/a		676	
No, Not Hispanic, Latino/a, or Spanish origin		401	
Patient declined to respond		48	
Unknown			
By gender			
Male		458	
Female		666	
Unknown		1	
Total Applications Approved Under Presumptive Eligibility Policy FY25		1125	

NM Kishwaukee	By race/ethnicity	
	Hispanic or Latino/a	179
	No, Not Hispanic, Latino/a, or Spanish origin	479
	Patient declined to respond	12
	Unknown	
	By gender	
	Male	244
	Female	426
	Unknown	
Total Applications Approved Under Presumptive Eligibility Policy FY25		670
NM Valley West	By race/ethnicity	
	Hispanic or Latino/a	48
	No, Not Hispanic, Latino/a, or Spanish origin	65
	Patient declined to respond	5
	Unknown	1
	By gender	
	Male	76
	Female	43
	Unknown	
Total Applications Approved Under Presumptive Eligibility Policy FY25		119
NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity	
	Hispanic or Latino/a	565
	No, Not Hispanic, Latino/a, or Spanish origin	862
	Patient declined to respond	33
	Unknown	2
	By gender	
	Male	554
	Female	908
	Unknown	
Total Applications Approved Under Presumptive Eligibility Policy FY25		1462
NM Palos	By race/ethnicity	
	Hispanic or Latino/a	114
	No, Not Hispanic, Latino/a, or Spanish origin	476
	Patient declined to respond	17
	Unknown	
	By gender	
	Male	245
	Female	362
	Unknown	
Total Applications Approved Under Presumptive Eligibility Policy FY25		607

NM MRH	By race/ethnicity	
	Hispanic or Latino/a	102
	No, Not Hispanic, Latino/a, or Spanish origin	34
	Patient declined to respond	1
	Unknown	
	By gender	
	Male	65
	Female	72
	Unknown	
	Total Applications Approved Under Presumptive Eligibility Policy FY25	137
NMHC Total	34,561	

** 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 2025)

NMHC Hospital		
NMH	By race/ethnicity	
	Hispanic or Latino/a	9037
	No, Not Hispanic, Latino/a, or Spanish origin	18325
	Patient declined to respond	1696
	Unknown	102
	By gender	
	Male	11927
	Female	17225
	Unknown	8
	Total Applications Approved Outside Presumptive Eligibility Policy FY25	
NM LFH	By race/ethnicity	
	Hispanic or Latino/a	8144
	No, Not Hispanic, Latino/a, or Spanish origin	5121
	Patient declined to respond	418
	Unknown	14
	By gender	
	Male	6072
	Female	7623
	Unknown	2
	Total Applications Approved Outside Presumptive Eligibility Policy FY25	
NM CDH	By race/ethnicity	
	Hispanic or Latino/a	4351
	No, Not Hispanic, Latino/a, or Spanish origin	8501
	Patient declined to respond	519
	Unknown	6683
	By gender	
	Male	8117
	Female	11932
	Unknown	5
	Total Applications Approved Outside Presumptive Eligibility Policy FY25	
NM Delnor	By race/ethnicity	
	Hispanic or Latino/a	2066
	No, Not Hispanic, Latino/a, or Spanish origin	3488
	Patient declined to respond	136
	Unknown	12
	By gender	
	Male	2335
	Female	3360
	Unknown	7
	Total Applications Approved Outside Presumptive Eligibility Policy FY25	

NM Kishwaukee	By race/ethnicity	
	Hispanic or Latino/a	2255
	No, Not Hispanic, Latino/a, or Spanish origin	8274
	Patient declined to respond	149
	Unknown	14
	By gender	
	Male	4811
	Female	5879
	Unknown	2
Total Applications Approved Outside Presumptive Eligibility Policy FY25		10692
NM Valley West	By race/ethnicity	
	Hispanic or Latino/a	271
	No, Not Hispanic, Latino/a, or Spanish origin	1590
	Patient declined to respond	48
	Unknown	2
	By gender	
	Male	872
	Female	1037
	Unknown	2
Total Applications Approved Outside Presumptive Eligibility Policy FY25		1911
NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity	
	Hispanic or Latino/a	3304
	No, Not Hispanic, Latino/a, or Spanish origin	7794
	Patient declined to respond	216
	Unknown	4
	By gender	
	Male	5265
	Female	6053
	Unknown	
Total Applications Approved Outside Presumptive Eligibility Policy FY25		11318
NM Palos	By race/ethnicity	
	Hispanic or Latino/a	1070
	No, Not Hispanic, Latino/a, or Spanish origin	4641
	Patient declined to respond	203
	Unknown	5
	By gender	
	Male	3007
	Female	2911
	Unknown	1
Total Applications Approved Outside Presumptive Eligibility Policy FY25		5919

NM MRH	By race/ethnicity	
	Hispanic or Latino/a	89
	No, Not Hispanic, Latino/a, or Spanish origin	234
	Patient declined to respond	10
	Unknown	
	By gender	
	Male	153
	Female	180
	Unknown	
	Total Applications Approved Outside Presumptive Eligibility Policy FY25	
NMHC Total		98,786

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

The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year (fiscal year 2025)**

NMHC Hospital		
NMH	By race/ethnicity	
	Hispanic or Latino/a	72
	No, Not Hispanic, Latino/a, or Spanish origin	241
	Patient declined to respond	25
	Unknown	1
	By gender	
	Male	127
	Female	212
	Unknown	
	Total Applications Denied FY25	339
NM LFH	By race/ethnicity	
	Hispanic or Latino/a	19
	No, Not Hispanic, Latino/a, or Spanish origin	45
	Patient declined to respond	1
	Unknown	
	By gender	
	Male	28
	Female	37
	Unknown	
	Total Applications Denied FY25	65
NM CDH	By race/ethnicity	
	Hispanic or Latino/a	56
	No, Not Hispanic, Latino/a, or Spanish origin	213
	Patient declined to respond	6
	Unknown	2
	By gender	
	Male	79
	Female	197
	Unknown	1
	Total Applications Denied FY25	277
NM Delnor	By race/ethnicity	
	Hispanic or Latino/a	12
	No, Not Hispanic, Latino/a, or Spanish origin	40
	Patient declined to respond	2
	Unknown	
	By gender	
	Male	21
	Female	33
	Unknown	
	Total Applications Denied FY25	54

NM Kishwaukee	By race/ethnicity	
	Hispanic or Latino/a	5
	No, Not Hispanic, Latino/a, or Spanish origin	47
	Patient declined to respond	1
	Unknown	
	By gender	
	Male	17
	Female	36
Unknown		
Total Applications Denied FY25		53
NM Valley West	By race/ethnicity	
	Hispanic or Latino/a	2
	No, Not Hispanic, Latino/a, or Spanish origin	4
	Patient declined to respond	
	Unknown	
	By gender	
	Male	3
	Female	3
Unknown		
Total Applications Denied FY25		6
NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity	
	Hispanic or Latino/a	
	No, Not Hispanic, Latino/a, or Spanish origin	67
	Patient declined to respond	2
	Unknown	15
	By gender	
	Male	34
	Female	50
Unknown		
Total Applications Denied FY25		84
NM Palos	By race/ethnicity	
	Hispanic or Latino/a	5
	No, Not Hispanic, Latino/a, or Spanish origin	28
	Patient declined to respond	
	Unknown	1
	By gender	
	Male	11
	Female	23
Unknown		
Total Applications Denied FY25		34

NM MRH	By race/ethnicity	
	Hispanic or Latino/a	
	No, Not Hispanic, Latino/a, or Spanish origin	1
	Patient declined to respond	
	Unknown	
	By gender	
	Male	
	Female	1
	Unknown	
	Total Applications Denied FY25	1
NMHC Total		913

* 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 (FY2025)

Top Reasons For Denial NMHC		
Income/Assets Exceed Allowable Guidelines		
Total Applications Denied in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	171
	No, Not Hispanic, Latino/a, or Spanish origin	645
	Patient declined to respond	31
	Unknown	1
By Gender	Male	291
	Female	556
	Unknown	1
Citizenship/Residency not met		
Total Applications Denied in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	2
	No, Not Hispanic, Latino/a, or Spanish origin	7
	Patient declined to respond	1
	Unknown	
By Gender	Male	3
	Female	7
	Unknown	
Insurance Plan not Contracted With NMHC		
Total Applications Denied in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	6
	No, Not Hispanic, Latino/a, or Spanish origin	16
	Patient declined to respond	1
	Unknown	1
By Gender	Male	12
	Female	12
	Unknown	

Denied: Non-IL Resident		
Total Applications Denied in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	4
	No, Not Hispanic, Latino/a, or	16
	Patient declined to respond	4
	Unknown	2
By Gender	Male	12
	Female	14
	Unknown	
Non-Responsive		
Total Applications Denied in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	3
	No, Not Hispanic, Latino/a, or	2
	Spanish origin	
	Patient declined to respond	
By Gender	Male	3
	Female	2
	Unknown	
Total Applications Denied in FY2025*		913

**Total Applications Denied in FY2025 is Combination of all NMHC Hospital Totals Including NMG/RMG*

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 2025)***

NMHC Hospital		
NMH	By race/ethnicity	
	Hispanic or Latino/a	7
	No, Not Hispanic, Latino/a, or Spanish origin	25
	Patient declined to respond	4
	Unknown	
	By gender	
	Male	21
	Female	15
	Unknown	
	Total denials/failures to screen FY25	36
NM LFH	By race/ethnicity	
	Hispanic or Latino/a	1
	No, Not Hispanic, Latino/a, or Spanish origin	
	Patient declined to respond	
	Unknown	
	By gender	
	Male	1
	Female	
	Unknown	
	Total denials/failures to screen FY25	1
NM CDH	By race/ethnicity	
	Hispanic or Latino/a	340
	No, Not Hispanic, Latino/a, or Spanish origin	306
	Patient declined to respond	19
	Unknown	1
	By gender	
	Male	347
	Female	319
	Unknown	
	Total denials/failures to screen FY25	666
NM Delnor	By race/ethnicity	
	Hispanic or Latino/a	8
	No, Not Hispanic, Latino/a, or Spanish origin	9
	Patient declined to respond	1
	Unknown	
	By gender	
	Male	11
	Female	7
	Unknown	
	Total denials/failures to screen FY25	18

NM Kishwaukee	By race/ethnicity	
	Hispanic or Latino/a	2
	No, Not Hispanic, Latino/a, or Spanish origin	6
	Patient declined to respond	
	Unknown	
	By gender	
	Male	2
	Female	6
Unknown		
Total denials/failures to screen FY25		8
NM Valley West	By race/ethnicity	
	Hispanic or Latino/a	
	No, Not Hispanic, Latino/a, or Spanish origin	1
	Patient declined to respond	
	Unknown	
	By gender	
	Male	
	Female	1
Unknown		
Total denials/failures to screen FY25		1
NM McHenry, NM Huntley, NM Woodstock (NIMC)*	By race/ethnicity	
	Hispanic or Latino/a	1
	No, Not Hispanic, Latino/a, or Spanish origin	3
	Patient declined to respond	
	Unknown	
	By gender	
	Male	1
	Female	3
Unknown		
Total denials/failures to screen FY25		4
NM Palos	By race/ethnicity	
	Hispanic or Latino/a	
	No, Not Hispanic, Latino/a, or Spanish origin	2
	Patient declined to respond	
	Unknown	
	By gender	
	Male	1
	Female	1
Unknown		
Total denials/failures to screen FY25		2

NM MRH		
NM MRH	By race/ethnicity	
	Hispanic or Latino/a	
	No, Not Hispanic, Latino/a, or Spanish origin	1
	Patient declined to respond	
	Unknown	
	By gender	
	Male	1
	Female	
	Unknown	
	Total denials/failures to screen FY25	
NMHC Total		737

* 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 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 2025)***

Top Reasons For Denial or Failure to Screen NMHC		
Patient Declined to Provide Documentation		
Total Applications Denied or Failed to Screen in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	39
	No, Not Hispanic, Latino/a, or Spanish origin	38
	Patient declined to respond	6
	Unknown	
By Gender	Male	41
	Female	42
Patient Exceeded Income Qualification Standards		
Total Applications Denied or Failed to Screen in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	13
	No, Not Hispanic, Latino/a, or Spanish origin	37
	Patient declined to respond	4
	Unknown	1
By Gender	Male	21
	Female	34
Patient Plans to Obtain Insurance Coverage		
Total Applications Denied or Failed to Screen in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	20
	No, Not Hispanic, Latino/a, or Spanish origin	58
	Patient declined to respond	2
	Unknown	
By Gender	Male	37
	Female	43
Patient Requested Discontinuation of Assistance		
Total Applications Denied or Failed to Screen in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	2
	No, Not Hispanic, Latino/a, or Spanish origin	5
	Patient declined to respond	
	Unknown	
By Gender	Male	3
	Female	4

Patient Requested No Further Contact		
Total Applications Denied or Failed to Screen in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	280
	No, Not Hispanic, Latino/a, or	210
	Patient declined to respond	11
	Unknown	
By Gender	Male	276
	Female	225
Patient Was Not an Illinois Resident at Time of Service		
Total Applications Denied or Failed to Screen in FY2025*		
By Race/Ethnicity	Hispanic or Latino/a	
	No, Not Hispanic, Latino/a, or	5
	Spanish origin	1
	Patient declined to respond	1
	Unknown	5
By Gender	Male	7
	Female	4
Total Applications Denied or Failed to Screen in FY2025*		
		737

**Total Applications Denied in FY2025 is Combination of all NMHC Hospital Totals*