ORIGINAL

E-017-16

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
JUL 06 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Tri-Cities Surgery Center, LLC		
Street Address:	345 Delnor Drive		
City and Zip Code:	Geneva, Illinois 60134		
County: Kane	Health Service Area 8		Health Planning Area: A-12

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Northwestern Memorial HealthCare
Address:	251 East Huron Street, Chicago, IL 60611
Name of Registered Agent:	James C. Dechene
Name of Chief Executive Officer:	Dean M. Harrison
CEO Address:	251 East Huron Street, Chicago, IL 60611
Telephone Number:	312-926-3007

Type of Ownership of Applicant/Co-Applicant

- ☑ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact
[Person to receive ALL correspondence or inquiries)

Name:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-4545

Additional Contact
[Person who is also authorized to discuss the application for permit]

Name:	Rob Christie
Title:	Senior Vice President, External Affairs
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 60611
Telephone Number:	312-926-7527
E-mail Address:	rchristi@nm.org
Fax Number:	312-926-4545

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APPLICATION FOR PERMIT

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County: Kane	Health Service Area 8		Health Planning Area: A-12

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	CDH-Delnor Health System d/b/a Cadence Health
Address:	25 North Winfield Road, Winfield, IL 60190
Name of Registered Agent:	James C. Dechene
Name of Chief Executive Officer:	Michael Vivoda
CEO Address:	25 North Winfield Road, Winfield, IL 60190
Telephone Number:	630-933-1600

Type of Ownership of Applicant/Co-Applicant

- ☑ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
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- ☐ Other

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Company Name:	Northwestern Memorial HealthCare
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Telephone Number:	312-926-8650
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Title:	Senior Vice President, External Affairs
Company Name:	Northwestern Memorial HealthCare
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City and Zip Code:	Geneva, Illinois 60134		
County: Kane	Health Service Area 8		Health Planning Area: A-12

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Delnor-Community Hospital
Address:	300 Randall Road, Geneva, IL 60134
Name of Registered Agent:	James C. Dechene
Name of Chief Executive Officer:	Maureen Bryant, President
CEO Address:	300 Randall Road, Geneva, IL 60134
Telephone Number:	630-208-3073

Type of Ownership of Applicant/Co-Applicant

☑ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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[Person to receive ALL correspondence or inquiries)

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Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-4545

Additional Contact
[Person who is also authorized to discuss the application for permit]

Name:	Rob Christie
Title:	Senior Vice President, External Affairs
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 60611
Telephone Number:	312-926-7527
E-mail Address:	rchristi@nm.org
Fax Number:	312-926-4545

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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City and Zip Code:	Geneva, Illinois 60134		
County: Kane	Health Service Area 8		Health Planning Area: A-12

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Tri-Cities Surgery Center, LLC
Address:	345 Delnor Drive, Geneva, IL 60134
Name of Registered Agent:	James C. Dechene
Name of Chief Executive Officer:	Joseph G. Ollayos
CEO Address:	345 Delnor Drive, Geneva, IL 60134
Telephone Number:	630-938-3103

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☑ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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[Person to receive ALL correspondence or inquiries)

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Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 60611
Telephone Number:	312-926-8650
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Fax Number:	312-926-4545

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Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 60611
Telephone Number:	312-926-7527
E-mail Address:	rchristi@nm.org
Fax Number:	312-926-4545

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial Healthcare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-4545

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Delnor-Community Hospital

Address of Site Owner: 300 Randall Road, Geneva, IL 60134

Street Address or Legal Description of Site: 345 Delnor Drive, Geneva, Illinois 60134

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Delnor-Community Hospital

Address: 300 Randall Road, Geneva, IL 60134

☑	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

☑ Substantive

☐ Non-substantive

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

On June 15, 2004, the Health Facilities and Services Review Board approved Project #04-055 for the establishment of Tri-Cities Surgery Center, LLC, a multi-specialty ASTC in Geneva, immediately adjacent to Delnor-Community Hospital (Delnor). The ASTC was a joint venture between Delnor and participating physicians.

On March 10, 2016, the Chairwoman of the Health Facilities and Services Review Board approved Change of Ownership exemption request #E-013-16 which allowed Delnor to acquire 100% of the membership interest in Tri-Cities Surgery Center, LLC. The transaction was completed on June 1, 2016.

As stated in that COE request, Delnor is now seeking approval for the discontinuation of the Ambulatory Surgery Treatment Center license so as to operate the facility as an extension of Delnor's Perioperative Services department. No services will be discontinued as a result of this request; all perioperative activities will now be operated under the hospital license.

The total project cost is $0. It is anticipated that the "discontinuation" will become effective on September 1, 2016.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			$ 0
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			$ 0

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☑ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☑ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ N/A.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☑ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): September 1, 2016

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
☐ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

☑ Cancer Registry
☑ APORS
☑ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☑ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Delnor Community Hospital		**CITY:** Geneva			
REPORTING PERIOD DATES: CY14 **From:** 1/1/14 **to:** 12/31/14					
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	121	5,502	23,394	0	121
Obstetrics	18	1,377	3,737	0	18
Pediatrics	0	0	0	0	0
Intensive Care	20	761	2,673	0	20
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)	0	0	0	0	0
TOTALS:	159	7,549	29,804	0	159

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Northwestern Memorial HealthCare * **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Dean M. Harrison
PRINTED NAME

President & CEO, NMHC
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of July

Signature of Notary

Seal

OFFICIAL SEAL
ANGELA CAMPHOR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/16

SIGNATURE

Peter J. McCanna
PRINTED NAME

Executive Vice President & COO, NMHC
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28th day of JUNE 2016

Signature of Notary 06.28.16

Seal

"OFFICIAL SEAL"
MILLISA VASICH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/9/2017

06.28.2016

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
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SIGNATURE	SIGNATURE
Michael V. Vivoda	Matthew J. Flynn
PRINTED NAME	PRINTED NAME
President, NM West Region	Senior Vice President & CFO, NM West Region
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 5 day of July	Notarization: Subscribed and sworn to before me this 5 day of July
Signature of Notary	Signature of Notary
Seal	Seal

*Insert EXACT legal name of the applicant

OFFICIAL SEAL
ANGELA CAMPHOR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/16

OFFICIAL SEAL
ANGELA CAMPHOR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/16

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Delnor-Community Hospital * **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Maureen Bryant
PRINTED NAME

President, Delnor-Community Hospital
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of June, 2016

Signature of Notary

Seal

"OFFICIAL SEAL"
C Denise Weigand
Notary Public, State of Illinois
My Commission Expires 8/15/2016

SIGNATURE

Corinne Haviley
PRINTED NAME

Vice President & CNE, Delnor-Community Hospital
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of June, 2016

Signature of Notary

Seal

"OFFICIAL SEAL"
C Denise Weigand
Notary Public, State of Illinois
My Commission Expires 8/15/2016

*Insert EXACT legal name of the applicant

CERTIFICATION

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
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SIGNATURE

Joseph G. Ollayos
PRINTED NAME

Administrator
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of June, 2016

Signature of Notary

Seal

"OFFICIAL SEAL"
C Denise Weigand
Notary Public, State of Illinois
My Commission Expires 8/15/2016

SIGNATURE

Mark Daniels, M.D.
PRINTED NAME

Medical Director
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of June, 2016

Signature of Notary

Seal

"OFFICIAL SEAL"
C Denise Weigand
Notary Public, State of Illinois
My Commission Expires 8/15/2016

*Insert the Exact Legal Name of the Applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

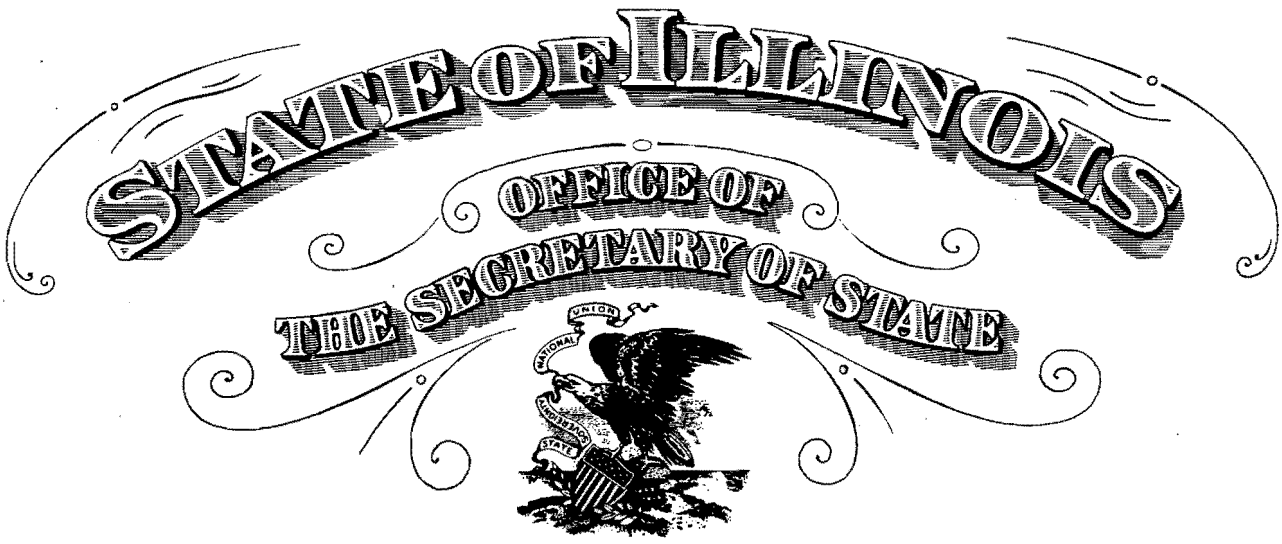
APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	20-23
2	Site Ownership	24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	N/A
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Obligation Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	26-27
11	Background of the Applicant	N/A
12	Purpose of the Project	N/A
13	Alternatives to the Project	N/A
14	Size of the Project	N/A
15	Project Service Utilization	N/A
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	N/A
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	Selected Organ Transplantation	N/A
29	Kidney Transplantation	N/A
30	Subacute Care Hospital Model	N/A
31	Children's Community-Based Health Care Center	N/A
32	Community-Based Residential Rehabilitation Center	N/A
33	Long Term Acute Care Hospital	N/A
34	Clinical Service Areas Other than Categories of Service	N/A
35	Freestanding Emergency Center Medical Services	N/A
	Financial and Economic Feasibility:	
36	Availability of Funds	N/A
37	Financial Waiver	N/A
38	Financial Viability	N/A
39	Economic Feasibility	N/A
40	Safety Net Impact Statement	28-31
41	Charity Care Information	32

File Number 5257-740-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NORTHWESTERN MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 21ST *day of* JULY *A.D.* 2015 .

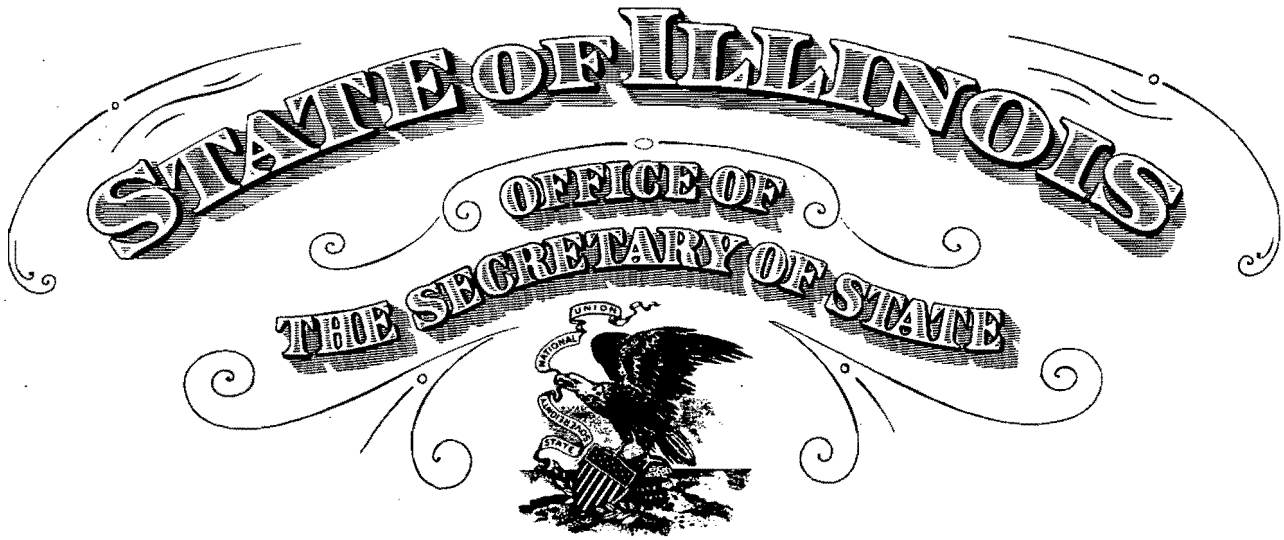
Jesse White

SECRETARY OF STATE

Authentication #: 1520201406 verifiable until 07/21/2016
Authenticate at: http://www.cyberdriveillinois.com

ATTACHMENT-1

File Number 5217-963-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CDH-DELNOR HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* JANUARY *A.D.* 2016 .

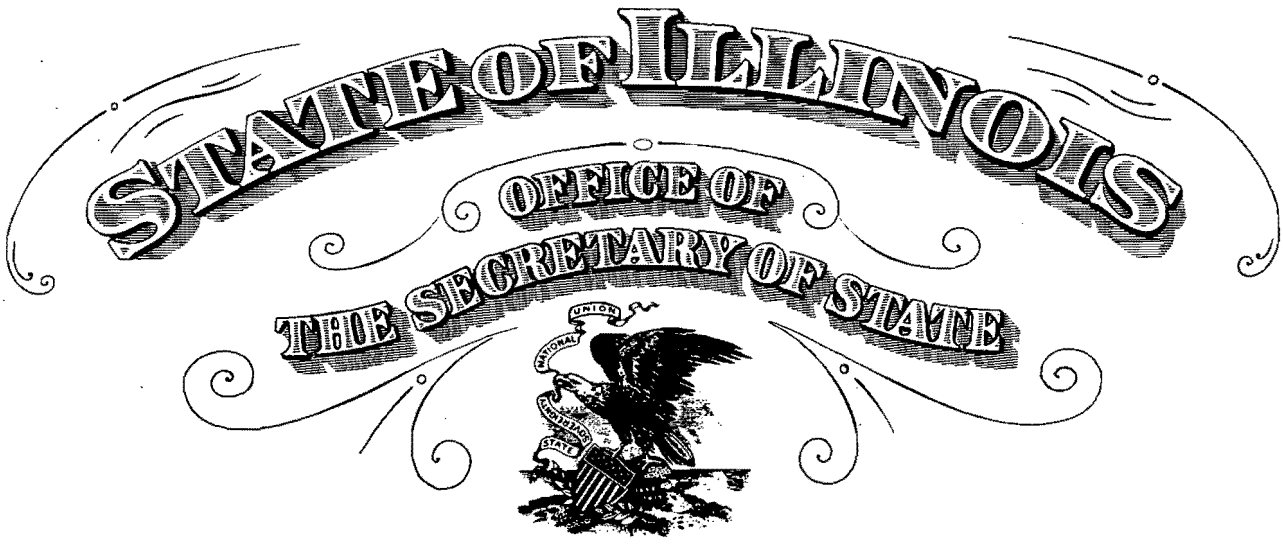
Authentication #: 1602602462 verifiable until 01/26/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

File Number 5432-979-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DELNOR-COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 29, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1602602480 verifiable until 01/26/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

File Number 0109577-3

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TRI-CITIES SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 21, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1602602510 verifiable until 01/26/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

David J. Rickert Kane County Treasurer

Make Checks Payable to: Kane County Treasurer
Please remit to: P.O. Box 4025 Geneva IL 60134-4025

Parcel Number: **12-05-476-021**

2nd 2015

2ND INSTALLMENT FOR 2015
DUE ON OR BEFORE 09/01/16

	$174,907.62
ABATEMENT	
PENALTY	
OTHER FEES	
TOTAL DUE	

DELNOR COMMUNITY HEALTH SYSTEM
CADENCE HEALTH, JOHN YEP
27W353 JEWELL ROAD
WINFIELD IL 60190-1960

12054760212001749076209011162

Remove stub and remit with payment.

Rate 2014	Tax 2014	Taxing District	Rate 2015	Tax 2015
0.379454	$15,450.26	KANE COUNTY	0.362865	$13,313.27
0.088906	$3,619.99	KANE COUNTY PENSION	0.085019	$3,119.27
0.305927	$12,456.45	KANE FOREST PRESERVE	0.287870	$10,561.73
0.006703	$272.92	KANE FOREST PRESERVE PENSION	0.006484	$237.90
0.051420	$2,093.67	GENEVA TOWNSHIP	0.051060	$1,873.35
0.025680	$1,045.61	GENEVA TWP ROAD DIST	0.025500	$935.58
0.561083	$22,845.62	GENEVA CITY	0.558698	$20,498.20
0.184807	$7,524.83	GENEVA CITY PENSION	0.189229	$6,942.68
6.439384	$262,192.52	GENEVA SCH DIST 304	6.302667	$231,240.12
0.141092	$5,745.12	GENEVA SCH DIST 304 PENSION	0.167340	$6,139.58
0.595432	$24,244.24	WAUBONSEE COLLEGE 516	0.587468	$21,553.76
0.527828	$21,491.59	GENEVA PARK DISTRICT	0.524155	$19,230.85
0.038884	$1,583.26	GENEVA PARK DISTRICT PENSION	0.035759	$1,311.97
0.320641	$13,055.56	GENEVA LIBRARY	0.317494	$11,648.61
0.033339	$1,357.46	GENEVA LIBRARY PENSION	0.032935	$1,208.37
9.700580	$394,979.10	TOTAL	9.534543	$349,815.24

2015 Kane County Real Estate Tax Bill
David J. Rickert, County Treasurer
719 S. Batavia Avenue, Bldg. A
Geneva, IL 60134

Parcel Number **12-05-476-021**

Late Payment Schedule

	1st	2nd
June 2 thru Jul 1	$177,531.23	
Jul 2 thru Aug 1	$180,154.85	
Aug 2 thru Sept 1	$182,778.46	
Sept 2 thru Oct 1	$185,402.08	$177,531.23
Oct 2 thru Oct 28	$188,025.69	$180,154.85

For payments on or after Oct. 2, 2016, please see instructions on reverse side for LATE PAYMENTS.

Mail To:
DELNOR COMMUNITY HEALTH SYSTEM
CADENCE HEALTH, JOHN YEP
27W353 JEWELL ROAD
WINFIELD IL 60190-1960

Property Location:

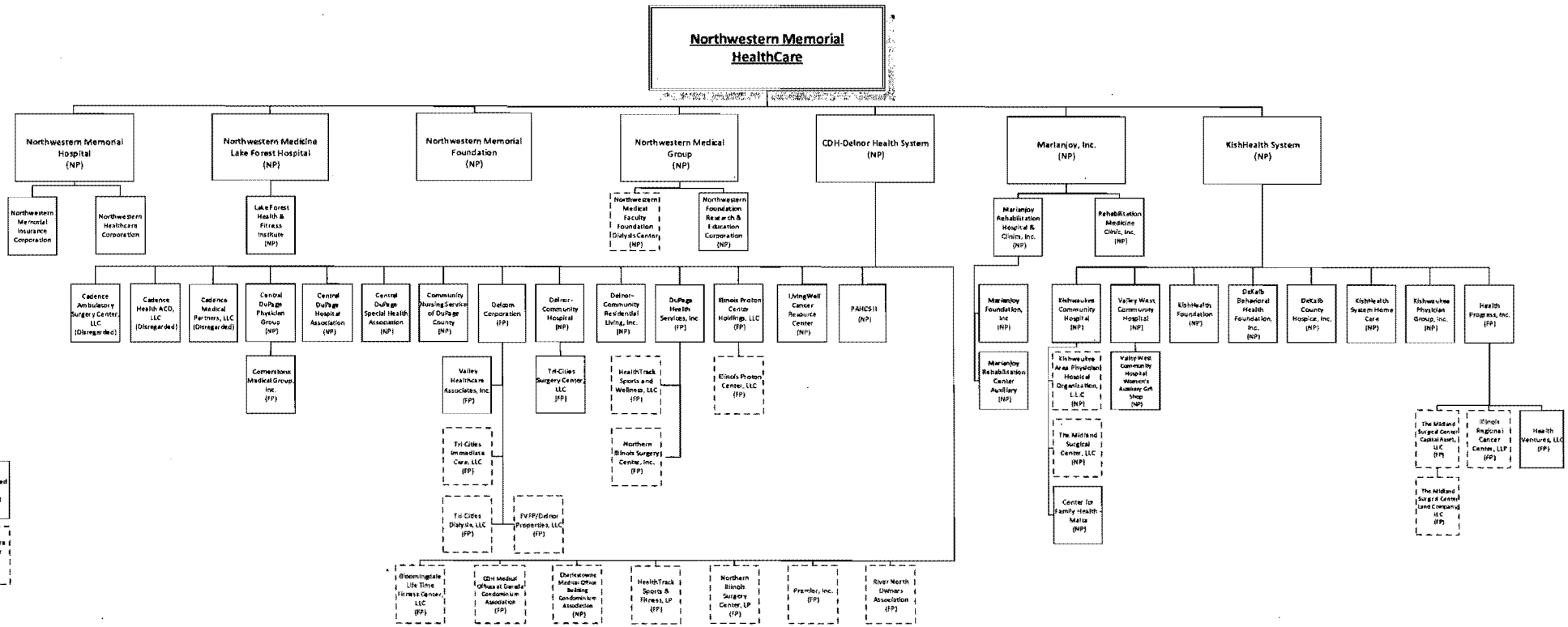
Township	Tax Code	Acres
GE	GE005	

Tax Rate	Sold at Tax Sale	Forfeited Tax
9.534543		

First Installment Tax	Second Installment Tax
$174,907.62	$174,907.62
Abatement	Abatement
Penalty	Penalty
Other Fees	Other Fees
Total Due DUE BY 06/01/16	Total Due DUE BY 09/01/16

TIF BASE	N/A
FAIR CASH VALUE	11,007,876.00
LAND VALUE	704,417.00
+ BUILDING VALUE	2,964,508.00
- HOME IMPROVEMENT/VET	0.00
= ASSESSED VALUE	3,668,925.00
x STATE MULTIPLIER	1.000000
= EQUALIZED VALUE	3,668,925.00
- HOMESTEAD EXEMPTION	0.00
- SENIOR EXEMPTION	0.00
- OTHER EXEMPTIONS	0.00
+ FARMLAND	0.00
+ FARM BUILDING	0.00
= NET TAXABLE VAL.	3,668,925.00
x TAX RATE	9.534543
= CURRENT TAX	$349,815.24
+ NON AD VALOREM TAX	$0.00
+ BACK TAX / FORF AMT	$0.00
- ENTERPRISE ZONE	$0.00
= TOTAL TAX DUE	**$349,815.24**

ATTACHMENT-2



ATTACHMENT-4

SECTION II. DISCONTINUATION

Criterion 1110.130 – Discontinuation

GENERAL INFORMATION REQUIREMENTS

Delnor-Community Hospital requests the discontinuation of the Ambulatory Surgery Treatment Center (ASTC) license for Tri-Cities Surgery Center, LLC (TCSC) in order to operate the facility as an extension of Delnor's Perioperative Services department. No clinical services will be discontinued with this project.

Upon HFSRB approval of this project, Delnor plans to operate the TCSC facility as a hospital-based perioperative services department under the hospital's license. Because all perioperative services at Delnor will be billed by the hospital, patients will be eligible for Delnor's financial assistance policy.

TCSC's medical records are currently stored on a server maintained by TCSC. With the approval of this application, the Delnor Information Services Department will take possession of the server, maintain it at their data center, and have the records available as archive documents.

REASONS FOR DISCONTINUATION

From 2010 to 2014, total surgical hours at Delnor have increased by 26.4%, with outpatient surgical hours increasing by 120.4% over the same period. Because Delnor is land locked, there are few options for Delnor to expand its perioperative services in a non-disruptive, cost-effective manner. The acquisition of TCSC will delay and reduce the capital investment needed to expand/renovate Delnor's perioperative services area by allowing Delnor to meet the current and projected demand for outpatient surgery.

DELNOR SURGICAL DATA

	2010	2011	2012	2013	2014
Inpatient Cases	2,089	2,038	1,762	1,649	1,138
Outpatient Cases	3,250	3,631	3,657	3,134	3,941
Inpatient Hours	4,770	4,767	4,139	3,818	2,302
Outpatient Hours	3,968	4,568	4,683	5,713	8,746
Total Cases	5,339	5,669	5,419	4,783	5,079
Total Hours	8,738	9,335	8,822	9,531	11,048

The conversion of TCSC from an ASTC to a hospital program provides additional benefits:

- Patients will be eligible for Delnor's financial assistance policy which increases access for patients in need of financial assistance; TCSC did not have a charity care policy.
- Reduces business and administrative redundancy invoked by maintaining separate policies, procedures, billing platforms, etc.
- Allows integration into the hospital-based electronic medical record system (EPIC).
- Allows for the standardization of electronic clinical protocols and order sets thereby improving patient safety and outcomes.
- Allows for the sharing of support and clinical staff resulting in labor efficiencies.

IMPACT ON ACCESS

Delnor is requesting to discontinue the ASTC license but will continue to offer outpatient perioperative services under the hospital's license and therefore there will be no impact to area providers.

ATTACHMENT-10

XI. Safety Net Impact Statement

Northwestern Medicine Delnor Hospital opened 75 years ago, as a result of a community-led effort to build a facility to meet the growing healthcare needs of the residents of Kane County. With 159 beds and more than 450 physicians in 80 specialties, Delnor is an acute care facility providing comprehensive medical care to the community of Geneva and surrounding areas.

Delnor regularly engages with Kane County organizations committed to improving the health of its residents, including the Kane County Health Department, the Tri City Health Partnership, a Kane County free health clinic that provided more than 1,400 patient visits in 2015 through its entirely volunteer medical staff, and the INC 708 organization, which focuses on mental health services.

Delnor shares Northwestern Medicine's commitment to provide care for those unable to pay, providing almost 10% of the total charity care in Kane County in 2014.

Additionally, Delnor was the first non-academic hospital in Illinois to earn nursing Magnet Status from the American Nurses Credentialing Center, the nation highest recognition for patient care and nursing excellence. The hospital is home to a state-of-the-art Cancer Center and its Breast Health Center is recognized by the prestigious National Accreditation Program for Breast Centers (NAPBC) through the American College of Surgeons.

Providing Access to Care for Medically Underserved Kane County Residents

In addition to working with the Kane County organizations named above, Delnor has several programs to improve access to care for the medically underserved Kane County residents:

- Vaccine Clinic:
  Vaccines are among the most cost-effective clinical preventative services. However, in 2010, only 56% of 2-year-olds in Kane County received the recommended vaccines. To increase access to vaccines, Delnor offers a monthly Vaccine Clinic to provide vaccines free of charge to children without health insurance coverage, or under the State Medicaid program. Through this program, Delnor has annually achieved 98-100% compliance with vaccination recommendations for young children for DtaP, Hib, Hepatitis B, MMR, Polio, and Pneumococcal vaccines and improved the rate of vaccination for young children for Hepatitis A from 72% to 96% and for Rotavirus from 74% to 82% from 2013 – 2014, as well as gained improvement in vaccination rates for children of older ages.

  The Vaccine Clinic provides a key touch point for other health education and safety interventions. Parents and caregivers at the clinic receive one-on-one counseling with health educators who tailor their discussion to be age and developmentally appropriate based on the child. The Vaccine Clinic provides new car seats and booster seats to families without them, and all parents and caregivers are taught appropriate securing and use of car seats. In FY15, the program provided 514 car seats and checked an additional 304 car seats. Parents and caregivers can also receive free flu vaccines and TdaP shots.

- Delnor Community Heart Failure Program:
  The CDC estimates that more than 5.1 million Americans have heart failure, a condition in which the heart cannot pump enough blood to the body. Heart failure is treatable with medication, diet restrictions and physical activity, and diligent management of heart failure is necessary for longer life and better quality of life.

  Delnor has implemented the Community Health Failure Program (CHFP) to provide assistance to heart failure patients in learning to manage their condition. CHFP nurses are connected with inpatients with a diagnosis of heart failure, regardless of ability to pay, and provide in-home services to them following discharge from the hospital. In the home, CHFP nurses teach how to take blood pressure, ensure that a home scale is available, help patients and families organize medications in a medication management case and provide health education. Nurses provide weekly follow-up calls for a month following discharge. This is especially important for the medically underserved who may not have a medical home to provide such follow-up services. In FY15, 357 patients were enrolled in this program.

- Park District Grants:
  Delnor provides grants to local park districts to underwrite the cost of memberships for residents who would otherwise not be able to afford memberships. Delnor also provides grant funds to several community organizations with programs and services that improve health and reduce obesity.

Delnor's Financial Assistance Policy

Beginning September 1, 2016, Delnor's Financial Assistance policy will change in order to align with the current NMHC policy which consistently leads in charity care in IL. Free and Discounted Care will be available to those seeking care at Delnor based upon the following program criteria:

- The Financial Assistance policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL) to determine eligibility. Uninsured or insured IL residents receiving emergency or medically necessary care with incomes less than or equal to 200% of the FPL may be eligible for 100% free care.
- Insured IL residents with household incomes of more than 200% and up to and including 600% of the FPL may be eligible for the Amount Generally Billed Discount (amount billed to those who have Medicare or commercial insurance) for medically necessary services not covered by insurance.
- Uninsured patients with household incomes of more than 200% and up to and including 600% of the FPL may be eligible for a Cost-of-Care Discount (discount incorporating the total cost-to-care ratio).
- Under the Catastrophic Assistance program, for qualifying patients (both insured and uninsured) with household income between 200% and 600% of the FPL (patients at or below this level are eligible for free care), the patient's total responsibility to NMHC will not exceed 25% of annual household income during any twelve month period.

Impact of the Project on Safety Net Services at Other Hospitals

The proposed project will not have a negative impact on essential safety net services in the community. Nor will this project impact the ability of other providers to cross-subsidize safety net services. Because the Tri-Cities Surgery Center space will be operated by Delnor as a hospital-based perioperative services department, access to care for the medically underserved will be increased because Delnor's financial assistance policy will be available for qualifying patients needing perioperative services at Delnor.

Delnor Community Benefit

To help meet the needs of the community during FY15, Delnor contributed $50.7 million in community benefits, which represents 18.8% of its patient service revenues. Included in the $50.7 million is $2.3 million in charity care alone. Other elements of Delnor's community benefit contribution are:

- $44.6 million Government sponsored care (unreimbursed cost of Medicaid and Medicare).

- $0.7 million other community benefits: Delnor provides community benefit through subsidized health services including education and information to improve the health of the community; donations to charitable and community organizations; volunteer efforts; language assistance and translation services for patients and their families; and more.

- $3.1 million Bad Debt (based on cost): An important part of Delnor's commitment to providing quality and accessible healthcare includes covering the expense of payments that were expected but not received.

Charity Care and Medicaid

DELNOR COMMUNITY HOSPITAL

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**FY13**	**FY14**	**FY15**
Inpatient	459	850	106
Outpatient	4,046	6,876	2,137
Total	**4,505**	**7,726**	**2,243**
Charity (cost in dollars)			
Inpatient	$ 1,300,112	$ 809,355	$ 600,423
Outpatient	$ 1,349,353	$ 1,840,110	$ 1,744,838
Total	**$ 2,649,465**	**$ 2,649,465**	**$ 2,345,261**
MEDICAID			
Medicaid (# of patients)	**FY13**	**FY14**	**FY15**
Inpatient	495	586	705
Outpatient	12,147	13,591	18,726
Total	**12,642**	**14,177**	**19,431**
Medicaid (revenue)			
Inpatient	$ 13,128,050	$ 3,277,239	$ 4,343,703
Outpatient	$ (4,627,535)	$ 2,405,644	$ 4,109,131
Total	**$ 8,500,515**	**$ 3,522,883**	**$ 8,452,834**

Source: IDPH Annual Hospital Questionnaires

TRI-CITIES SURGERY CENTER

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**FY13**	**FY14**	**FY15**
Outpatient	6	10	4
Total	**6**	**10**	**4**
Charity (cost in dollars)			
Outpatient	$ 4,448	$ 5,310	$ 2,736
Total	**$ 4,448**	**$ 5,310**	**$ 2,736**
MEDICAID			
Medicaid (# of patients)	**FY13**	**FY14**	**FY15**
Outpatient	43	58	8
Total	**43**	**58**	**8**
Medicaid (revenue)			
Outpatient	$ 20,802	$ 59,969	$ 9,937
Total	**$ 20,802**	**$ 59,969**	**$ 9,937**

Source: IDPH Annual ASTC Questionnaires

ATTACHMENT-40

XII. Charity Care Information

Charity Care

Delnor-Community Hospital is committed to providing care for those who are unable to pay. In 2014, Delnor provided almost 10% of the total charity care provided in Kane County.

Since the enactment of the Affordable Care Act, hospitals have been experiencing a decrease in the amount of charity care provided as more people have insurance (usually through Medicaid or the public exchange); however, hospitals are also seeing an increase in the amount of bad debt.

Beginning September 1, 2016, Delnor's Financial Assistance policy will change in order to align with the current NMHC policy which consistently leads in charity care in Illinois.

DELNOR CHARITY CARE			
	FY13	**FY14**	**FY15**
Net Patient Revenue	$ 204,240,959	$ 213,310,618	$ 255,168,156
Amount of Charity Care (charges)	$ 11,371,095	$ 15,022,119	$ 12,795,269
Cost of Charity Care	$ 2,649,465	$ 2,649,465	$ 2,345,261
Charity Care as % of Net Revenue	1.3%	1.2%	0.9%

TRI-CITIES SURGERY CENTER CHARITY CARE			
	FY13	**FY14**	**FY15**
Net Patient Revenue	$ 7,764,452	$ 7,788,279	$ 7,110,015
Amount of Charity Care (charges)	$ 41,426	$ 68,285	$ 24,465
Cost of Charity Care	$ 4,448	$ 5,310	$ 2,736
Charity Care as % of Net Revenue	0.1%	0.1%	0.0%