

17-037

Centegra Corporate Office 385 Millennium Drive Crystal Lake, IL 60012 815-788-5800

August 15, 2017

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Springfield, Illinois 62761 RECEIVED

AUG 1 7 2017

HEALTH FACILITIES & SERVICES REVIEW BOARD

Dear Ms. Avery:

On behalf of Northern Illinois Medical Center d/b/a Centegra Hospital – Huntley, Centegra Health System, Northern Illinois Medical Center d/b/a Centegra Hospital – McHenry and Memorial Medical Center – Woodstock d/b/a Centegra Hospital – Woodstock, I am enclosing one check for \$2,500 and two copies of the Certificate of Need (CON) application that is described below.

This project proposes to redistribute (i.e. convert) 4 beds in the Medical/Surgical Category of Service at Centegra Hospital – Huntley to 4 beds in the Intensive Care Category of Service at the hospital.

This CON application is being submitted simultaneously with an application for a Certificate of Exemption (COE) application to discontinue the Medical/Surgical and Intensive Care Categories of Service at Centegra Hospital – Woodstock.

Centegra Hospital – Huntley and Centegra Hospital – Woodstock, as well as Centegra Hospital – McHenry are owned and operated by Centegra Health System. The three hospitals are all located in the same county (McHenry) and in the same planning area for acute care services, including the Medical/Surgical and Intensive Care Categories of Service (Planning Area A-10).

Please feel free to contact me, Daniel J. Lawler (312-214-4861, daniel.lawler@btlaw.com), or Andrea R. Rozran (312-266-0466, arozran@diversifiedhealth.net) if you have any questions.

Sincerely,

Hadley Streng

SVP, Strategy and Development

Centegra Health System

815-788-5858

hstreng@centegra.com

**Enclosures** 

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION HEALTH FACILITIES &
This Section must be completed for all projects.

Facility/Project Identification						
Facility Name: Centegra Hospital – Huntley						
Street Address: 10400 Haligus Road						
City and Zip Code: Huntley 60142						
County: McHenry Health Service Area: HSA-08 Health Planning Area: A-10						
Odding. Morrow						
Applicant(s) [Provide for each applicant (refer to Part 1130.220)]						
Exact Legal Name: Northern Illinois Medical Center d/b/a Centegra Hospital - Huntley						
Street Address: 10400 Haligus Road						
City and Zip Code: Huntley 60142						
Name of Registered Agent: Centegra Health System						
Registered Agent Street Address: 385 Millennium Drive						
Registered Agent City and Zip Code: Crystal Lake 60012						
Name of Chief Executive Officer: Mr. Michael S. Eesley, FACHE						
CEO Street Address: 385 Millennium Drive						
CEO City and Zip Code: Crystal Lake 60012						
CEO Telephone Number: (815)788-5823						
Type of Ownership of Applicants						
✓       Non-profit Corporation       ☐       Partnership         ☐       For-profit Corporation       ☐       Governmental						
Limited Liability Company						
o Corporations and limited liability companies must provide an Illinois certificate of good						
nging						
standing.  Partnerships must provide the name of the state in which they are organized and the name and						
<ul> <li>Partnerships must provide the name of the state in which they are organized and the name and</li> </ul>						
<ul> <li>standing.</li> <li>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul>						
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APPLICATION FORM.

Additional Contact [Person who is also authorized to discuss the application for exemption permit] Name: Mr. Daniel J. Lawler Title: Partner Company Name: Barnes & Thornburg, LLP Address: 1 N. Wacker Drive, Suite 4400, Chicago, IL 60606 Telephone Number: (312) 214-4861 E-mail Address: daniel.lawler@btlaw.com Fax Number: (312) 759-5646 Applicant(s) [Provide for each applicant (refer to Part 1130.220)] Exact Legal Name: Centegra Health System Street Address: 385 Millennium Dr. City and Zip Code: Crystal Lake 60012 Name of Registered Agent: Mr. Michael S. Eesley, FACHE Registered Agent Street Address: 385 Millennium Dr. Registered Agent City and Zip Code: Crystal Lake 60012 Name of Chief Executive Officer: Mr. Michael S. Eesley, FACHE CEO Street Address: 385 Millennium Dr. CEO City and Zip Code: Crystal Lake 60012 CEO Telephone Number: (815) 788-5823 Type of Ownership of Applicants Partnership Non-profit Corporation Governmental For-profit Corporation Other Sole Proprietorship Limited Liability Company o Corporations and limited liability companies must provide an Illinois certificate of good standing. o Partnerships must provide the name of the state in which they are 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

Appli	cant(s) [Provide for each applica	nt (refe	r to Part 1130.220)]					
	egal Name: Northern Illinois Medical Co	enter d/b	o/a Centegra Hospital - Mo	Henry	<del></del>			
Street Address: 4201 Medical Center Drive								
City and Zip Code: McHenry 60050								
Name of Registered Agent: Mr. Michael S. Eesley, FACHE								
Registe	Registered Agent Street Address: 385 Millennium Dr.							
Registered Agent City and Zip Code: Crystal Lake 60012								
Name	of Chief Executive Officer: Mr. Michael S	S. Eesley	/, FACHE	·····				
CEO S	treet Address: 385 Millennium Dr.							
CEO C	ity and Zip Code: Crystal Lake 60012							
	elephone Number: (815) 788-5823							
Туре	of Ownership of Applicants			<u> </u>				
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	Non-profit Corporation	닖	Partnership					
📙	For-profit Corporation	닖	Governmental	[]	Other			
[	Limited Liability Company	Ш	Sole Proprietorship	Ш	Other			
0	Corporations and limited liability compa	anies mi	ust provide an <b>Illinois cer</b> t	tificate of good				
	Partnerships must provide the name o	f the stat	te in which they are organi	ized and the nam	ne and			
	address of each partner specifying who	ether ea	ch is a general or limited p	partner.				
	addition of cook parator spoon, mg							
	D DOCUMENTATION AS ATTACHMENT 1 IN NO ATION FORM.	JMERIC S	EQUENTIAL ORDER AFTER T	HE LAST PAGE OF	THE			
Appli	cant(s) [Provide for each applica	nt (refe	er to Part 1130.220)]		<del>-</del>			
	Legal Name: Memorial Medical Center -	- Woods	tock d/b/a Centegra Hospi	tal - Woodstock	<del> </del>			
	Address: 3701 Doty Road							
City an	d Zip Code: Woodstock 60098							
Name	of Registered Agent: Mr. Michael S. Ees	sley, FA	CHE		<del></del>			
Regist	ered Agent Street Address: 385 Millenni	um Dr.						
Regist	ered Agent City and Zip Code: Crystal L	ake 600	12					
Name	of Chief Executive Officer: Mr. Michael	S. Eesle	y, FACHE	<del></del>				
	Street Address: 385 Millennium Dr.							
CEO C	City and Zip Code: Crystal Lake 60012							
CEO T	elephone Number: (815) 788-5823							
Type	of Ownership of Applicants	<u></u>						
_		<del></del>	D. A. John					
	Non-profit Corporation	닏	Partnership					
	For-profit Corporation	Ц	Governmental	<del>[</del>	Other			
	Limited Liability Company	Ш	Sole Proprietorship	L	Olliel			
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APPENI	D DOCUMENTATION AS ATTACHMENT 1 IN.N. ATION FORM.	UMERIC S	EQUENTIAL ORDER AFTER T	HE LAST PAGE OF	THE			
J APPLIC	MINNTURM.			(				

## **Post Permit Contact**

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

EMPLO	OYED BY THE LICENSED HEALTH CARE	E FACIL	LITY AS DEFINED AT 20 ILC	S 3960]	
Name:	Hadley Streng				
Title: Se	Title: Senior Vice President, Strategy and Development				
Compar	any Name: Centegra Health System				
Address	ss: 385 Millennium Drive, Crystal Lake, IL 6	0012			
Telepho	none Number: (815)788-5858				
E-mail A	Address: hstreng@centegra.com				
Fax Nur	umber: (815)788-5263				
Site Ov	Ownership				
[Provide	te this information for each applicable site]			<u> –                                 </u>	
Exact L	Legal Name of Site Owner: Northern Illinois	Medica	al Center d/b/a Centegra Hos	pital - Huntley	
Address	ss of Site Owner: 10400 Haligus Road, Hun	itley, IL	60142		
Street A	Address or Legal Description of the Site:		<del></del>		
Proof of	of ownership or control of the site is to be pro	ovided a	is Attachment 2. Examples of	proof of ownership	
	operty tax statements, tax assessor's docume			the corporation	
attesting	ng to ownership, an option to lease, a letter o	of inte⊓t	to lease, or a lease.		
	D DOCUMENTATION AS <u>ATTACHMENT 2,</u> IN NUMB	EDIC SEC	NIENTIAL OPDED ACTED THE LA	ST PAGE OF THE	
APPEND	D DOCUMENTATION AS <u>ATTACHMENT 2.</u> IN NOME	ERIC SEC	ZOEN HAE ORDER AFTER THE EA	OTT ACE OF THE	
ALLEGA	A BONT OTHE				
Operat	ating Identity/Licensee				
[Drovide	de this information for each applicable facilit	v and ir	sert after this page.1		
Evact	Legal Name: Northern Illinois Medical Cente	er d/b/a	Centegra Hospital - Huntley		
	ss: 10400 Haligus Road, Huntley, IL 60142	<u> </u>	Contagna ( Copies Contagna)		
Address	ss. 10400 Hallgus Itodu, Halfucy, Iz 00112		-		
$\boxtimes$	Non-profit Corporation	7	Partnership		
	For-profit Corporation		Governmental		
lĦ	Limited Liability Company		Sole Proprietorship	Other	
	• •		•		
0	Corporations and limited liability companie	es must	t provide an Illinois Certificate	of Good Standing	
0	Partnerships must provide the name of the	e state	in which organized and the na	ame and address of	
	each partner specifying whether each is a	genera	al or limited partner.		
0	Persons with 5 percent or greater inter	rest in t	he licensee must be identif	ied with the % of	
	ownership.				
	A TANALAS AND A TANALAS AND	CDIC CEC	NICHTIAL ORDER AFTER THE LA	ST PAGE OF THE	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.					
AFT LIGH	ATTON COUNTY				
Organi	nizational Relationships				
Drovide	e (for each applicant) an organizational cha	ert conta	ining the name and relations	nip of any person or	
Provide (for each 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					
contribu				<u> </u>	
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE					
	ATION FORM.				

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[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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 <a href="https://www.fEMA.gov">www.fEMA.gov</a> or <a href="https://www.fema.gov">www.illinoisfloodmaps.org</a>. 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 #2006-5 (<a href="https://www.hfsrb.illinois.gov">https://www.hfsrb.illinois.gov</a>).

APPEND DOCUMENTATION AS <u>ATTACHMENT 5</u>, 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 <u>ATTACHMENT 6,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### **DESCRIPTION OF PROJECT**

(Check	those applicable - refer to Part 1110.40 and Part 1120.20(b)	]
Part 1	110 Classification:	
	Substantive	
$\boxtimes$	Non-substantive	

#### 2. Narrative Description

In the space below, provide 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.

This project proposes to redistribute (i.e. convert) 4 beds in the Medical/Surgical Category of Service at Centegra Hospital – Huntley to 4 beds in the Intensive Care Category of Service at the hospital.

Although changes in bed capacity, including the redistribution of beds between categories of service, are permitted every 2 years for the lesser of 20 beds or 10% of a hospital's bed capacity without first securing a Certificate of Need (CON) permit in accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/5(c) and 20 ILCS 3960/8(c), 77 III. Adm. Code 1130.240(f)(1)(C) and 1130.310(4)), this project must secure a CON permit to make this change because these beds have been operational for less than 2 years (77 III. Adm. Code 1130.140 and 77 III. Adm. Code 1130.240(f)(3)). Centegra Hospital – Huntley became operational in August 2016, as a result of which the beds approved in the CON permit for this hospital have not been operational for two years.

This CON application is being submitted simultaneously with an application for a Certificate of Exemption (COE) to discontinue the M/S and Intensive Care Categories of Service at Memorial Medical Center - Woodstock d/b/a Centegra Hospital – Woodstock.

Centegra Hospital – Huntley, Centegra Hospital – Woodstock and Centegra Hospital – McHenry are owned and operated by Centegra Health System. The three hospitals are all located in the same county (McHenry) and in the same planning area for acute care services, including the M/S and Intensive Care Categories of Service (Planning Area A-10). The three hospitals have a unified medical staff, which permits members of their medical staffs to admit and treat patients at each of the three hospital and the hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

This project is "Non-Substantive" because the redistribution of less than 10% of the total bed capacity of the healthcare facility between categories of service does not meet the Illinois Health Facilities Planning Act's definition of a "Substantive" project (20 ILCS 3960/12(8)).

This project will be operational no later than June 30, 2018.

There are no capital costs associated with this project.

#### **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 be equal.

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

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT, 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:

will be of has been acquired during the last two calendar years.
Land acquisition is related to project ☐ Yes ☒ No Purchase Price: \$N/A Fair Market Value: \$N/A
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 <b>non-capitalized</b> 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  This is not applicable because this project does not have cost.
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
Anticipated project completion date (refer to Part 1130.140): June 30, 2018
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):
<ul> <li>☐ Purchase orders, leases or contracts pertaining to the project have been executed.</li> <li>☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies</li> <li>☐ Financial Commitment will occur after permit issuance.</li> <li>This is not applicable because this project does not have cost.</li> </ul>
APPEND DOCUMENTATION AS <u>ATTACHMENT 8.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
State Agency Submittals [Section 1130.620(c)]
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.
pennit being deemed moompleto.

### **Cost Space Requirements**

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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.** 

	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
Dept. / Area		Cost	Existing	Proposed	New Const.	Modernized	As Is
REVIEWABLE				_			
Medical Surgical							
Intensive Care							
Diagnostic Radiology					:		
MŘI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL			<u> </u>		<u> </u>		

APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u>, 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 the chart after this page. Provide the existing bed capacity and utilization data for the latest Calendar Year for which data is 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: Centegra Hospital - Huntley CITY: Huntley					
REPORTING PERIOD DATES	: Fre	om: August 9, 20	016 <b>to</b> : Dec	cember 31, 20	<u> </u>
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	100	1,174_	4,903	-4	96
Obstetrics	20	278	659	0	20
Pediatrics	0	0	0	0	0_
Intensive Care	8	163*	441**	+4	12
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:	128	1,615	6,003	0	128_

<sup>\*</sup>Includes only inpatients admitted directly to ICU. Transfers to the ICU from another unit within the hospital totaled 46.

Centegra Hospital – Huntley opened August 9, 2016.

<sup>\*\*</sup>Includes patient days from ICU direct admission and patient days from ICU transfers.

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Northern Illinois Medical Center d/b/a Centegra Hospital -Huntley\*

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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Michael S. Eesley

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

PRINTED NAME General Counsel

Aaron T. Sheplev

PRINTED TITLE

Notarization:

Subscribed and swern to before me

this 14th day of leve

Signature of Note

Seal

OFFICIAL SEAL DIANNE R MCLAREN

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 12/15/18

\*Insert the EXACT legal-name of the appl

Notarization:

SIGNATURE

Subscribed and sworn to before me

day ofker

Signature of Notary

Seal

OFFICIAL SEAL DIANNE R MCLAREN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 12/15/19

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

This Application is filed on the behalf of <u>Centegra</u> in accordance with the requirements and procedu. The undersigned certifies that he or she has the abehalf of the applicant entity. The undersigned fur provided herein, and appended hereto, are completely knowledge and belief. The undersigned also cert sent herewith or will be paid upon request.	ures of the Illinois Health Facilities Planning Act. Buthority to execute and file this Application on Urther certifies that the data and information Hete and correct to the best of his or her
SIGNATURE	SIGNATURE
Michael S. Eesley PRINTED NAME	Aaron T. Shepley PRINTED NAME
Chief Executive Officer PRINTED TITLE	General Counsel PRINTED TITLE
Notarization: Subscribed and sworn to before me this 4 day of many 2017  Mc Lare Signature of Notary	Notarization: Subscribed and swon to before me this // Eday of Jugust, 20/7  Signature of Notary  OFFICIAL SEAL
Seal OFFICIAL SEAL DIANNE R MCLAREN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:12/15/19 *Insert the EXACT Jegal name of the applicant	Seal DIANNE R MCLAREN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 12/15/19

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

This Application is filed on the behalf of Northern Illinois Medical Center d/b/a Centegra Hospital -McHenry\*

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 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 fee required for this application is

sent herewith or will be paid upon request.

SIGNATURE

Michael S. Eesley

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before, me

this 14 ay of le

Signature of Notary

Seal

OFFICIAL SEAL DIANNE R MCLAREN

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES, 12/15/19

\*Insert the EXACT-logal-nerve-sittle-capit

SIGNĂTURE

Aaron T. Shepley

PRINTED NAME

General Counsel PRINTED TITLE

Notarization:

Subscribed and sworn to before me this / 4 day of Lucust,

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

This Application is filed on the behalf	of Memorial	Medical Center	<u>– Woo</u>	<u>odst</u>	<u>ock</u>	d/b/a	<u>Center</u>	<u>gra</u>
Hospital - Woodstock *								

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifles that he or she has the authority to execute and file this Application 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE SIGNATURE Aaron'U Shepley Michael S. Eesley PRINTED NAME PRINTED NAME

General Counsel Chief Executive Officer PRINTED TITLE PRINTED TITLE

Notarization: Subscribed and swern to before, me this 14th day of Lu

Signature of Notary

OFFICIAL SEAL Seal

DIANNE R MCLAREN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 12/15/19 \*Insert the EXAGT legal name of

Seal

Signature

Notarization:

OFFICIAL SEAL DIANNE R MCLAREN

Subscribed and sworn to before me

=day of

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:12/15/19

# SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### **Background**

## READ THE REVIEW CRITERION and provide the following required information:

#### **BACKGROUND OF APPLICANT**

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
- 2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
- 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
- 4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS <u>ATTACHMENT 11</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

## Criterion 1110.230 – Purpose of the Project, and Alternatives

#### **PURPOSE OF PROJECT**

- 1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
- 2. Define the planning area or market area, or other relevant area, per the applicant's definition.
- 3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
- 4. Cite the sources of the documentation.
- 5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
- 6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS <u>ATTACHMENT 12.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

#### **ALTERNATIVES**

1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.
- Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS <u>ATTACHMENT 13.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

## Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

#### SIZE OF PROJECT:

- Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
- 2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

	S	IZE OF PROJECT		
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS <u>ATTACHMENT 14.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB <u>has established</u> utilization standards or occupancy targets in 77 III. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

		UTILI	ZATION		
W- W	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS <u>ATTACHMENT 15.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

## A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

- Applicants proposing to establish, expand and/or modernize the Medical/Surgical,
   Obstetric, Pediatric and/or Intensive Care categories of service must submit the following
   information:
- 2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
Medical/Surgical	100	96
☐ Obstetric		
☐ Pediatric		
	8	12

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(c)(1) - Planning Area Need - 77 III. Adm. Code 1100 (formula calculation)	Х		
1110.530(c)(2) - Planning Area Need - Service to Planning Area Residents	Х	Х	
1110.530(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	Х		
1110.530(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		Х	
1110.530(c)(5) - Planning Area Need - Service Accessibility	×		
1110.530(d)(1) - Unnecessary Duplication of Services	×		
1110.530(d)(2) - Maldistribution	Х	Х	
1110.530(d)(3) - Impact of Project on Other Area Providers	Х	, <del></del> -	
1110.530(e)(1), (2), and (3) - Deteriorated Facilities			Х
1110.530(e)(4) - Occupancy		_	X

X	Х	
Х	X	X
Х	Х	
	Х	х х

APPEND DOCUMENTATION AS <u>ATTACHMENT 19.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### SECTION XI. CHARITY CARE INFORMATION

### Charity Care information MUST be furnished for ALL projects [1120.20(c)].

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <a href="mailto:audited">audited</a> 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 <u>must</u> be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

	CHARITY CARE		
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care		<u></u>	

APPEND DOCUMENTATION AS <u>ATTACHMENT 39</u>, 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 included attachments:

(CHMEN) NO.		PAGE
1	Applicant Identification including Certificate of Good Standing	22-25
2	Site Ownership	26-28
3	Persons with 5 percent or greater interest in the licensee must be	29
•	identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of	30-31
•	Good Standing Etc.	
5	Flood Plain Requirements	32
6	Historic Preservation Act Requirements	33
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	34
10	Discontinuation	
11	Background of the Applicant	35-47
12	Purpose of the Project	48-53
13	Alternatives to the Project	54-55
		56-58
15	Project Service Utilization	59-61
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	62-76
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	
25	Non-Hospital Based Ambulatory Surgery	
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
<u> </u>	Financial and Economic Feasibility:	
34	Availability of Funds	
35	Financial Waiver	
36	Financial Viability	
37	Economic Feasibility	
38	Safety Net Impact Statement	
39	Charity Care Information	77-78



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

NORTHERN ILLINOIS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 1956, 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 13TH day of JULY A.D. 2017 .

Authentication #: 1719402484 verifiable until 07/13/2018
Authenticate at: http://www.cyberdrlveillinois.com

SECRETARY OF STATE



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

CENTEGRA HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 01, 1982, 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.



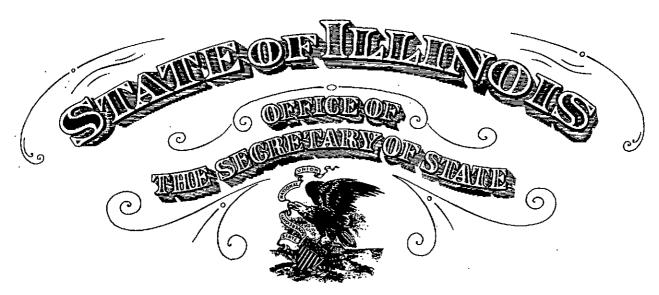
In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JULY A.D. 2017.

Authentication #: 1719203194 verifiable until 07/11/2018
Authenticate at: http://www.cyberdriveillinois.com

se while

SECRETARY OF STATE



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

NORTHERN ILLINOIS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 1956, 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 13TH day of JULY  $\pmb{A.D.}$  2017 .

Authentication #: 1719402484 verifiable until 07/13/2018
Authenticate at: http://www.cyberdriveillinols.com

Usse White



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

MEMORIAL MEDICAL CENTER-WOODSTOCK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 09, 1914, 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 5TH

day of

JULY

A.D.

2017

Authentication #: 1718602512 verifiable until 07/05/2018
Authenticate at: http://www.cyberdriveillinois.com

sse White

SECRETARY OF STATE

FROM THE OFFICE OF: GLENDA L. MILLER

**REAL ESTATE TAX BILL** 

1ST INSTALLMENT COUPON PAYMENT

MCHENRY COUNTY TREASURER

PIN: 18-27-251-007

**1ST INSTALLMENT FOR 2016** 

DUE BY 06/05/2017

\$604.94

**CENTEGRA HEALTH SYSTEM** 527 W SOUTH ST WOODSTOCK IL 600981-2016 **TOTAL PAID** 

INTEREST COSTS

Total Due

ASSESSED TD: NIMED CORP

Due by 06/05/2017

PAID BY: CHECK \_\_\_\_ CASH \_\_\_ MAIL \_\_\_ CREDIT CARD \_\_\_

MAKE CHECKS PAYABLE TD: McHENRY COUNTY COLLECTOR

\*\*DUPLICATE\*\*

1827251007000006049416

FROM THE OFFICE OF:

REAL ESTATE TAX BILL

ASSESSED TO: NIMED CORP

GLENDA L. MILLER

2ND INSTALLMENT COUPON PAYMENT

PIN: 18-27-251-007

MCHENRY COUNTY TREASURER

MAKE CHECKS PAYABLE TO: MCHENRY COUNTY COLLECTOR

2ND INSTALLMENT FOR 2016 DUE BY 09/05/2017

\$604.94

\*\*DUPLICATE\*\*

CENTEGRA HEALTH SYSTEM 527 W SOUTH ST WOODSTOCK IL 600982-2016

INTEREST COSTS

Total Due

TOTAL PAID

Due by 09/05/2017

PAID BY: CHECK \_\_\_ CASH \_\_\_ MAIL \_\_\_ CREDIT CARD \_\_\_

1827251007000006049428

Taxing Body	Rate	Percent	Tax This Year	Tax Last Year					Fair Cash Value	- 1
MCHENRY COUNTY	0.89763	9.48	\$114.69	\$109.73	1				S/A Value	
MCHENRY COUNTY	PENSION 0.15624	1.65	\$19,96	\$20.02	MCHENRY COUNTY 20		STATE TAX	BILL	12,127	1
MCHENRY CO CONSV	0.25884	7 2.73	\$33.07	\$33,29	LEGAL OESCRIPTION:   DOC 2014R0041747 (PLAT)			•	x	
COLLEGE DISTRICT 528 MCC	0,40114	7 4.24	\$51.25	\$51.62	PC W1/2 LT A	LO1)			1.0581	
COLLEGE DISTRICT 528 MCC	PENSION 0.00545	0,06	\$0.70	\$0.70		ARE				=
SCHOOL DIST 158	5.51467	58,24	\$704.61	\$688.41					12,777	
SCHOOL DIST 158	PENSION 0.21740	2.30	\$27.78	\$27.26	ASSESSED TO:				Brd. of Review Value 12,777	ŀ
HUNTLEY FIRE DIST	0.69952	7.39	\$89.38	\$90.62	NIMED CORP					x
HUNTLEY FIRE DIST	PENSION 0.10542	1.11	\$13.47	\$12.37	SITE ADDRESS:				1.0000	^
HUNTLEY AREA LIBRARY	0.25594	2.70	\$32.70	\$31.61	UNKNOWN					Ē
HUNTLEY PARK DIST	0.270037	2.85	\$34.50	\$44,97	IL.				12,777	-
GRAFTON TOWNSHIP	0.074555	0.79	59.53	\$10.88					Home improv./Vet Exemptions	٠
GRAFTON TWP RO & BR	0.058489		\$7.61	\$7.53					0	
GRAFTON TWP RD & BR	PENSION 0.001287	0.01	\$0.16		if paid after due date, p				State Multiplier 1.0000	×
HUNTLEY VILLAGE	0,442609		<b>\$</b> 56.55	\$47.86	month penalty: FIRST 06/06 - 07/05	INSTALLN 614.0	_	ONGINSTALLMENT		=
HUNTLEY VILLAGE	PENSION 0,10895	1.15	\$13.92	\$13.83	07/06 - 06/05	823.0			11,833	i
					0B/06 - 09/05	632.1			Farmiend and Bidgs, Value 944	+
					09/06 - 10/05	641.2	4	614.01	Total Amt, Prior to Exemptions	_
					10/06 - 10/27	650.3	1	833.09	12,777	
					PiN				Annual Homestead Exemptions	-
					File	18-27	251-007		Sr. Freeze Abated Amount	
					Township		Code	Property Class	0	
					GF		6002	0011	Elderly Homestead Exemption	- ]
					Sub Lot	Acres			0	1
					1	t5.30	1		Disabled Vet Homestead Ex	٠
					1st tristali		2nd Install		1	
						604.94		\$604.84	Disebled Person Exemption 0	•
					Interest		Interest		Returning Veteran Exemption -	-
					Costs		Costs		Net Taxeble Amount 12,777	
					Total Paid		Total Paid		Local Tax Rate 9.469221	X
					Total Dura		Total D		Total Current Year Tax Due	8
	Totals 9,468221		\$1,209,88	\$1,190,68	Total Due Due by 06/05/2017	7	Total Du	09/05/2017	\$1,209.88	

# HOW AND WHERE CAN I PAY MY REAL ESTATE TAX BILLS?

### **CHECK AND CASH**

- By mail, in the envelopes provided
- At most banks in McHenry County Call your bank for tax service information
- In person at the McHenry County Treasurer's Office

2100 N Seminary Ave Woodstock, IL 60098

24 Hour Drop Box at Treasurer's Office Location

NOTE: WE ARE NOT ALLOWED TO ACCEPT

PARTIAL PAYMENTS ON TAXES

There is a \$50.00 fee for returned checks.

# HOW AND WHERE CAN I PAY MY REAL ESTATE TAX BILLS?

#### **CHECK AND CASH**

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2100 N Seminary Ave Woodstock, IL 60098 OR

24 Hour Drop Box at Treasurer's Office Location NOTE: WE ARE NOT ALLOWED TO ACCEPT PARTIAL PAYMENTS ON TAXES

There is a \$50.00 fee for returned checks.

#### BY COMPUTER

- Log on to <a href="http://www.mchenrytreasurer.org">http://www.mchenrytreasurer.org</a>, click on the Property Tax Icon. Choose method of payment from options on the screen. Credit Card or Check/Debit and follow the instructions. (A convenience fee of 2.35% will be assessed on credit card payments.)

Note: McHenry County does not receive any portion of this fee. Credit card and check/debit payments are also accepted by calling 1-877-690-3729 jurisidiction code 2301 from your home or business.

Credit cards are now accepted at the government center site with the same convenience fee assessed by the internet payment center. Credit card payments are not accepted at banks.

#### BY COMPUTER

- Log on to <a href="http://www.mchenrytreasurer.org">http://www.mchenrytreasurer.org</a>, click on the Property Tax Icon. Choose method of payment from options on the screen. Credit Card or Check/Debit and follow the instructions. (A convenience fee of 2.35% will be assessed on credit card payments.)

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Credit cards are now accepted at the government center site with the same convenience fee assessed by the internet payment center. Credit card payments are not accepted at banks.

#### **KEEP THIS PORTION FOR YOUR RECORDS**

OR

#### FIRST PAYMENT RECEIVED

1

#### SECOND PAYMENT RECEIVED

2

#### LATE PAYMENT INFORMATION

According to Illinois law, all taxes not received on or before the due date will immediately be assessed an interest penalty at the rate of 1-1/2% the day after the due date. An additional 1-1/2% is added each 30 days after the due date.

The COUNTY TREASURER, 815-334-4260, has information pertaining to the actual tax bill, amount and tax payment procedures.

The COUNTY CLERKS TAX EXTENSION OFFICE, 815-334-4242, can answer inquiries about the various tax rates.

Your INDIVIDUAL TOWNSHIP ASSESSOR, can explain how your assessment was determined.

Your SUPERVISOR OF ASSESSMENTS OFFICE, 815-334-4290, can offer assistance relating to assessment complaints and exemptions.





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

NORTHERN ILLINOIS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 1956, 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.



Authentication #: 1719402484 verifiable until 07/13/2018
Authenticate at: http://www.cyberdriveillinois.com

# In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this  $13\mathrm{TH}$  day of JULY A.D. 2017 .

Desse White

SECRETARY OF STATE

## Organizational Relationships

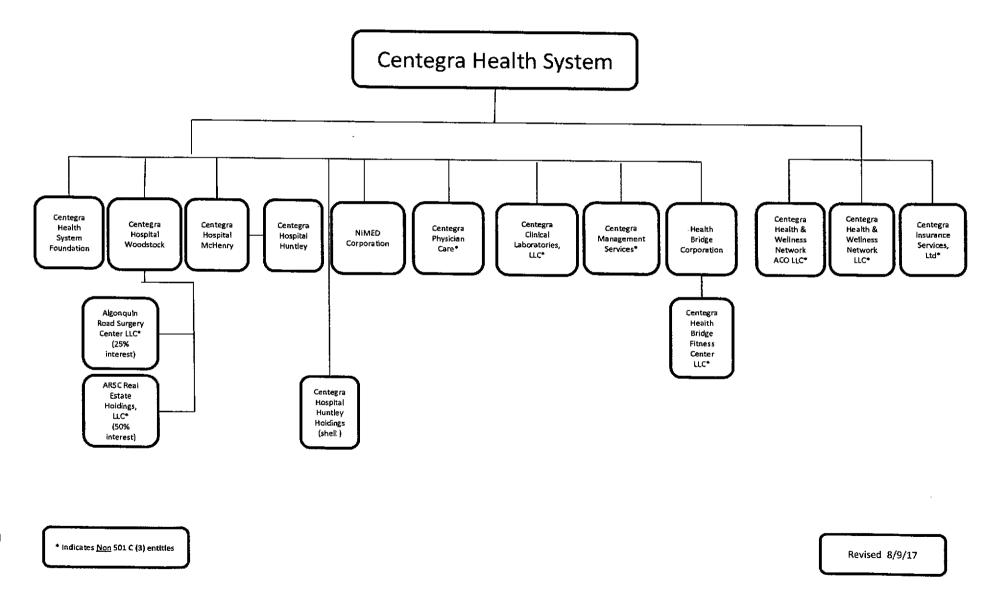
This project has 4 co-applicants: Centegra Hospital – Huntley, Centegra Health System, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Centegra Health System is the sole corporate member of Centegra Hospital - Huntley.

Centegra Health System currently operates 3 hospitals: Centegra Hospital – Huntley, Centegra Hospital - McHenry and Centegra Hospital - Woodstock.

A Corporate Organization Chart will be found on the next page.

# **Centegra Health System and its Affiliates**



I. Flood Plain Requirements

This section is not applicable because the application does not involve construction.

l.

Historic Resources Preservation Act Requirements

This section is not applicable because the application is not a:

- 1. Project involving demolition of any structure, or
- 2. Construction of new buildings; or
- 3. Modernization of existing buildings

I. Cost Space Requirements

		Gross Sq	uare 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 – All Nursing Units	\$0	58,555	55,798	0	0	55,798	2,757	
Intensive Care 2 <sup>nd</sup> Floor	\$0	5,176	7,933	0	0	7,933	0	
Total Clinical	\$0	63,731	63,731	0	0	63,731	2,757	
NON REVIEWABLE								
Total Non-clinical	\$0	0	0	0	0	0	0	
TOTAL	\$0	63,731	63,731	0	0	63,731	2,757	

The space being vacated by this Medical/Surgical Unit, which is a 4-bed Step-Down Unit, will be converted to a 4-bed Intensive Care Unit (ICU). No capital costs are required for this conversion since the Step-Down Unit is adjacent to the ICU, meets all standards for an ICU, has monitoring equipment and currently shares some support services with the ICU.

## III. Criterion 1110.230 - Background of Applicant

 Centegra Health System is the sole corporate member of Centegra Hospital – Huntley.

Centegra Health System currently operates three hospitals:

Northern Illinois Medical Center d/b/a Centegra Hospital – McHenry; Northern Illinois Medical Center d/b/a Centegra Hospital – Huntley; Memorial Medical Center - Woodstock d/b/a Centegra Hospital – Woodstock.

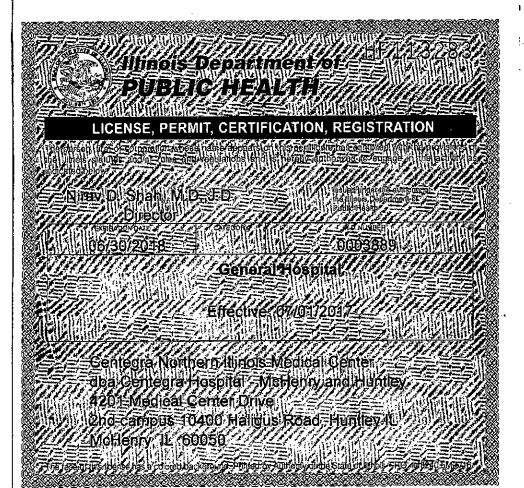
Centegra Health System is also a member of Algonquin Road Ambulatory Surgery Center, L.L.C., which is an Illinois health care facility, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

The identification numbers of each of these health care facilities is shown below, along with their names and locations.

Name and Location of Facility Centegra Hospital – McHenry McHenry, IL	Identification Numbers Illinois License ID #0003889 Joint Commission ID #7375
Centegra Hospital – Huntley	Illinois License ID #0003889
Huntley, IL	Joint Commission ID #7375
Centegra Hospital–Woodstock	Illinois License ID#0004606
Woodstock, IL	Joint Commission ID#7447
Algonquin Road Surgery Center, L.L.C.	Illinois License ID#7002579
Lake in the Hills	Joint Commission ID#366641

Proof of the current licensure and accreditation of each of the facilities identified above can be found beginning on Page 3 of this Attachment.

- 2, 3. A letter from Centegra Health System certifying that its affiliated health care facilities have not had any adverse action taken against them during the past three years and authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection will be found on the final page of this Attachment.
- 4. This section is not applicable to this application.



DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2018

Lic Number

0003889

Date Printed 04/21/2017

Centegra Northern Illinois Medical Cen dba Centegra Hospital - McHenry and 4201 Medical Center Drive 2nd campus 10400 Haligus Road, Hun McHenry, IL 60050

FEE RECEIPT NO.



July 9, 2015

Michael S. Eesley CEO Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 Joint Commission ID #: 7375
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 07/07/2015

Dear Mr. Eesley:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

#### Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning April 25, 2015. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit <u>Quality Check®</u> on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

hark Pelletis



May 8, 2017

Michael S. Eesley CEO Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 Joint Commission ID #: 7375
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 05/08/2017

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Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

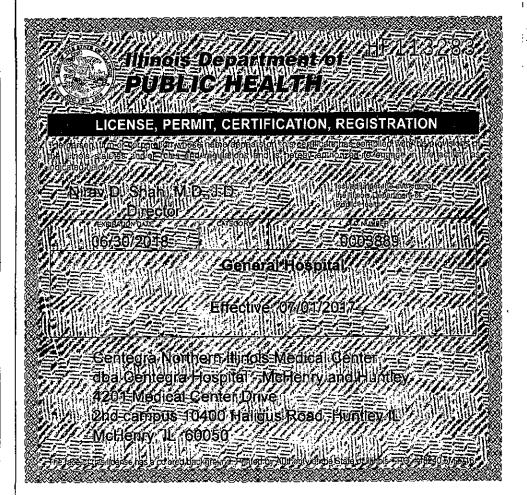
Congratulations on your achievement.

Sincerely,

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations



DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2018

Lic Number

.0003889

Date Printed 04/21/2017

Centegra Northern Illinois Medical Cen dba Centegra Hospital - McHenry and 4201 Medical Center Drive 2nd campus 10400 Haligus Road, Hun McHenry, IL 60050

FEE RECEIPT NO.



July 9, 2015

Michael S. Eesley CEO Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 Joint Commission ID #: 7375
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 07/07/2015

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Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

hark Pelletis



May 8, 2017

Michael S. Eesley CEO Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050

Dear Mr. Eesley:

Joint Commission ID #: 7375
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 05/08/2017

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

#### Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning April 25, 2015 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

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The Joint Commission will update your accreditation decision on Quality Check®.

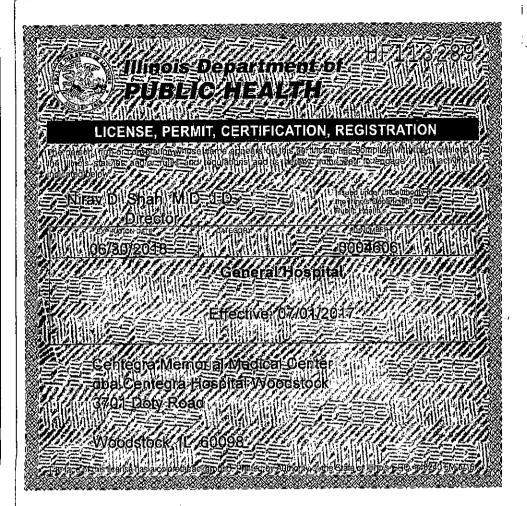
Congratulations on your achievement.

Sincerely,

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations



DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2018
Lic Number 0004606

Date Printed 04/21/2017

Centegra Memorial Medical Center dba Centegra Hospital Woodstock 3701 Doty Road Woodstock, IL 60098

FEE RECEIPT NO.



July 7, 2015

Michael S. Eesley CEO Memorial Medical Center 3701 Doty Road Woodstock, IL 60098 Joint Commission ID #: 7447
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 07/07/2015

Dear Mr. Eesley:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

#### Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning April 25, 2015. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

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Sincerely,

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

Nark Pelletis

### Illinois Department of PUBLIC HEALTH

HF112116

#### LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the lismois distutes and/or rules and regulations and is hereby estimated to engage in the activity as maketed aslow.

Niray D. Shah, M.D., J.D. Director

transport of the second of the Benefit Doppminson to

1271372017

7002579

Ambulatory Surgery Treatment Center

Effective: 12/14/2016

Algonquin Road Surgery Center, LLC 2550 Algonquin Road Lake in the Hills, IL 60516

The face of this ficeres has a colored seckground. Printed by Authority of the State of Finds + P.O. MOTZS20 TEM 3/12

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/13/2017 Lic Number 7002579

Date Printed 11/02/2016

15520 Validation Num

Algonquin Road Surgery Center, LLC

2550 Algonquin Road Lake in the Hills, IL 60516

FEE RECEIPT NO.



June 30, 2015

Lori A. Callahan, MBA, LPN, CASC Director Algonquin Road Surgery Center, LLC 2550 West Algonquin Road Lake In The Hills, IL 60156 Joint Commission 1D #: 366641
Program: Ambulatory Health Care
Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 06/30/2015

Dear Mrs. Callahan:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

#### Comprehensive Accreditation Manual for Ambulatory Health Care

This accreditation cycle is effective beginning January 24, 2015. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit <u>Quality Check®</u> on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

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## -- **Centegra**HealthSystem

Centegra Corporate Office 385 Millennium Drive Crystal Lake, IL 60012 815-788-5800

August 14, 2017

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 W. Jefferson, Second Floor Springfield, Illinois 62761

Dear Ms. Avery:

The undersigned are authorized representatives of Northern Illinois Medical Center d/b/a Centegra Hospital - Huntley. The sole corporate member of Centegra Hospital - Huntley is Centegra Health System.

Centegra Health System also owns more than 5% or is the sole corporate member of the following health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

Northern Illinois Medical Center d/b/a Centegra Hospital – McHenry (Licensed Name: Centegra Northern Illinois Medical Center)

Northern Illinois Medical Center d/b/a Centegra Hospital – Huntley (Licensed Name: Centegra Northern Illinois Medical Center)

Memorial Medical Center - Woodstock d/b/a Centegra Hospital - Woodstock (Licensed Name: Centegra Memorial Medical Center)

Algonquin Road Surgery Center

We hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by Centegra Health System during the three years prior to the filing of this application.

Centegra Health System hereby authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 III. Adm. Code 1110.230.a).

Sincerely

Michael S. Eesley Chief Executive Officer Centegra Health System

SUBSCRIBED and SWORN to before me 2017.

this/4th day of Lung

Notary PΩ0000

OFFICIAL SEAL DIANNE R MCLAREN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:12/15/19

Sincerely

Aaron T. Shepley General Counsel

Centegra Health System

SUBSCRIBED and SWORN to before me

day of lines

, 2017.

Notary Public

OFFICIAL SEAL DIANNE R MCLAREN

NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION FACERS 12/11/11. DAGE 13

#### III. Criterion 1110.230 – Purpose of the Project

1. This project will improve the health care and result in increased well-being of the market area population by increasing Centegra Hospital – Huntley's authorized bed capacity in the Intensive Care Category of Service to accommodate the high occupancy experienced in the hospital's Intensive Care Unit (ICU) since it became operational on August 9, 2016, as well as a portion of Centegra Hospital – Woodstock's Intensive Care utilization after that hospital discontinues its Intensive Care Category of Service.

This increase in Intensive Care bed capacity will be accomplished by redistributing (converting) 4 beds in the Medical/Surgical (M/S) Category of Service to the Intensive Care (ICU) Category of Service. These beds are in a Step-Down Unit that is adjacent to the hospital's ICU.

This CON application is being submitted simultaneously with an application for a Certificate of Exemption (COE) to discontinue the M/S and Intensive Care Categories of Service at Centegra Hospital – Woodstock. Physician referral letters have been provided as part of this application, documenting that physicians plan to admit a portion of their patients historically admitted to Centegra Hospital – Woodstock to the expanded ICU at Centegra Hospital – Huntley.

Both Centegra Hospital – Huntley and Centegra Hospital - Woodstock, together with Centegra Hospital – McHenry, are owned and operated by Centegra Health System, all of which are located in the same county, McHenry, and the same planning area for acute care services (Planning Area A-10). The hospitals have a unified medical staff, which permits members of their medical staffs to admit and treat patients at each of the three hospitals, and the three hospitals utilize a common medical record, which permits medical professionals to access and utilize the medical records at any of the hospitals.

The expansion of ICU beds at Centegra Hospital – Huntley will improve Centegra Health System's ability to provide Intensive Care services to residents of Planning Area A-10, including the uninsured and underinsured residents of these areas, because it is part of the implementation of a comprehensive Facilities Plan for all three of Centegra Health System's hospitals. Centegra Health System has continuously evaluated where and how it provides services to patients. The recent Facilities Plan reflects the impact of changing reimbursement rates, increasing bad debt at Centegra's facilities, and today's uncertain health care climate.

2. Centegra Hospital – Huntley is located in Planning Area A-10, McHenry County, for the Intensive Care Category of Service, as is Centegra Hospital – Woodstock.

During the first 10.5 months after Centegra Hospital – Huntley became operational on August 9, 2016 (FY17), 89.6% of its Intensive Care admissions came from zip codes primarily located in Planning Area A-10, McHenry County.

The chart listing patient origin by zip code can be found below:

Zip Code	Cases	Per	cent
Planning Area A-10			
60142 Huntley	180	36.1%	
60014 Crystal Lake	80	16.0%	
60156 Lake in the Hills	72	14.4%	
60102 Algonquin	35	7.0%	
60152 Marengo	32	6.4%	
60098 Woodstock	25	5.0%	
60033 Harvard	9	1.8%	
60050 McHenry	3	0.6%	
60051 McHenry	3	0.6%	
60180 Union	3	0.6%	
60012 Crystal Lake	2	0.4%	
60013 Cary	1	0.2%	
60081 Spring Grove	1	0.2%	
60097 Wonder Lake	1	0.2%	89.6%
Other	52		10.4%
Total	499		100.0%

3. This project proposes to increase Centegra Hospital – Huntley's Intensive Care bed capacity by 4 authorized beds in order to accommodate both the high occupancy experienced in the hospital's Intensive Care Unit (ICU) since it became operational on August 9, 2016, and also a portion of Centegra Hospital – Woodstock's Intensive Care utilization after that hospital discontinues its Intensive Care Category of Service.

This CON application is being submitted simultaneously with an application for a Certificate of Exemption (COE) to discontinue the M/S and Intensive Care Categories of Service at Centegra Hospital – Woodstock. Physician referral letters have been provided as part of this application, documenting that physicians plan to admit a portion of their patients historically admitted to Centegra Hospital – Woodstock to the expanded ICU at Centegra Hospital – Huntley.

As noted at the beginning of this Attachment, the increase in Centegra Hospital – Huntley's bed capacity in the Intensive Care Category of Service is part of the implementation of a comprehensive Facilities Plan for all three of Centegra Health System's hospitals. Centegra Health System has continuously evaluated where and how it provides services to patients. The recent Facilities Plan reflects the impact of changing reimbursement rates, increasing bad debt at Centegra's facilities, and today's uncertain health care climate.

As a result, this project will improve Centegra Health System's ability to provide Intensive Care services to residents of Planning Area A-10, including the uninsured and underinsured residents of this area.

A discussion of the areas within Planning Area A-10 (McHenry County) that are identified by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) as Medically Underserved Populations is found in Item 5 below.

- 4. The sources of information provided as documentation are the following:
  - a) Illinois Department of Public Health, "Revised Bed Need Determinations" to the "Inventory of Health Care Facilities and Services and Need Determinations," May 5, 2017;
  - b) Hospital records;
  - c) Centegra Health System's internal financial reporting system (EPSi);
  - d) County population projections from Table 3 of the Population Projections from the IDPH Office of Health Informatics, Illinois Center for Health Statistics;
  - e) Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), HPSA & MUA/P Shortage Areas and Populations by Address, https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx
  - f) Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by State and County, <a href="http://muafind.hrsa.gov/">http://muafind.hrsa.gov/</a> index.aspx for McHenry County;
  - g) Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Health Professional Shortage Areas by State and County, https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx for McHenry County;
  - h) Illinois Hospital Licensing Requirements for Intensive Care Units (77 Ill. Adm. Code 250.2610(e), 250.2710;
  - i) U.S. Department of Justice, 2010 ADA Standards for Accessible Design. 2010, www.ada.gov/2010ADAstandards\_index.htm;
  - j) National Fire Protection Association, NFPA 101: Life Safety Code, 2012 Edition.
- 5. This project proposes to increase the Intensive Care Category of Service capacity at Centegra Hospital Huntley by redistributing 4 beds in the M/S Category of Service to 4 beds in the Intensive Care (ICU) Category of Service.

The expanded Intensive Care Category of Service will serve the same patient population and continue to provide the same Health Safety Net Services within Planning Area A-10 as those currently provided by Centegra Hospital – Huntley and Centegra Hospital - Woodstock. By increasing the number of Intensive Care beds available to the patient population, this project will address the health care and well-being of residents of Planning

Area A-10 as well as others currently served by the Intensive Care Category of Service at both Centegra Hospital – Huntley and Centegra Hospital - Woodstock.

Within Planning Area A-10, there are 3 census tracts that have been designated as having a federally-designated Medically Underserved Population, a designation that is made to document unusual local conditions and barriers to accessing health services.

The identification of these areas is found starting on Page 5 of this Attachment.

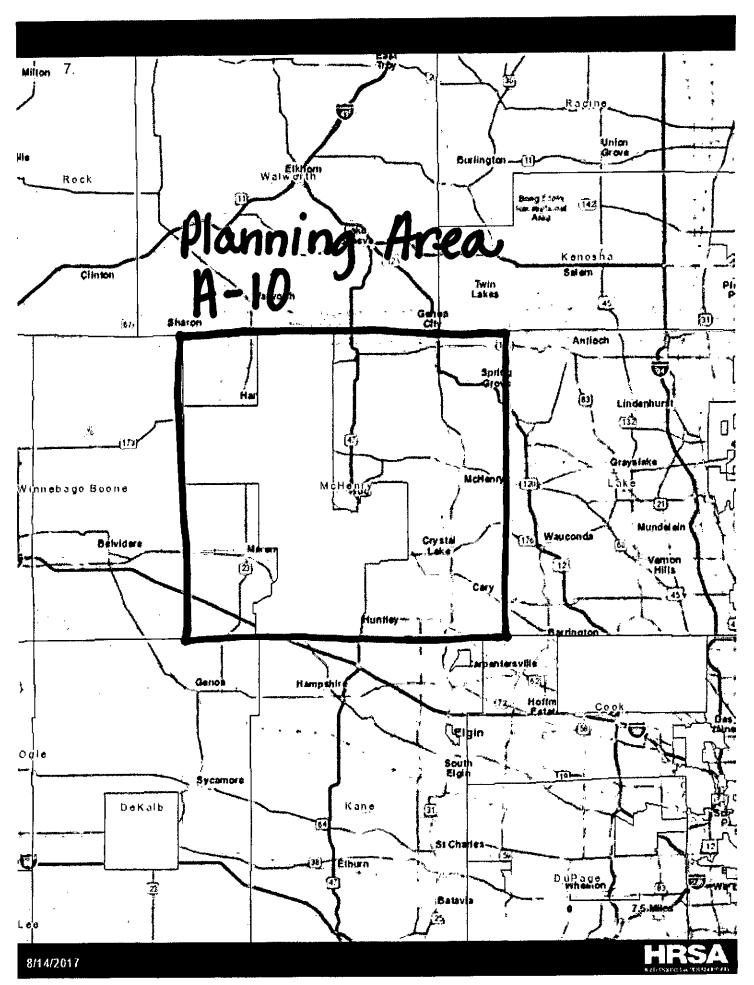
This project will have a positive impact on the patients residing in the areas of Centegra Hospital – Huntley's Intensive Care Category of Service.

6. Centegra Health System's goal in expanding the Intensive Care Category of Service at Centegra Hospital - Huntley is to provide additional access to residents of its planning area. This expansion will allow the health system to more effectively and efficiently provide intensive care services to its patients.

State: Illinois

County: McHenry County MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
McHenry County	111	Pov Pop - Woodstock	07301	Medically Underserved Population – Governor's Exception	MUP Other Population	0.00	02/28/2003	02/28/2003
CT 8702.00								
CT 8709.02		•						
CT 8715.00								
Powered by HRSA.	Data Warehouse						Printed on:	8/14/2017



#### III.

#### Criterion 1110.230 - Alternatives

- 1. The following alternatives to the proposed project were considered and rejected.
  - a. Do not increase the bed capacity of Centegra Hospital Huntley's Intensive Care Category of Service; continue to operate an 8-bed Intensive Care Unit (ICU) with an adjacent 4-bed Step-Down Medical/Surgical (M/S) Unit.
  - Increase Centegra Hospital Huntley's bed capacity by 4 beds in the Intensive Care Category of Service, but retain the existing bed capacity of the M/S Category of Service.
- 2. Both alternatives were rejected for the following reasons.
  - Do not increase the bed capacity of Centegra Hospital Huntley's Intensive Care Category of Service; continue to operate an 8-bed ICU with an adjacent 4-bed Step-Down M/S Unit.

Capital Costs for this alternative: \$0

This alternative was rejected for the following reasons.

- It would prevent Centegra Hospital Huntley from accommodating its current Intensive Care caseload at the target occupancy level of 60%.
  - Centegra Hospital Huntley became operational on August 9, 2016, and during its first 10.5 months of operation (its first fiscal year, August 9, 2016 June 30, 2017), it experienced 65% occupancy in its 8-bed ICU. Since it experienced this occupancy level during its initial months of operation, the hospital's Intensive Care utilization can be expected to increase in the future, as fill-up often does not occur as soon as a service becomes operational.
- It would limit Centegra Hospital Huntley's ability to accommodate
   Intensive Care patients that its physicians intend to refer from Centegra
   Hospital Woodstock once Centegra Hospital Woodstock discontinues
   its Intensive Care Category of Service.

The discontinuation of Centegra Hospital – Woodstock's Intensive Care Category of Service is the subject of an application for a Certificate of Exemption (COE) that is being submitted simultaneously with this Certificate of Need (CON) application.

Appendix 1 of this CON application includes referral letters from physicians who are members of the medical staff of both Centegra

Hospital – Huntley and Centegra Hospital – Woodstock, stating that they intend to refer 226 patients admitted to Centegra Hospital – Woodstock's ICU during FY17 to Centegra Hospital – Huntley's ICU. These admissions would result in 836 additional patient days in Centegra Hospital – Huntley's ICU, or an additional average daily census of 2.3 patients.

• The resulting average daily census, based on Items 1) and 2), would be 6.95, which would be 87% occupancy of the 8 Intensive Care beds, an occupancy level that far exceeds the Illinois CON occupancy standard of 60% for the Intensive Care Category of Service.

It would be difficult to operate an ICU with such high occupancy since it would be impossible to handle the many unpredicted admissions to this category of service.

b. Increase Centegra Hospital – Huntley's bed capacity by 4 beds in the Intensive Care Category of Service, but retain the existing bed capacity of the M/S Category of Service.

Capital Costs for this alternative: \$1,251,945.

This alternative was rejected due to the incremental capital costs associated with adding 4 M/S beds in order to retain Centegra Hospital – Huntley's existing M/S bed capacity.

In addition, this would be an unneeded capital expenditure because the utilization of Centegra Huntley's M/S Category of Service during its period of operation does not warrant retention of these 4 M/S beds, even when additional M/S referrals are estimated due to the anticipated discontinuation of Centegra Hospital – Woodstock's M/S Category of Service.

The 4-bed M/S Step-Down Unit adjacent to the hospital's ICU would be an appropriate location for the additional 4 Intensive Care beds, as a result of which this alternative would be implemented by constructing 4 new M/S beds adjacent to an existing M/S unit on the fifth floor. This space is currently part of Physical Therapy which would need to vacate its existing space in order to construct the 4 M/S beds to be built in the vacated space.

3. The proposed project improves the quality of Centegra Hospital – Huntley's Intensive Care by increasing its Intensive Care bed capacity so it can provide Intensive Care Services to its patients in an ICU that operates only slightly above the Illinois CON occupancy target of 60% by the second full fiscal year of operation.

#### IV.

#### Size of Project

1. This project proposes to redistribute (convert) 4 beds at Centegra Hospital – Huntley from the Medical/Surgical Category of Service to 4 beds in the Intensive Care Category of Service.

The Intensive Care Category of Service is the only service included in this project.

The beds are located in a 4-bed Step-Down Unit that is adjacent to the hospital's existing 8-bed Intensive Care Unit (ICU). After this conversion is completed, these ICU beds will be able to share all support services with the existing ICU.

This space will be added to the adjacent existing 8-bed ICU to identify the resulting square footage of Centegra Hospital – Huntley's proposed 12-bed ICU.

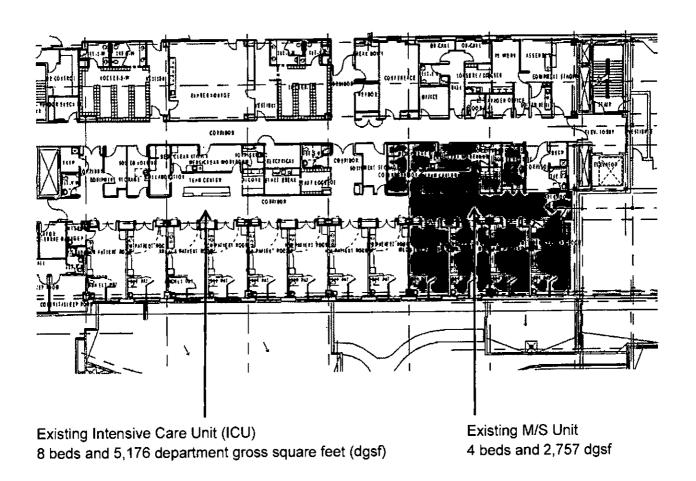
The Illinois Certificate of Need (CON) Rules include a State Guideline (77 Ill. Adm. Code 1110.APPENDIX B) for the Intensive Care Service.

The floorplan and a space program for the increased space in the Intensive Care Unit are appended to this Attachment.

The BGSF/DGSF Standard for an ICU is specified in 77 III. Adm. Code 1110.
 APPENDIX B is 600-685 dgsf/Bed, which would be a range of 7,200 – 8,220 dgsf for a 12 bed ICU.

When this project is completed, Centegra Hospital – Huntley's 12-bed ICU will be within this State standard.

SIZE OF PROJECT					
DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?	
Intensive Care	7,933 dgsf	7,200-8,220 dgsf	287 dgsf under standard	Yes	



### **ICU Space Program**

#### Patient Area

<u>Area</u>	<u>Quantity</u>
Patient Rooms	3
Isolation Patient Room with Anteroom	1
Patient Bathroom	4
Entry/charting	4

#### Staff Area

<u>Area</u>	<u>Quantity</u>
Team Center	1
Alcove	1
Collaboration Room	1
Meds/Clean Utility	1
Meds/Clean Workroom	1
Soiled Holding	1
Nourishment	1

#### IV.

Project Services Utilization

This project consists solely of the expansion of the Intensive Care Category of Service from 8 authorized beds to 12 authorized beds.

The Illinois Certificate of Need (CON) Rules include an occupancy standard of 60% of authorized beds for the Intensive Care Category of Service.

Projected utilization for the first two fiscal years of operation of for the expanded ICU is found below.

	UTILIZATION					
_	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?	
YEAR 1	Intensive Care	1,702 Patient Days during first 326 days of operation, 5.22 Average Daily Census*	2,741 Patient Days, 7.51 Average Daily Census, 62.6% Occupancy	60% OCCUPANCY	Yes	
YEAR 2	Intensive Care	1,702 Patient Days during first 326 days of operation, 5.22 Average Daily Census*	2,778 Patient Days, 7.59 Average Daily Census, 63.2% Occupancy	60% OCCUPANCY	Yes	

<sup>\*</sup>Centegra Hospital – Huntley became operational on August 9, 2016 and the most recent data available is for August 9, 2016, through June 30, 2017, which is its first 326 days of operation. That is approximately 10.5 months of data.

The following assumptions were used to project the utilization of the Intensive Care Category of Service for the first two years of operation of its expanded bed capacity.

- Centegra Hospital Huntley became operational on August 9, 2016.
- During the hospital's FY17 (August 9, 2016 June 30, 2017), the most recent period for which utilization data are available, Centegra Hospital Huntley's Intensive Care Service experienced 499 admitted patients (both patients admitted directly to the ICU plus patients transferred into the ICU from other units of the hospital) and 1,702 total patient days, consisting of 1,664 inpatient days plus 38 observation days for patients in the ICU.

This resulted in a historic Average Daily Census (ADC) of 5.22, which is 65.3% occupancy of its 8 authorized beds.

ATTACHMENT 15, PAGE 1

3. During the first six months of CY 2017, Centegra Hospital – Huntley Intensive Care patients experienced an average length of stay (ALOS) of 3.71. This ALOS was similar to the FY17 ALOS in Centegra Hospital – Woodstock's ALOS of 3.75.

As a result, it was determined that a conservative ALOS of 3.7 would be appropriate for calculating projected utilization of Centegra Hospital – Huntley's ICU after the hospital's Intensive Care bed capacity is expanded.

- 4. The expected ADC of 5.22 is expected to continue during the first complete fiscal year of operation of the expanded ICU, which will have 12 authorized Intensive Care beds. This will result in a total of 1,905 patient days for the entire year (5.22 x 365 days).
- 5. The 16 Physician Referral letters provided in Attachment 19 document that an additional 226 patients historically seen at Centegra Hospital Woodstock will be referred to the expanded ICU at Centegra Hospital Huntley once Centegra Hospital Woodstock's Intensive Care Category of Service is discontinued. Applying the 3.7 day ALOS to at the 226 referrals from Centegra Hospital Woodstock's Intensive Care Category of Service results in an additional 836 patient days during a non-leap year.
- 6. As a result, during the first complete fiscal year of operation of the expanded Intensive Care Service, Centegra Hospital Huntley is projected to experience 2,741 patient days, an ADC of 7.51.

This utilization is the sum of 1,905 annual patient days based on historic utilization at Centegra Hospital – Huntley's ICU (see Item 4 above) plus 836 annual patient days based on physician referrals from Centegra Hospital – Woodstock's ICU (see Item 5 above).

The projected ADC of 7.51 will result in 62.6% occupancy of the 12-bed ICU, which exceeds the Illinois CON occupancy target of 60%.

7. During the second complete fiscal year of the expanded Intensive Care Service, Centegra Hospital – Huntley is projected to experience slightly increased utilization for two reasons.

First, the projected patient days will increase slightly during the second fiscal year, reflecting projected population growth in McHenry County (Planning Area A-10) of 1.07% per year. The source of this projected annual population increase is the Illinois Department of Public Health's (IDPH) Office of Health Informatics, Illinois Center for Health Statistics, "Population Projections, Table 3." This document estimated McHenry County's 2015 population to be 326,691 and projected the 2025 population for McHenry County will increase to 363,311. These figures project 11.2% growth during the ten year period, or a compounded annual growth rate of 1.07%.

Second, the second complete fiscal year of operation of the expanded Intensive Care Service will be FY20, which is a leap year. As a result, the projected ADC for the first fiscal year will increase to 2,749 because of the additional (366<sup>th</sup>) day in a leap year.

8. During the second complete fiscal year of operation of the expanded Intensive Care Service, Centegra Hospital – Huntley is projected to experience 2,778 patient days, an ADC of 7.59.

This utilization is projected to consist of the following: first, multiplying the first year's ADC by the projected compounded annual population growth rate of 1.07% ((7.51 ADC x 1.07%)) + 7.51 ADC = 7.59 ADC); and, second, adjusting the project ADC to reflect 366 days in the FY20 leap year  $(7.59 \times 366 = 2,778)$ .

The projected utilization (ADC of 7.59) will result in 63.3% occupancy of the 12-bed ICU, which exceeds the Illinois CON occupancy target of 60%.

#### VI. A. 3. Criteria 1110.530 Intensive Care - Review Criteria

## Criterion 1110.530(c)(1) - Planning Area Need

This section is not applicable because the project proposes to expand an existing Intensive Care Category of Service.

#### Criterion 1110.530(c)(2) - Planning Area Need - Service to Planning Area Residents

A. The primary purpose of this project is to provide necessary Intensive Care and Medical/Surgical (M/S) Services to residents of Planning Area A-10, which is McHenry County. Service to residents of the planning area is currently being provided by Centegra Hospital – Huntley, as documented by the hospital's patient origin data that is provided on the next page.

It should be noted that this application is being submitted simultaneously with an application for a Certificate of Exemption (COE) to discontinue the Intensive Care and M/S Categories of Service at Centegra Hospital – Woodstock.

Centegra Hospital – Huntley and Centegra Hospital – Woodstock are both located in the same planning area (Planning Area A-10) for the Intensive Care and M/S Categories of Service. The hospitals are located 7.7 miles apart, and the travel time between them is approximately 16 minutes, when adjusted for normal travel times in accordance with the CON Rules (77 III. Adm. Code 1100.510(d)(2)).

Both Centegra Hospital – Woodstock and Centegra Hospital – Huntley, together with Centegra Hospital – McHenry, are owned and operated by Centegra Health System. The three hospitals have a unified medical staff, which permits members of their medical staffs to admit and treat patients at each of the three hospitals, and the three hospitals utilize a common medical record, which permits medical professionals to access and utilize the medical records of patients at any of the hospitals.

B. Patient origin data is provided below for the first 10.5 months of operation of Centegra Hospital – Huntley. This is a new hospital that became operational on August 9, 2016 and has not yet experienced a full 12 months of operation. The most recent data available are from its opening date through June 30, 2017.

During this period of time, 89.6% of the hospital's Intensive Care patients resided in zip codes primarily located in Planning Area A-10, McHenry County. This includes both direct admissions to the Intensive Care Unit (ICU) and patients transferred to the ICU.

C. The chart listing patient origin by zip code can be found below:

Zip Code	Cases	Per	cent
Planning Area A-10			
60142 Huntley	180	36.1%	
60014 Crystal Lake	80	16.0%	
60156 Lake in the Hills	72	14.4%	
60102 Algonquin	35	7.0%	
60152 Marengo	32	6.4%	
60098 Woodstock	25	5.0%	
60033 Harvard	9	1.8%	
60050 McHenry	3	0.6%	
60051 McHenry	3	0.6%	
60180 Union	3	0.6%	
60012 Crystal Lake	2	0.4%	
60013 Cary	1	0.2%	
60081 Spring Grove	1	0.2%	
60097 Wonder Lake	1	0.2%	89.6%
Other	52	-	10.4%
Total	499	-	100.0%

# Criterion 1110.530(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service

This section is not applicable because this project proposes to expand the Intensive Care Category of Service.

## Criterion 1110.530(c)(4) – Planning Area Need – Service Demand – Expansion of Existing Category of Service

#### A. Historical Referrals

i) Centegra Hospital – Huntley became operational on August 9, 2016 and the most recent data available is for FY17 (August 9, 2016, through June 30, 2017), which is approximately 10.5 months of data or 326 days.

Occupancy of the Intensive Care Category of Service from August 9, 2016 – June 30, 2017 was 65%, as calculated by the following formula:

ICU occupancy = ICU patient days ÷ 326 days of ICU operation ÷ 8 ICU beds

ICU patient days = Inpatient ICU patient days + ICU Observation Days (in the ICU)

ICU patient days = 1664 inpatient ICU patient days + 38 observation days = 1,702

ICU Average Daily Census = 1,702 ICU patient days + 326 days of ICU operation = 5.22

ICU occupancy = 5.22 Average Daily Census ÷ 8 ICU beds = 65%

Centegra Hospital – Huntley's Intensive Care Category of Service exceeds the target utilization for the Intensive Care Category of Service of 60% as defined in 77 III. Adm. Code 1100.540(c).

ii) This section is not applicable because patients have not been referred to other facilities in order to receive the intensive care services.

#### **B.** Projected Referrals

This application is being submitted simultaneously with a COE application to discontinue the Intensive Care and M/S Categories of Service at Centegra Hospital – Woodstock.

This application proposes to expand Centegra Hospital – Huntley's authorized Intensive Care beds by redistributing (i.e. converting) 4 beds in the M/S Category of Service to the Intensive Care Category of Service.

Although changes in bed capacity, including the redistribution of beds between categories of service, are permitted every 2 years for the lesser of 20 beds or 10% of a hospital's bed capacity without first securing a CON permit in accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/5(c) and 20 ILCS 3960/8(c), 77 III. Adm. Code 1130.240(f)(1)(C) and 1130.310(4)), this project must secure a CON permit to make this

change because these beds have been operational for less than 2 years given that Centegra Hospital – Huntley became operational in August 2016. (77 III. Adm. Code 1130.140 and 77 III. Adm. Code 1130.240(4)(3)).

During the most recent 12 month period, from July 1, 2016 to June 30, 2017 (FY17), 458 patients were admitted to Centegra Hospital – Woodstock's Intensive Care Category of Service, resulting in 1,718 patient days.

The following table lists the 16 physicians who admitted patients to Centegra Hospital – Woodstock's ICU during FY17 and who have signed referral letters, committing to refer some of their patients to Centegra Hospital – Huntley's ICU after the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued:

Physician Name	Total Cases at CH-W	Referral Cases to CH-H
ALAN SIMMONS	16	11
CLARE LEGURSKY	11	9
DAMIAN DURKA	15	11
GEORGE THOMAS	13	8
IFZAL BANGASH	14	14
JENIE NEPOMUCENO	18	15
JOSEPH EMMONS	17	16
KAREN JUDY	33	31
KERWIN CHAN	11	9
KUN WANG	10	9
LISA GLOSSON	8	8
MARCEL HOFFMAN	19	18
ROBERT BRIZZOLARA	11	9
STEPHEN DREZNIN	13	12
TANVEER AHMAD	43	38
YASMEEN HASAN	9	8

Appendix 1 of this Attachment include the signed, notarized statements from these physicians, attesting to the number of patients they admitted to Centegra Hospital – Woodstock's ICU during FY17 and estimating the number of patients they expect to refer to Centegra Hospital – Huntley's ICU. These signed, notarized statements meet the requirements specified in 77 III. Adm. Code 1110.530(c)(4)(B).

## Criterion 1110.530(c)(5) - Planning Area Need - Service Accessibility

This section is not applicable because this project proposes to expand the ICU Category of Service, and the Rule is specified as applicable to projects proposing to establish services or a facility.

## Criterion 1110.530(d)(1) – Unnecessary Duplication – Review Criterion

This section is not applicable because this project proposes to expand the Intensive Care Category of Service.

### Criterion 1110.530(d)(2) - Maldistribution - Review Criterion

This project will not result in a maldistribution of Intensive Care services in the planning area.

This project will increase Centegra Hospital – Huntley's bed capacity in the Intensive Care Category of Service by 4 beds in order to permit the hospital to admit patients currently admitted to Centegra Hospital – Woodstock's Intensive Care Category of Service, which is being proposed for discontinuation in an application for a COE that is being submitted simultaneously with the submission of this CON application.

Centegra Hospital – Huntley and Centegra Hospital – Woodstock are both located in the same planning area (Planning Area A-10). The hospitals are located 7.7 miles apart, and the travel time between them is approximately 16 minutes, when adjusted for normal travel times in accordance with the CON Rules (77 III. Adm. Code 1100.510(d)(2)).

The caseload in Centegra Hospital – Woodstock's 12-bed Intensive Care Category of Service will be accommodated by the 4 beds being added to Centegra Hospital – Huntley's Intensive Care Category of Service and by 9 beds being added to Centegra Hospital – McHenry's Intensive Care Category of Service. This CON application is being submitted to add 4 beds to Centegra Hospital – Huntley's Intensive Care Category of Service, and the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health were notified of Centegra Hospital – McHenry's intention to add 9 ICU beds to its existing Intensive Care Category of Service on July 10, 2017.

Although the most recent IDPH "Revised Bed Need Determination" indicates an excess of 3 Intensive Care beds in Planning Area A-10, as of May 3, 2017, both Centegra Hospital – Huntley and Centegra Hospital – McHenry are justified in increasing their authorized Intensive Care beds to accommodate both the historic and the projected utilization of their ICUs. Both hospitals' ICUs are projected to continue to operate above the occupancy target of 60% for this category of service after Centegra Hospital – Woodstock's Intensive Care Category of Service is discontinued.

## Criterion 1110.530(d)(3) - Impact on Other Area Providers - Review Criterion

This section is not applicable because this project proposes to expand the Intensive Care Category of Service.

#### Criterion 1110.530(e)(1), (2), (3) and (4) Modernization

These sections are not applicable because this project does not propose to modernize space at Centegra Hospital – Huntley in order to expand the Intensive Care Category of Service.

#### Criterion 1110.530(f) Staffing Availability

This project proposes to increase the bed capacity of Centegra Hospital – Huntley's Intensive Care Category of Service from 8 beds to 12 beds.

At the same time as Centegra Hospital – Huntley's bed capacity is being increased, the Intensive Care Category of Service at Centegra Hospital – Woodstock will be discontinued.

Centegra Health System, the owner and operator of both Centegra Hospital – Woodstock and Centegra Hospital – Huntley, considered the relevant clinical and professional staffing needs for the proposed project as well as licensure and Joint Commission staffing requirements.

Centegra Hospital – Huntley's ICU is currently in compliance with licensure and Joint Commission staffing requirements. When the ICU is expanded to 12 beds, it will continue to meet all licensing requirements set forth by the State of Illinois as well as all staffing standards established by the Joint Commission.

This expansion will occur by redistributing (converting) a four-bed Step-Down Medical/Surgical Nursing Unit to the Intensive Care Category of Service. This Step-Down Unit is currently staffed to treat acutely ill patients.

No additional staff will need to be recruited to operate these beds as part of the ICU because, in addition to the current Intensive Care and Step-Down Unit staffing for this unit, Centegra Health System has secured approval from staff members in Centegra Hospital – Woodstock's ICU to relocate to the ICU at Centegra Hospital – Huntley when the ICU at Centegra Hospital – Woodstock is discontinued.

The following associates who currently provide care within the Intensive Care Unit at Centegra Hospital - Woodstock will be transitioning to the Intensive Care Unit at Centegra Hospital - Huntley, pending approval of this CON application. These associates will join the clinical team currently providing care on the Intensive Care Unit at Centegra Hospital - Huntley.

Associate	Job Position	FTE
Padilla, Ramon	Patient Care Tech	0.60
Stout, Lynette M	Patient Care Tech	0.60
Vialpando, Taylor H	Patient Care Tech	0.90
Zieman, Brittany Lynn	Patient Care Tech	0.60
Keller, Margaret E	RN II	0.90
Tolentino, Marissa	RN II	0.90
Kroll, Karla J	RN III	0.90
Leverenz, Cynthia A	RN IV	0.90

Centegra Hospital - Woodstock and Centegra Hospital - Huntley currently operate their respective Intensive Care Units using the same clinical protocol, nursing leadership oversight, and clinical documentation methods. As a result, the transition of individuals from one campus to another will not result in any additional training or certification.

#### Criterion 1110.530(g)(3) Performance Requirements – Bed Capacity Minimums

This project meets the minimum bed capacity unit size for an Intensive Care Unit because it proposes to add 4 beds to the existing 8-bed ICU. The resulting ICU will have a total of 12 beds.

#### Criterion 1110.530(h) Assurances

A signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, Centegra Hospital – Huntley will achieve and maintain the occupancy standard specified in 77 III. Adm. Code 1100 for the Intensive Care Category of Service can be found on Page 15 of this Attachment.

Centegra Corporate Office 385 Millennium Drive Crystal Lake, IL 60012 815-788-5800

August 14, 2017

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 W. Jefferson Second Floor Springfield, Illinois 62761

Dear Ms. Avery:

I am an applicant representative of the co-applicants for this project (i.e., Northern Illinois Medical Center d/b/a Centegra Hospital – Huntley, Centegra Health System, Northern Illinois Medical Center d/b/a Centegra Hospital – McHenry and Memorial Medical Center – Woodstock d/b/a Centegra Hospital - Woodstock) who has signed the CON application that includes the expansion of the Intensive Care Category of Service at Centegra Hospital – Huntley.

In accordance with 77 III. Adm. Code 1110.530(h), I hereby attest to the understanding of the co-applicants for this project that, by the second year of operation after this project is completed, Centegra Hospital - Huntley will achieve and maintain the occupancy standards specified in 77 III. Adm. Code 1100 for the Intensive Care Category of Service.

The occupancy standard for a hospital's Intensive Care Category of Service is 60% occupancy of the authorized beds on an annual basis (77 III. Adm. Code 1100.540(c)).

Sincerely.

Michael S. Eesley Chief Executive Officer Centegra Health System

SUBSCRIBED and SWORN to before me

this 14 that day of (

, 2017.

Notary Public

OFFICIAL SEAL
DIANNE R MCLAREN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/15/19

### XI. Charity Care Information

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.

Centegra Health System, a co-applicant for this project, is the sole corporate member of Centegra Hospital – McHenry, Centegra Hospital – Woodstock and Centegra Hospital - Huntley. Centegra Hospital-Huntley opened August 9, 2016, which is in the fiscal year that ends June 30, 2017.

The charts presented below document the amount of charity care for the last three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue for each of these hospitals.

Centegra Hospital – McHenry CHARITY CARE			
	FY14	FY15	FY16
Net Patient Revenue	\$247,541,588	\$268,241,543	\$314,958,842
Amount of Charity Care (charges)	\$16,612,923	\$11,336,629	\$8,516,834
Cost of Charity Care	\$4,817,748	\$3,280,820	\$2,400,936
Ratio of Charity Care Cost to Net Patient Revenue	.290	.289	.282

Centegra Hospital – Woodstock CHARITY CARE			
	FY14	FY15	FY16
Net Patient Revenue	\$130,979,938	\$123,892,358	\$130,641,946
Amount of Charity Care (charges)	\$8,897,081	\$7,292,581	\$5,655,030
Cost of Charity Care	\$2,766,992	\$2,267,993	\$1,646,558
Ratio of Charity Care Cost to Net Patient Revenue	.311	.311	.291

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.

The reporting provided on the charts above is for each individual facility.

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.

This section does not apply.

# APPENDIX 1 Physician Referral Letters

August 11, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 16 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 38 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 11 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Alan Simmons, MD Internal Medicine

4309 Medical Center Drive

Suite A102

McHenry, IL 60050

SUBSCRIBED and SWORN to before me this day // of August , 2017.

Notary Public

OFFICIAL SEAL
FOM M WALKUP
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/10/20

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

#### Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Alan Simmons, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	7
60014	2
60034	2
60152	2
51301	1
60033	1
60123	1
Total	16

August 9, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will continue to admit these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 11 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 20 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 9 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Clare Legursky, MD

Can Legnish, mo

Family Practice

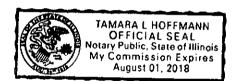
3707 Doty Road

Suite H

Woodstock, IL 60098

SUBSCRIBED and SWORN to before me this day \_\_\_\_\_\_, 2017.

Notary Public



Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Clare Legursky, MD July 1, 2016 – June 30, 2017

Zip Codes	Cases
60098	7
60012	2
60033	1
60142	1_
Total	11

August 9, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 15 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 54 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 11 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

D. Durka

Damian Durka, MD Internal Medicine 4309 Medical Center Drive Suite A102 McHenry, IL 60050 SUBSCRIBED and SWORN to before me this day 44 of August, 2017.

**Notary Public** 

MELANIE D DESALVO OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires May 26, 2020

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Damian Durka, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	4
60014	3
60152	3
60010	1
60012	1
60156	1
60201	1
60542	1
Total	15

August 9, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 13 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 70 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 8 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

George Thomas, MD Internal Medicine

4309 Medical Center Drive

Suite A102

McHenry, IL 60050

SUSAN HENN Official Seal Notary Public - State of Illinois My Commission Expires Jan 5, 2021

SUBSCRIBED and SWORN to before me this day  $\frac{9}{4}$  of  $\frac{Ausust}{2}$ , 2017.

**Notary Public** 

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service George Thomas, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	4
60033	2
60050	2
60152	2
60014	1
60041	1
98373	1
Total	13



Centegra Physician Care 4309 Medical Center Drive Suite-8202

McHenry, IL 60050 815-344-3900

8/9/2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will continue to admit these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 14 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 45 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 14 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

In addition, I expect that between now and the 24-month period after Centegra Hospital – Huntley's CON permit is approved and the additional Intensive Care authorized bed capacity becomes operational, my practice and the resulting in patient referrals for Intensive Care will increase at least commensurate with the expected population APPENDIX-1, PAGE 13

92

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Ifzal Bangash, MD
Internal Medicine
4309 Medical Center Drive

Suite B202

McHenry, IL 60050

KELLY M. INNIS
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
March 05, 2018

SUBSCRIBED and SWORN to before me this day \_\_\_\_\_\_, 2017.

Kelly Hichard

Notary Public

#### Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Ifzal Bangash, MD July 1, 2016 – June 30, 2017

ZIP Codes	Cases
60098	7
60014	2
60033	2
60152	2
60142	1
Total	14

August 9, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 18 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 62 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 15 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Jenie Nepomuceno, MD Internal Medicine

Jenie Mysomuces

4309 Medical Center Drive

Suite A102

McHenry, IL 60050

SUSAN HENN Official Seat Notary Public - State of Illinois My Commission Expires Jan 5, 2021

SUBSCRIBED and SWORN to before me this day 9 of AUSUST , 2017.

elesan Den

Notary Public

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Jenie Nepomuceno, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	7
60014	4
60152	3
60033	1
60034	1
60051	1
60097	1
Total	18

### -- Centegra Health System

August 9, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will continue to admit these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 17 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 88 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 16 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Joseph Emmons, MD Internal Medicine

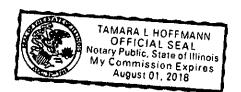
3707 Doty Road

Suite C

Woodstock, IL 60098

SUBSCRIBED and SWORN to before me this day \_\_\_\_\_\_, 2017.

Tanackal Stellmann Notary Public



Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Joseph Emmons, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	10
60033	3
60152	2
60014	1
60034	1
Total	17

August 9, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 33 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 95 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 31 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Karen Judy MD

Internal Medicine

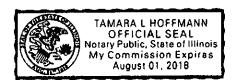
3707 Doty Road

Suite D

Woodstock, IL 60098

SUBSCRIBED and SWORN to before me this day \_Q\_ of \_Auc\_\_\_\_\_, 2017.

Notary Public



Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Karen Judy, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	17
60152	5
60014	4
60033	3
60142	2
60013	1
60051	1
Total	33

August 9, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 11 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 33 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 9 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050

81S-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

humlhan

Kerwin Chan, MD Internal Medicine 4309 Medical Center Drive Suite A102 McHenry, IL 60050 SUBSCRIBED and SWORN to before me this day 9th of August, 2017.

Notary Public

MELANIE D DESALVO OFFICIAL SEAL Notary Public. State of Illinois My Commission Expires May 26, 2020

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

#### Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Kerwin Chan, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	5
60142	2
60033	1
60097	1
60123	1
60156	1
Total	11

August 10, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 10 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 28 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 9 patients annually to Centegra Hospital — Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Kun Wang, MD

4309 Medical Center Drive

Suite A102

McHenry, IL 60050

OFFICIAL SEAL TERESA Y. YOUNG Notary Public - State of Illinois My Commission Expires 11/07/2020

SUBSCRIBED and SWORN to before me this day <u>10</u> of <u>Augus +</u>, 2017.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Kun Wang, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	5
60014	3
60102	1
60152	1
Total	10

August 9, 2017

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, Second Floor Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will continue to admit these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 8 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 33 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit these patients to the Intensive Care Category of Service at Centegra Hospital – Huntley. I estimate that I will admit a minimum of 8 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Lisa Glosson, MD

Assormer (

Family Practice

3707 Doty Road

Suite G

Woodstock, IL 60098

SUBSCRIBED and SWORN to before me this day \_\_\_\_\_\_, 2017.

Notary Public

TAMARA L HOFFMANN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 01, 2018

Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Lisa Glosson, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	3
60014	2
60033	2
60152	1_
Total	8

August 9, 2017

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, Second Floor Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 19 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 116 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 18 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

In addition, I expect that between now and the 24-month period after Centegra Hospital – Huntley's CON permit is approved and the additional Intensive Care authorized bed capacity becomes operational, my practice and the resulting in patient referrals for

Intensive Care will increase at least commensurate with the expected population increase in the area.

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Marcel Hoffman, MD

Wand Hoffman mD

Internal Medicine

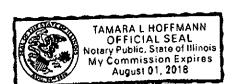
3707 Doty Road

Suite D

Woodstock, IL 60098

SUBSCRIBED and SWORN to before me this day \_\_\_\_\_\_, 2017.

Notary Public



Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Marcel Hoffman, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	13
60014	2
60152	2
60033	1
60034	1
Total	19

August 9, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 11 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 36 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 9 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

SUSAN HENN

Official Seel

Notary Public - State of Illinois My Commission Expires Jan 5, 2021

Robert Brizzolara, MD Internal Medicine 4309 Medical Center Drive Suite A102 McHenry, IL 60050

Robert Bront MO

SUBSCRIBED and SWORN to before me this day 10 of Cuyust, 2017.

Susan (dern Notary Public

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Robert Brizzolara, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60098	7
60014	1
60033	1
60034	1
60050	11
Total	11

August 9, 2017

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, Second Floor Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 13 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 32 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 12 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

#### 

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Stephen Dreznin, MD Internal Medicine 4309 Medical Center Drive Suite A102

McHenry, IL 60050

SUBSCRIBED and SWORN to before me this day 9th of Analy, 2017.

**Notary Public** 

MELANIE D DESALVO
OFFICIAL SEAL
Notary Public. State of Illinois
My Commission Expires
May 26, 2020

Centegra Adult Hospitalist Services 4309 Medical Center Drive Suite A102 McHenry, IL 60050 815-759-4323

Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Stephen Dreznin, MD July 1, 2016 – June 30, 2017

Zip Code	Cases
60014	5
60098	5
60152	2
60050	1_
Total	13

#### TANVEER AHMAD M.D.

Internal Medicine

335 Blakely St., Ste. A Woodstock, IL 60098 815-338-0900



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21807 W. Grant Hwy. Marengo, IL 60152 815-568-1074

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August 10, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will continue to admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 43 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 179 patient days in its ICU. FY17 patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 38 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

In addition, I expect that between now and the 24-month period after Centegra Hospital – Huntley's CON permit is approved and the additional Intensive Care authorized bed capacity becomes operational, my practice and the resulting in patient referrals for Intensive Care will increase at least commensurate with the expected population increase in the area.

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Tanveer Ahmad, MD

Internal Medicine

21807 W. Grant Highway

Marengo, IL 60152

SUBSCRIBED and SWORN to before me this day 10 of AUGUST , 2017.

( MOUND)

Notary Public

OFFICIAL SEAL
RONNA K CROWLEY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/14/19

#### Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Tanveer Ahmad, MD July 1, 2016 – June 30, 2017

Zip Codes	Cases
60098	20
60152	12
60033	2
60180	2
60013	1
60014	1
60034	1
60050	1
60142	1
60175	1
61065	1
Total	43

August 9, 2017

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, Second Floor Springfield, Illinois 62761

Dear Ms. Avery:

I am a physician who is a member of the active medical staff at Centegra Health System, which currently owns and operates three hospitals: Centegra Hospital – Huntley, Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

These hospitals share a unified medical staff; as a result, all providers may practice at all hospitals within Centegra Health System without having to apply for separate staff privileges at each facility. In addition, these hospitals utilize a common medical record, which permits medical professionals to access and utilize patients' medical records at any of the hospitals.

I currently admit patients to the Intensive Care Unit (ICU) at Centegra Hospital – Woodstock, and I will admit some of these patients to the ICU at Centegra Hospital – Huntley when that category of service is discontinued at Centegra Hospital – Woodstock.

During Centegra Health System's fiscal year 2017, which is the same fiscal year for all of its hospitals (July 1, 2016 – June 30, 2017), I admitted 9 patients to the ICU at Centegra Hospital – Woodstock. These patients experienced 23 patient days in its ICU. FY17 Patient origin for these intensive care patients is attached to this referral letter.

After the Intensive Care Category of Service at Centegra Hospital – Woodstock is discontinued, I will admit a portion of these patients to the Intensive Care Category of Service at Centegra Hospital - Huntley. I estimate that I will admit a minimum of 8 patients annually to Centegra Hospital – Huntley's Intensive Care Category of Service during the first 24 months after the hospital receives a certificate of need (CON) permit to increase its authorized bed capacity.

I verify by my signature below that I have not committed patient referrals to support another pending CON application or an approved CON project for the Intensive Care Category of Service.

Thank you,

Yasmeen Hasan, MD Family Practice

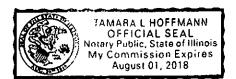
3707 Doty Road

Suite H

Woodstock, IL 60098

SUBSCRIBED and SWORN to before me this day \_\_\_\_\_\_, 2017.

Notary Public



Historic Referrals for Centegra Hospital – Woodstock Intensive Care Category of Service Yasmeen Hasan, MD July 1, 2016 – June 30, 2017

Zip Codes	Cases
60098	8
60050	1_
Total	9