E-069-18

RECEIVED

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

DEC 20 2018

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

ORIGINAL

Facility/Project Identification

Facility Name: Adventist La Grange Memorial Hospital a/k/a AMITA Health Medical Center-La Grange	
Street Address:	5101 South Willow Springs Road
City and Zip Code:	La Grange, IL 60525
County: Cook	Health Service Area VII — Health Planning Area: A-04

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health
Street Address:	2601 Navistar Drive Lisle
City and Zip Code:	IL 60532
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Mark A. Frey
CEO Street Address:	2601 Navistar Drive
CEO City and Zip Code:	Lisle, IL 60532
CEO Telephone Number:	224/273-4121

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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 APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Adventist La Grange Memorial Hospital a/k/a AMITA Health Medical Center-La Grange				
Street Address:	5101 South Willow Springs Road			
City and Zip Code:	La Grange, IL 60525			
County:	Cook	Health Service Area	VII	Health Planning Area: A-04

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Adventist Midwest Health d/b/a Adventist La Grange Memorial Hospital
Street Address:	2601 Navistar Drive
City and Zip Code:	Lisle, IL 60532
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Michael Murrill
CEO Street Address:	5101 South Willow Springs Road
CEO City and Zip Code:	La Grange, IL 60525
CEO Telephone Number:	708/352-1200

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
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Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Adventist La Grange Memorial Hospital a/k/a AMITA Health Medical Center-La Grange				
Street Address:	5101 South Willow Springs Road			
City and Zip Code:	La Grange, IL 60525			
County:	Cook	Health Service Area VII		Health Planning Area: A-04

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Adventist Health System Sunbelt Healthcare Corporation
Street Address:	900 Hope Way
City and Zip Code:	Altamonte Springs, FL 32714
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Mr. Terry Shaw
CEO Street Address:	900 Hope Way
CEO City and Zip Code:	Altamonte Springs, FL 32714
CEO Telephone Number:	407/357-1000

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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 APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Exemption Contact

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

Name:	Peg Wendell, Esq.
Title:	Executive Vice President, Chief Legal Officer
Company Name:	AMITA Health
Address:	2601 Navistar Drive Lisle, IL 60532
Telephone Number:	224/273-2333
E-mail Address:	peg.wendell@amitahealth.org
Fax Number:	224/273-4121

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Adventist Midwest Health

Address of Site Owner: 129 North Oak Street Hinsdale, IL 60525

Street Address or Legal Description of the Site: 5101 S. Willow Springs Road La Grange, IL 60525

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

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

Operating Identity/Licensee

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

Exact Legal Name: Adventist Midwest Health

Address: 129 North Oak Street Hinsdale, IL 60525

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

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

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

Organizational Relationships

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

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

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.

The applicants, through this Certificate of Exemption ("COE") application, propose the discontinuation of the obstetrics category of service at AMITA Health Medical Center-La Grange.

The service was suspended via a letter dated June 1, 2018, and sent to the Administrator of the Illinois Health Facilities and Services Review Board and the Division Chief of IDPH's Division of Health Care Facilities and Programs.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes _X_ No __. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Project 17-028 is scheduled for completion by September 30, 2020, and involves a modernization program. There is no relationship between the modernization project and this COE application; and the modernization project does not involve any obstetrics-related areas of the hospital.

Anticipated exemption completion date (refer to Part 1130.570): _within 30 days following approval

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

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

This Application is filed on the behalf of _Adventist Midwest Health d/b/a Adventist La Grange Memorial Hospital _____* **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

THOR THORARSON
PRINTED NAME

PRESIDENT
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of DEC, 2018

Elizabeth D Neary
Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

SIGNATURE

MARK A. FREY
PRINTED NAME

ASSISTANT SECRETARY
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of DEC, 2018

Elizabeth D Neary
Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of **Adventist Midwest Health d/b/a Adventist La Grange Memorial Hospital** *

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

THOR THORARSON
PRINTED NAME

PRESIDENT
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of DEC, 2018

Elizabeth D Neary
Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

SIGNATURE

MARK A. FREY
PRINTED NAME

ASSISTANT SECRETARY
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of DEC, 2018

Elizabeth D Neary
Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

*Insert the EXACT legal name of the applicant

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

This Application is filed on the behalf of Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health____
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

Mark A. Frey
PRINTED NAME

President/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of DEC, 2018

Elizabeth D Neary
Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

SIGNATURE

PAUL E BELTER
PRINTED NAME

EVP/COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of DEC 2018

Elizabeth D Neary
Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10 2020

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

This Application is filed on the behalf of __Adventist Health System Sunbelt Healthcare Corporation_____

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.

Lyon C. Addiscott
SIGNATURE

LYON C. ADDISCOTT
PRINTED NAME

ASSISTANT SECRETARY
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of December 2018

Anne Marie Greer
Signature of Notary

Seal

ANNE MARIE GREER
MY COMMISSION # FF 155997
EXPIRES: December 29, 2018
Bonded Thru Notary Public Underwriters

Michael F. Saunders
SIGNATURE

Michael F. Saunders
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of December 2018

Anne Marie Greer
Signature of Notary

Seal

ANNE MARIE GREER
MY COMMISSION # FF 155997
EXPIRES: December 29, 2018
Bonded Thru Notary Public Underwriters

*Insert the EXACT legal name of the applicant

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. 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 or exemption, 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 ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

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

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

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

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

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

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

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

A table in the following format must be provided as part of Attachment 9.

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

Total			

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

SECTION V. 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.

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

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

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

File Number 6964-462-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2014, 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* 8TH *day of* NOVEMBER *A.D.* 2018 .

Authentication #: 1831202022 verifiable until 11/08/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE ATTACHMENT 1

File Number 0940-715-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST MIDWEST HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, 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* 9TH *day of* NOVEMBER *A.D.* 2018 .

Authentication #: 1831301404 verifiable until 11/09/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE ATTACHMENT 1

File Number 5938-890-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION, INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, AND MUST CONDUCT ALL AFFAIRS IN THIS STATE UNDER THE ASSUMED NAME OF ADVENTIST HEALTH SYSTEM, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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* 10TH *day of* DECEMBER *A.D.* 2018 .

Authentication #: 1834401698 verifiable until 12/10/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

RTIFICATE OF COVERAGE

Issue Date: 04/01/2016

ventist Health System
Risk Management
900 Hope Way
Altamonte Springs, FL 32714 (407) 357-2290

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the AHS Liability Trust or any insurance policies listed below.

Named Participant:

Adventist Midwest Health
d/b/a Adventist LaGrange Memorial Hospital
5101 Willow Springs Road
LaGrange, IL 60525

COMPANIES AFFORDING COVERAGE

Company Letter A:	AHS Liability Trust
Company Letter E:	State National Company
Company Letter G:	AHS Workers Compensation Liability Trust

Coverages

This is to certify that the coverage below has been issued to the Named Participant listed above for the time period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance			Policy Number	Policy Effective	Policy Expiration	Limits	
A	X	Hospital Professional/Comprehensive General Liability & MCO E&O		8528-2016	04/01/2016	04/01/2017	Each Occurrence Annual Aggregate	$1,000,000 $3,000,000
A		X	Claims Made (HPL & Managed Care Errors)					
		X	Occurrence (CGL Only)					
E	X	Automobile Liability- All Vehicles		GICV 300557-00	11/01/2015	11/01/2016	Combined Single Limit (Bodily Injury & Property Damage)	$1,000,000
G	X	Worker's Compensation	CO, FL, GA, IL, KS, KY, NC, TN	AHSWC15	08/01/2015	08/01/2016		$1,000,000

Description of Operations/Locations/Vehicles/Special Items:

All operations subject to the terms and conditions of the Trust or insurance policies listed above. Coverage provided is a per occurrence aggregate and is not increased by the number of named participants or claimants involved.

Certificate Holder

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail written notice to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives or employees.

Authorized Representative: Roberta Henderson

Date: 03/09/2016

Adventist LaGrange Memorial Hospital
5101 Willow Springs Road
LaGrange, IL 60525

ATTACHMENT 2

File Number 0940-715-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

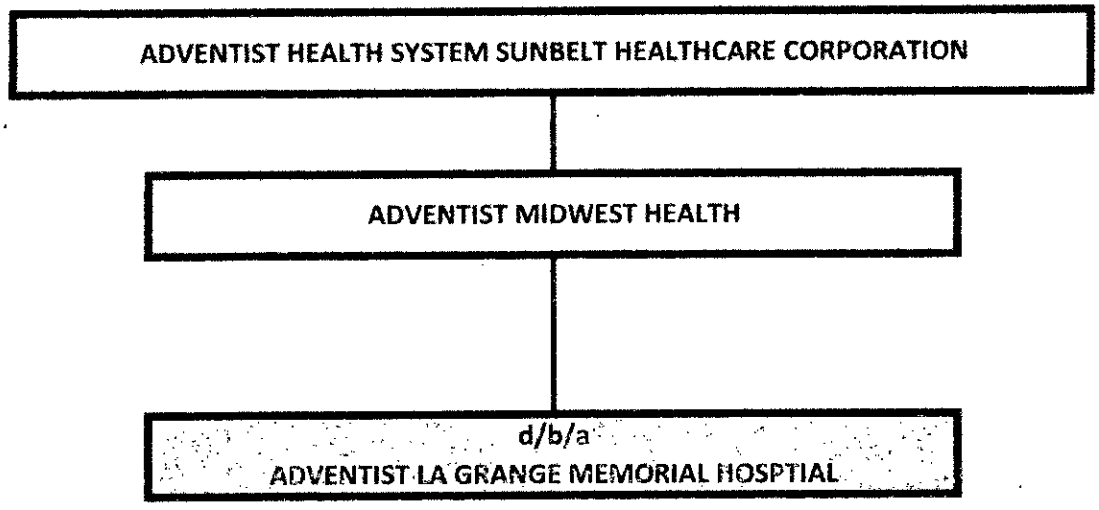
ADVENTIST MIDWEST HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* NOVEMBER *A.D.* 2018 .

Authentication #: 1831301404 verifiable until 11/09/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE ATTACHMENT 3



ATTACHMENT 4

DISCONTINUATION

1. This Certificate of Exemption ("COE") application addresses the discontinuation of the applicant hospital's obstetrics category of service, which includes 12 authorized beds.

2. The following clinical areas/services, each of which is associated with obstetrics care, will be discontinued:
    - five labor-delivery-recovery rooms ("LDRs")
    - one C-Section room
    - ten Level 1 nursery stations/bassinettes
    - two Level 2 nursery stations/bassinettes

3. All of the clinical services identified in items 1 and 2, above, will be discontinued within 30 days following receipt of the request COE Permit. Discontinuation will occur via formal notification to the HFSRB.

4. No final plans have been made for the re-use of the space to be vacated as a result of the discontinuation. Among the potential uses under consideration at the time of this COE application's filing are the use of the C-Section room and LDRs for outpatient procedures, the use of the nursery for outpatient recovery, the use of the post-partum unit as an observation unit or for the redistribution of Medical/Surgical beds, and the use of the areas as non-clinical/administrative space. Equipment will be dispersed among other AMITA Health hospitals and outpatient facilities, sold, or discarded.

5. The medical records of past patients will be retained by the hospital, consistent with licensure and accreditation requirements, as well as contemporary medical records retention practices.

6. This COE application is limited to the discontinuation of a category of service.

7. The required legal notice was published in the La Grange Doings, owned by The Chicago Tribune on December 6, 2018. Proof of publication is attached.

ATTACHMENT 5

Chicago Tribune

Printed: 11/29/2018 3:06:14 PM

Page 2 of 2

Order ID: 6014358

* Agency Commission not included

GROSS PRICE * : **$32.29**

PACKAGE NAME: Legal Pioneer West

Product(s): SubTrib_Pioneer West , Publicnotices.com, classified.chicagotribune.com

AdSize(s): 1 Column

Run Date(s): Thursday, December 06, 2018

Color Spec. B/W

Preview

LEGAL NOTICE

AMITA Health Medical Center-La Grange intends to cease the operations of its obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before March 31, 2019. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by December 15, 2018; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.

12/06/2018 6014358

ATTACHMENT 5

CHICAGO TRIBUNE
media group

Sold To:
AMITA Health - CU80024349
200 S Wacker Dr
Chicago,IL 60606-5829

Bill To:
AMITA Health - CU80024349
200 S Wacker Dr
Chicago,IL 60606-5829

Certificate of Publication:

Order Number: 6014358
Purchase Order: N/A

State of Illinois - Cook

Chicago Tribune Media Group does hereby certify that it is the publisher of the The Doings LaGrange. Th Doings LaGrange is a secular newspaper, has been continuously published Weekly for more than fifty (50) weeks to the first publication of the attached notice, is published in the City of LaGrange, Township of Lyons, State of Illi is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 IL CS

This is to certify that a notice, a true copy of which is attached, was published 1 time(s) in the The Doings LaGrange, namely one time per week or on 1 successive weeks. The first publication of the notice was made in t newspaper, dated and published on 12/6/2018, and the last publication of the notice was made in the newspaper and published on 12/6/2018.

This notice was also placed on a statewide public notice website as required by 715 ILCS 5/2. 1.

PUBLICATION DATES: **Dec 06, 2018.**

The Doings LaGrange
In witness, an authorized agent of The Chicago Tribune Media Group has signed this certificate executed in Chicago, Illinois on this

6th Day of December, 2018, by

Chicago Tribune Media Group

Stefanie Soble

CHICAGO TRIBUNE
media group

LEGAL NOTICE

AMITA Health Medical Center-La Grange intends to cease the operations of its obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before March 31, 2019. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by December 15, 2018, after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.

12/06/2018 6014358

Chicago Tribune - chicagotribune.com
160 N Stetson Avenue, Chicago, IL 60601
(312) 222-2222 - Fax: (312) 222-4014

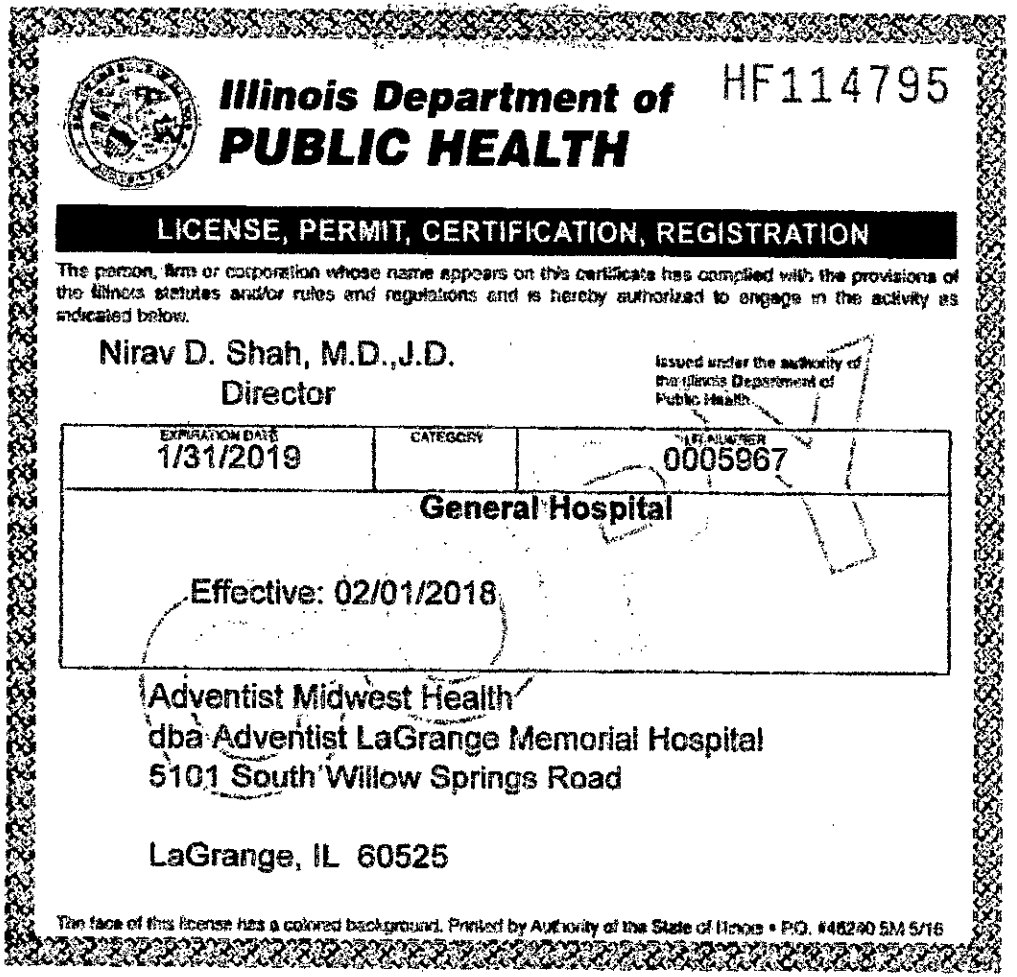
ATTACHMENT 5

REASONS FOR DISCONTINUATION

The applicants have elected to discontinue the obstetrics program at the applicant hospital for two primary reasons.

First, during 2017, the average daily census on the 12-bed obstetrics unit was only 2.9 patients, the result of only 452 admissions, 28 of which were categorized as clean gynecology. In total, 389 babies were born at the hospital during 2017. With such a low census, and the need to staff LDRs, a C-Section room, and a nursery, as well as the post-partum unit, it was deemed to not be financially feasible to continue to operate the obstetrics program.

Second, AMITA Health Medical Center-Hinsdale is located less than ten minutes to the west of the applicant hospital, providing an opportunity to consolidate the two hospitals' obstetrics programs at the Hinsdale facility, without significantly compromising accessibility. The two hospitals have a common Medical Staff and management; and since the applicant hospital suspended its obstetrics service on June 1, 2018, the vast majority of patients who previously would have been admitted to the La Grange hospital have been admitted to the Hinsdale hospital. After a 5+ month trial and evaluation period, both the obstetricians practicing at the hospitals and management have agreed that consolidating the services is appropriate and will benefit the patients.



Illinois Department of PUBLIC HEALTH

HF114795

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
1/31/2019		0005967

General Hospital

Effective: 02/01/2018

Adventist Midwest Health
dba Adventist LaGrange Memorial Hospital
5101 South Willow Springs Road

LaGrange, IL 60525

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #46240 5M 5/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2019

Lic Number 0005967

Date Printed 12/22/2017

Validation Num

Adventist Midwest Health
dba Adventist LaGrange Memorial Hos
5101 South Willow Springs Road
LaGrange, IL 60525

FEE RECEIPT NO.

23

ATTACHMENT 8

AMITA HEALTH

Mark A. Frey
President & Chief Executive Officer

AMITA Health System Office
2601 Navistar Dr.
Lisle, IL 60532

224.273.2347
mark.frey@amitahealth.org

AMITAhealth.org

Ms. Courtney Avery
Illinois Health Facilities
And Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. AMITA Health has not had any adverse actions against any facility owned, operated, and/or controlled by the applicant during the three (3) year period prior to the filing of this application, and
2. AMITA Health authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

Mark A. Frey
President and
Chief Executive Officer

Date: November 8, 2018

Notarized:

OFFICIAL SEAL
MELISSA KULIK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/13/22

Melissa Kulik
11-8-18

ATTACHMENT 8

IMPACT ON ACCESS

The proposed discontinuation of obstetrics services at AMITA Health Medical Center-La Grange will have minimal impact on accessibility for residents of the communities surrounding the hospital, because of the volume of programs in the area.

The following providers of obstetrics services are located within ten miles of the hospital:

- AMITA Health Medical Center-Hinsdale, Hinsdale
- Advocate Christ Hospital & Medical Center, Oak Lawn
- Little Company of Mary Hospital, Evergreen Park
- Palos Community Hospital, Palos Heights
- Elmhurst Memorial Hospital, Elmhurst
- Loyola University Medical Center, Maywood
- MacNeal Hospital, Berwyn
- West Suburban Medical Center, Oak Park
- Westlake Hospital, Melrose Park

Letters, requesting an impact statement have been sent to each of the area hospitals identified above. A copy of the template used for that letter, as well as proof of delivery are attached. Copies of any responses received by the applicants will be provided to HFSRB staff.

ATTACHMENT 7

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 16, 2018

name
title
hospital
street address
city/state/ZIP code

RE: Proposed Discontinuation of Obstetrics Category of Service

Dear :

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

AMITA Health Medical Center-La Grange suspended its obstetrics category of service on June 1, 2018, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

During 2016, 429 patients were admitted to the hospital's obstetrics unit, and 452 patients were admitted in 2017.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing open heart surgery services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Michael Murrill
President/CEO

ATTACHMENT 7

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Palos Community Hospital
Edgardo Tenreiro, President/CEO
12251 S. 80th Ave
Palos Heights, IL 60463

9590 9402 1761 6074 7824 76

2. Article Number (Transfer from service label)

7016 0910 0000 2697 0101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) WILLIAM CARTER | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
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☐ Registered Mail™
☐ Registered Mail Restricted Delivery
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☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elmhurst Memorial Hospital
Peter Daniels, President/CEO
155 E Brush Hill
Elmhurst, IL 60126

9590 9402 1761 6074 7824 38

2. Article Number (Transfer from service label)

7016 0910 0000 2697 0149

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) TOM McDERMOTT | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
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☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MacNeal Hospital
David Levy, President/CEO
3249 Oak Park Ave
Berwyn, IL 60402

9590 9402 1761 6074 7824 21

2. Article Number (Transfer from service label)

7016 0910 0000 2697 0132

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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ATTACHMENT 7

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Loyola University Medical Center
Shawn P. Vincent, President/CEO
2160 S 1st Avenue
Maywood, IL 60153

9590 9402 1761 6074 7824 52

2 Article Number (Transfer from service label)
7016 0910 0000 2697 0156

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X JR ☐ Agent ☐ Addressee

B. Received by (Printed Name) JR | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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☐ Adult Signature Restricted Delivery
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☐ Registered Mail™
☐ Registered Mail Restricted Delivery
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☐ Signature Confirmation Restricted Delivery
Restricted Delivery

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Westlake Hospital
William Brown, President/CEO
1225 W Lake Street
Melrose Park, IL 60160

9590 9402 1761 6074 7824 14

2. Article Number (Transfer from service label)
7016 0910 0000 2697 0125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 11-21

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
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☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
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☐ Signature Confirmation Restricted Delivery
Mail Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Advocate Christ Hospital & Medical Center
Rich Heim, President/CEO
4440 W 95th Street
Oak Lawn,IL 60453

9590 9402 1761 6074 7824 83

2. Article Number (Transfer from service label)
7016 0910 0000 2697 0095

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name) JOHN | C. Date of Delivery 11/22/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery

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ATTACHMENT 7

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

West Suburban Medical Center
Patrick Maloney, President/CEO
3 Erie Ct
Oak Park, IL 60302

9590 9402 1761 6074 7824 69

2. Article Number (Transfer from service label)
7016 0910 0000 2697 0163

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AMITA Health Medical Center
Steve Province, CEO
120 N. Oak St
Hinsdale IL 60521

9590 9402 1761 6074 7824 45

2. Article Number (Transfer from service label)
7016 0910 0000 2697 0118

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Little Company of Mary Hospital
John P. Hanlon, President/CEO
2800 W 95th Street
Evergreen Park, IL 60805

9590 9402 1761 6074 7824 90

2. Article Number (Transfer from service label)
7016 0910 0000 2697 0088

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-21-18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☑ Adult Signature Restricted Delivery
☑ Certified Mail®
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☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

ATTACHMENT 7

BACKGROUND

Applicant Ascension Health owns, operates and/or controls* the following Illinois licensed health care facilities:

AMITA Health Adventist Medical Center Bolingbrook
Bolingbrook, IL IDPH #5496

AMITA Health Adventist Medical Center GlenOaks
Glendale Heights, IL IDPH #3814

AMITA Health Adventist Medical Center Hinsdale
Hinsdale, IL IDPH #0976

AMITA Health Adventist Medical Center La Grange
La Grange, IL IDPH #5967

AMITA Health Alexian Brothers Medical Center Elk Grove Village
Elk Grove Village, IL IDPH #2238

AMITA Health St. Alexius Medical Center Hoffman Estates
Hoffman Estates, IL IDPH #5009

AMITA Health Alexian Brothers Behavioral Health Hospital
Hoffman Estates, IL

Presence Holy Family Medical Center
Des Plaines, IL

Presence Resurrection Medical Center
Chicago, IL IDPH #6031

Presence Saint Francis Hospital
Evanston, IL IDPH #5991

Presence Saint Joseph Hospital-Chicago
Chicago, IL IDPH #5983

Presence Mercy Medical Center
Aurora, IL IDPH #4903

Presence Saint Joseph Hospital-Elgin
Elgin, IL IDPH #4887

Presence Saint Joseph Medical Center
Joliet, IL IDPH #4838

Presence St. Mary's Hospital
Kankakee, IL IDPH #4879

Presence Saint Mary of Nazareth Hospital
Chicago, IL IDPH #6007

Presence Saint Elizabeth Hospital
Chicago, IL IDPH #6007

Presence Lakeshore Gastroenterology
Des Plaines, IL

Belmont/Harlem Surgery Center
Chicago, IL IDPH #7003131

SAFETY NET IMPACT STATEMENT

AMITA Health Medical Center-La Grange has a long history of being a safety net provider, both in terms of services provided directly at or by the hospital, as well as its role in the community. The proposed discontinuation of obstetrics services will have no impact on that commitment, nor will it have any negative impact on any other providers of safety net services.

It is anticipated by the applicants that the vast majority of patients that have looked to the applicant hospital in the past for obstetrics care will receive their obstetrics care at the applicant hospital's sister facility, AMITA Health Medical Center-Hinsdale.

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	1,213	985	173
Outpatient	6,969	12,243	2,531
Total	8,182	13,228	2,704

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	4,380,283	2,542,044	1,389,711
Outpatient	4,421,583	4,423,868	1,951,885
Total	8,801,866	6,965,912	3,341,596

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	3,639	1,918	1,926
Outpatient	27,255	12,046	73,984
Total	30,894	13,964	75,910

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	40,340,734	47,951,568	45,807,382
Outpatient	45,164,598	24,498,704	24,334,912
Total	85,505,332	72,450,272	70,142,294

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	303,495,761	304,924,151	331,806,223
Amount of Charity (charges)	39,232,810	36,373,058	28,512,920
Cost of Charity Care	8,801,866	6,965,912	3,341,596

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	794	723	42
Outpatient	2,531	4,445	452
Total	3,325	5,168	494

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	1,437,204	727,799	354,365
Outpatient	1,691,249	1,520,340	454,772
Total	3,128,453	2,248,139	809,137

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	786	464	427
Outpatient	6,397	3,000	10,536
Total	7,183	3,464	10,963

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	9,300,603	20,516,947	33,379,547
Outpatient	9,517,719	7,584,914	18,530,768
Total	18,818,322	28,101,861	51,910,315

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	203,357,193	207,300,397	218,077,373
Amount of Charity (charges)	10,750,603	9,569,562	4,321,924
Cost of Charity Care	3,128,453	2,248,139	809,137

Presence St. Francis Hospital

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	611	628	71
Outpatient	3,898	6,885	1,212
Total	4,509	7,513	1,283

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	1,824,721	1,652,766	540,676
Outpatient	2,807,049	2,390,180	901,814
Total	4,631,770	4,042,946	1,442,490

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	1,068	621	630
Outpatient	13,374	7,080	19,965
Total	14,442	7,701	20,595

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	8,028,798	12,338,025	31,418,703
Outpatient	12,825,638	7,584,914	25,782,125
Total	20,854,436	19,922,939	57,200,828

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	164,750,924	167,195,901	174,967,222
Amount of Charity (charges)	21,880,375	22,691,367	18,229,097
Cost of Charity Care	4,631,770	4,042,946	1,442,490

Presence Holy Family Medical Center

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	30	133	5
Outpatient	1,369	552	52
Total	1,399	685	57

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	316,123	350,291	555,325
Outpatient	144,232	82,536	49,475
Total	460,355	432,827	604,800

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	123	45	52
Outpatient	304	815	4,371
Total	427	860	4,423

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	(2,347,748)	5,554,348	27,387,711
Outpatient	627,226	1,033,372	4,330,314
Total	(1,720,522)	6,587,720	31,718,025

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	69,586,245	66,443,334	70,564,615
Amount of Charity (charges)	1,561,868	2,255,868	4,544,910
Cost of Charity Care	460,355	432,827	604,800

Presence Resurrection Medical Center

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	765	768	66
Outpatient	3,845	6,081	890
Total	4,610	6,849	956

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	2,563,124	1,173,755	686,843
Outpatient	1,929,857	2,189,381	825,415
Total	4,492,981	3,363,136	1,512,258

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	601	387	378
Outpatient	13,200	6,737	21,852
Total	13,801	7,124	22,230

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	(2,406,200)	6,232,260	67,975,604
Outpatient	3,702,310	3,629,433	37,801,109
Total	1,296,110	9,861,693	105,776,713

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	257,729,252	264,576,914	270,126,791
Amount of Charity (charges)	22,922,240	18,571,646	15,804,220
Cost of Charity Care	4,492,981	3,363,136	1,512,258

Presence Mercy Medical Center

Section IV.

	FY 2015	FY 2016	FY 2017
Charity # of patients			
Inpatient	1,204	1,988	147
Outpatient	4,078	6,732	2,077
Total	5,282	8,720	2,224

	FY 2015	FY 2016	FY 2017
Charity (cost in dollars)			
Inpatient	2,293,444	2,853,889	1,240,933
Outpatient	3,128,539	3,166,129	2,125,573
Total	5,421,983	6,050,491	3,366,506

	FY 2015	FY 2016	FY 2017
Medicaid # of patients			
Inpatient	2,273	1,826	2,477
Outpatient	55,196	45,825	64,057
Total	57,469	47,651	66,534

	FY 2015	FY 2016	FY 2017
Medicaid (revenue)			
Inpatient	16,138,639	13,345,368	14,378,748
Outpatient	41,136,666	14,805,466	17,501,748
Total	57,275,305	28,150,834	31,880,496

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	173,471,950	185,662,250	191,487,648
Amount of Charity (charges)	29,885,457	36,903,020	38,791,796
Cost of Charity Care	5,421,983	6,050,491	3,366,506

Presence St. Joseph Hospital-Elgin

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	683	1,199	63
Outpatient	2,857	5,017	1,323
Total	3,540	6,216	1,386

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	1,659,661	2,150,613	678,071
Outpatient	2,522,152	1,239,628	1,919,060
Total	4,181,813	3,390,241	2,597,131

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	915	846	1,165
Outpatient	22,401	28,782	33,195
Total	23,316	29,628	34,360

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	11,609,548	8,499,358	9,376,281
Outpatient	19,114,352	4,899,091	5,259,631
Total	30,723,900	13,398,449	14,635,912

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	132,597,966	148,323,931	143,143,526
Amount of Charity (charges)	21,617,399	20,728,074	23,593,393
Cost of Charity Care	4,181,813	3,390,241	2,597,131

Presence St. Joseph Medical Center

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	148	3,053	2,104
Outpatient	2,067	10,612	7,314
Total	2,215	13,665	9,418

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	1,223,021	4,528,712	3,763,727
Outpatient	2,127,121	2,780,350	4,085,625
Total	3,350,142	7,309,062	7,849,352

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	4,418	4,151	4,014
Outpatient	48,591	106,220	96,420
Total	53,009	110,371	100,434

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	22,317,603	20,626,384	21,495,441
Outpatient	12,872,225	12,663,326	31,224,865
Total	35,189,828	33,289,710	52,720,306

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	349,215,843	386,006,011	374,114,333
Amount of Charity (charges)	41,754,548	42,334,283	45,193,272
Cost of Charity Care	3,350,142	7,309,062	7,849,352

Presence St. Mary's Hospital

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	683	1,016	25
Outpatient	3,404	5,061	1,099
Total	4,087	6,077	1,124

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	1,178,589	1,143,754	263,568
Outpatient	2,058,972	1,063,567	647,661
Total	3,237,561	2,207,321	911,229

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	1,170	1,195	1,363
Outpatient	44,038	34,629	20,489
Total	45,208	35,824	21,852

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	17,053,694	9,251,698	8,946,439
Outpatient	30,980,047	8,603,075	10,260,434
Total	48,033,741	17,854,773	19,206,873

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	109,622,889	120,646,101	121,698,113
Amount of Charity (charges)	17,119,961	13,900,377	15,606,551
Cost of Charity Care	3,237,561	2,207,321	911,229

St. Alexius Medical Center

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	586	111	352
Outpatient	5,110	2,322	1,568
Total	7,659	7,136	6,105

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	2,214,865	2,574,992	1,876,626
Outpatient	3,053,373	2,994,694	2,201,842
Total	5,268,239	5,569,686	4,078,468

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	3,190	5,233	3,870
Outpatient	40,829	57,423	56,410
Total	50,178	51,762	51,803

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	24,916,000	24,335,000	26,698,588
Outpatient	15,813,000	18,494,000	19,870,057
Total	40,729,000	42,829,000	46,568,645

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	345,017,000	353,092,000	353,952,000
Amount of Charity (charges)	27,143,649	30,717,841	21,730,913
Cost of Charity Care	5,268,239	5,569,686	4,078,468

Alexian Brothers Medical Center

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	311	125	399
Outpatient	3,008	1,477	2,232
Total	3,319	1,602	2,631

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	2,307,325	2,756,581	2,331,830
Outpatient	2,349,008	2,409,470	2,134,299
Total	4,656,333	5,166,051	4,466,129

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	1,074	3,806	2,410
Outpatient	41,044	49,428	45,946
Total	42,118	53,234	48,356

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	13,668,000	24,917,316	14,688,808
Outpatient	8,288,000	14,100,420	12,104,570
Total	21,956,000	39,017,736	26,793,378

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	449,261,000	457,943,000	472,013,000
Amount of Charity (charges)	23,820,931	26,603,784	23,058,353
Cost of Charity Care	4,656,333	5,166,051	4,461,129

Alexian Brothers Behavioral Health Hospital

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	690	414	687
Outpatient	405	209	428
Total	1,095	623	1,115

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	418,356	461,258	543,631
Outpatient	296,690	185,059	200,688
Total	715,046	646,317	744,319

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	329	416	322
Outpatient	3,423	818	40,847
Total	3,752	1,234	41,169

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	649,000	707,674	723,609
Outpatient	1,679,000	1,831,801	1,872,017
Total	2,328,000	2,539,475	2,595,626

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	74,048,702	76,916,399	78,615,801
Amount of Charity (charges)	1,993,961	2,098,548	1,919,198
Cost of Charity Care	715,046	646,317	744,319

Adventist Glen Oaks Hospital

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	112	110	102
Outpatient	715	803	1,328
Total	827	913	1,430

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	765,891	675,725	718,114
Outpatient	1,592,189	1,362,203	1,099,263
Total	2,358,080	2,037,928	1,817,377

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	2,286	1,981	2,085
Outpatient	14,631	17,301	17,632
Total	16,917	19,282	19,717

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	18,178,083	16,324,722	11,839,293
Outpatient	16,087,927	14,249,071	8,911,320
Total	34,266,010	30,573,793	20,750,613

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	83,016,363	80,487,930	85,268,778
Amount of Charity (charges)	7,743,127	6,613,992	6,157,479
Cost of Charity Care	2,358,080	2,037,928	1,817,377

Adventist Bolingbrook Hospital

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	105	111	176
Outpatient	798	853	2,329
Total	903	964	2,505

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	737,726	640,020	564,434
Outpatient	1,506,569	1,126,392	1,000,180
Total	2,244,295	1,766,412	1,564,614

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	1,437	1,439	1,503
Outpatient	23,443	27,265	29,138
Total	24,880	28,704	30,641

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	6,521,510	6,632,741	8,884,199
Outpatient	9,527,298	9,361,396	9,271,291
Total	16,048,808	15,994,137	18,155,490

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	119,827,083	121,154,941	129,089,238
Amount of Charity (charges)	9,756,066	7,309,134	6,689,129
Cost of Charity Care	2,244,295	1,766,412	1,564,614

Adventist La Grange Medical Center

Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	81	82	89
Outpatient	422	388	1,160
Total	503	470	1,249

Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	639,886	643,676	664,624
Outpatient	1,244,364	940,188	942,448
Total	1,884,250	1,583,864	1,607,072

Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	824	741	885
Outpatient	12,578	12,005	16,073
Total	13,402	12,746	16,958

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	9,456,596	9,643,426	6,888,007
Outpatient	4,306,103	4,122,811	6,323,812
Total	13,762,699	13,766,237	13,211,819

Section V

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	159,802,351	160,571,704	158,971,897
Amount of Charity (charges)	7,637,693	6,375,572	6,565,635
Cost of Charity Care	1,884,250	1,583,864	1,607,072

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEX

December 18, 2018

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

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application addressing the discontinuation of the inpatient obstetrics unit at AMITA Health Medical Center-La Grange.

The application is accompanied by a check, in the amount of $2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,

Jacob M. Axel
President

enclosures

675 North Court, Suite 210
Palatine, Illinois 60067

Phone (847) 776-7101
Fax (847) 776-7004