

E-029-19

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTIONHEALTH FACILITIES &  
SERVICES REVIEW BOARD

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

## Facility/Project Identification

|                                                                                                    |                          |                            |
|----------------------------------------------------------------------------------------------------|--------------------------|----------------------------|
| Facility Name: Gottlieb Memorial Hospital (Open Heart Surgery Category of Service Discontinuation) |                          |                            |
| Street Address: 701 West North Avenue                                                              |                          |                            |
| City and Zip Code: Melrose Park, Illinois 60160                                                    |                          |                            |
| County: Cook                                                                                       | Health Service Area: 007 | Health Planning Area: A-06 |

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

|                                                             |  |
|-------------------------------------------------------------|--|
| Exact Legal Name: Gottlieb Memorial Hospital                |  |
| Street Address: 701 West North Avenue                       |  |
| City and Zip Code: Melrose Park, Illinois 60160             |  |
| Name of Registered Agent: CT Corporation                    |  |
| Registered Agent Street Address: 208 South LaSalle Street   |  |
| Registered Agent City and Zip Code: Chicago, Illinois 60604 |  |
| Name of Chief Executive Officer: M.E. Cleary (President)    |  |
| CEO Street Address: 701 West North Avenue                   |  |
| CEO City and Zip Code: Melrose Park, Illinois 60160         |  |
| CEO Telephone Number: (708) 681-3200                        |  |

## Type of Ownership of Applicants

|                                                                                                                                                                                                                                                                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Partnership                                        |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Governmental                                       |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</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> |                                                                             |

**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: Edward J. Green, Esq                                           |
| Title: Attorney                                                      |
| Company Name: Foley & Lardner LLP                                    |
| Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654 |
| Telephone Number: (312) 832-4375                                     |
| E-mail Address: egreen@foley.com                                     |
| Fax Number: (312) 832-4700                                           |

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**Facility/Project Identification**

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| Street Address: 701 West North Avenue                                                              |                          |                            |
| City and Zip Code: Melrose Park, Illinois 60160                                                    |                          |                            |
| County: Cook                                                                                       | Health Service Area: 007 | Health Planning Area: A-06 |

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

|                                                                         |  |  |
|-------------------------------------------------------------------------|--|--|
| Exact Legal Name: Loyola University Health System d/b/a Loyola Medicine |  |  |
| Street Address: 2160 South First Avenue                                 |  |  |
| City and Zip Code: Maywood, Illinois 60153                              |  |  |
| Name of Registered Agent: CT Corporation                                |  |  |
| Registered Agent Street Address: 208 South LaSalle Street               |  |  |
| Registered Agent City and Zip Code: Chicago, Illinois 60604             |  |  |
| Name of Chief Executive Officer: Shawn P. Vincent                       |  |  |
| CEO Street Address: 2160 South First Avenue                             |  |  |
| CEO City and Zip Code: Maywood, Illinois 60153                          |  |  |
| CEO Telephone Number: (708) 216-3215                                    |  |  |

**Type of Ownership of Applicants**

|                                                                                                                                                                                                                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Governmental        |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                   |                                              |
| <ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</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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## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

### Facility/Project Identification

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|----------------------------------------------------------------------------------------------------|--------------------------|----------------------------|
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| Street Address: 701 West North Avenue                                                              |                          |                            |
| City and Zip Code: Melrose Park, Illinois 60160                                                    |                          |                            |
| County: Cook                                                                                       | Health Service Area: 007 | Health Planning Area: A-06 |

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

|                                                                   |
|-------------------------------------------------------------------|
| Exact Legal Name: Trinity Health Corporation                      |
| Street Address: 20555 Victor Parkway                              |
| City and Zip Code: Livonia, Michigan 46152                        |
| Name of Registered Agent: The Corporation Company                 |
| Registered Agent Street Address: 30600 Telegraph Rd.              |
| Registered Agent City and Zip Code: Bingham Farms, Michigan 48025 |
| Name of Chief Executive Officer: Dr. Richard J. Gilfillan         |
| CEO Street Address: 20555 Victor Parkway                          |
| CEO City and Zip Code: Livonia, Michigan 46152                    |
| CEO Telephone Number: (734) 343-1000                              |

### Type of Ownership of Applicants

|                                                                                                                                                                                                                                                                                                                                                  |                                              |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</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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| Telephone Number: (312) 832-4375                                     |
| E-mail Address: egreen@foley.com                                     |
| Fax Number: (312) 832-4700                                           |

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

|                                                                     |
|---------------------------------------------------------------------|
| Name: Jill M. Rappis, Esq.                                          |
| Title: Regional Senior Vice President & General Counsel             |
| Company Name: Loyola University Health System d/b/a Loyola Medicine |
| Address: 2160 South First Avenue, Maywood, Illinois 60153           |
| Telephone Number: (708) 216-8073                                    |
| E-mail Address: jrappis@lumc.edu                                    |
| Fax Number: (708) 216-8059                                          |

**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: Jill M. Rappis, Esq.                                          |
| Title: Regional Senior Vice President & General Counsel             |
| Company Name: Loyola University Health System d/b/a Loyola Medicine |
| Address: 2160 South First Avenue, Maywood, Illinois 60153           |
| Telephone Number: (708) 216-8073                                    |
| E-mail Address: jrappis@lumc.edu                                    |
| Fax Number: (708) 216-8059                                          |

**Site Ownership**

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: Gottlieb Memorial Hospital                                                                                                                                                                                                                                                                                                          |
| Address of Site Owner: 701 West North Avenue, Melrose Park, Illinois 60160                                                                                                                                                                                                                                                                                          |
| Street Address or Legal Description of the Site:<br><b>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.</b> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                               |

**Operating Identity/Licensee**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Exact Legal Name: Gottlieb Memorial Hospital                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| Address: 701 West North Avenue, Melrose Park, Illinois 60160                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| <input checked="" type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Partnership                                        |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Governmental                                       |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
| <ul style="list-style-type: none"><li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>o 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.</li><li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul> |                                                                             |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                                        |                                                                             |

### **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.

Gottlieb Memorial Hospital ("Gottlieb"), Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), and Trinity Health Corporation ("Trinity," and collectively with Gottlieb and Loyola Medicine, the "Applicants"), are seeking a Certificate of Exemption ("COE") from the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the open heart surgery category of service at Gottlieb due to low utilization. In 2017, only 110 open heart surgeries were performed at Gottlieb; of which only 43 were coronary artery bypass grafts ("CABGs"). In 2018, only 108 open heart surgeries were performed at Gottlieb; of which only 34 were CABGs. These numbers are well below the state norm of 200 open heart surgeries per year.

Gottlieb is located at 701 West North Avenue, Melrose Park, Illinois. Gottlieb's affiliate, Loyola University Medical Center ("LUMC"), is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart category of service at Gottlieb into the open heart category of service at LUMC. It also bears noting that U.S. News & World Report for 2018-2019 has ranked LUMC among the Top 50 hospitals in the nation for cardiology and heart surgery.

It is currently anticipated that this COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., **August 6, 2019**). If SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board prior to August 6, 2019, and this COE Application is approved sooner than August 6, 2019, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb on the date this COE Application is approved.

Pursuant to 77 Il. Admin. §1110.20(c)(1)(B)(ii), this Project is considered "Substantive."

This Project has no project costs.

### 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.

On December 4, 2018, the Review Board approved Project No. 18-030 for the renovation and modernization of Gottlieb's Emergency Department. Project No. 18-030 has a project completion date of March 31, 2021. Project No. 18-030 will not be completed prior to the projected completion date of this COE.

**Anticipated exemption completion date (refer to Part 1130.570):** **Upon Review Board Approval**

### 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 being deemed incomplete.**

## CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole 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 for Permit is filed on the behalf of Gottlieb 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.

M.E. Cleary  
SIGNATURE

M.E. Cleary  
PRINTED NAME

President  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 28<sup>th</sup> day of June, 2019

Heidi M. Quandt  
Signature of Notary

Seal

HEIDI M QUANDT  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Jul 20, 2022

\*Insert EXACT legal name of the applicant

Maria J. Pekar  
SIGNATURE

Maria J. Pekar, Esq.  
PRINTED NAME

Associate General Counsel & Asst.  
Secretary  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 27<sup>th</sup> day of June, 2019

Heidi M. Quandt  
Signature of Notary

Seal

HEIDI M QUANDT  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Jul 20, 2022

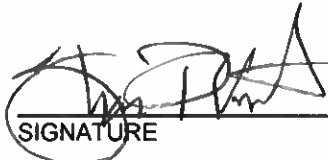


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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

**This Application for Permit is filed on the behalf of Loyola University Health System d/b/a Loyola Medicine\* 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.**

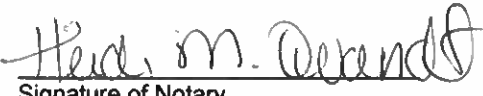
  
SIGNATURE

Shawn P. Vincent  
PRINTED NAME

President & Chief Executive Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 28th day of June, 2019

  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

  
SIGNATURE

Maria J. Pekar, Esq.  
PRINTED NAME

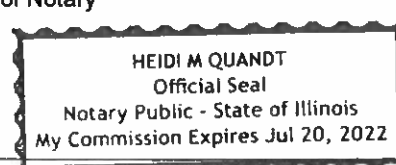
Associate General Counsel & Asst. Secretary  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 27th day of June, 2019

  
Signature of Notary

Seal



## CERTIFICATION

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- 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 for Permit is filed on the behalf of Trinity Health 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.**

Michael A. Slubowski

SIGNATURE

Michael A. Slubowski  
PRINTED NAME

President and Chief Operating Officer  
PRINTED TITLE

Notarization:

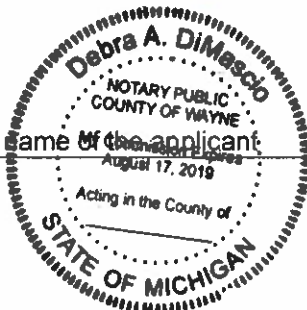
Subscribed and sworn to before me  
this 27th day of June, 2019

Debra A. DiMascio

Signature of Notary

Seal

\*Insert EXACT legal name of the applicant  
My Commission Expires August 17, 2019



Linda Ross

SIGNATURE

Linda Ross, Esq.  
PRINTED NAME

Executive Vice President & Chief Legal Officer  
PRINTED TITLE

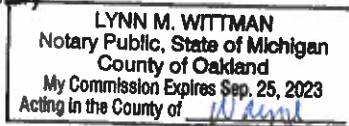
Notarization:

Subscribed and sworn to before me  
this 27th day of June, 2019

Lynn M. Wittman

Signature of Notary

Seal



## SECTION II. DISCONTINUATION

### Type of Discontinuation

- |                                     |                                                     |
|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/>            | Discontinuation of an Existing Health Care Facility |
| <input checked="" type="checkbox"/> | Discontinuation of a category of service            |

### **Criterion 1130.525 and 1110.290 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

#### **GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

**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                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Charity (cost in dollars)             | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| MEDICAID                              |      |      |      |
| Medicaid (# of patients)              | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Medicaid (revenue)                    | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

|       |  |  |  |
|-------|--|--|--|
| 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 |
| <b>Net Patient Revenue</b>       |      |      |      |
| 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.**



**Section I**  
**Attachment 1**  
**Applicant Identification**

The Certificates of Good Standing for Gottlieb Memorial Hospital ("Gottlieb"), Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), and Trinity Health Corporation ("Trinity," and collectively with Gottlieb and Loyola Medicine, the "Applicants") are attached at ATTACHMENT 1.



***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*

GOTTLIEB MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 08, 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 #: 1917702534 verifiable until 06/26/2020

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 26TH*  
*day of JUNE A.D. 2019 .*

*Jesse White*

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*

LOYOLA UNIVERSITY HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 1984, 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 #: 1917702558 verifiable until 06/26/2020

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 26TH*  
*day of JUNE A.D. 2019 .*

*Jesse White*

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*

TRINITY HEALTH CORPORATION, INCORPORATED IN INDIANA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON MARCH 02, 2011, 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 26TH*  
*day of JUNE A.D. 2019 .*

*Jesse White*

SECRETARY OF STATE

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**TRINITY HEALTH CORPORATION**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 10, 1978, and was in existence or authorized to transact business in the State of Indiana on June 26, 2019.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 26, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

197811-279 / 20191017178

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 26, 2019.

**Section 1**  
**Attachment 2**  
**Site Ownership**

Gottlieb owns and operates Gottlieb Memorial Hospital. An Affidavit from M.E. Cleary, the President of Gottlieb, in support of this Criterion is attached at ATTACHMENT 2.



**Gottlieb  
Memorial  
Hospital**

June 27, 2019

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: Certification of Corporate Ownership of Gottlieb Memorial Hospital

Dear Mr. Constantino:

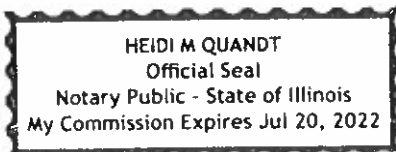
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that Gottlieb Memorial Hospital, a general acute care hospital located at 701 West North Avenue, Melrose Park, Illinois, is owned and operated by Gottlieb Memorial Hospital, an Illinois not-for-profit corporation.

Sincerely,

M.E. Cleary  
President  
Gottlieb Memorial Hospital

SUBSCRIBED AND SWORN  
to before me this 28<sup>th</sup> day  
of June, 2019.

Notary Public



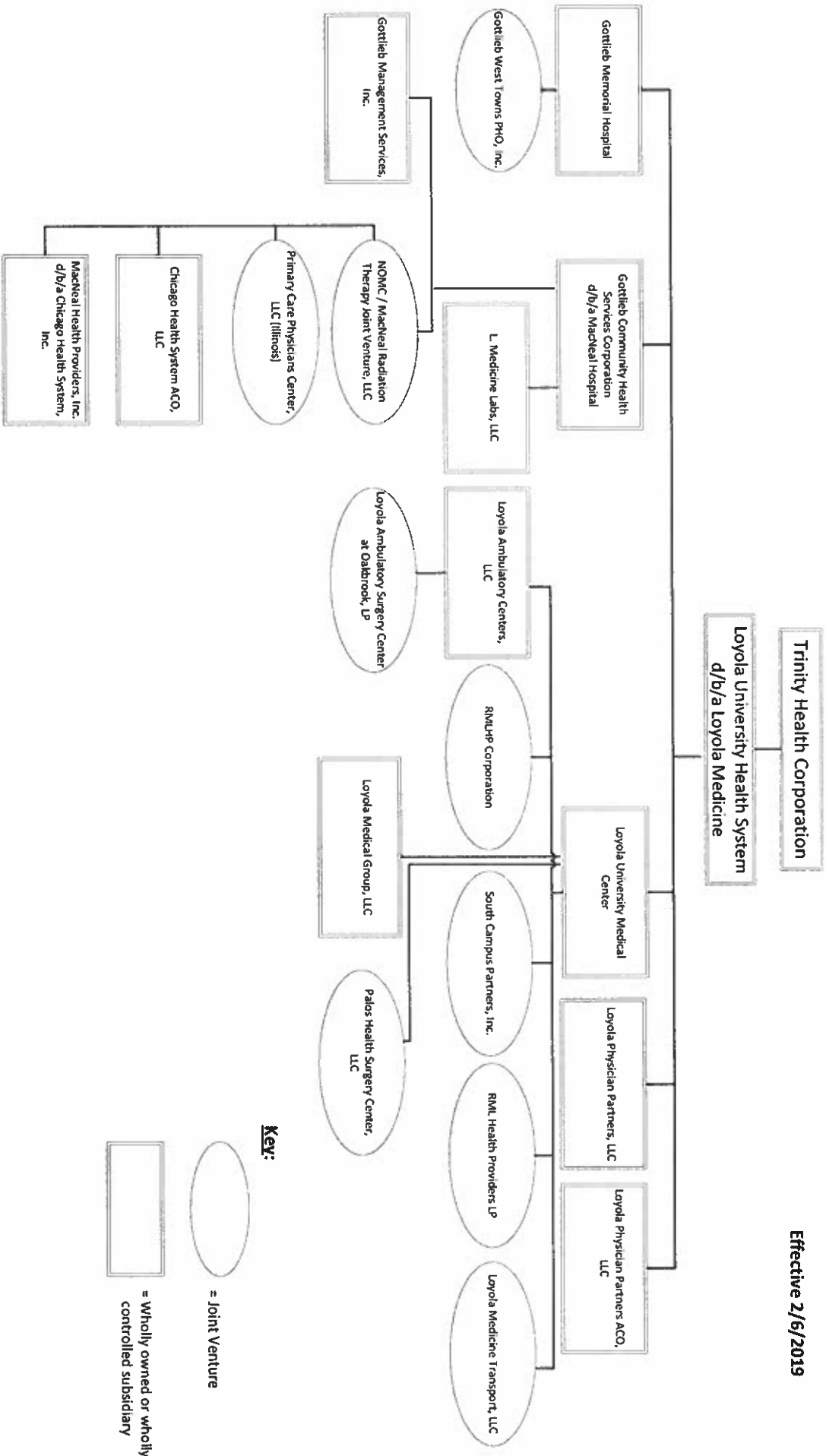
**Section I**  
**Attachment 3**  
**Operating Entity/Licensee**

Gottlieb owns and operates Gottlieb Memorial Hospital. The Certificate of Good Standing for Gottlieb is attached at ATTACHMENT 1.



**Section I**  
**Attachment 4**  
**Organizational Relationships**

The organizational chart for the Applicants is attached at ATTACHMENT 4.



Effective 2/6/2019

**Section II**  
**Discontinuation**  
**Criterion 1130.290**

**Criterion 1110.290(a)**  
**General Information**

1. The Applicants are seeking a COE to discontinue the open heart surgery category of service at Gottlieb.
2. No other clinical services will be impacted by this COE Application.
3. By letter dated June 26, 2019, Gottlieb informed the Illinois Health Facilities & Services Review Board (the "Review Board") and the Illinois Department of Public Health ("IDPH") that it intended to temporarily suspend its open heart surgery category of service effective as of July 1, 2019 at 12:01 am.

It is currently anticipated that this COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., **August 6, 2019**). If SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board prior to August 6, 2019, and this COE Application is approved sooner than August 6, 2019, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb on the date this COE Application is approved.

4. Gottlieb currently uses one (1) operating room ("OR") of its nine (9) ORs for open heart surgeries. That same OR is also used for orthopedic, general and other surgical procedures. Indeed, given the current low volume of open heart surgeries being performed at Gottlieb, that one (1) OR is used 90% of the time for cases other than open heart surgeries. So, that one (1) OR will continue to be used for orthopedic, general and other surgical procedures following the discontinuation of the open heart surgery category of service at Gottlieb.
5. All medical records related to the open heart surgery program at Gottlieb will continue to be maintained at Gottlieb and/or maintained in the Loyola Medicine electronic medical records system for no less 10 years after discharge or 12 years if there is litigation, as set forth in 210 ILCS § 85/6.17.
6. This section is not applicable because Gottlieb is only discontinuing a category of service (not an entire facility).
7. The Applicants provided a notice (the "Notice") of the proposed discontinuation to the local media on June 26, 2017, specifically, the Sun Times, a copy of which is attached at **ATTACHMENT 5**. The Sun Times ran the Notice on June 27, 2019. A copy of the Sun Time's "proof of publication" is attached at **ATTACHMENT 5**.

**Criterion 1110.290(b)**  
**Reasons for Discontinuation**

1. The Applicants are seeking a COE to discontinue the open heart surgery category of service at Gottlieb due to low utilization. In 2017, only 110 open heart surgeries were performed at Gottlieb; of which only 43 were coronary artery bypass grafts ("CABGs"). In 2018, only 108

open heart surgeries were performed at Gottlieb; of which only 34 were CABGs. These numbers are well below the state norm of 200 open heart surgeries per year.

**Criterion 1110.290(c)**

**Impact on Access**

1. The discontinuation of the open heart surgery category of service at Gottlieb will have no impact (or a minimal impact) on patient care. Gottlieb's affiliate, Loyola University Medical Center ("LUMC"), is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart category of service at Gottlieb into the open heart category of service at LUMC. It also bears noting that U.S. News & World Report for 2018-2019 has ranked LUMC among the Top 50 hospitals in the nation for cardiology and heart surgery.

**Criterion 1110.290(d)**

**Notice to Other Providers**

1. Notices of the proposed discontinuation were sent to the five (5) other hospitals within ten (10) miles of Gottlieb that provide open heart surgery services. Specifically, notices were sent to:

- (a) Elmhurst Hospital, Elmhurst, Illinois;
- (b) Loyola University Medical Center, Maywood, Illinois;
- (c) MacNeal Hospital, Berwyn, Illinois;
- (d) Presence Resurrection Hospital, Chicago, Illinois; and
- (e) West Suburban Hospital, Oak Park, Illinois.

Copies of the notices are attached at ATTACHMENT 7.

Local Media Notice (Sun Times)

Gottlieb Memorial Hospital (“Gottlieb”) in Melrose Park, Illinois, intends to file a Certificate of Exemption Application (the “COE Application”) with the Illinois Health Facilities & Services Review Board (the “Review Board”) to discontinue the open heart surgery category of service at Gottlieb. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb. It is currently anticipated that the COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., August 6, 2019). The COE Application could be approved sooner than August 6, 2019, by the Vice-Chairman of the Review Board if SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board.

FOLEY & LARDNER LLP

Gottlieb Memorial Hospital (Gottlieb) in Melrose Park, Illinois, inter

ADORDERNUMBER: 0001088023-01

PO NUMBER: GOTTLIEB MEM HOSP

AMOUNT: 204.00

NO OF AFFIDAVITS: 1

## Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

Gottlieb Memorial Hospital ("Gottlieb") in Melrose Park, Illinois, intends to file a Certificate of Exemption Application (the "COE Application") with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the open heart surgery category of service at Gottlieb. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb. It is currently anticipated that the COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., August 6, 2019). The COE Application could be approved sooner than August 6, 2019, by the Vice-Chairman of the Review Board if SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board.  
6/27/19 #1088023

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, Pl.

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 06/27/2019

Chicago Sun-Times

IN WITNESS WHEREOF, the undersigned, being duly authorized,  
has caused this Certificate to be signed

by



Pamela D. Henson  
Account Manager - Public Legal Notices

This 28th Day of June 2019 A.D.

FOLEY & LARDNER LLP  
321 N CLARK ST STE 2800  
ATTN: SHARON CARRARA  
CHICAGO, IL 60654-4747



**LOYOLA  
UNIVERSITY  
HEALTH SYSTEM**

June 24, 2019

**VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)**

Loyola University Medical Center  
2160 S. First Ave.  
Maywood, IL 60153  
Attention: Tad A. Gomez, RPh, MS, FASHP, President

Re: Gottlieb Memorial Hospital  
Proposed Discontinuation of Open Heart Surgery Category of Service

Dear Mr. Gomez:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the open heart surgery category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. In 2017, only 110 open heart surgeries were performed at Gottlieb (well below the state norm of 200 open heart surgeries per year). In 2018, the number of open heart surgeries at Gottlieb decreased further to 108.

Gottlieb's affiliate, Loyola University Medical Center ("LUMC"), is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola University Health System d/b/a Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart surgery category of service at Gottlieb into the open heart surgery category of service at LUMC. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., August 6, 2019). That said, the COE Application could be approved sooner than August 6, 2019, by the Vice-Chairman of the Review Board if SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board.

We also intend to temporarily suspend the open heart surgery category of service at Gottlieb effective as of July 1, 2019 at 12:01 a.m., pending the Review Board's consideration and approval of the COE Application.

In accordance with 77 Il. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by Gottlieb's open heart surgery program. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,

Maria Pekar  
Associate General Counsel  
Loyola Medicine

A Member of Trinity Health



LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

June 24, 2019

**VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)**

Presence Resurrection Hospital  
7435 W. Talcott Avenue  
Chicago, IL 606031  
Attention: Robert Dahl, CEO

Re: Gottlieb Memorial Hospital  
Proposed Discontinuation of Open Heart Surgery Category of Service

Dear Mr. Dahl:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the open heart surgery category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. In 2017, only 110 open heart surgeries were performed at Gottlieb (well below the state norm of 200 open heart surgeries per year). In 2018, the number of open heart surgeries at Gottlieb decreased further to 108.

Gottlieb's affiliate, Loyola University Medical Center ("LUMC"), is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola University Health System d/b/a Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart surgery category of service at Gottlieb into the open heart surgery category of service at LUMC. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., August 6, 2019). That said, the COE Application could be approved sooner than August 6, 2019, by the Vice-Chairman of the Review Board if SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board.

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In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by Gottlieb's open heart surgery program. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,

Maria Pekar  
Associate General Counsel  
Loyola Medicine

A Member of Trinity Health

Loyola University Medical Center | 2160 S. First Ave., Maywood, IL 60153 | 888-584-7888 | loyolamedicine.org





LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

June 24, 2019

**VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)**

MacNeal Hospital  
3249 Oak Park Avenue  
Berwyn, IL 60402  
Attention: M.E. Cleary, CEO

Re: Gottlieb Memorial Hospital  
Proposed Discontinuation of Open Heart Surgery Category of Service

Dear Ms. Cleary:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the open heart surgery category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. In 2017, only 110 open heart surgeries were performed at Gottlieb (well below the state norm of 200 open heart surgeries per year). In 2018, the number of open heart surgeries at Gottlieb decreased further to 108.

Gottlieb's affiliate, Loyola University Medical Center ("LUMC"), is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola University Health System d/b/a Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart surgery category of service at Gottlieb into the open heart surgery category of service at LUMC. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., August 6, 2019). That said, the COE Application could be approved sooner than August 6, 2019, by the Vice-Chairman of the Review Board if SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board.

We also intend to temporarily suspend the open heart surgery category of service at Gottlieb effective as of July 1, 2019 at 12:01 a.m., pending the Review Board's consideration and approval of the COE Application.

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by Gottlieb's open heart surgery program. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,

Maria Pekar  
Associate General Counsel  
Loyola Medicine

A Member of Trinity Health

484-835-6489 | Loyola University Medical Center | 2160 S. First Ave., Maywood, IL 60153 | 888-584-7888 | [loyolamedicine.org](http://loyolamedicine.org)



LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

June 24, 2019

**VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)**

Elmhurst Hospital  
155 E. Brush Hill Road  
Elmhurst, IL 60126  
Attention: Pamela Dunley, CEO

Re: Gottlieb Memorial Hospital  
Proposed Discontinuation of Open Heart Surgery Category of Service

Dear Ms. Dunley:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the open heart surgery category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. In 2017, only 110 open heart surgeries were performed at Gottlieb (well below the state norm of 200 open heart surgeries per year). In 2018, the number of open heart surgeries at Gottlieb decreased further to 108.

Gottlieb's affiliate, Loyola University Medical Center ("LUMC"), is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola University Health System d/b/a Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart surgery category of service at Gottlieb into the open heart surgery category of service at LUMC. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., August 6, 2019). That said, the COE Application could be approved sooner than August 6, 2019, by the Vice-Chairman of the Review Board if SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board.

We also intend to temporarily suspend the open heart surgery category of service at Gottlieb effective as of July 1, 2019 at 12:01 a.m., pending the Review Board's consideration and approval of the COE Application.

In accordance with 77 Il. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by Gottlieb's open heart surgery program. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,

Maria Pekar  
Associate General Counsel  
Loyola Medicine

A Member of Trinity Health

4846396649 Loyola University Medical Center | 2160 S. First Ave., Maywood, IL 60153 | 888-584-7888 | loyolamedicine.org



LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

June 24, 2019

**VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)**

West Suburban Medical Center  
3 Erie Court  
Oak Park, IL 60302  
Attention: Joseph Ottolino, CEO

Re: Gottlieb Memorial Hospital  
Proposed Discontinuation of Open Heart Surgery Category of Service

Dear Mr. Ottolino:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the open heart surgery category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. In 2017, only 110 open heart surgeries were performed at Gottlieb (well below the state norm of 200 open heart surgeries per year). In 2018, the number of open heart surgeries at Gottlieb decreased further to 108.

Gottlieb's affiliate, Loyola University Medical Center ("LUMC"), is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola University Health System d/b/a Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart surgery category of service at Gottlieb into the open heart surgery category of service at LUMC. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the open heart surgery category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., August 6, 2019). That said, the COE Application could be approved sooner than August 6, 2019, by the Vice-Chairman of the Review Board if SB 1739 is signed into law by Governor Pritzker or if Governor Pritzker appoints a Chairman to the Review Board.

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Sincerely,

Maria Pekar  
Associate General Counsel  
Loyola Medicine

A Member of Trinity Health

4846835648 Loyola University Medical Center | 2160 S. First Ave., Maywood, IL 60153 | 888-584-7888 | [loyolamedicine.org](http://loyolamedicine.org)

**Section III**  
**Attachment 8**  
**Background**

**Gottlieb**

1. Gottlieb is a fully licensed, Medicare-certified, Joint Commission accredited, Illinois not-for-profit general hospital. Copies of the current licenses and Joint Commission accreditation for Gottlieb are attached at ATTACHMENT 8.
2. Gottlieb is located at 701 West North Avenue, Melrose Park, Illinois.
3. There have been no adverse actions taken against any facility owned or operated by Gottlieb during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 8.
5. An authorization letter granting access to the Review Board and IDPH to verify information about Gottlieb is attached at ATTACHMENT 8.

**Loyola Medicine**

1. Loyola Medicine, an Illinois not-for-profit corporation, is the sole corporate member of Gottlieb.
2. Loyola Medicine is also the sole corporate member of the following licensed healthcare facilities in Illinois: (a) LUMC, a general acute care hospital located in Maywood, Illinois; (b) LUMC Outpatient Dialysis Center, a provider based, station end stage renal disease facility located in Maywood, Illinois; (c) LUMC Ambulatory Surgery Center, a provider based, ambulatory surgery center located in Maywood, Illinois; and (d) Gottlieb Community Health Services d/b/a MacNeal Hospital, a general acute care hospital located in Berwyn, Illinois.
3. There have been no adverse actions taken against any facility owned or operated by Loyola Medicine during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 8.
4. An authorization letter granting access to the Review Board and IDPH to verify information about Loyola Medicine is attached at ATTACHMENT 8.

**Trinity**

1. Trinity is an Indiana non-profit corporation. Trinity is the sole corporate member of Loyola Medicine. Trinity is also the sole corporate member of Mercy Health System, which operates Mercy Hospital and Medical Center in Chicago ("Mercy Hospital").
2. Trinity is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. Trinity includes 94 hospitals, as well as 109 continuing care locations that include PACE programs, senior living facilities, and home care and hospice services. Its continuing care programs provide nearly 2.5 million visits annually. Based in Livonia, Mich., and with annual

operating revenues of \$18.3 billion and assets of \$26.2 billion, the organization returns \$1.1 billion to its communities annually in the form of charity care and other community benefit programs. Trinity employs about 133,000 colleagues, including 7,800 employed physicians and clinicians. Committed to those who are poor and underserved in its communities, Trinity is known for its focus on the country's aging population.

3. There have been no adverse actions taken against any facility owned or operated in Illinois by Trinity during the three (3) years prior to the filing of this Application, except as follows: On or about January 16, 2019, Mercy Hospital received a Statement of Deficiencies, Form CMS-2567 (the "Statement of Deficiencies"), from the Centers for Medicare & Medicaid Services ("CMS"), which was generated as a result of a Substantial Allegation Survey conducted by the Illinois Department of Public Health ("IDPH") between January 7, 2019 and January 10, 2019. The Statement of Deficiencies concerned an incident that happened on or about December 26, 2018. On or about January 21, 2019, Mercy Hospital submitted its Plan of Correction (the "Plan of Correction") to CMS and IDPH in response to the Statement of Deficiencies. CMS and IDPH accepted and approved Mercy Hospital's Plan of Correction and Mercy Hospital subsequently passed its follow-up survey and was found to be in full compliance with the Conditions of Participation for general acute care hospitals set forth at 42 C.F.R. Part 482. A letter certifying the above information is attached at ATTACHMENT 8.

4. An authorization letter granting access to the Review Board and IDPH to verify information about Trinity is attached at ATTACHMENT 8.



**Illinois Department of** **HF 118230**  
**PUBLIC HEALTH**

**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.

**Ngozi O. Ezike, M.D.**

Issued under the authority of  
the Illinois Department of  
Public Health

**Director**

| EXPIRATION DATE              | CATEGORY | I.D. NUMBER |
|------------------------------|----------|-------------|
| 6/29/2020                    |          | 0005793     |
| <b>General Hospital</b>      |          |             |
| <b>Effective: 06/30/2019</b> |          |             |

**Gottlieb Memorial Hospital  
dba Loyola Health System at Gottlieb  
701 W North Ave**

**Melrose Park, IL 60160**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

—→  
**DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

**Exp. Date 6/29/2020**

**Lic Number 0005793**

**Date Printed 5/13/2019**

**Gottlieb Memorial Hospital  
dba Loyola Health System at Gottlieb  
701 W North Ave  
Melrose Park, IL 60160**

**FEE RECEIPT NO.**

**0038**

**Attachment 8**

# Gottlieb Memorial Hospital

Melrose Park, IL

has been Accredited by

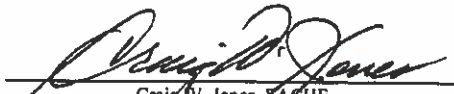


## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Hospital Accreditation Program

January 21, 2017

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #7400  
Print/Reprint Date: 03/23/2017

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).





**Gottlieb  
Memorial  
Hospital**

June 27, 2019

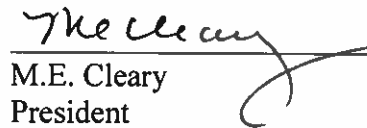
Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: No Adverse Actions Certification

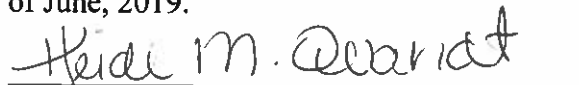
Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any facility owned or operated by Gottlieb Memorial Hospital, an Illinois not-for-profit corporation, during the three (3) years prior to the filing of this application.

Sincerely,

  
M.E. Cleary  
President  
Gottlieb Memorial Hospital

SUBSCRIBED AND SWORN  
to before me this 28<sup>th</sup> day  
of June, 2019.

  
Notary Public







**Gottlieb  
Memorial  
Hospital**

June 27, 2019

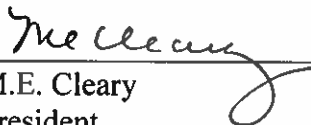
Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: Authorization to Access Information

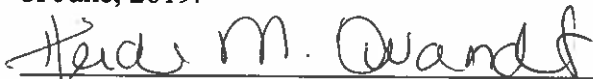
Dear Mr. Constantino:

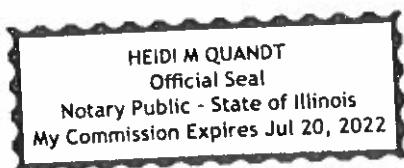
I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Gottlieb Memorial Hospital, an Illinois not-for-profit corporation, with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

  
\_\_\_\_\_  
M.E. Cleary  
President  
Gottlieb Memorial Hospital

SUBSCRIBED AND SWORN  
to before me this 28<sup>th</sup> day  
of June, 2019.

  
\_\_\_\_\_  
Notary Public





LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

June 27, 2019

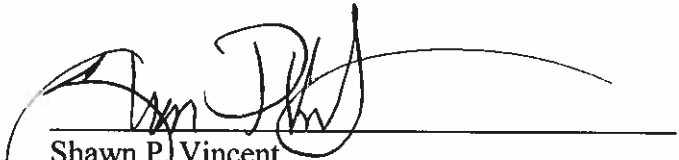
Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: No Adverse Actions Certification

Dear Mr. Constantino:

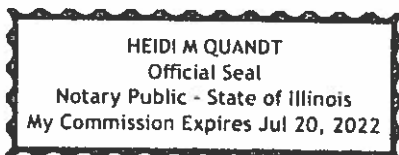
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any Illinois facility owned or operated by Loyola University Health System d/b/a/ Loyola Medicine during the three (3) years prior to the filing of this application.

Sincerely,

  
Shawn P. Vincent  
President and CEO  
Loyola University Health System d/b/a Loyola  
Medicine

SUBSCRIBED AND SWORN  
to before me this 28<sup>th</sup> day  
of June, 2019.

  
Notary Public





**LOYOLA  
UNIVERSITY  
HEALTH SYSTEM**

June 27, 2019

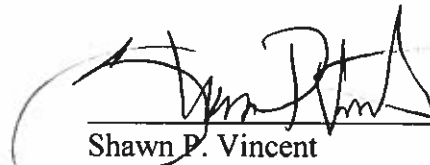
Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: Authorization to Access Information

Dear Mr. Constantino:

I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Loyola University Health System d/b/a/ Loyola Medicine with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

  
Shawn P. Vincent  
President and CEO  
Loyola University Health System d/b/a Loyola  
Medicine

SUBSCRIBED AND SWORN

to before me this 28<sup>th</sup> day  
of June, 2019.

  
Notary Public



A Member of Trinity Health



June 27, 2019

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: No Adverse Actions Certification

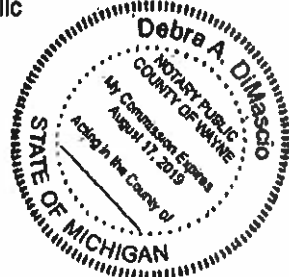
Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any Illinois facility owned or operated by Trinity Health Corporation during the three (3) years prior to the filing of this application, except as set forth on Exhibit A.

Sincerely,

Michael A. Slubowski  
President and Chief Operating Officer  
Trinity Health Corporation

SUBSCRIBED AND SWORN  
to before me this 27<sup>th</sup> day  
of June, 2019.

  
Notary Public

Trinity Health  
No Adverse Action Certification

Exhibit A

On or about January 16, 2019, Mercy Hospital & Medical Center in Chicago (the "Hospital") received a Statement of Deficiencies, Form CMS-2567 (the "Statement of Deficiencies"), from the Centers for Medicare & Medicaid Services ("CMS"), which was generated as a result of a Substantial Allegation Survey conducted by the Illinois Department of Public Health ("IDPH") between January 7, 2019 and January 10, 2019. The Statement of Deficiencies concerned an incident that happened on or about December 26, 2018. On or about January 21, 2019, the Hospital submitted its Plan of Correction (the "Plan of Correction") to CMS and IDPH in response to the Statement of Deficiencies. CMS and IDPH accepted and approved the Hospital's Plan of Correction and the Hospital subsequently passed its follow-up survey and was found to be in full compliance with the Conditions of Participation for general acute care hospitals set forth at 42 C.F.R. Part 482.



June 27, 2019

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: Authorization to Access Information

Dear Mr. Constantino:

I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Trinity Health Corporation with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

A handwritten signature in blue ink that reads "Michael A. Slubowski".

Michael A. Slubowski  
President and Chief Operating Officer  
Trinity Health Corporation

SUBSCRIBED AND SWORN  
to before me this 27<sup>th</sup> day  
of June, 2019.

A handwritten signature in blue ink that reads "Debra A. Dimascio".

Notary Public



**Section IV**  
**Attachment 9**  
**Safety Net Impact Statement**

1. The discontinuation of the open heart surgery category of service at Gottlieb will have no impact (or a minimal impact) on patient care. Gottlieb's affiliate, LUMC, is located just four (4) miles away and serves the same population and geographic region as Gottlieb. Loyola Medicine (which is the corporate parent of both Gottlieb and LUMC) intends to consolidate the open heart category of service at Gottlieb into the open heart category of service at LUMC. It also bears noting that U.S. News & World Report for 2018-2019 has ranked LUMC among the Top 50 hospitals in the nation for cardiology and heart surgery.

2. The following chart sets forth the amount of charity care provided by Gottlieb in the last three years (as reported by Gottlieb on its Annual Hospital Questionnaires.)

|                                            | 2016      | 2017      | 2018      |
|--------------------------------------------|-----------|-----------|-----------|
| Number of Inpatient Charity Care Patients  | 109       | 96        | 89        |
| Number of Outpatient Charity Care Patients | 713       | 483       | 476       |
| Total Number of Charity Care Patients      | 822       | 579       | 565       |
|                                            |           |           |           |
| Inpatient Charity Care (Cost in Dollars)   | 640,000   | 776,422   | 612,250   |
| Outpatient Charity Care (Cost in Dollars)  | 627,000   | 443,234   | 678,800   |
| Total Charity Care (Cost in Dollars)       | 1,267,000 | 1,219,656 | 1,291,050 |

3. The following chart sets forth the amount of care provided to Medicaid patients by Gottlieb in the last three years (as reported by Gottlieb on its Annual Hospital Questionnaires).

|                                        | 2015       | 2016       | 2017       |
|----------------------------------------|------------|------------|------------|
| Number of Inpatient Medicaid Patients  | 1,875      | 1,370      | 931        |
| Number of Outpatient Medicaid Patients | 10,135     | 16,034     | 15,396     |
| Total Number of Medicaid Patients      | 12,010     | 17,404     | 16,327     |
|                                        |            |            |            |
| Net Inpatient Medicaid Revenues        | 12,430,946 | 7,820,317  | 14,637,083 |
| Net Outpatient Medicaid Revenues       | 13,414,454 | 8,156,541  | 6,925,472  |
| Total Net Medicaid Revenues            | 25,845,400 | 15,976,858 | 21,562,555 |



**Section V**  
**Attachment 10**  
**Charity Care Information**

Gottlieb's charity care for the last three years (as reported by Gottlieb on its Annual Hospital Questionnaires) is set forth below:

|                                              | 2016        | 2017        | 2018        |
|----------------------------------------------|-------------|-------------|-------------|
| Total Net Patient Revenue                    | 108,524,387 | 115,765,215 | 114,399,810 |
| Amount of Charity Care (Charges)             | 5,565,037   | 5,071,456   | 5,808,394   |
| Cost of Charity Care                         | 1,267,000   | 1,219,656   | 1,291,050   |
| Cost of Charity Care/Total Net Patient Ratio | 1.20%       | 1.10%       | 1.13%       |

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

| INDEX OF ATTACHMENTS |                                                                                                        |  |       |
|----------------------|--------------------------------------------------------------------------------------------------------|--|-------|
| ATTACHMENT<br>NO.    |                                                                                                        |  | PAGES |
| 1                    | Applicant Identification including Certificate of Good Standing                                        |  | 17-21 |
| 2                    | Site Ownership                                                                                         |  | 22-23 |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |  | 24    |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  |  | 25-26 |
| 5                    | Discontinuation General Information Requirements                                                       |  | 27-35 |
| 6                    | Reasons for Discontinuation                                                                            |  | 27-35 |
| 7                    | Impact on Access                                                                                       |  | 27-35 |
| 8                    | Background of the Applicant                                                                            |  | 36-46 |
| 9                    | Safety Net Impact Statement                                                                            |  | 47-48 |
| 10                   | Charity Care Information                                                                               |  | 49    |

July 1, 2019

**Via FedEx**

Mr. Michael Constantino  
Supervisor, Project Review Section  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761-0001

Re: Certificate of Exemption (Discontinuation)  
Gottlieb Memorial Hospital (Discontinuation of Open Heart Surgery  
Category of Service)

Dear Mr. Constantino:

Enclosed please find an original and one copy of the Certificate of Exemption (Discontinuation) filed on behalf of Gottlieb Memorial Hospital, Loyola University Health System d/b/a Loyola Medicine and Trinity Health Corporation. Also enclosed is a check in the amount of \$2,500 to cover the application processing fee.

Please feel free to contact me if you have any questions.

Sincerely,

  
Edward J. Green

EJGR:sc  
Encls.