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

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

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March Addison	355 Ridge Ave	oital Evanston				
	Evanston IL 6	0202			7.7	
ALL DIVO COLO		th Service Area	VII Health	Planning A	rea: A-08	
County: Cook	nea	III SELVICE PACE	49.1			
Applicant(s) [Prov	ide for each	applicant (refe	to Part 1130.2	220)1		
Exact Legal Name Pre	conce Chicago	Hospitals Network	I/b/a AMITA Health	Saint Francis	Hospital-Ev	anston
Street Address:	eserice criticago	200 S Wacker	Drive, 11th Floor			
		Chicago, IL 60	606			
City and Zip Code: Name of Registered Ag	ont-	CT Corporation	System			
vame of Registered Ag	Addrage:	208 South LaS:	alle Street, Suite 8	14		
Registered Agent Stree Registered Agent City	and Zin Code	Chicago, IL 60				
Name of Chief Execution	on Officer	Mark A. Frey				
	ve Onice	2601 Navistar I	orive			
CEO Street Address	41	Lisle, IL 60532				
CEO City and Zip Code	B.	224/273-4121				
	MIT.	224/2/34/21				
CEO Telephone Numb		The state of the s				
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## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project id	lentification				-		
Facility Name:	Presence Ch	icago Hospita	is Netwo	ork d/b/a A	MITA He	alth Sa	int
- A-154 1.15 1		ital Evanston					
Street Address:	355 Ridge Ave			_			- v
City and Zip Code:	Evanston IL 6						
County: Cook		th Service Area	VII	Health Pla	nning Area:	A-08	
Applicant(s) [Pro	vide for each	applicant (ref	er to Par	1 1130 220	0)1		
Exact Legal Name:	Ale	xian Brothers-A	HS Midwe	est Region H	ealth Co. d/b	la AMI	TA Healti
Street Address:	7)10	2601 Nevista					
City and Zip Code:		IL 60532					
Name of Registered A	neof:	CT Corporatio	n System				
Registered Agent Stra		208 South LaS					
Registered Agent City		Chicago, IL 6					
Name of Chief Execut		Mark A. Frey					
CEO Street Address:	JVG CITICOLIS	2601 Navistar	Drive		-		
CEO City and Zip Coo	1a	Lisle, IL 6053			_		
CEO Telephone Num		224/273-4121					
CEO Telephone Muni	DOI:	ALMELD VIL		-			
Type of Ownersh	ip of Applica	ints					
X Non-profil Co	inamtion	াল	Partne	rehin			
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For-profit Cor				roprietorship			Other
Limited Liabil	ny company	Single Control	Charle t	Tobugue		-	SAIO.
address of ea	ich partner spec	nying withiner s	acii io a gi	and an or man	teo pariner.		_
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Primary Contact	Derece to re-	caiva Al Lear	reemand	ence or in	nulriae1		
	Jacob M. Axe		Capono	CHCC WITH	quinos		
Name: Title:	President						
	Axel & Associ	nton Inc	-				
Company Name:		urt, Suite 210 P	olotina II	60067			
Address:			aletine, it	00007			_
Telephone Number:	847/776-7101					_	
E-mail Address:	jacobmaxel@ 847/776-7101				_	_	
Fax Number:	84///10-/ TUI	_	_~				
Additional Conta	ct [Person wi	no is also auti	norized (	o discuss	the applica	ition fo	or
exemption]	- 2 NOTE						
Name:	none					-	
Title.			_	-			_
Company Name:				<del></del>			
Address:						_	
Telephone Number:			_	_			
E-mail Address:							
Fax Number:							

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

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	Presence Chicago Hospita	ds Network d/b/a AMITA Health Saint
The state of the s	Francis Hospital Evanston	
Street Address:	355 Ridge Avenue	
City and Zip Code:	Evanston IL 60202	
County: Cook	Health Service Area	VII Health Planning Area: A-08
Applicant(s) (Pro	ide for each applicant (ref	er to Part 1130.220)I
Exact Legal Name:	Ascension He	alth
Street Address:	4600 Edmuns	
City and Zip Code:	St. Louis, MO	
Name of Registered A		ation Service C
Registered Agent Stre		
Registered Agent City		
Name of Chief Execut		
CEO Street Address:	4600 Edmuns	
CEO City and Zip Coo	10	
CEO Telephone Num		
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	a af Augustania	
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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]

DEI INEU AL EVI	
Name:	Kenneth Preston Jones
Title:	CEO
Company Name:	AMITA Health Saint Francis Hospital Evanston
Address:	355 Ridge Avenue Evanston, IL 60202
Telephone Number.	847/316-4000
E-mail Address:	Kenneth Jones@amitahealth.org
Fax Number:	

Site Ownership

Exact Legal Name of Site Owner:	Presence Chicago Hospitals Network
Address of Site Owner:	200 South Wacker Drive, 11th Ft. Chicago, iL 60608
Proof of ownership or control of ownership are property tax state	n of the Site: 355 Ridge Avenue Evanston, IL 60202 the site is to be provided as Affachment 2. Examples of proof of iments, tax assessor's documentation, deed, notarized statement wnership, an option to lease, a letter of intent to lease, or a lease.
by the first and administration of the Particle States	ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE

Exact Addra	Legal Name: Presence Chicago Has: 200 South Wacket	lospitals Network Drive, 11 <sup>th</sup> Fl.	d/b/a AMITA Health Saint Fran Chicago, IL 80606	cis Flospital E	vansion
×	Non-profit Corporation For-profit Corporation Limited Liability Company		Partnership Governmental Sole Proprietorship		Other
0	Partnerships must provide the each partner specifying whether	name of the sta er each is a gen	te in which organized and the eral or limited partner.	e name and	address t
	ownership.	Prices Interview		1.112.00.11.10	200-0077



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 <u>ATTACHMENT 4</u>, 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 proposed project is limited to the discontinuation of the 18-bed obstetrics category of service and associated support areas ("the service") at AMITA Health Saint Francis Hospital Evanston, within thirty days following approval of this Certificate of Exemption application.

While deliveries will no longer occur at the hospital following the formal discontinuation, the OB/gyn service is not closing. Outpatient OB/gyn care, including prenatal care, will continue to be provided, as will subspecialty gynecological programs, including oncology, urogynecology and gynecologic surgery. In addition, the hospital will continue to support an outpatient OB residency program, with residents' inpatient rotations taking place at AMITA Health Resurrection Medical Center Chicago.

Impatient gynecologic services will continue to be provided, with those patients occupying medical/surgical beds.

A full range of obstetrics services are available at a number of area hospitals, including The Family Birthplace at AMITA Health Saint Joseph Hospital Chicago (which includes a Level III neonatal intensive care unit) and The Family Birthplace AMITA Health Resurrection Medical Center Chicago.

This is a "substantive" project, because it addresses the discontinuation of a HFSRB-designated category of service.

Project Status and Completion Schedules	
Outstanding Permits: Does the facility have any projects for which the State Board issued a per	mit that
is not complete? Yes No _X_ If yes, indicate the projects by project number and whether the will be complete when the exemption that is the subject of this application is complete.	e projec
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	_
Anticipated exemption completion date (refer to Part 1130.570):October 31, 2019	

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

K All formal document requests such as IDPH Questionnaires and Annual Bed Reports been

XAII 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
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Presence Chicago Hospitals NetWork 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.

Qua P. Rokmich	
STENATURE	SIGNATURE
Tulie P. Roknich PRINTED NAME	PRINTED NAME
Secretary PRINTED TITYE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this	Notarization: Subscribed and sworn to before me this day of
Signature of Notary	Signature of Notary
Spal  OFFICIAL SEAL  MELISSA KULIK  NOTARY PUBLIC - STATE OF ILLINOIS  NO COMMISSION EXPIRES 06/13/22	Seal

#### 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
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Presence Chicago Hospitals Network 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 J	SIGNATURE
RINTED NAME  System VP financial Plannidles	PRINTED NAME
DISTENTED TITLE	PRINTED TITLE
lotarization: Subscribed and sworn to before me his <u>3</u> day of <u>August</u> , 2019	Notarization; Subscribed and sworn to before me this day of
Marine R Wilson Linker gnature of Wotary	Signature of Notary
eal	Seal

My Commission Expires Oct 19, 2020

ALC: UNKNOWN	ried to	A	-	44.00	ń
CERT		1.0	VE	C 35V	

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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 beneficiarles (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. dba AMITA Health\* \_\_ in accordance with the requirements and procedures of the illinois Health Facilities Planning Act. The undereigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undereigned 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 ballef. The undereigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

m 191	
SIGNATURE FOR	SIGNATURE
mark Frey	
PRINTED NAME	PRINTED NAME
President + CEO	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 1 day of August 2017	Notarization: Subscribed and sworn to before me this day of
Signature of Motary	Signature of Notary
Seal	Seal

MANCY R WILSON-LISTER
DMIGIAI Seel
Motory Public - State of Minois
My Commission Expires Oct 18, 2020

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- 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 filled on the behalf of \_\_Alexian Brothers-AHS Midwest Region Health Co. dba 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 dats 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.

Ell: Dh	
SIGNATURE	SIGNATURE
Eddie Soler	
PRINTED NAME	PRINTED NAME
PRINTED TITLE PRINTED TITLE DANSING	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 7 day of August, 2019	Notarization: Subscribed and sworn to before me thisday of
Nanauk huber Lots Signature of Notary	Signature of Notary
Seal	Seal

NANCY R WILSON-LISTER
Official Seal
Notary Public - State of Itinois
My Commission Expires Oct 19, 2020

#### 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 \_Ascension 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 pald upon request. SIGNATURE SIGNATURE Christine K. McCcy Rhonda C. Anderson PRINTED NAME PRINTED NAME Assistant Secretary Assistant Treasurer PRINTED TITLE PRINTED TITLE Notanzation: Notarization: Subscribed and sworn to before me Subscribed and swom to before methis 6th devot day of

Signature of Notary

Seal

Seal

Signature of Notary

ELFRIEDE M. ROME
Notary Public - Notary Seol
57ATE OF MISSOUMI
Comm. Number 01505902
St. Louis County
My Commenton Dipires July 13, 2020

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CERT	m		HUN

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.

SIGNATURE SIGNATURE	SIGNATURE
PRINTED NAME	PRINTED NAME
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this Le day of Lagran 2011	Notarization: Subscribed and swom to before me this day of
Signature of Notary	Signature of Notary
Seal	Seal

MANOY R WILSON LISTER
Official Seal
Notary Public - State of Hinois
My Commission Expires Oct 19, 2020

#### SECTION II. DISCONTINUATION

### Type of Discontinuation

### 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.
- Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
- 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 notics 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 <u>ATTACHMENT 5</u>, 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 <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### IMPACT ON ACCESS

- Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
- 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 <u>ATTACHMENT I</u>, 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

- A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
- 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 filling of the application.
- 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not ilmited to: official records of DPH or other State agencies; the icensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Fallure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
- If, during a given calendar year, an applicant submits more than one application for parmit 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 <u>ATTACHMENT 8</u>, 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]:

- 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 not providers in a given community, if reasonably known by the applicant.

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

- 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 tilinois 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 Soard 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 98-0031	
	CHARITY CAR	E	
Charity (# of patients)	2016	2017	2018*
Inpatient	528	71	184
Outpatient	8,885	1,212	1,633
Total	7,513	1,283	1,817
Charity (cost in dollars)			
Inpatient	1,652,766	540,876	912,745
Outpatient	2,390,180	901,814	1,069,994
Total	4,042,846	1,442,490	1,982,739
	MEDICAID		
Medicald (\$ of patients)	2016	2017	2018*
Inpatient	621	530	960
Outpatient	7,080	19,865	7,814
Total	7,701	20,595	8,774
Medicaid (revenue)			
Inpatient	12,338,025	31,418,703	15,870,955
Outpatient	7,584,914	25,782,125	3,290,891
Total	19,922,939	57,200,828	20,161,846

\*alk mombe

## SECTION V. CHARITY CARE INFORMATION

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <u>audited</u> 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		
2016 2017			
Net Patient Revenue	167,195,801	174,967,222	162,236,422
Amount of Charity Care (charges)	22,691,367	18,229,097	18,420,426
Cost of Charity Care	4,042,846	1,442,490	3,214,230

APPEND DOCUMENTATION AS ATTACHMENT 10, 11 MEMBERS SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

6783-860-2



## To all to whom these Presents Shall Come, Greeting:

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

Business Services. I certify that

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 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 5TH day of NOVEMBER A.D. 2018 .

Authentication #: 1830901614 vertfathe until 11/05/2018
Authenticate at: http://www.cyberorivelulnois.com

SEASE White
SECRETARY OF STATE ATT A CHIMENT 1

6964-462-7



## To all to whom these Presents Shall Come, Greeting:

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

Business Services. I certify that

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 day of NOVEMBER A.D. 2018

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

esse V SECRETARY OF STATE ATTACHMENT I

3128-198-9



## 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

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of NOVEMBER A.D. 2018 .

Authentication 6: 1830901492 verifiable until 11/05/2019 Authenticate at: http://www.cyberdsfvailihods.com Desse White



March 11, 2019

Illinois Health Facilities and Services Review Board Springfield, IL

To Whom It May Concern:

I hereby attest that the site of Presence Saint Francis Hospital, that being 355 Ridge Avenue in Evanston Illinois, is owned by Presence Chicago Hospitals Network.

Sincerely,

Kenneth Preston Jones

President

Notarized:

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REFLIGIA P HAIRE Official Seel Notzry Public - State of Illinois Ny Commission Expires Sep 1, 2022

> Auntta Health Saint Francis Hospitol Experies 366 Mago Are. Belaston, N. 60202

ATTACHMENT 2

3128-198-9



## 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

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

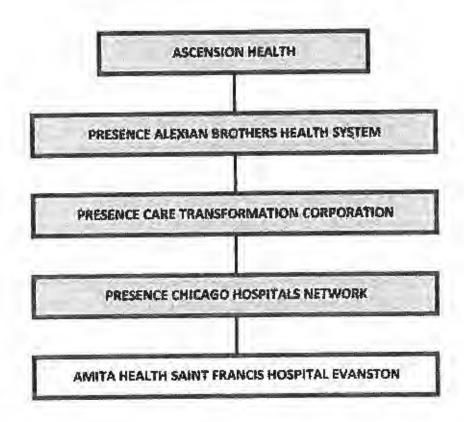


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of NOVEMBER A.D. 2018.

Authentication #: 1830901492 verifiable until 11/05/2019

Authenticate at: http://www.cyberdrivellinois.com

SECRETARY OF STATE ATTACHMENT 3



#### DISCONTINUATION

- This Certificate of Exemption ("COE") application addresses the discontinuation of the
  applicant hospital's obstetrics category of service, which includes 18 authorized beds.
  Outpatient obstetrics services as well an inpatient and outpatient gynecologic services
  will continue to be provided at the hospital.
- 2. The following clinical areas/services, each of which is associated with obstetrics care, will also be discontinued:
  - twelve labor-delivery-recovery-postpartum rooms ("LDRPs")
  - two traditional semi-private postpartum rooms
  - two C-Section rooms
  - a Level I/II/II+ nursery
- 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, IDPH and the perinatal network.
- 4. The applicants intend to re-designate the twelve LDRPs and six traditional postpartum rooms as fifteen private Medical/Surgical rooms. The eighteen obstetrics beds are currently located in fifteen rooms, identified as: LD01-LD12, each of which is a private LDRP, PD-01 and PD-02, which are semi-private rooms and RR-01 and RR-02, both of which are private.

The future uses of the C-Section rooms and the nursery have not been determined, as of the filing of this COE application. Equipment will be used in other areas of the hospital, as applicable, 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 Chicago Sun-Times on July 25, 2019. Proof of publication is attached.

#E-040-19

AMIJAHEALTH

LEGAL NOTICE AMITA Health Saint Francis Heapital: Evansion ii

ADDRDERNUMBER: 0001089845-01

PO NUMBER: SI France Hosp/Evansion

AMOUNT: 188.00

NO OF AFFIDAVITS: 1

#### LEGAL NOTICE

AMITA Health Saint France Hospital-Evansion intends to cases the operations of the contents program following receipt of approval to do so from the tands the first Facilities and Services Review Board MintSR27. It is antichisted that mospitalization will be contribute Deservice 31, 2019. The hospital intends to the the cognital Certificate of Exampleon applications with the IMESRS by August 10, 0/19, after which time actificate intermediate the IMESRS by August 10, 0/19, after which time actificate intermediate the IMESRS we are proposed decontinuous or can be found on the IMESRS website at his routinois gov. 725/19

# Chicago Sun-Times Certificate of Publication

State of Illinois - County of

Cool

Chicago Sun-Times, does hereby pertily it has published the attached advertisments in the following secular riewspapers. All newspapers meet Illinois Compiled Statue 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. Formerty III. Rev. Stat. 1991, CH100, PL

Note: Notice appeared in the following checked positions:

PUBLICATION DATE(S): 07/25/2019

Chicago Sun-Times

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

ty

Pamela D. Henson Account Manager - Public Legal Notices

amela D Hensen

This 25th Day of July 2019 A.D.

AMITAHEALTH 2601 NAVISTAR DRIVE ATTN: MARYELLEN LARSON LISLE, IL 60532

ATTACHMENT 5

#### REASONS FOR DISCONTINUATION

The inpatient obstetrics category of service (beds) at AMITA Health Saint Francis Hospital Evanston is proposed to be discontinued primarily as the result of low utilization. During calendar 2018, the hospital's obstetrics average daily census was 4.05 patients, down from 4.88 patients the previous year. While, with the exception of emergency situations, deliveries will no longer be performed at the hospital, patient care will be enhanced because clinical studies have shown that hospitals that perform higher volumes of deliveries have better results and lower complication rates.

With eight other providers of obstetrical services within ten miles, including AMITA Health Resurrection Medical Center Chicago, AMITA Health Saint Joseph Hospital Chicago, and Evanston Hospital, the applicants do not believe that the proposed discontinuation will result in an unreasonable diminishment of accessibility to the service.

### IMPACT ON ACCESS

The proposed discontinuation of obstetrical services at AMITA Health Saint Francis Hospital Evanston ("the hospital") will have minimal impact on access to that service for residents in the communities and neighborhoods surrounding the hospital, because of the volume of obstetrical programs in the area.

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

- Highland Park Hospital, Highland Park
- Evanston Hospital, Evanston
- Lutheran General Hospital, Park Ridge
- Advocate Illinois Masonic Medical Center, Chicago
- · Northwestern Memorial Hospital, Chicago
- AMITA Health Resurrection Medical Center, Chicago
- AMITA Health Saints Mary and Elizabeth Medical Center, Chicago
- Swedish Covenant Hospital, Chicago

Notifications of the proposed discontinuation and requests for impact statements have been sent to each of the hospitals listed above. Copies of any responses received will be forwarded to HFSRB Staff.

Attached are the letters used to notify the above-listed hospitals of the proposed discontinuation and request an impact statement, as well as proof of delivery.



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:

- 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. AMTI'A 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.

2019

Sincerely

Mark A. Frey

President and

Chief Executive Officer

Notarized:

OFFICIAL SEAL
DONNA GAUTHIER
NOTATV PUBLIC - STATE OF LLINOIS
MY COMMISSION EXPIRES 117/12/22

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

COMMITTAGE CONTRACTOR

ATTACHMENT 8



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evanston Proposed Discontinuation of Obstetrics Category of Service

Dear Doug Silverstein:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

During the 24-month period ending December 31, 2018, a total of 1,232obstetrical patients were admitted to the hospital's hospital, and 3,260 patient days of care were provided to those patients. 1,088 babies were born at HRMC during that period.

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 obstetrical 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,

Kenneth Jones President

> AMITA Health Saint Francis Hospithi Evansion 365 Ridge Ave Evanston, IL 60202

ATTACHMENT 7

AMITAGESTINO



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evanston Proposed Discontinuation of Obstetrics Category of Service

Dear Terika Richardson:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application:

During the 24-month period ending December 31, 2018, a total of 1,232 obstetrical patients were admitted to the hospital's hospital, and 3,260 patient days of care were provided to those patients. 1,088 babies were born at HRMC during that period.

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 obstetrical 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,

Klenneth Jones

AMITA Health
Sept Francis Hospital
Evansion
355 Ridge Ave:
Evansion, it 60202

ATTACHMENT 7



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evanston Proposed Discontinuation of Obstetrics Category of Service

Dear Susan Nordstrom Lopez:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

During the 24-month period ending December 31, 2018, a total of 1,232 obstetrical patients were admitted to the hospital's hospital, and 3,260 patient days of care were provided to those patients. 1,088 babies were born at HRMC during that period.

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 obstetrical 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.

Sincercly,

Kenneth Jones President

> AM.TA Health Saint Planc Hospital Evanston 355 Ridge Av Evanston, IL 60202

ATTACHMENT 7

AMIT Ahealth.org



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evanston Proposed Discontinuation of Obstetrics Category of Service

Dear Jose R. Sanchez:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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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 obstetrical 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.

Kenneth Jones

President

AMITA Health Saint Francis Hospital Evanston 355 Ridge Ave. Evenston, IL 60202

ATTACEMENT 7

SWIT Anealth and



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evanston Proposed Discontinuation of Obstetrics Category of Service

#### Dear Robert Dahl:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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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 obstetrical 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,

Kenneth Jones President

> AMITA Health Saint Francis Hespital Evenston 355 Ridge Ave. Evanston, IL 60202

ATTACHMENT 7

AMIT Atteach on a



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evanston Proposed Discontinuation of Obstetrics Category of Service

Dear Martin Judd:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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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 obstetrical 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.

Kenneth James President

> AMITA Health Saint Prancis Hospita Evanston 355 Ridge Ave. Evanston, IL 60262

ATTACHMENT 7



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evansion Proposed Discontinuation of Obstetrics Category of Service

Dear John Baird:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

During the 24-month period ending December 31, 2018, a total of 1,232 obstetrical patients were admitted to the hospital's hospital, and 3,260 patient days of care were provided to those patients, 1,088 babies were born at HRMC during that period.

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 obstetrical 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,

Kenneth Jones President

> AMITA Health Saint Francis Hospital Evanston 355 Ridge Ave. Evanston, at 60702

ATTACEMENT 7

AMIT Ahealth.org



VIA CERTIFIED MAIL. RETURN RECEIPT REQUESTED

> RE: AMITA Health Saint Francis Hospital Evanston Proposed Discontinuation of Obstetrics Category of Service

Dear Anthony Guaccio:

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 Saint Francis Hospital Evanston ("AMITA Saint Francis")") intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB") to discontinue AMITA Saint Francis' 18-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

Kenneth Jones
President

AMITA Health Saint Francis Hospital Evanston 355 Ridge Ava Evanston, IL 60202

ATTACHMENT 7

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### VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Ms. Shannon Lightner
Deputy Director
Illinois Department of Public Health
Office of Women's Health and Family Services
525 West Jefferson
Springfield, IL 62761

RE: AMITA Health Saint Francis Hospital-Evanston Proposed Discontinuation of Obstetrics Category of Service

Dear Ms. Lightner:

Please be advised that AMITA Health Saint Francis Hospital-Evanston intends to file a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), addressing the discontinuation of the hospital's obstetrics program. It is anticipated that the application will be filed next month, and be placed on the IHFSRB's October 22, 2019 agenda. Assuming approval on October 22<sup>nd</sup>, obstetrical admissions will cease before the end of the year.

Should you have any questions relating to these plans, please don't hesitate to contact me.

Sincerely.

Kenneth Preston Jones

President

AMITA Hoakn Saint Francis Hospital Evanston 395 Ridge Ave Evanston, IL 80202

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#### 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

AMITA Health Holy Family Medical Center Des Plaines Des Plaines, IL

AMITA Health Resurrection Medical Center Chicago Chicago, IL IDPH #6031

AMITA Health Saint Francis Hospital Evanston Evanston, IL IDPH #5991

AMITA Health Saint Joseph Hospital Chicago Chicago, IL IDPH #5983

## #E-040-19

AMITA Health Mercy Medical Center Aurora Aurora, IL IDPH #4903

AMITA Health Saint Joseph Hospital Elgin Elgin, IL IDPH #4887

AMITA Health Saint Joseph Medical Center Joliet Joliet, IL IDPH #4838

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

AMITA Health Saints Mary and Elizabeth Medical Center Chicago Chicago, IL IDPH #6007

Lakeshore Gastroenterology Des Plaines, IL

Belmont/Harlem Surgery Center Chicago, IL IDPH #7003131

### SAFETY NET STATEMENT

AMITA Health Saint Francis Hospital Evanston is and will continue to be a safety net provider, serving primarily Evanston and the northeastern neighborhoods of Chicago. Because of the nature of obstetrical services, the discontinuation of the service will have no substantial impact on the hospital's commitment to or provision of safety net services.

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

INDEX OF ATTACHMENTS		
TACHMEN	t .	PAGES
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2	Site Ownership	19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	20
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	21
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ô	Reasons for Discontinuation	24
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