

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.

**AMITA Health Alexian Brothers Medical Center
Elk Grove Village**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	125	399	398
Outpatient	1477	2232	2209
Total	1602	2631	2607
Charity (cost in dollars)			
Inpatient	\$3,192,619	\$2,106,991	\$2,607,611
Outpatient	\$1,973,431	\$1,948,839	\$1,849,843
Total	\$5,166,050	\$4,055,830	\$4,457,454
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
Inpatient	3806	2410	3289
Outpatient	49428	45946	37530
Total	53234	48356	40819
Medicaid (revenue)			
Inpatient	\$24,917,316	\$14,688,808	\$26,890,358
Outpatient	\$14,100,420	\$12,104,570	\$18,519,923
Total	\$39,017,736	\$26,793,378	\$45,410,281