

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

| | | | |
|--------------------|--|---------------------|---------------------------------|
| Facility Name: | AMITA Health Saint Joseph Hospital Elgin—discontinuation of open heart surgery category of service | | |
| Street Address: | 77 North Airlite Street | | |
| City and Zip Code: | Elgin, IL 60123 | | |
| County: | Kane | Health Service Area | VIII Health Planning Area: A-11 |

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

| | |
|-------------------------------------|--|
| Exact Legal Name: | Presence Central and Suburban Hospital Network d/b/a AMITA Health Saint Joseph Hospital Elgin |
| Street Address: | 200 South Wacker Drive, 11 th Floor |
| City and Zip Code: | Chicago, IL 60606 |
| Name of Registered Agent: | CT Corporation System |
| Registered Agent Street Address: | 208 South LaSalle Street, Suite 814 |
| Registered Agent City and Zip Code: | Chicago, IL 60604 |
| Name of Chief Executive Officer: | Dana Gilbert |
| CEO Street Address: | 2601 Navistar Drive |
| CEO City and Zip Code: | Lisle, IL 60532 |
| CEO Telephone Number: | 224/273-3388 |

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 |
| Other | |

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

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

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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| Street Address: | 77 North Airlite Street | | |
| City and Zip Code: | Elgin, IL 60123 | | |
| County: | Kane | Health Service Area | VIII Health Planning Area: A-11 |

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

| | |
|-------------------------------------|--------------------------------------|
| Exact Legal Name: | Ascension Health |
| Street Address: | 4600 Edmunson Road |
| City and Zip Code: | St. Louis, MO 63134 |
| Name of Registered Agent: | Illinois Corporation Service Company |
| Registered Agent Street Address: | 801 Adlai Stevenson Drive |
| Registered Agent City and Zip Code: | Springfield, IL 62703 |
| Name of Chief Executive Officer: | Joseph R. Impicicche |
| CEO Street Address: | 4600 Edmunson Road |
| CEO City and Zip Code: | St. Louis, MO 63134 |
| CEO Telephone Number: | 314/733-8000 |

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 | |
- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

Post Permit Contact

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

| | |
|-------------------|---|
| Name: | Julie Roknich |
| Title: | Vice President, Senior Associate General Counsel |
| Company Name: | AMITA Health |
| Address: | 2601 Navistar Drive Building 2, 2 nd Floor Lisle, IL 60532 |
| Telephone Number: | 224/273-2320 |
| E-mail Address: | Julie.Roknich@amitahealth.org |
| Fax Number: | |

Site Ownership

[Provide this information for each applicable site]

| | |
|--|---|
| Exact Legal Name of Site Owner: | Presence Central and Suburban Hospitals Network |
| Address of Site Owner: | 2601 Navistar Drive Lisle, IL 60532 |
| Street Address or Legal Description of the Site: | 77 North Airlite Street Elgin, IL 60123 |
| Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease. | |
| APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | |

Operating Identity/Licensee

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

| | | | |
|---|---|--------------------------|---------------------|
| Exact Legal Name: | Presence Central and Suburban Hospitals Network | | |
| Address: | 2601 Navistar Drive Lisle, IL 60532 | | |
| <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 |
| | Other | | |
| <ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | | | |
| APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | | | |

Organizational Relationships

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

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

Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The applicants propose the discontinuation of AMITA Health Saint Joseph Hospital Elgin's open heart surgery category of service. The proposed discontinuation will not impact other areas of the hospital.

As this application addresses the discontinuation of a HFSRB-designated category of service, the application is classified as "substantive".

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 ___ No X. 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.

Anticipated exemption completion date (refer to Part 1130.570): ___ within 30 days following receipt of the requested Certificate of Exemption _____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

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

X All reports regarding outstanding permits

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

CERTIFICATION

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

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

This Application is filed on the behalf of **Presence Central and Suburban Hospital 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.

Julie P. Roknich

SIGNATURE

Julie P. Roknich

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of **Presence Central and Suburban Hospital 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

Dana Gilbert

PRINTED NAME

President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of 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 paid upon request.

Christine K McCoy
SIGNATURE

Christine K McCoy
PRINTED NAME

Secretary & Director
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of 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 paid upon request.



SIGNATURE

Matthew Jagger

PRINTED NAME

Treasurer

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION**Type of Discontinuation**

☒ Discontinuation of a single 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 category 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the 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 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 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) | 2017 | 2018 | 2019 |
| Inpatient | 63 | 188 | 230 |
| Outpatient | 1323 | 2337 | 2339 |
| Total | 1386 | 2525 | 2569 |
| Charity (cost In dollars) | | | |
| Inpatient | \$678,071 | \$1,362,041 | \$1,686,532 |
| Outpatient | \$1,919,060 | \$1,867,342 | \$1,700,923 |
| Total | \$2,597,131 | \$3,229,363 | \$3,387,455 |
| MEDICAID | | | |
| Medicaid (# of patients) | 2017 | 2018 | 2019 |
| Inpatient | 1165 | 1129 | 1191 |
| Outpatient | 33195 | 14627 | 14481 |
| Total | 34360 | 15756 | 15672 |
| Medicaid (revenue) | | | |
| Inpatient | \$9,376,281 | \$8,827,189 | \$14,975,192 |
| Outpatient | \$5,259,631 | \$1,990,738 | \$14,362,873 |
| Total | \$14,635,912 | \$10,817,927 | \$29,338,065 |

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 | | | |
|----------------------------------|----------------------|----------------------|----------------------|
| | 2017 | 2018 | 2019 |
| Net Patient Revenue | \$141,112,930 | \$140,060,305 | \$135,793,827 |
| Amount of Charity Care (charges) | \$23,593,393 | \$21,539,617 | \$22,387,009 |
| Cost of Charity Care | \$2,597,131 | \$3,229,363 | \$3,387,455 |

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

File Number

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 26TH
day of AUGUST A.D. 2020 .***

Authentication #: 2023902944 verifiable until 08/26/2021

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White
15

SECRETARY OF STATE ATTACHMENT 1

File Number

5968-176-1



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

PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1997, 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 25TH day of NOVEMBER A.D. 2020 .

Authentication #: 2033002024 verifiable until 11/25/2021

Authenticate at: <http://www.cyberdriveillinois.com>

23
16 *Jesse White*

SECRETARY OF STATE ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Exemption (“COE”) application, the applicants attest that the AMITA Health Saint Joseph Hospital Elgin site is owned by Presence Central and Suburban Hospitals Network.

ATTACHMENT 2

File Number

5968-176-1



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

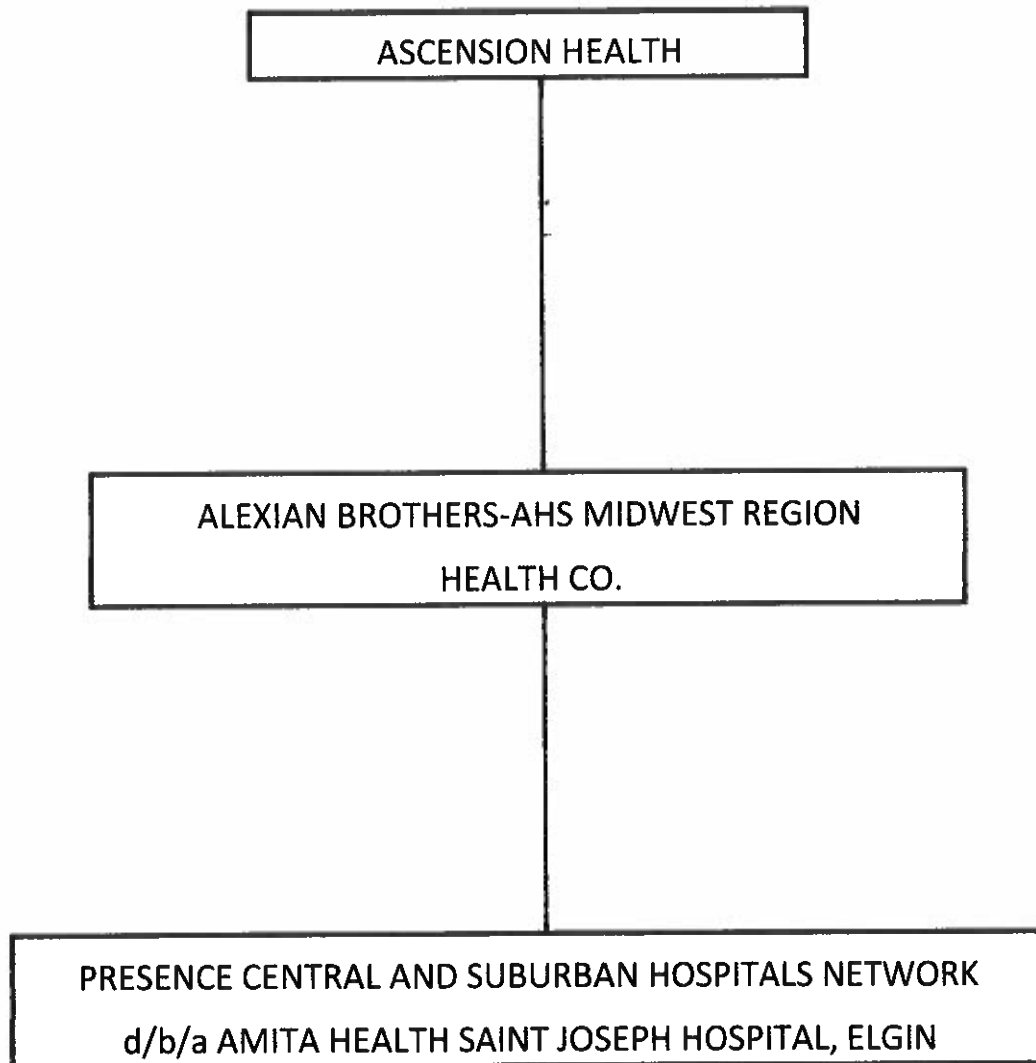
PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC 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 25TH day of NOVEMBER A.D. 2020 .

Jesse White

ORGANIZATIONAL CHART



DISCONTINUATION

The proposed discontinuation addressed in this Certificate of Exemption application is limited to the applicant hospital's open heart surgery program, and does not involve the discontinuation of any beds.

No areas of the hospital, other than the surgical suite will be impacted by the proposed discontinuation.

The discontinuation will formally occur upon the filing of an appropriate notification with the HFSRB, and that filing will occur within thirty days of the receipt of the requested Certificate of Exemption. The open heart surgery category has been suspended via appropriate notification being sent to the HFSRB and IDPH.

The operating room used for open heart surgery procedures will be used for other approved surgical specialties, and the program's support space in the surgical suite, such as supply and equipment storage, will be absorbed into other surgical support functions.

Notice of the proposed discontinuation was published in the *Chicago Sun Times* on December 17, 2020, and a copy of the notice is provided on the following page.

LEGAL NOTICE

AMITA Health Saint Joseph Hospital Elgin, located at 77 North Airlite Street in Elgin, intends to cease the operations of its open heart surgery program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before March 1, 2021. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by December 31, 2020; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.

AMITA HEALTH PRESENCE HEALTH

LEGAL NOTICE AMITA Health Saint Joseph Hospital Elgin, locat

ADORDERNUMBER: 0001118390-01

PO NUMBER: Cease Open Heart Surgery

AMOUNT: 225.00

NO OF AFFIDAVITS: 1

Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

LEGAL NOTICE

AMITA Health Saint Joseph Hospital Elgin, located at 77 North Airlite Street in Elgin, intends to cease the operations of its open heart surgery program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before March 1, 2021. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by December 31, 2020; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.
12/15/2020 #1118390

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): 12/15/2020

Chicago Sun-Times

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

by



Susan Quinn
Manager | Recruitment & Legals

AMITA HEALTH PRESENCE HEALTH
200 S WACKER DR
ATTN: OLGA SOLARES
CHICAGO, IL 60606

22 This 15th Day of December 2020

ATTACHMENT 5

REASONS FOR DISCONTINUATION

The proposed discontinuation of open heart surgery services at the applicant hospital is the result of low utilization, with no expectation of substantial increased utilization. Between 55 and 77 open heart surgery procedures were performed annually at AMITA Health Saint Joseph Hospital Elgin (“the Hospital”) between 2015 and 2019, with the lowest volume being performed in 2019. With the continuing low volumes, and with a higher-volume hospital provider (Advocate Sherman Hospital, which had 126 cases in 2018) being located only five minutes from the Hospital’s location, the applicants have determined that it is imprudent to continue operation of, and investment in, the Hospital’s open heart surgery program, when such scarce resources would better serve other vital hospital services.

IMPACT ON ACCESS

The proposed discontinuation of open heart surgery services at AMITA Health Saint Joseph Hospital Elgin will not have a significant adverse effect on area residents' ability to access the service. This assessment, made by the applicants, is based on two factors. First, another hospital provider of open heart surgery services, Advocate Sherman Hospital, is located only five minutes from the applicant hospital. Second, very few patients diagnosed as being in need of open heart surgery are classified as "emergency," and operated on immediately following the diagnosis/determination that open heart surgery is needed. Rather, patients are most often discharged from the hospital, to be re-admitted at a future date for surgery. For example, last year, less than 1% of the patients receiving open heart surgery at the six AMITA Health hospitals providing the service were classified as "emergency". As a result, and with numerous other hospitals in the western and northwestern suburbs providing open heart surgery services (including Advocate Sherman Hospital), area residents will continue to have excellent access to the service.

Attached is a letter sent to the area hospital referenced above, Advocate Sherman Hospital, with an invitation to comment on the effect that the proposed discontinuation of open heart surgery services will have on that hospital. Advocate Sherman Hospital is the only provider of open heart surgery services located within ten miles of the applicant hospital.

December 16, 2020

Ms. Sheri Deshazo
President
Advocate Sherman Hospital
1425 N. Randall Road
Elgin, IL 60123

RE: AMITA Health Saint Joseph Hospital Elgin
Proposed Discontinuation of Open Heart Surgery
Category of Service

Dear Ms. Deshazo:

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 Joseph Hospital Elgin, is preparing to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Services Review Board, and it is anticipated that the application will be filed within the next week. It is anticipated that the service will be formally discontinued within thirty days of the COE application's approval.

During the 24-month period ending December 31, 2019, a total of 132 open heart surgery patients were admitted to the hospital.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing open heart surgery services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the proposed discontinuation will not have a substantive impact on your hospital.

Sincerely,

Fernando Gruta
Administrator

BACKGROUND

Attached are a photocopy of AMITA Health Saint Joseph Hospital Elgin's IDPH license and confirmation of the hospital's accreditation.

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

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 Saint Elizabeth Hospital
Chicago, IL IDPH #6015


AMITA Health Saint Mary Hospital Chicago
Chicago, IL IDPH #6007

Lakeshore Gastroenterology
Des Plaines, IL

Belmont/Harlem Surgery Center
Chicago, IL IDPH #7003131

With the signatures provided on the Certification pages of this Certificate of Exemption ("COE") application, each of the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this COE application. Further, with the signatures provided on the Certification pages of this COE application, each of the applicants authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted, including, but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

| | | | |
|---|--|---|------------------------------|
|  Illinois Department of PUBLIC HEALTH | | HF 121536 | |
| LICENSE, PERMIT, CERTIFICATION, REGISTRATION | | | |
| <p>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.</p> | | | |
| Ngozi O. Ezike, M.D. Director | | <small>Issued under the authority of the Illinois Department of Public Health</small> | |
| <small>EXPIRATION DATE</small> 12/31/2021 | <small>CATEGORY</small> General Hospital | <small>ID NUMBER</small> 0004887 | Effective: 01/01/2021 |
| Presence Central and Suburban Hospitals Network dba Presence Saint Joseph Hospital - Elgin 77 N Airite Street Elgin, IL 60123 | | | |
| <small>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</small> | | | |

Exp. Date 12/31/2021

Lic Number 0004887

Date Printed 10/21/2020

Presence Central and Suburban Hospi
dba Presence Saint Joseph Hospital -
77 N Airite Street
Elgin, IL 60123

FEE RECEIPT NO.



The Joint Commission

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

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 5 /Survey and Certification Staff



October 14, 2020

Polly Davenport
CEO
Presence Central and Suburban Hospitals Network
77 North Airlite Street
Elgin, IL 60123

Re: # 7338
CCN: # 140217
Deemed Program: Hospital
Accreditation Expiration Date: March 1, 2023

Dear Ms. Davenport:

This letter confirms that your February 25, 2020 - February 28, 2020 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 28, 2020 and October 12, 2020 and the successful on-site unannounced Medicare Deficiency follow-up event conducted on August 12, 2020, the area of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of February 29, 2020. We congratulate you on your effective resolution of these deficiencies.

§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective February 29, 2020. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Presence Central and Suburban Hospitals Network
d/b/a Presence Saint Joseph Hospital - Elgin
77 North Airlite, Elgin, IL, 60123

Presence Central and Suburban Hospitals Network
d/b/a Presence Saint Joseph Hospital Elgin Outpatient Services
87 North Airlite Street, Elgin, IL, 60123

Presence Central and Suburban Hospitals Network
d/b/a Presence Saint Joseph Hospital Elgin Outpatient Services
1975 Lin Lor Lane, Elgin, IL, 60123



October 14, 2020

Polly Davenport
CEO
Presence Central and Suburban Hospitals Network
77 North Airlite Street
Elgin, IL 60123

Joint Commission ID #: 7338
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 10/12/2020

Dear Ms. Davenport:

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

Comprehensive Accreditation Manual for Hospital

This accreditation cycle is effective beginning February 29, 2020 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

SAFETY NET IMPACT STATEMENT

The proposed discontinuation of open heart surgery services at AMITA Health Saint Joseph Hospital Elgin (“the Hospital”) will not have a material impact on the provision of safety net services in the communities and neighborhoods historically served by the Hospital. Historical utilization of the service has, in recent years, been low, and there is another provider of the service located within five minutes of the Hospital.

The Hospital has historically been the primary provider of charity care services in the HFSRB-designated Health Services Area (“HSA”). During 2018 (the last year for which HSA data is available), the charity care provided at the Hospital equaled 4.5% of the Hospital’s net revenue, as compared to 2.2% in the entirety of the HSA. Similarly, during 2018 21.9% of the Hospital’s patient encounters (inpatient + outpatient) were with Medicaid recipients, compared to 14.7% in the entirety of the HSA.

In addition, the Hospital, either independently or in cooperation with other AMITA Health hospitals in the region, provides a variety of free classes, events and screenings, including smoking cessation, living with diabetes, weight loss, grief support, and metabolic syndrome screening. Last, the Hospital is an active participant in community-based programs such as health fairs.

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

| INDEX OF ATTACHMENTS | | |
|----------------------|--|-------|
| ATTACHMENT NO. | | PAGES |
| 1 | Applicant Identification including Certificate of Good Standing | 15 |
| 2 | Site Ownership | 17 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 18 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 19 |
| 5 | Discontinuation General Information Requirements | 20 |
| 6 | Reasons for Discontinuation | 23 |
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| 9 | Safety Net Impact Statement | 32 |
| 10 | Charity Care Information | 14 |

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEx

December 18, 2020

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

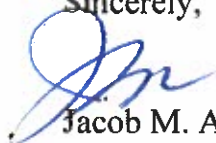
Dear Courtney:

Enclosed please find two copies of a Certificate of Exemption application, addressing the discontinuation of the open heart surgery program at AMITA Health Saint Joseph Hospital Elgin.

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

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

Sincerely,



Jacob M. Axel
President

enclosures

cc J. Roknich