

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 EditionILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Advocate Condell Medical Center – Discontinuance of Pediatric Service		
Street Address: 801 S. Milwaukee Avenue		
City and Zip Code: Libertyville 60048		
County: Lake	Health Service Area 8	Health Planning Area: A-09

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

Exact Legal Name: Advocate Condell Medical Center	
Street Address: 801 S. Milwaukee Avenue	
City and Zip Code: Libertyville 60048	
Name of Registered Agent: Michael Kerns	
Registered Agent Street Address: 3075 Highland Parkway Suite 600	
Registered Agent City and Zip Code: Downers Grove 60515	
Name of President: Matthew Primack	
CEO Street Address: 801 S. Milwaukee Avenue	
CEO City and Zip Code: Libertyville 60048	
CEO Telephone Number: 847-990-5521	

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.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Matthew Primack
Title: President
Company Name: Advocate Condell Medical Center
Address: 801 S. Milwaukee Avenue, Libertyville, IL 60048
Telephone Number: 847-990-5521
E-mail Address: matthew.primack@aah.org
Fax Number: 847-362-1721

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

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

Name: Barbara Perino
Title: Chief Operating Officer
Company Name: Advocate Children's Hospital
Address: 4440 West 95th Street, Oak Lawn, IL 60453
Telephone Number: 708-684-4507
E-mail Address: barbara.perino@aah.org
Fax Number: 708-684-4739

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City and Zip Code: Libertyville 60048		
County: Lake	Health Service Area 8	Health Planning Area: A-09

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

Exact Legal Name: Advocate Health and Hospitals Corporation
Street Address: 3075 Highland Parkway Suite 600
City and Zip Code: Downers Grove 60515
Name of Registered Agent: Michael Kerns
Registered Agent Street Address: 3075 Highland Parkway Suite 600
Registered Agent City and Zip Code: Downers Grove 60515
Name of President: James Skogsbergh
CEO Street Address: 3075 Highland Parkway Suite 600
CEO City and Zip Code: Downers Grove 60515
CEO Telephone Number: 630-572-9393

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 | |
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County: Lake	Health Service Area 8	Health Planning Area: A-09

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

Exact Legal Name: Advocate Health Care Network
Street Address: 3075 Highland Parkway Suite 600
City and Zip Code: Downers Grove 60515
Name of Registered Agent: Michael Kerns
Registered Agent Street Address: 3075 Highland Parkway Suite 600
Registered Agent City and Zip Code: Downers Grove 60515
Name of President & Chief Executive Officer: James Skogsbergh
CEO Street Address: 3075 Highland Parkway Suite 600
CEO City and Zip Code: Downers Grove 60515
CEO Telephone Number: 630-572-9393

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	
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City and Zip Code: Libertyville 60048		
County: Lake	Health Service Area 8	Health Planning Area: A-09

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

Exact Legal Name: Advocate Aurora Health, Inc.	
Street Address: 750 W. Virginia	
City and Zip Code: Milwaukee, WI 19801	
Name of Registered Agent: The Corporation Trust Company	
Registered Agent Street Address: 1209 Orange St.	
Registered Agent City and Zip Code: Wilmington, DE 19801	
Name of Chief Executive Officer: James Skogsbergh	
CEO Street Address: 3075 Highland Parkway Suite 600	
CEO City and Zip Code: Downers Grove 60515	
CEO Telephone Number: 630-572-9393	

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

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Fax Number: 708-684-4739

Post Exemption Contact

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

Name: Matthew Primack
Title: President
Company Name: Advocate Condell Medical Center
Address: 801 S. Milwaukee Avenue, Libertyville, IL 60048
Telephone Number: 847-990-5521
E-mail Address: matthew.primack@aah.org
Fax Number: 847-362-1721

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Condell Medical Center
Address of Site Owner: 801 S. Milwaukee Avenue, Libertyville, IL 60048
Street Address or Legal Description of the Site: 801 S. Milwaukee Avenue, Libertyville, IL 60048
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: Advocate Condell Medical Center	
Address: 801 S. Milwaukee Avenue, Libertyville, IL 60048	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<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. 	

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

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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.

Advocate Condell Medical Center, Advocate Health and Hospitals Corporation, Advocate Health Care Network, and Advocate Aurora Health, Inc., the applicants, are proposing to discontinue the pediatrics category of service at Advocate Condell Medical Center. The discontinuance will take effect 30 days following State Board approval. The hospital is located at 801 S. Milwaukee Avenue, Libertyville, IL 60048.

There are 16 pediatric beds proposed to be taken out of the hospital inventory. There were 171 pediatric admissions in 2018 and 132 pediatric admissions in 2019.

The hospital had a total of 273 authorized CON beds as of 12/31/19. On April 7, 2020, the addition of 3 medical surgical beds and 15 ICU beds were approved as part of CON Permit #20-004, increasing the authorized bed count to 291.

The hospital now proposes to convert these 16 pediatric beds to 16 observation beds. With the approval of this COE, the total authorized beds will be 275.

Letters were sent asking for an impact statement from hospitals in the geographic service area (Health Service Area 8) regarding the proposed closure of pediatric beds. No expectation of any adverse impact was reported.

Pursuant to Section 1110.40 of the Illinois Administrative Code, this project is classified as substantive because it is discontinuing a category of service.

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Project Status and Completion Schedules

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

On April 7, 2020, the addition of 3 medical surgical beds and 15 ICU beds were approved as part of CON Permit #20-004. This project has an anticipated completion date of December 31, 2023. The project will not be complete when the pediatric service is planned to be discontinued.

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
 - ☒ APORS
 - ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 - ☒ All reports regarding outstanding permits **No reports are outstanding.**
- Failure to be up to date with these requirements will result in the Application being deemed incomplete.

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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 Advocate Condell Medical Center 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 Primack


PRINTED NAME
President

PRINTED TITLE

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

Signature of Notary

Seal



SIGNATURE
Jequeatta Smith

PRINTED NAME
Vice President of Operations

PRINTED TITLE

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

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant


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

This Application is filed on the behalf of Advocate Health and Hospitals Corporation in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.



SIGNATURE
James H. Skogsbergh

PRINTED NAME
President

PRINTED TITLE

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

Signature of Notary

Seal



SIGNATURE
William P. Santulli

PRINTED NAME
Chief Operating Officer

PRINTED TITLE

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

Signature of Notary

Seal

***Insert the EXACT legal name of the applicant**

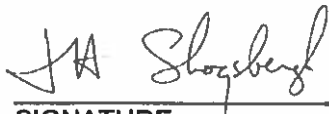
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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Advocate Health Care 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

James H. Skogsbergh

PRINTED NAME
President & CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal



SIGNATURE

William P. Santulli

PRINTED NAME
Chief Operating Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

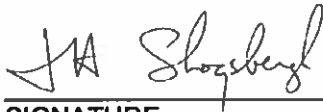
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- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries 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 **Advocate Aurora Health, Inc.** 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

James H. Skogsbergh

PRINTED NAME

CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal



SIGNATURE

William P. Santulli

PRINTED NAME

Chief Operating Officer

PRINTED TITLE

Notarization:

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this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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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.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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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.

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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.

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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)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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	Inpatient			
	Outpatient			
	Total			

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

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SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

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		23-35
2	Site Ownership		36-37
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		38-43
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		44-46
5	Discontinuation General Information Requirements		47-49
6	Reasons for Discontinuation		50
7	Impact on Access		51-55
8	Background of the Applicant		56-59
9	Safety Net Impact Statement		60-62
10	Charity Care Information		63-64

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

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 |

- 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.

Attachment #1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number 6610-658-6



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

ADVOCATE CONDELL MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 29, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2031702600 verifiable until 11/12/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Attachment #1, Exhibit #1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number

1004-695-5



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

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2031702474 verifiable until 11/12/2021
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of NOVEMBER A.D. 2020 .***

Jesse White

SECRETARY OF STATE

Attachment #1, Exhibit #2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number

1707-692-2



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

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2031702286 verifiable until 11/12/2021

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .

Jesse White

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number 7155-851-7



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

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, 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.



Authentication #: 2031702160 verifiable until 11/12/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

State Of Delaware

Entity Details

11/12/2020 4:26:38PM

File Number: 6645600

Incorporation Date / Formation Date: 12/4/2017

Entity Name: ADVOCATE AURORA HEALTH, INC.

Entity Kind: Corporation

Entity Type: Exempt

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 3/4/2019

Registered Agent Information

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER 1209 ORANGE ST

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 302-658-7581

Attachment #1, Exhibit #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

APRIL 3, 2018

7155-851-7

**CT CORPORATION SYSTEM
118 W EDWARDS #200
SPRINGFIELD IL 62704**

RE ADVOCATE AURORA HEALTH, INC.

DEAR SIR OR MADAM:

**ENCLOSED YOU WILL FIND THE AUTHORITY OF THE ABOVE NAMED
CORPORATION TO CONDUCT AFFAIRS IN THIS STATE.**

PAYMENT OF THE FILING FEE IS HEREBY ACKNOWLEDGED.

**CERTAIN NOT FOR PROFIT CORPORATIONS ORGANIZED AS A CHARITABLE
CORPORATION ARE REQUIRED TO REGISTER WITH THE OFFICE OF THE ATTORNEY
GENERAL. UPON RECEIPT OF THE ENCLOSED AUTHORITY, YOU MUST CONTACT
THE CHARITABLE TRUST DIVISION, OFFICE OF THE ATTORNEY GENERAL,
100 W. RANDOLPH, 3RD FLOOR, CHICAGO, ILLINOIS 60601, TELEPHONE
(312) 814-2595.**

SINCERELY,

**JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961**

Attachment #1, Exhibit #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

FORM NFP 113.15 (rev. Dec. 2003)
APPLICATION FOR AUTHORITY
TO CONDUCT AFFAIRS IN
ILLINOIS (Foreign Corporations)
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62758
217-783-1534
www.cyberdriveillinois.com

FILED

APR 03 2018

JESSE WHITE
SECRETARY OF STATE

Remit payment in the form of a cashier's
check, certified check, money order or an
Illinois attorney's or CPA's check payable
to Secretary of State.

File # 7155-8517 Filing Fee: \$80 Approved: Bc

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. a. Corporate Name: Advocate Aurora Health, Inc.

b. Assumed Corporate Name (Complete only if the new corporate name is not available in this state.):

By electing this assumed name, the Corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form NFP 104.15 is attached.

2. a. State or Country of Incorporation: Delaware

b. Date of Incorporation: December 4, 2017

c. Period of Duration: Permanent

3. a. Address of Principal Office, wherever located: 3075 Highland Pkwy.,

Downers Grove, IL 60515-1208

b. Address of Principal Office in Illinois: 3075 Highland Pkwy.,

Downers Grove, IL 60515-1208

4. Name and Address of Registered Agent and Registered Office in Illinois:

Registered Agent: Earl J. Barnes II

First Name

Middle Name

Last Name

Registered Office: 3075 Highland Pkwy Suite 600

Number

Street

Suite # (P.O. Box alone is unacceptable)

Downers Grove 60515 DuPage County

City

ZIP Code

County

5. States and Countries in which Corporation is admitted or qualified to conduct affairs: Wisconsin (application pending)

6. Names and respective addresses of Corporation's officers and directors:

	Street Address	City	State	ZIP
President <u>See attached</u>				
Secretary				
Director				
Director				
Director				

If there are additional officers or more than three directors, please attach list.

Printed by authority of the State of Illinois, January 2015 - 1 - C 100.15


Attachment #1, Exhibit #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7. Purpose(s) for which the Corporation is organized and proposes to pursue in the conduct of affairs in this State:
For more space, attach additional sheets of this size.

See attached.

8. This application must be accompanied by an originally certified copy of the Articles of Incorporation and any amendments or mergers, duly authenticated within the last 90 days by the proper officer of the state or country wherein the corporation is incorporated.
9. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in BLACK INK.

Dated April 1, 2018 . 2018 Advocate Aurora Health, Inc.
Month Day Year Exact Name of Corporation

Any Authorized Officer's Signature
Michael Leppin, Secretary
Name and Title (type or print)



A Corporation that is to function as a club, as defined in Section 1-3.24 of the Liquor Control Act of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

Attachment #1, Exhibit #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7155-8517

**ATTACHMENT TO APPLICATION FOR AUTHORITY
TO CONDUCT BUSINESS IN ILLINOIS (FORM NFP 113.15)
FOR
ADVOCATE AURORA HEALTH, INC.**

Section 6: NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS

Officers:

<u>Office/Name</u>	<u>Address</u>
Co-CEO - James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Co-CEO - Nick W. Turkal, M.D.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Treasurer - Dominic Nakis	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Secretary - Michael Lappin	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair - Joanna Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair Elect - Michele Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

4835-2889-4084.2

Attachment #1, Exhibit #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7155 8917

Directors:

<u>Name</u>	<u>Address</u>
Michele Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John F. Timmer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Lynn Y. Crump-Caine	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
K. Richard Jakle	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Mark M. Harris	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
David B. Anderson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John W. Daniels, Jr.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne B. Bauer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Charles Harvey	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Rick Weiss	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Thomas Bolger	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Nick W. Turkal	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

4835-3889-4084.2

2

Attachment #1, Exhibit #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

71558517

Section 7: PURPOSE(S) FOR WHICH THE CORPORATION IS ORGANIZED AND PROPOSES TO PURSUE IN THE CONDUCT OF AFFAIRS IN THIS STATE:

The Corporation is organized and shall be operated exclusively for charitable, scientific, religious and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue Law) (hereinafter the "Code"); and limited as further provided in its Certificate of Incorporation. Specifically, the Corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of its supported organizations, as listed below (the "Supported Organizations"). The Corporation is organized and operated as a Type III functionally integrated supporting organization as defined in section 509(a)(3) of the Code and Treas. Reg. Section 1.509(a)-4(i). The Corporation is organized for the purpose of serving as the parent organization of the Supported Organizations and shall exercise direction over the policies, programs and activities of the Supported Organizations. The Corporation shall engage in activities relating to the purposes described above, and invest in, receive, hold, use, and dispose of all property, real or personal, as may be necessary or desirable to carry into effect such purposes. The Corporation is formed as a result of the affiliation of Advocate Health Care Network, an Illinois nonprofit corporation ("Advocate") and Aurora Health Care, Inc., a Wisconsin nonstock corporation ("Aurora"), in accordance with the terms and conditions of that certain Affiliation Agreement between Advocate and Aurora dated December 4, 2017 (the "Affiliation Agreement").

The Corporation's Supported Organizations, which are described in Section 509(a)(1) or Section 509(a)(2) of the Code, are as follows:

- Advocate Health and Hospitals Corporation
- EHS Home Health Care Services, Inc.
- Advocate Charitable Foundation
- Advocate North Side Health Network
- Meridian Hospice
- Advocate Condell Medical Center
- Advocate Sherman Hospital
- Sherman West Court
- Visiting Nurse Association of Wisconsin, Inc.
- Aurora UW Academic Medical Group
- Aurora Health Care Central, Inc.
- Aurora Psychiatric Hospital, Inc.
- Aurora Medical Center of Washington County, Inc.
- Aurora Health Care North, Inc.
- West Allis Memorial Hospital, Inc.
- Aurora Family Service, Inc.
- Aurora Medical Center of Oshkosh, Inc.
- Aurora Medical Group, Inc.
- Kradwell School, Inc.
- Aurora Advanced Healthcare, Inc.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7155-8517

- Aurora Health Care Metro, Inc.
- Aurora Health Care Southern Lakes, Inc.
- AMG Illinois, Ltd.
- Aurora Medical Center Grafton

4835-2833-4084.2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Condell Medical Center

Address of Site Owner: 801 S. Milwaukee Avenue, Libertyville, IL 60048

Street Address or Legal Description of the Site: 801 S. Milwaukee Avenue, Libertyville, IL 60048

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.

Attachment #2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



Advocate Condell Medical Center

801 South Milwaukee Avenue || Libertyville, IL 60048 || T 847.362.2900 || advocatehealth.com

December 1, 2020

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Advocate Condell Medical Center Discontinuation of Pediatric Category of Service

Dear Ms. Avery;

This attestation letter is submitted to indicate that Advocate Condell Medical Center owns the site.

We trust this attestation complies with the State Agency Proof of Ownership requirement indicated in the Permit application – August 2019 edition.

Respectfully,

Matthew Primack
President
Advocate Condell Medical Center

A faith-based health system serving individuals, families and communities

Attachment #2, Exhibit 1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Operating Identity/Licensee

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

Exact Legal Name: Advocate Condell Medical Center			
Address: 801 S. Milwaukee Avenue, Libertyville, IL 60048			
<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		

- 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.

Certificates of Good Standing for Advocate Condell Medical Center, Advocate Health and Hospital Corporation, Advocate Health Care Network and Advocate Aurora Health, Inc. are included as Attachment #3, Exhibits 1-5.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number

6610-658-6



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

ADVOCATE CONDELL MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 29, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2031702600 verifiable until 11/12/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number

1004-695-5



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

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2031702474 verifiable until 11/12/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Attachment #3, Exhibit #2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

File Number

1707-692-2



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

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2031702286 verifiable until 11/12/2021

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of NOVEMBER A.D. 2020 .***

Jesse White

Attachment #3, Exhibit #3

File Number 7155-851-7



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

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, 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.



Authentication #: 2031702160 verifiable until 11/12/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

State Of Delaware

Entity Details

11/12/2020 4:26:38PM

File Number: 6645600

Incorporation Date / Formation Date: 12/4/2017

Entity Name: ADVOCATE AURORA HEALTH, INC.

Entity Kind: Corporation

Entity Type: Exempt

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 3/4/2019

Registered Agent Information

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER 1209 ORANGE ST

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 302-658-7581

Attachment #3, Exhibit #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Organizational Relationships

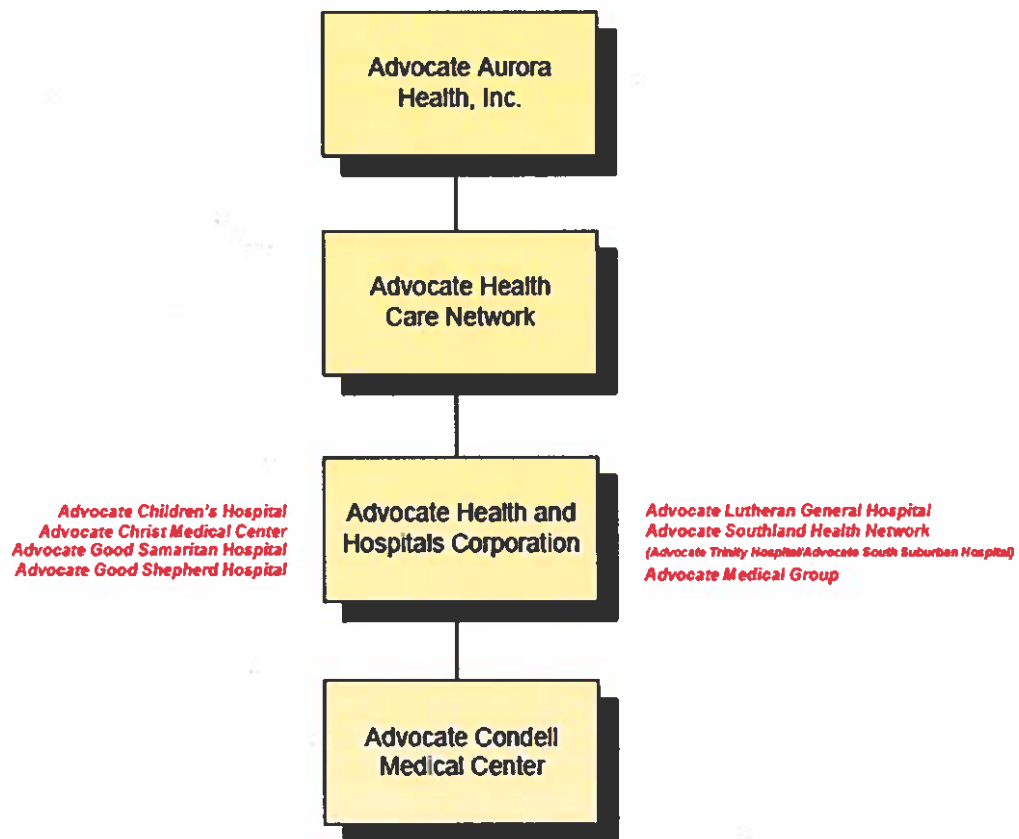
Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type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

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

Attachment #4 Exhibits 1 and 2, outline the combined organization of Advocate Aurora Health, Inc., Advocate Health Care Network and Advocate Health and Hospitals Corporation.

Attachment #4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



 = Not for Profit

Red = Operating Divisions

100% Ownership Unless Otherwise Noted.

November 13, 2020

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

1. The Pediatric category of service with 16 beds to be discontinued.
2. There are no other clinical services discontinued.
3. The Pediatric category of service is anticipated to be discontinued 30 days following State Board approval.
4. The physical plant and equipment will remain the same.
5. The medical records will remain with the hospital along with all the other services' records.
6. This discontinuance is not for the entire facility.
7. See Attachment 5, Exhibit 1 for the attestation about the required notice that was published in the local newspaper, the *Daily Herald*.

Attachment #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

**Public Hearings
& Notices**

Advocate Sherman Hospital, 1425 N. Randall Road, Elgin, IL 60123 intends to discontinue the authorized bed category of service for its eight (8) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB. Discontinuation will be following approval by the Board. A copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Barb Perino, (708) 684-4507.
Published in Daily Herald Nov. 11, 12, 13, 2020 (4554094)

**Public Hearings
& Notices**

Advocate Condell Medical Center, 801 S. Milwaukee Avenue, Libertyville, IL 60048 intends to discontinue the authorized bed category of service for its sixteen (16) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB. Discontinuation will be following approval by the Board. A copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Barb Perino, (708) 684-4507.
Published in Daily Herald Nov. 11, 12, 13, 2020 (4554093)

Advocate Condell Medical Center, 801 S. Milwaukee Avenue, Libertyville, IL 60048 intends to discontinue the authorized bed category of service for its sixteen (16) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB. Discontinuation will be following approval by the Board. A copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Barb Perino, (708) 684-4507.

Published in Daily Herald Nov. 11, 12, 13, 2020 (4554093)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Advocate Condell Medical Center, 205 E. Milwaukee Avenue, Libertyville, IL, dated January 14, 2020, to discontinue the authorized bed category of service for its sixteen (16) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (IHFSRB). The Hospital plans to submit the required Certificate of Exemption application to the IHFSRB. Discontinuation will be following approval by the Board. A copy of the application will be posted on the IHFSRB website at <https://www.illinois.gov/health/facilities-services-review-board> comments page. For additional information, contact Paul Perkins, (815) 465-2457. Published in Daily Herald Nov. 11, 12, 13, 2020 (4554093)

CERTIFICATE OF PUBLICATION
Paddock Publications, Inc.

Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the DAILY HERALD. That said DAILY HERALD is a secular newspaper and has been circulated daily in the Village(s) of Algonquin, Antioch, Arlington Heights, Aurora, North Aurora, Bannockburn, Barrington, Barrington Hills, Lake Barrington, North Barrington, South Barrington, Bartlett, Batavia, Buffalo Grove, Burlington, Campton Hills, Carpentersville, Cary, Crystal Lake, Deerfield, Deer Park, Des Plaines, Elburn, East Dundee, Elgin, South Elgin, Elk Grove Village, Fox Lake, Fox River Grove, Franklin Park, Geneva, Gilberts, Glenview, Grayslake, Green Oaks, Gurnee, Hainesville, Hampshire, Hanover Park, Hawthorn Woods, Highland Park, Highwood, Hoffman Estates, Huntley, Inverness, Island Lake, Kildeer, Lake Bluff, Lake Forest, Lake in the Hills, Lake Villa, Lake Zurich, Libertyville, Lincolnshire, Lindenhurst, Long Grove, Melrose Park, Montgomery, Morton Grove, Mt. Prospect, Mundelein, Niles, Northbrook, Northfield, Northlake, Palatine, Park Ridge, Prospect Heights, River Grove, Riverwoods, Rolling Meadows, Rosemont, Round Lake, Round Lake Beach, Round Lake Heights, Round Lake Park, Schaumburg, Schiller Park, Sleepy Hollow, St. Charles, Streamwood, Sugar Grove, Third Lake, Tower Lakes, Vernon Hills, Volo, Wadsworth, Wauconda, Waukegan, West Dundee, Wheeling, Wildwood, Wilmette County(ies) of Cook, Kane, Lake, McHenry and State of Illinois, continuously for more than one year prior to the date of the first publication of the notice hereinafter referred to and is of general circulation throughout said Village(s), County(ies) and State.

I further certify that the DAILY HERALD is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published 11/11/2020 - 11/13/2020 in said DAILY HERALD.

IN WITNESS WHEREOF, the undersigned, the said PADDOCK PUBLICATIONS, Inc., has caused this certificate to be signed by, this authorized agent, at Arlington Heights, Illinois.

PADDOCK PUBLICATIONS, INC.
DAILY HERALD NEWSPAPERS

BY

Paula Baltz
Authorized Agent

Control # 4554093

Source: Lake Daily Herald; Kane Daily Herald

Attachment #5, Exhibit #1

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

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.

Source: Hospital Profile

Advocate Condell Medical Center's primary reason for discontinuation is the low occupancy of the pediatric service. The volume of Inpatients admission and CON occupancy rate for the past four years are as follows:

Year	Admissions	CON Occupancy Rate %
2016	277	17.2 %
2017	207	14.2 %
2018	171	15.0 %
2019	132	13.8 %

Source: Hospital Profile (Occupancy Rate includes Observation Days)

Pediatric hospital admissions across the nation have been declining for several years. Advocate Condell experienced a 49% decline in pediatric admissions over the last 4 years.

In the state of Illinois, there has been a 13% drop in overall pediatric admissions since 2013. This trend is expected to continue with another 5% drop in admissions over the next 5 years. Clinicians have become proficient at treating conditions in the outpatient setting that once required hospitalization. Children who require an inpatient admission are usually more acutely ill and require greater access to pediatric critical care and subspecialty care services. Illinois has also experienced an 11% decline in births since 2013, resulting in fewer children overall that need healthcare services. We expect the declining birth rate to continue, with an additional 11% drop projected over the next 10 years.

With fewer children requiring a hospital admission and a higher level of care needed for most pediatric patients, Advocate Aurora Healthcare proposes to close the pediatric service at this hospital.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

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.

It is not expected that the discontinuance will have an adverse effect on access to care in this hospital's market area. There are 2 other hospitals within HSA 8 that offer pediatrics inpatient care and they have been made aware of this pending closing. They are as follows:

Presence Mercy Medical Center	1325 N. Highland Avenue	Aurora
Vista Medical Center East	1324 N. Sheridan Road	Waukegan

Source: IHFSRB

See Attachment 7, Exhibit 1 and for a copy of the notification letter and evidence that the letters were received.

Advocate Lutheran General Hospital and Advocate Christ Medical Center have extensive pediatric specialty services available to patients across the country including Level III NICU services, pediatric intensive care (PICU) services, general pediatric inpatient units and a full complement of pediatric subspecialists. In addition, a pediatric cardiac critical care unit is available at Advocate Christ.

Selected pediatric services will remain onsite at Condell Medical Center, including 24/7 pediatric hospitalists to support hospital-based pediatric services including Labor & Delivery, Level II Intermediate Care Nursery, and the Emergency Department.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



Advocate Condell Medical Center

801 South Milwaukee Avenue || Libertyville, IL 60048 || T 847.362.2900 || advocatehealth.com

November 9, 2020

Certified Mail

AMITA Health Mercy Medical Center
1325 N. Highland Avenue
Aurora, IL 60506
Attention: Richard Roehr

Request for Impact Statement

Dear Administrator;

This letter is to inform you that Advocate Condell Medical Center is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service with its 16 pediatric beds. The date of discontinuance will take effect 30 days following State Board approval.

In 2018, Advocate Condell Medical Center had 171 pediatric admissions. In 2019, the hospital admitted 132 pediatric patients.

The purpose of this letter is to inquire whether your hospital has or will have available capacity to accommodate a portion or all the experienced caseload. In addition, please indicate whether any restrictions or limitations preclude providing service to the residents of Advocate Condell Medical Center's market area.

Thank you for your consideration of this request.

Sincerely,

Matthew Primack
President

A faith-based health system serving individuals, families and communities

Attachment #7, Exhibit 1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



Advocate Condell Medical Center

801 South Milwaukee Avenue || Libertyville, IL 60048 || T 847.362.2900 || advocatehealth.com

November 9, 2020

Certified Mail

Vista Medical Center East
1324 N. Sheridan Road
Waukegan, IL 60085
Attention: Norman Stephens

Request for Impact Statement

Dear Administrator;

This letter is to inform you that Advocate Condell Medical Center is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service with its 16 pediatric beds. The date of discontinuance will take effect 30 days following State Board approval.

In 2018, Advocate Condell Medical Center had 171 pediatric admissions. In 2019, the hospital admitted 132 pediatric patients.

The purpose of this letter is to inquire whether your hospital has or will have available capacity to accommodate a portion or all the experienced caseload. In addition, please indicate whether any restrictions or limitations preclude providing service to the residents of Advocate Condell Medical Center's market area.

Thank you for your consideration of this request.

Sincerely,

Matthew Primack
President

A faith-based health system serving individuals, families and communities

Attachment #7, Exhibit 1

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

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OFFICIAL USE

Autograph Mail Fee \$3.55

Extra Services & Fees (check one, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$4.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.00

Total Package and Postage \$9.40

11/10/2020

AMITA Health Mercy Medical Center
1325 N. Highland Ave.
Aurora, IL 60506

1-800-368-5847 See Reverse for Instructions

CERTIFIED MAIL

7019 0700 0001 4530 8283

7019 0700 0001 4530 8283

CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Autograph Mail Fee \$3.55

Extra Services & Fees (check one, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$4.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.00

Total Package and Postage \$9.40

11/10/2020

AMITA Health Mercy Medical Center
1325 N. Highland Ave.
Aurora, IL 60506

1-800-368-5847 See Reverse for Instructions

CERTIFIED MAIL

COMPLETE THIS SECTION

1. Article Addressed to:

AMITA Health Mercy Medical Center
1325 N. Highland Avenue
Aurora, IL 60506
Attention: Richard Roehr

9590 9402 5308 9154 7616 78

2. Article Number (Transfer from service label)

7019 0700 0001 4530 8283

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent
☐ Addressee


B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail®
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<ul style="list-style-type: none"> A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to: <i>AMITA Health Mercy Medical Center</i> <i>1385 N. Highland Avenue</i> <i>Aurora, IL 60506</i> <i>Attention: Richard Roehr</i>		B. Received by (Printed Name) <i>CA-M-18</i>	
2. Article Number (Transfer from service label)  9590 9402 5308 9154 7616 78		C. Date of Delivery <i>7/16</i>	
3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
4. Article Number (Transfer from service label) 7019 0700 0001 4530 8283		5. <input type="checkbox"/> Insured Mail Restricted Delivery	

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

[illegible]

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Certified Mail Fee

Extra Services & Fees (check or add fee as applicable)		Postnet® 12345
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage

Rate	Postage and Fees
------	------------------

Print To: *St. Mary's Medical Center East*
Address: *1800 W. Sheridan Road*
City: *Waukegan, IL 60085*

8906 DESK T000 0020 6'02

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Vista Medical Center East 1344 N. Sheridan Road White Haven, IL 60085 Attention: Norman Stephens</p> </div>		B. Received by (Printed Name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> C. Date of Delivery <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 5px;">  9590 9402 5308 9154 7616 61 </div>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <i>W. J. V. [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>W. J. V. [Signature]</i></p> <p>C. Date of Delivery <i>11-19-20</i></p>
<p>1. Article Addressed to: <i>Vista Medical Center East 1344 N. Sheridan Road Waukegan, IL 60085 Attention: Norman Stephens</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>



9590 9402 5308 9154 7616 61

2. Article Number (Transfer from service label)
7019 0700 0001 4530 9068

3. Service Type

- ☒ Adult Signature
- ☒ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☒ Collect on Delivery
- ☒ Collect on Delivery Restricted Delivery
- ☒ Insured Mail
- ☒ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Attachment #7, Exhibit 2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

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.

1. Health Care Facilities Owned and Operated by Advocate Health and Hospitals Corporation.

Attachment 8 Exhibit 1 is the listing of all the facilities owned by Advocate Health Network.

Exhibit 2 is the current state hospital license for Advocate Condell Medical Center. There are no other Illinois hospitals owned by Advocate Aurora Health, Inc.

The most recent DNV accreditation certificate for the Hospital is included as Attachment 8, Exhibit 3.

2.Certified Listing of Any Adverse Action Against Any Facility Owned or Operated by the Applicant

By the signatures on the Certification pages, the applicants attest there have been no adverse actions against any facility owned and/or operated by Advocate Condell Medical Center, Advocate Health and Hospitals Corporation, Advocate Health Care Network, Advocate Health and Advocate Aurora Health, Inc. as demonstrated by compliance with the CMS Conditions of Participation with Medicare and Medicaid, during the three years prior to the filing of this application.

3.Authorization Permitting HFPB and DPH to Access Necessary Documentation

Advocate Health and Hospitals Corporation, Advocate Health Care Network, and Advocate Aurora Health, Inc. hereby authorize the Health Facilities and Services Review Board and the Department of Public Health to access information in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

4. Attestation for Filing Multiple Certificates of Exemption in One Year 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.

Not applicable. This is one of two exemptions filed by Advocate Health Network in 2020.

Advocate Condell Medical Center's Project # 20-004 received permit approved on April 7, 2020. There have been no changes to this project, or the information previously provided. Attachment #8

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Facility	Location	License No.	DNV Accreditation No.
Advocate Condell Medical Center	801 South Milwaukee Ave Libertyville, IL 60048	0005579	PRJC-492361-2013-AST-USA
Additional Hospitals owned and operated as part of Advocate Health Care Network			
Facility	Location	License No.	DNV Accreditation No.
Advocate Christ Medical Center	4440 West 95th St Oak Lawn, IL 60453	0000315	PRJC-435588-2012-MSL-USA
Advocate Good Samaritan Hospital	3815 Highland Ave Downers Grove, IL 60515	0003384	PRJC-369029-2012-MSL-USA
Advocate Good Shepherd Hospital	450 West Highway 22 Barrington, IL 60010	0003475	PRJC-369027-2012-MSL-USA
Advocate Illinois Masonic Medical Center	836 West Wellington Ave Chicago, IL 60657	0005165	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	1775 Dempster St Park Ridge, IL 60068	0004796	PRJC-369033-2012-MSL-USA
Advocate Sherman Hospital	1425 North Randall Rd Elgin, IL 60123	0005884	PRJC-496379-2013-MSL-USA
Advocate South Suburban Hospital	17800 South Kedzie Ave Hazel Crest, IL 60429	0004697	PRJC-409982-2012-MSL-USA
Advocate Trinity Hospital	2320 East 93rd Street Chicago, IL 60617	0004176	PRJC-408213-2012-MSL-USA
Additionally, AHHC has ownership interest of 50% or more in the following licensed health care facilities			
Facility	Location	License No.	Joint Commission Accreditation No/ Accreditation Association for Ambulatory Health Care, Inc.
BroMenn Comfort and Care Suites	2502-B East Empire, Bloomington, IL	4000025	AAAHC
Dreyer Ambulatory Surgery Center	1220 N. Highland Ave, Aurora, IL	7001779	AAAHC

Attachment #8, Exhibit #1

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

Illinois Department of PUBLIC HEALTH HF 121319

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE 11/30/2021	CATEGORY General Hospital	LD NUMBER 0005579
--------------------------------------	-------------------------------------	-----------------------------

Effective: 12/01/2020

Advocate Condell Medical Center
801 S Milwaukee Ave
Libertyville, IL 60048

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-483-001 10M 9/18

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 11/30/2021

Lic Number 0005579

Date Printed 08/21/2020

Advocate Condell Medical Center

**801 S Milwaukee Ave
Libertyville, IL 60048**

FEE RECEIPT NO.

Attachment #8, Exhibit #2

CERTIFICATE OF ACCREDITATION

Certificate No.:
211487-2019-AHC-USA-NIAHO

Initial date:
12/12/2019

Valid until:
12/12/2022

This is to certify that:

Advocate Condell Medical Center

801 S. Milwaukee Ave, Libertyville, IL 60048

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX



Patrick Morine
Chief Executive Officer



Loss of continued fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Seaboard Center Drive, Suite 100, Millard, NE 68150. Tel: 515-907-4263

www.dnvgl.com

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

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)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			Attachment #9

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Inpatient			
Outpatient			
Total			

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

No other providers reported any expected material impact on essential safety net services.
See Attachment #9, Exhibit 1.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	426	398	313
Outpatient	2856	2,351	2,909
Total	3,282	2,749	3,222
Charity (cost in dollars)			
Inpatient	\$2,658,000	\$3,888,000	\$3,386,000
Outpatient	\$2,452,000	\$3,408,000	\$4,720,000
Total	\$5,110,000	\$7,296,000	\$8,106,000
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
Inpatient	2,921	2,284	1,794
Outpatient	48,179	40,934	39,201
Total	51,100	43,218	40,995
Medicaid (revenue)			
Inpatient	\$31,969,521	\$32,139,966	\$30,430,446
Outpatient	\$20,731,747	\$20,730,817	\$19,124,815
Total	\$52,701,268	\$52,870,783	\$49,555,261

Source: Hospital Profiles

Attachment #9, Exhibit #1

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Other community services provided by Advocate Condell Medical Center in 2019 that are relevant to safety net service include the following:

		Advocate Condell
Language Services		\$ 406,009
Donations		\$ 69,509
Volunteer Services		\$ 428,785
Education		\$ 2,436,682
Subsidized Health Services		\$ 1,672,692

Source: Community Benefit Report FY2019

The discontinuation of IP pediatrics is not expected to impact the essential safety net services provided in the community.

Attachment #9, Exhibit #1

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SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

Attachment #10

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CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	\$346,565,758	\$355,279,280	\$350,747,922
Amount of Charity Care (charges)	\$28,561,161	\$39,917,731	\$40,941,841
Cost of Charity Care	\$5,110,190	\$7,296,203	\$8,105,829

Source: Hospital Records

Attachment #10, Exhibit #1