ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Cadence Ambulatory Surgery Center d/b/a Northwestern Medicine Surgery Center
Street Address:	27650 Ferry Road
City and Zip Code:	Warrenville, Illinois 60555
County: DuPage	Health Service Area: 7 Health Planning Area: 43

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

Exact Legal Name:	Cadence Ambulatory Surgery Center, LLC
Street Address:	27650 Ferry Road
City and Zip Code:	Winfield, Illinois 60190
Name of Registered Agent:	Danae Prousis
Registered Agent Street Address:	211 East Ontario Street, Suite 1800
Registered Agent City and Zip Code:	Chicago, Illinois 60611
Name of Chief Executive Officer:	Dean M. Harrison
CEO Street Address:	251 East Huron Street
CEO City and Zip Code:	Chicago, Illinois 60611
CEO Telephone Number:	312-926-3007

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street, Suite 1750, Chicago, Illinois 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

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

Name:	Rob Christie
Title:	Senior Vice President
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street, Suite 1750, Chicago, Illinois 60611
Telephone Number:	312-926-7527
E-mail Address:	robert.christie@nm.org
Fax Number:	312-926-0373

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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City and Zip Code:	Warrenville, Illinois 60555
County: DuPage	Health Service Area: 7 Health Planning Area: 43

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

Exact Legal Name:	Central DuPage Hospital Association
Street Address:	25 North Winfield Road
City and Zip Code:	Winfield, Illinois 60190
Name of Registered Agent:	Danae Prousis
Registered Agent Street Address:	211 East Ontario Street, Suite 1800
Registered Agent City and Zip Code:	Chicago, Illinois 60611
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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

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Street Address:	27650 Ferry Road
City and Zip Code:	Warrenville, Illinois 60555
County: DuPage	Health Service Area: 7 Health Planning Area: 43

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Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
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Telephone Number:	312-926-7527
E-mail Address:	robert.christie@nm.org
Fax Number:	312-926-0373

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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street, Suite 1750, Chicago, Illinois 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Central DuPage Hospital Association

Address of Site Owner: 25 North Winfield Road, Winfield, Illinois 60190

Street Address or Legal Description of the Site:

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: Cadence Ambulatory Surgery Center, LLC d/b/a Northwestern Medicine Surgery Ctr

Address: 27650 Ferry Road, Warrenville, Illinois 60555

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	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 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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (**http://www.hfsrb.illinois.gov**). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☐ Substantive

☒ Non-substantive

2. 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.

Cadence Ambulatory Surgery Center, LLC d/b/a Northwestern Medicine Surgery Center (NMSC) is a limited-specialty ambulatory surgical treatment center (ASTC) owned by Northwestern Medicine Central DuPage Hospital located at 27650 Ferry Road in Warrenville. NMSC has four (4) operating rooms and is currently authorized to perform orthopedic and pain management procedures. NMSC proposes to add gastroenterology, ophthalmology, podiatry, and urology as approved surgical specialties.

The proposed procedures will be performed in the existing operating rooms and there will be no new construction related to this project. There will be additional equipment purchased with a total project cost of $1,897,500.

The project is classified as non-substantive as it does not propose to establish a new category of service or a new health care facility as defined in the Illinois Health Facilities Planning Act (20 ILCS 3960).

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ -	$ -	$ -
Site Survey and Soil Investigation	$ -	$ -	$ -
Site Preparation	$ -	$ -	$ -
Off Site Work	$ -	$ -	$ -
New Construction Contracts	$ -	$ -	$ -
Modernization Contracts	$ -	$ -	$ -
Contingencies	$ -	$ -	$ -
Architectural/Engineering Fees	$ -	$ -	$ -
Consulting and Other Fees	$ -	$ -	$ -
Movable or Other Equipment (not in construction contracts)	$ 1,897,500	$ 0	$ 1,897,500
Bond Issuance Expense (project related)	$ -	$ -	$ -
Net Interest Expense During Construction (project related)	$ -	$ -	$ -
Fair Market Value of Leased Space or Equipment	$ -	$ -	$ -
Other Costs to Be Capitalized	$ -	$ -	$ -
Acquisition of Building or Other Property (excluding land)	$ -	$ -	$ -
TOTAL USES OF FUNDS	**$ 1,897,500**	**$ 0**	**$ 1,897,500**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$ 1,897,500	$ 0	$ 1,897,500
Pledges	$ -	$ -	$ -
Gifts and Bequests	$ -	$ -	$ -
Bond Issues (project related)	$ -	$ -	$ -
Mortgages	$ -	$ -	$ -
Leases (fair market value)	$ -	$ -	$ -
Governmental Appropriations	$ -	$ -	$ -
Grants	$ -	$ -	$ -
Other Funds and Sources	$ -	$ -	$ -
TOTAL SOURCES OF FUNDS	**$ 1,897,500**	**$ 0**	**$ 1,897,500**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs
Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $ N/A .
Fair Market Value: $ N/A .

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ N/A .

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): March 31, 2022

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: N/A		**CITY:**			
REPORTING PERIOD DATES:		**From:**	**to:**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

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 Cadence Ambulatory Surgery Center, LLC (NMSC) * **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	SIGNATURE
Kevin P. Poorten PRINTED NAME	Matthew J. Flynn PRINTED NAME
Chair, NMSC PRINTED TITLE	Vice Chair & Treasurer, NMSC PRINTED TITLE
Notarization: Subscribed and sworn to before me this 22 day of July 2021	Notarization: Subscribed and sworn to before me this 22 day of July 2021
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

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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 Central DuPage Hospital Association (NM CDH) * **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.**

Kevin Poorten SIGNATURE	Matthew J. Flynn SIGNATURE
Kevin P. Poorten PRINTED NAME	Matthew J. Flynn PRINTED NAME
President, NM West Region & NM CDH PRINTED TITLE	VP and CFO, NM West Region PRINTED TITLE
Notarization: Subscribed and sworn to before me this 22 day of July 2021	Notarization: Subscribed and sworn to before me this 22 day of July 2021
Signature of Notary	Signature of Notary
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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 Northwestern Memorial HealthCare (NMHC) * **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

Dean M. Harrison
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of July, 2021

Signature of Notary

Seal

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

SIGNATURE

John A. Orsini
PRINTED NAME

SVP and CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of July, 2021

Signature of Notary

Seal

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

*Insert the EXACT legal name of the applicant

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. 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.**

5. If, during a given calendar year, an applicant submits more than one application for permit, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.

3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☒ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☒ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☐ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☒ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☒ Urology
☐ Other_____

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X

1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. $ (A x C)	Mod. $ (B x E)	
	New	Mod.	New	Circ.*	Mod.	Circ.*			
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			

Total			

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	29-31
2	Site Ownership	32-34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	n/a
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35
5	Flood Plain Requirements	36
6	Historic Preservation Act Requirements	37
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8	Financial Commitment Document if required	39
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10	Discontinuation	n/a
11	Background of the Applicant	41-42
12	Purpose of the Project	43-44
13	Alternatives to the Project	45
14	Size of the Project	46
15	Project Service Utilization	47
16	Unfinished or Shell Space	48
17	Assurances for Unfinished/Shell Space	48
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surgery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	49-75
25	Selected Organ Transplantation	n/a
26	Kidney Transplantation	n/a
27	Subacute Care Hospital Model	n/a
28	Community-Based Residential Rehabilitation Center	n/a
29	Long Term Acute Care Hospital	n/a
30	Clinical Service Areas Other than Categories of Service	n/a
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	Financial and Economic Feasibility:	
33	Availability of Funds	76
34	Financial Waiver	76
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36	Economic Feasibility	77
37	Safety Net Impact Statement	78
38	Charity Care Information	79-80
39	Flood Plain Information	n/a

File Number 0396644-5

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

CADENCE AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 27, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 2118002100 verifiable until 06/29/2022
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* 29TH *day of* JUNE *A.D.* 2021 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

File Number 3798-159-1

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

CENTRAL DU PAGE HOSPITAL ASSOCIATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 05, 1958, 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 #: 2118002088 verifiable until 06/29/2022
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* 29TH *day of* JUNE *A.D.* 2021 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

File Number 5257-740-3

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

NORTHWESTERN MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1981, 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* 17TH *day of* SEPTEMBER *A.D.* 2020 .

Authentication #: 2026102502 verifiable until 09/17/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

FRED BUCHOLZ
DUPAGE COUNTY RECORDER
OCT. 01, 2018 RHSP 11:58 AM
QCD $46.00 04-12-302-002

010 PAGES R2018-092139

QUITCLAIM DEED

This Instrument Prepared By And After Recording Return To:

Thomas L. Hefty
Northwestern Memorial HealthCare
Office of General Counsel
211 East Ontario Street, Suite 1800
Chicago, Illinois 60611
Thomas.Hefty@nm.org

This Deed is exempt pursuant to 35 ILCS 200/31-45(e)(2018)

Agent for Grantor 31-Aug 2018

Grantee's Address and Send Subsequent Tax Bills to

Northwestern Memorial HealthCare
Real Estate Strategy
211 East Ontario Street, Suite 1400
Chicago, Illinois 60611

CDH-DELNOR HEALTH SYSTEM, an Illinois not-for-profit corporation, fka Central DuPage Health and Healthcorp Affiliates, having an address of 211 East Ontario Street, Suite 1400, Chicago, Illinois 60611 ("**Grantor**"), for and in consideration of $10.00 and other good and valuable consideration in hand paid, **CONVEYS** and **QUITCLAIMS** to **CENTRAL DUPAGE HOSPITAL ASSOCIATION**, an Illinois not-for-profit corporation, having an address of 211 East Ontario Street, Suite 1400, Chicago, Illinois 60611, all of Grantor's right, title and interest in and to the parcels of real estate, including all appurtenants and improvements thereto and fixtures thereon, situated in DuPage County, Illinois described in the attached Exhibit A, having such street addresses and tax parcel numbers as set forth in Exhibit A.

[signature on following page]

After recording, please return this document to:
Post Closing Department
Chicago Title Insurance Company-National Division
10 S. LaSalle Street, Suite 3100
Chicago, IL 60603
ATTN: Dorothy Johnson

ATTACHMENT-2

8

EXHIBIT A
(QUITCLAIM DEED)

1. of 14 (1 parcel)

LOT 1 IN THE FINAL PLAT OF SUBDIVISION OF CANTERA SUB-AREA "D" RESUBDIVISION NO. 3, BEING A SUBDIVISION IN PART OF THE SOUTH HALF OF SECTION 36, TOWNSHIP 39 NORTH, AND THE NORTH HALF OF SECTION 1, TOWNSHIP 38 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SAID RESUBDIVISION RECORDED OCTOBER 18, 2016 AS DOCUMENT R2016-114775, IN DUPAGE COUNTY, ILLINOIS.

Street Address: 27650 Ferry Rd, Warrenville, IL
Property Tax #: 04-36-318-013, 07-01-101-019
CTIC #8984947
Master List Site #1

2. of 14 (3 parcels)

LOTS 1, 2, AND 5 IN WINFIELD VILLAGE CENTER, A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 28, 1967 AS DOCUMENT R67-27762, IN DUPAGE COUNTY, ILLINOIS.

Street Address: 126 Winfield Road, 0N0150 Winfield Rd, 180 Winfield Road, Winfield, IL
Property Tax #: 04-12-302-004, 04-12-302-003, 04-12-302-002
CTIC #8984848
Master List Site #2

This Quitclaim Deed is signed by Grantor's duly authorized signatory, intending to be effective as of 11:59 pm local time, August 31, 2018.

CDH-DELNOR HEALTH SYSTEM

By: John A Orsini
John A. Orsini, Treasurer

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

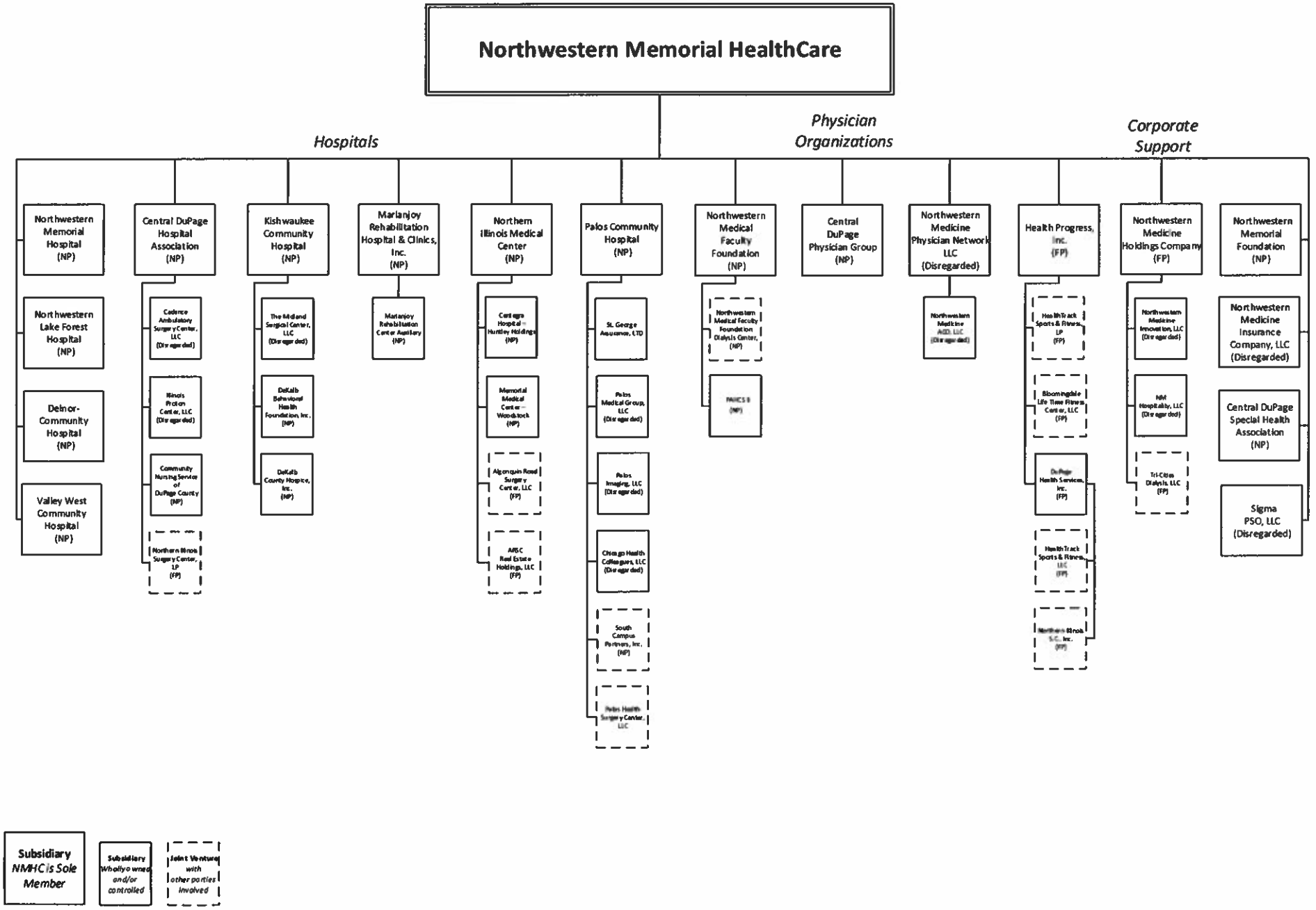
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that John A. Orsini, Sr., personally known to me to be the Treasurer of CDH-Delnor Health System, an Illinois not-for-profit corporation, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such officer he signed, sealed and delivered said instrument, pursuant to lawful authority, as his free and voluntary act, and as the free and voluntary act and deed as an officer of said corporation for the uses and purposes therein set forth.

Given under my hand and official seal, this 24th day of August, 2018.

Endia Latham
Notary Public

My Commission Expires: 10.12.20

OFFICIAL SEAL
ENDIA LATHAM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/12/20



ATTACHMENT-4

Effective January 31, 2021

Flood Plain Requirements

Not Applicable – the proposed project is to add specialties to an existing ASTC. There is no construction involved.

Historic Resources Preservation Act Requirements

Not Applicable – the proposed project is to add specialties to an existing ASTC. There is no construction involved.

Project Costs and Sources of Funds

Line 10 – Movable Capital Equipment – ($1,897,500) – this includes:

The only costs associated with the proposed project are the following equipment items:

Specialty	Equipment	Approx. Cost
Gastroenterology	Olympus Light, video processor, monitor, Leximark, flush pump, accessories	$ 100,000
Gastroenterology	Scopes	$ 300,000
Gastroenterology	Cabinets	$ 10,000
Gastroenterology	Scope processor	$ 100,000
Gastroenterology	Endo cart	$ 10,000
Ophthalmology	Microscope	$ 450,000
Ophthalmology	Vitreoretinal surgery machine	$ 115,000
Ophthalmology	Cryosurgical Machine	$ 15,000
Ophthalmology	Eye cart	$ 7,500
Ophthalmology	Phacoemulsifier	$ 45,000
Ophthalmology	Vision System	$ 80,000
Urology	Instrumentation and imaging video system	$ 600,000
Misc.	Stretchers/Carts	$ 65,000
	TOTAL	**$1,897,500**

Project Status and Completion Schedules

Northwestern Memorial HealthCare Open CON Permits

CON #17-055: Delnor Surgical Services Modernization
CON #19-048: Palos Health Mokena Medical Office Building
CON #20-011: NMH Galter 11, 12 Beds
CON #20-013: Bloomingdale Medical Office Building
CON #21-008: Old Irving Park Medical Office Building
CON #21-015: Winfield Town Center Medical Office Building

Cost Space Requirements

Department	Cost	Departmental Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing GSF	Proposed GSF	New Const.	Modern-ized	As Is	Vacated Space
CLINICAL							
ASTC	$ -	11,879	11,879	0	0	11,879	0
TOTAL =	**$ -**			**0**	**0**		**0**
OTHER							
Preplanning Costs	$ -						
Site Survey & Soil Investigation	$ -						
Site Preparation	$ -						
Off-Site Work	$ -						
Contingencies	$ -						
A/E Fees	$ -						
Consulting & Other Fees	$ -						
Movable or Other Equipment	$ 1,897,500						
Bond Issuance Expense	$ -						
Net Interest Expense During Construction	$ -						
Other Costs To Be Capitalized	$ -						
Acquisition of Building (excluding Land)	$ -						
Other Subtotal =	**$ 1,897,500**						
GRAND TOTAL =	**$ 1,897,500**						

ATTACHMENT-9

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

Criterion 1110.110(a)

BACKGROUND OF APPLICANT

A listing of all health care facilities owned or operated by the applicants, including licensing, and certification if applicable.

Northwestern Memorial HealthCare (NMHC):

	IDPH License No.	Joint Commission Organization No.
Northwestern Memorial Hospital	0003251	7267
Northwestern Lake Forest Hospital	0005660	3918
Central DuPage Hospital Association	0005744	7444
Delnor-Community Hospital	0005736	5291
Marianjoy Rehabilitation Hospital & Clinics	0003228	7445
Kishwaukee Community Hospital	0005470	7325
Valley West Community Hospital	0004690	382957
Northern Illinois Medical Center (McHenry)	0003889	7375
Northern Illinois Medical Center (Huntley)	0003890	7375
Memorial Medical Center (Woodstock)	0004606	7447
Palos Community Hospital	0003210	7306
Grayslake ASTC	7003156	3918
Grayslake Endoscopy ASTC	7003149	3918
Cadence Ambulatory Surgery Center (NMSC)	7003173	n/a
The Midland Surgical Center	7003148	n/a
Palos Health Surgery Center*	7003224	n/a
Grayslake Freestanding Emergency Center	22002	3918
Illinois Proton Center	n/a	n/a

*denotes partial ownership > 50%

A certified listing of any adverse action taken against any facility owned and/or operated by the applicants, directly or indirectly, during the three years prior to the filing of the application.

By the signatures on the Certification page of this application, the applicants attest that no adverse action has been taken against any facility owned and/or operated by NMHC during the three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.140.

Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, by 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.

By the signatures on the Certification page of this application, the applicants authorize HFSRB and DPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to official records of DPH or other State agencies and/or the records of nationally recognized accreditation organizations.

Criterion 1110.110(b)

PURPOSE OF PROJECT

1. *Document that the project will provide health services that improve the health care or well-being of the market area population to be served.*

   The purpose of this project is to increase access to high quality, convenient, and cost effective surgical care to NM patients and the residents of DuPage County and surrounding areas. By adding gastroenterology, ophthalmology, podiatry, and urology to NMSC, patients will have a non-hospital option for their surgical care.

2. *Define the planning area or market area.*

   NMSC services patients in central and western DuPage County. Approximately 92% of NMSC patients reside in NM's West region, and approximately 73% of NMSC patients reside within 10 miles of the ASTC.

3. *Identify the existing problems or issues that need to be addressed.*

   NMSC is a limited-specialty surgery center that is currently only authorized to perform orthopedic and pain management procedures. There is an increasing trend among insurance providers that requires certain low-acuity procedures to be done in an ASTC setting. Patients also have expressed the desire to have a more convenient, lower cost alternative for outpatient procedures.

   The COVID-19 pandemic also created a need for increased access to non-hospital-based surgery options. During the height of the pandemic, many hospitals, including NM CDH, were forced to postpone/reschedule non-time-sensitive ambulatory surgery cases. Providing a non-hospital option for more surgical cases eliminates delays in treatment as well as increases patient safety by keeping non-COVID patients out of the hospital setting (reducing the possibility of a COVID-19 exposure).

4. *Cite the sources of the documentation.*

   Sources of information include:
   - Hospital Records

5. *Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.*

   The proposed project will allow NM physicians to perform more types of surgical procedures in an ASTC setting. Patients will have options for their care setting based on insurance requirements, patient preference, and optimal physician access. This will also allow for growth of higher acuity procedures at NM CDH.

6. *Provide goals for the proposed project.*

The goal of the proposed project is to improve access to NM surgical services and to increase utilization at NMSC. The new procedures are expected to increase the number of surgical hours by approximately 1,032 hours.

Criterion 1110.110(d)

ALTERNATIVES

The proposed project addresses the need to provide additional surgeries at NMSC. The following alternatives to the project were considered:

1. Project of a Greater Scope and Cost
2. Utilize Other Available Health Resources

Alternative 1: Project of a Greater Scope and Cost

NMSC considered the alternative of a major modernization/addition of operating rooms. However, the current utilization of the existing operating rooms did not justify a project of that scope/cost. With the continued trend in insurance requirements and patient preference, a future expansion project may be warranted but at this time, a significant capital investment was not considered appropriate.

This alternative was rejected because it would have a higher cost and was not justified with current volumes.

Alternative 2: Utilize Other Available Health Resources

NMSC anticipates that all of the procedures proposed in this project would be done in an NM facility, such as NM CDH. Moving the proposed procedures to NMSC optimizes the ability of the hospital to focus on higher acuity procedures. The procedures proposed can be performed in an ASTC at a lower cost and higher efficiency than in a hospital setting.

While there are other ASTCs within the 10-mile radius of NMSC that may have capacity, treating NM patients in an NM facility improves patient safety and continuity of care as all NM facilities are on the same Epic (electronic medical record) platform. It also improves efficiency of NM physicians which increases patient access. Additionally, it allow for better control of protocols, equipment, and staffing which leads to higher quality of care.

This alternative was rejected because it does not provide an optimal patient/physician experience.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120

SIZE OF PROJECT

Not Applicable – there is no construction or increase in square footage associated with the proposed project. The current facility has 4 operating rooms and is 11,879 square feet.

PROJECT SERVICES UTILIZATION

From CY16 – CY19, surgical hours at NMSC increased by over 11%. As operations return to normal after the CY20/CY21 pandemic, that trend is expected to continue.

NMSC Historic Utilization

	CY16	CY17	CY18	CY19
Cases	4,099	3,969	4,402	4,468
Hours	4,254.0	4,495.1	4,591.2	4,731.5
ORs justified	2.8	3.0	3.1	3.2

With the addition of the four proposed specialties, NMSC anticipates an additional 1,032 hours in CY22 which will bring the 4 operating rooms to almost target utilization (4,732 hours plus 1,032 hours divided by 1,500 hours equals 3.9 ORs). Assuming 4% growth from CY22 – CY23 (approximately the same as the historic average annual growth rate), the 4 operating rooms will achieve target utilization by the second year after project approval.

UTILIZATION					
	SERVICE	**HISTORICAL UTILIZATION** *CY19 OR Hours*	**PROJECTED UTILIZATION** *OR Hours*	**STATE STANDARD** *1,500 hours per OR for 4 ORs*	**MET STANDARD?**
YEAR 1 – CY22	ASTC	4,732	5,764	6,000	Yes
YEAR 2 – CY23	ASTC		6,000	6,000	Yes

UNFINISHED OR SHELL SPACE

Not Applicable – there is no unfinished or shell space planned in the project.

ATTACHMENT-16, 17

G. Criterion 1110.235 – Non-Hospital Based Ambulatory Surgery

ASTC Service
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☒ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☒ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☐ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☒ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☒ Urology
☐ Other_____

The project proposes to add the following surgical specialties to the NM Surgery Center (NMSC):

- Gastroenterology
- Ophthalmology
- Podiatry
- Urology

1110.235(c)(2) – Service to GSA Residents

NMSC is located in DuPage County. Pursuant to Section 1100.510(d) of the rules, NMSC's service area (GSA) is defined by a radius of 10 miles around NMSC. Below is a table of zip codes that comprise the GSA:

NMSC GSA Zip Codes					
60542	60108	60532	60185	60148	60504
60539	60188	60565	60134	60515	60519
60510	60139	60540	60174	60516	60503
60502	60137	60563	60184	60561	60505
60555	60189	60490	60103	60517	60506
60190	60187	60564	60133	60440	

In CY19, NMSC serviced patients from the following zip codes:

Zip Code	NMSC Cases
60189	285
60188	273
60137	269
60187	254
60185	219
60555	139
60190	130
60103	129
60563	127
60510	124
60174	107
60540	93
60565	93
60134	90
60148	88
60139	87
60175	80
60108	78
60502	75
60564	66
60506	64
60504	58
60554	56
60543	55
60542	52
60133	47
60172	46
60505	46
60532	43
60517	43
60119	41
60178	38
60115	36
60515	35
60177	34
60124	33
60440	32
60123	31

ATTACHMENT-24

60538	26
60561	26
60181	25
60101	25
60120	24
60585	24
60107	23
60503	23
60544	22
60446	22
60516	22
60126	21
60560	20
60548	17
60142	17
60586	15
60545	14
60559	13
60490	12
60140	12
60184	11
60435	11
60441	10
60439	10
60527	9
60193	9
60520	8
60151	8
60110	8
60449	7
60104	7
60402	7
60431	7
60552	6
60511	6
60451	6
60154	6
60523	6
60194	6
60403	6
60169	5

60146	5
60525	5
60112	5
60521	5
60432	5
60043	5
60638	4
60191	4
60541	4
61350	4
60618	4
60192	4
60436	4
60464	4
34145	4
60143	4
60014	4
60301	4
60637	4
60010	4
60804	4
60404	4
60102	4
60513	4
60634	3
60004	3
62554	3
60012	3
60614	3
60195	3
60639	3
60410	3
60550	3
60433	3
60558	3
60022	3
60622	3
60468	3
60008	3
60068	3
61021	3

ATTACHMENT-24

60514	3
60097	3
60106	3
33573	2
60423	2
60130	2
60302	2
60707	2
60164	2
60408	2
60453	2
60625	2
60467	2
60641	2
60477	2
60145	2
60487	2
61068	2
60491	2
60556	2
60053	2
60411	2
60081	2
60630	2
60084	2
60007	2
60173	2
60706	2
60526	2
61061	2
60537	2
55316	2
52601	1
60005	1
48221	1
53158	1
60429	1
60512	1
49504	1
49330	1
60601	1

ATTACHMENT-24

60150	1
60160	1
60452	1
60656	1
60085	1
60953	1
53128	1
60157	1
60518	1
60131	1
20141	1
60612	1
60018	1
60050	1
53403	1
60450	1
53588	1
60067	1
60458	1
60013	1
54484	1
60940	1
60531	1
61008	1
22180	1
61046	1
60459	1
47201	1
22181	1
60481	1
60462	1
49127	1
54646	1
60607	1
52333	1
60042	1
60156	1
60416	1
61310	1
60629	1
61354	1

ATTACHMENT-24

60632	1
61364	1
60056	1
62995	1
2481	1
75071	1
60647	1
83714	1
60657	1
99217	1
60070	1
60304	1
60914	1
37040	1
60941	1
60118	1
60964	1
60041	1
61010	1
49426	1
61024	1
37920	1
60507	1
46231	1
46321	1
60135	1
60109	1
61362	1
34747	1
53105	1
60546	1
66216	1
60002	1
80104	1
60549	1
92057	1
60407	1
60434	1
60551	1

Approximately 92% of NMSC patients reside in NM's West Region, and 73% of NMSC patients reside within 10 miles of the ASTC.

ATTACHMENT-24

1110.235(c)(3) – Service Demand – Additional ASTC Service

There are seven physician referral letters that attest to each physician's total number of cases performed in CY19 at hospitals and ASTCs in the GSA. The vast majority of the cases were performed at NM CDH or NM Delnor. The letters also include a projected number of cases that will be performed at NMSC if this project is approved.

Below is a summary of the physician referral letters:

Physician	Specialty	CY19 Cases	Projected ASTC Cases
Dr. Arvin Bhatia	Gastroenterology	1,324	240
Dr. Hemal Patel	Gastroenterology	1,645	240
Dr. Sharif Zubair	Gastroenterology	2,006	240
Dr. Michael Andreoli	Ophthalmology	213	195
Dr. Eveline Tan	Podiatry	185	18
Dr. Craig Wirt	Podiatry	42	40
Dr. Michael Rashid	Urology	184	92
TOTAL		5,599	1,065

Using a conservative estimate of 1,065 additional new procedures, multiplied by the average time/case for outpatient procedures at NM CDH, NMSC will improve utilization to almost full target occupancy.

July 20, 2021

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Northwestern Medicine Surgery Center - Warrenville (NMSC)
Referral Letter

Dear Ms. Avery:

I am providing this letter to assist the HFSRB in its evaluation of a Certificate of Need application to add surgical specialties to NMSC. This letter contains the referral documentation required per Ill. Admin. Code Section 1110.235(c)(3).

I am a board-certified physician in gastroenterology. Please accept this letter verifying my anticipated referrals to approve the request to add gastroenterology as an approved specialty at NMSC.

In CY19, I performed a total of 1,324 procedures at NM Central DuPage Hospital and NM Delnor Hospital. With the addition of the gastroenterology service at NMSC, I expect to refer the patient volume listed below.

Procedure Location	# of Cases (CY19)	Projected # of Referrals to NMSC
NM Central DuPage Hospital	823	
NM Delnor Hospital	501	
TOTAL	1,324	240

Provided below is patient origin data by zip code of residence for the patients I treated in CY19. I expect that my projected patient procedures will come from NMSC's geographic service area.

Zip Code of Patient Residence	# of Patients (CY19)
60137	97
60188	84
60189	77
60187	76
60185	72
60174	70

60134	64
60510	50
60175	45
60554	35
60103	32
60190	32
60506	29
60563	26
60124	23
60108	23
60555	21
60502	21
60542	20
60139	20
60119	18
60540	18
60148	16
60177	15
60543	13
60115	13
60178	12
60133	12
60532	11

The information contained in this letter is true and accurate to the best of my knowledge. The anticipated referral volumes noted above have not been used to support another pending or approved CON application.

Sincerely,

Dr. Arvin Bhatia, MD
25 N. Winfield Road Suite 420
Winfield, IL 60190

Subscribed and sworn to me

This 20th day of July, 2021

Notary Public

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

July 20, 2021

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Northwestern Medicine Surgery Center - Warrenville (NMSC)
Referral Letter

Dear Ms. Avery:

I am providing this letter to assist the HFSRB in its evaluation of a Certificate of Need application to add surgical specialties to NMSC. This letter contains the referral documentation required per Ill. Admin. Code Section 1110.235(c)(3).

I am a board-certified physician in gastroenterology. Please accept this letter verifying my anticipated referrals to approve the request to add gastroenterology as an approved specialty at NMSC.

In CY19, I performed a total of 1,645 procedures at NM Central DuPage Hospital and NM Delnor Hospital. With the addition of the gastroenterology service at NMSC, I expect to refer the patient volume listed below.

Procedure Location	# of Cases (CY19)	Projected # of Referrals to NMSC
NM Central DuPage Hospital	1,071	
NM Delnor Hospital	574	
TOTAL	1,645	240

Provided below is patient origin data by zip code of residence for the patients I treated in CY19. I expect that my projected patient procedures will come from NMSC's geographic service area.

Zip Code of Patient Residence	# of Patients (CY19)
60188	110
60185	93
60189	82
60187	79
60175	77
60174	76
60134	75
60510	74

60190	54
60137	50
60555	38
60139	37
60542	31
60115	31
60103	31
60108	30
60133	30
60563	28
60119	26
60505	26
60506	26
60177	24
60178	24
60554	19
60148	19
60538	17
60502	16
60540	16
60124	16
60107	15
60123	14
60560	14
60504	14
60532	14
60565	13
60193	12
60172	12
60515	10
60564	10
60120	9

The information contained in this letter is true and accurate to the best of my knowledge. The anticipated referral volumes noted above have not been used to support another pending or approved CON application.

Sincerely,

Dr. Hemal Patel, MD
25 N. Winfield Road Suite 420
Winfield, IL 60190

Subscribed and sworn to me

This 20th day of July, 2021

Notary Public

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

July 26, 2021

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Northwestern Medicine Surgery Center - Warrenville (NMSC)
Referral Letter

Dear Ms. Avery:

I am providing this letter to assist the HFSRB in its evaluation of a Certificate of Need application to add surgical specialties to NMSC. This letter contains the referral documentation required per Ill. Admin. Code Section 1110.235(c)(3).

I am a board-certified physician in gastroenterology. Please accept this letter verifying my anticipated referrals to approve the request to add gastroenterology as an approved specialty at NMSC.

In CY19, I performed a total of 2,006 procedures at NM Central DuPage Hospital and NM Delnor Hospital. With the addition of the gastroenterology service at NMSC, I expect to refer the patient volume listed below.

Procedure Location	# of Cases (CY19)	Projected # of Referrals to NMSC
NM Central DuPage Hospital	803	
NM Delnor Hospital	1,203	
TOTAL	2,006	240

Provided below is patient origin data by zip code of residence for the patients I treated in CY19. I expect that my projected patient procedures will come from NMSC's geographic service area.

Zip Code of Patient Residence	# of Patients (CY19)
60185	132
60188	123
60189	116
60174	110
60137	100
60134	99
60510	91

60175	84
60187	77
60103	57
60190	52
60542	49
60555	47
60139	44
60177	39
60506	38
60563	37
60119	36
60133	30
60502	29
60172	28
60108	28
60178	25
60115	23
60554	22
60124	21
60148	21
60543	18
60504	18
60540	17
60505	17
60120	16
60517	14
60184	14
60101	14
60151	13
60123	13
60564	11
60140	11
60532	11
60538	11

The information contained in this letter is true and accurate to the best of my knowledge. The anticipated referral volumes noted above have not been used to support another pending or approved CON application.

Sincerely,

Dr. Sharif Zubair, MD
25 N. Winfield Road Suite 420
Winfield, IL 60190

Subscribed and sworn to me

This 26th day of July, 2021

Notary Public

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Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

ATTACHMENT-24

July 19th, 2021

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Northwestern Medicine Surgery Center - Warrenville (NMSC)
Referral Letter

Dear Ms. Avery:

I am providing this letter to assist the HFSRB in its evaluation of a Certificate of Need application to add surgical specialties to NMSC. This letter contains the referral documentation required per Ill. Admin. Code Section 1110.235(c)(3).

I am a board-certified physician in ophthalmology. Please accept this letter verifying my anticipated referrals to approve the request to add ophthalmology as an approved specialty at NMSC.

In CY19, I performed a total of 213 procedures. Until June 19th, 2021, I was part of the Wheaton Eye Clinic and performed most of my procedures at the DuPage Eye Surgery Center (affiliate of Wheaton Eye Clinic). Now that I am part of the Northwestern Medicine Regional Medical Group, I no longer perform surgeries at the DuPage Eye Surgery Center. With the addition of the ophthalmology service at NMSC, I expect to refer the patient volume listed below.

Procedure Location	# of Cases (CY19)	Projected # of Referrals to NMSC
NM Central DuPage Hospital	16	~ 15
DuPage Eye Surgery Center	197	~ 180
TOTAL	213	~ 195

Provided below is patient origin data by zip code of residence for the patients I treated in CY19. I expect that my projected patient procedures will come from NMSC's geographic service area.

Zip Code of Patient Residence	# of Patients (CY19)
60188	14
60185	9
60189	8

60139	7
60506	7
60543	7
60555	6
60187	6
60510	5
60107	5
60174	5
60115	4
60540	4
60564	4
60148	4
60505	4
60565	4
60586	3
60532	3
60527	3
60504	3
60108	3
60516	3
60517	3
60110	2
60544	2
60181	2
60013	2
60554	2
60004	2
60563	2
60490	2
60172	2
60190	2
60431	2
60440	2
60193	1
60133	1
60433	1
53115	1

The information contained in this letter is true and accurate to the best of my knowledge. The anticipated referral volumes noted above have not been used to support another pending or approved CON application.

Sincerely,

Dr. Michael Andreoli, MD
RMG Ophthalmology
636 Raymond Dr, Ste 300, Naperville IL, 6056

Subscribed and sworn to me

This 20th day of July, 2021

Notary Public

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

ATTACHMENT-24

July 20, 2021

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Northwestern Medicine Surgery Center - Warrenville (NMSC)
Referral Letter

Dear Ms. Avery:

I am providing this letter to assist the HFSRB in its evaluation of a Certificate of Need application to add surgical specialties to NMSC. This letter contains the referral documentation required per Ill. Admin. Code Section 1110.235(c)(3).

I am a board-certified physician in podiatry. Please accept this letter verifying my anticipated referrals to approve the request to add podiatry as an approved specialty at NMSC.

In CY19, I performed a total of 185 procedures at NM Central DuPage Hospital and NM Delnor Hospital. With the addition of the podiatry service at NMSC, I expect to refer the patient volume listed below.

Procedure Location	# of Cases (CY19)	Projected # of Referrals to NMSC
NM Central DuPage Hospital	79	8
NM Delnor Hospital	106	10
TOTAL	185	18

Provided below is patient origin data by zip code of residence for the patients I treated in CY19. I expect that my projected patient procedures will come from NMSC's geographic service area.

Zip Code of Patient Residence	# of Patients (CY19)
60510	14
60174	14
60134	13
60175	12
60187	12
60185	7
60103	7
60139	5
60119	5

60137	5
60124	5
60108	5
60542	5
60189	4
60188	4
60538	4
60560	3
60504	3
60133	3
60178	3
60148	3
60177	3
60554	3
60548	2
60543	2
60505	2
60402	2
60502	2
60565	2
60532	2
60521	2
60123	2
60506	2
60140	2
60031	1
60563	1
76207	1
60190	1
38558	1
60101	1

The information contained in this letter is true and accurate to the best of my knowledge. The anticipated referral volumes noted above have not been used to support another pending or approved CON application.

Sincerely,

Dr. Eveline Tan, DPM
351 Delnor Drive Suite 410
Geneva, IL 60134

Subscribed and sworn to me

This 20th day of July, 2021

Notary Public

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

July 20, 2021

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Northwestern Medicine Surgery Center - Warrenville (NMSC)
Referral Letter

Dear Ms. Avery:

I am providing this letter to assist the HFSRB in its evaluation of a Certificate of Need application to add surgical specialties to NMSC. This letter contains the referral documentation required per Ill. Admin. Code Section 1110.235(c)(3).

I am a board-certified physician in podiatry. Please accept this letter verifying my anticipated referrals to approve the request to add podiatry as an approved specialty at NMSC.

In CY19, I performed a total of 42 procedures at NM Central DuPage Hospital and NM Delnor Hospital. With the addition of the podiatry service at NMSC, I expect to refer the patient volume listed below.

Procedure Location	# of Cases (CY19)	Projected # of Referrals to NMSC
NM Central DuPage Hospital	25	24
NM Delnor Hospital	17	16
TOTAL	42	40

Provided below is patient origin data by zip code of residence for the patients I treated in CY19. I expect that my projected patient procedures will come from NMSC's geographic service area.

Zip Code of Patient Residence	# of Patients (CY19)
60506	4
60510	4
60188	4
60134	3
60137	3
60563	2

60185	2
60187	2
60189	2
61101	1
60175	1
60543	1
60143	1
60640	1
60151	1
60538	1
60124	1
60554	1
60139	1
60585	1
60156	1
61068	1
60174	1
60178	1
60532	1

The information contained in this letter is true and accurate to the best of my knowledge. The anticipated referral volumes noted above have not been used to support another pending or approved CON application.

Sincerely,

Dr. Craig Wirt, DPM
27650 Ferry Road Suite 100
Warrenville, IL 60555

Subscribed and sworn to me

This 20th day of July, 2021

Notary Public

OFFICIAL SEAL
Bridget S. Orth
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My Commission Expires Dec. 16, 2024

July 20, 2021

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Northwestern Medicine Surgery Center - Warrenville (NMSC)
Referral Letter

Dear Ms. Avery:

I am providing this letter to assist the HFSRB in its evaluation of a Certificate of Need application to add surgical specialties to NMSC. This letter contains the referral documentation required per Ill. Admin. Code Section 1110.235(c)(3).

I am a board-certified physician in urology. Please accept this letter verifying my anticipated referrals to approve the request to add urology as an approved specialty at NMSC.

In CY19, I performed a total of 184 procedures. With the addition of the urology service at NMSC, I expect to refer the patient volume listed below.

Procedure Location	# of Cases (CY19)	Projected # of Referrals to NMSC
NM Delnor Hospital	162	
NM Kiswaukee Hospital	22	
Rush Copley	27	
Valley ASC	24	
TOTAL	184	92

Provided below is patient origin data by zip code of residence for the patients I treated in CY19. I expect that my projected patient procedures will come from NMSC's geographic service area.

Zip Code of Patient Residence	# of Patients (CY19)
60175	23
60174	21
60134	15
60115	13
60510	11
60119	9
60506	8
60178	8

60542	8
60177	6
60543	4
60554	4
60123	4
60545	3
60538	3
60151	3
60555	3
60139	3
60124	2
60560	2
60188	2
60502	2
60548	2
60140	2
60185	2
61109	1
60146	1
60556	1
60617	1
60622	1
60503	1
60145	1
61061	1
60551	1
60565	1
60135	1
60150	1
60112	1
60187	1
60467	1

The information contained in this letter is true and accurate to the best of my knowledge. The anticipated referral volumes noted above have not been used to support another pending or approved CON application.

Sincerely,

Dr. Michael Rashid, MD
351 Randall Road, Suite 207
Geneva, IL 60134

Subscribed and sworn to me

This 20th day of July, 2021

Notary Public

OFFICIAL SEAL
Bridget S. Orth
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 16, 2024

1110.235(c)(5) – Treatment Room Need Assessment

Based on NM CDH's surgical services data from CY17 – CY19, the average outpatient surgery hours per case can be found in the table below:

Surgical Specialty	Surgical Hours per Case
Gastroenterology	44 minutes
Ophthalmology	1 hour 22 minutes
Podiatry	1 hour 43 minutes
Urology	1 hour 29 minutes

Surgical Specialty	Anticipated Referrals to NMSC	Surgical Hours/Case	Anticipated Additional Hours
Gastroenterology	720	44 minutes	528
Ophthalmology	195	1 hour 22 minutes	267
Podiatry	58	1 hour 43 minutes	100
Urology	92	1 hour 29 minutes	137
TOTAL	1,065		1,032

Based on the State's utilization standard of 1,500 hours per operating room per year and using CY19 NMSC's actual utilization of 4,732 hours, NMSC justifies its 4 operating rooms (4,732 hours divided by 1,500 hours equals 3.2 ORs).

With the addition of the four proposed specialties, NMSC anticipates an additional 1,032 hours which will bring the 4 operating rooms to almost target utilization (4,732 hours plus 1,065 hours divided by 1,500 hours equals 3.9 ORs).

1110.235(c)(6) – Service Accessibility

NMSC is wholly owned by NM Central DuPage Hospital. The primary purpose of this project is to increase access to non-hospital based surgical services for NM patients and residents of DuPage County. While these services are provided at NM CDH and the other NM hospitals in the area, there is an increasing trend among insurance providers that certain low-acuity procedures be performed in an ASTC setting. If this project is not approved, patients who have an insurance carrier with this requirement will not have access to that service at NM.

Additionally, as experience during the COVID-19 pandemic has shown, hospitals need an ASTC setting in order to provide safe and timely access to ambulatory surgical services during times of high hospital occupancy.

NM CDH has 26 operating rooms. In CY19, NM CDH had 38,425 total surgery hours. Using the state standard for operating room utilization of 1,500 hours/operating room, NM CDH justifies all 26 operating rooms. From CY11 – CY19, NM CDH experienced a

24.8% increase in outpatient surgeries. This trend is expected to continue, requiring capacity at both NM CDH and NMSC.

NM CDH commits to not increase surgical capacity at NM CDH if NMSC is not at the target utilization rate for a period of 12 consecutive months. Additionally, the proposed charges for comparable procedures at NMSC will be lower than those of NM CDH.

1110.235(c)(7) – Unnecessary Duplication/Maldistribution

The 2021 total population of NMSC's GSA is in the table below:

Age Group	2021 Total Population	Population % Change (2021 - 2026)
0-17	255,040	-4.5%
18-44	380,173	-1.1%
45-64	294,350	-3.0%
65+	162,150	+16.8%
Total GSA	1,091,713	**+0.2%**

The NMSC service area is projected to slightly increase in population over the next five years, with the largest growth in the 65+ age group, which typically account for the largest volume of health care services.

There are 12 ASTCs within the 10-mile radius of NMSC.

#	Facility	City	Specialties	ORs	CY19 Surgical Hours
1	Ambulatory Surgicenter of Downers Grove	Downers Grove	OB/Gyn, General, Urology	2	1,349
2	DMG Pain Management Surgery Center	Naperville	Pain	2	2,537
3	DMG Surgical Center	Lombard	Multi-specialty	8	17,319
4	Dreyer Ambulatory Surgery Center	Aurora	Multi-specialty	4	2,692
5	DuPage Eye Surgery Center	Wheaton	Ophthalmology	4	2,661
6	Fox Valley Orthopedics	Geneva	Ortho, Pain, Podiatry	4	3,922
7	Midwest Center for Day Surgery	Downers Grove	Multi-specialty	5	6,102
8	Midwest Endoscopy	Naperville	Gastroenterology	2	6,649

	Center				
9	Naperville Fertility Center	Naperville	OB/Gyn	1	1,410
10	Naperville Surgical Centre	Naperville	Multi-specialty	4	2,198
11	Rush Copley Surgicenter d/b/a Castle Surgicenter	Aurora	Ortho, Pain, Podiatry	2	1,475
12	The Center for Surgery	Naperville	Multi-specialty	8	3,684

There are also 8 hospitals within the 10-mile radius of NMSC.

#	Hospital	City	ORs	CY19 Surgical Hours
1	NM Central DuPage Hospital	Winfield	26	38,425
2	NM Delnor Hospital	Geneva	13	12,167
3	Rush Copley Medical Center	Aurora	14	19,694
4	Edward Hospital	Naperville	20	34,802
5	Advocate Good Samaritan Hospital	Downers Grove	15	19,680
6	AMITA Health Adventist Medical Center Bolingbrook	Bolingbrook	6	8,583
7	AMITA Health Adventist Medical Center GlenOaks	Glendale Heights	5	3,302
8	AMITA Health Mercy Medical Center Aurora	Aurora	11	5,843

The proposed project will not result in a maldistribution of services. There is no increase in the number of operating rooms at the ASTC and therefore no increase in the number of operating rooms in the GSA. The ratio of surgical/treatment rooms to population remains unchanged.

NMSC anticipates that there will be no adverse impact to other area providers. As demonstrated by the physician referral letters, it is anticipated that the additional procedures proposed for NMSC will come from NM facilities. As mentioned above, prior to the COVID-19 pandemic, the NM CDH operating rooms were operating at target utilization. It is anticipated that pre-COVID operating levels will return at NM CDH and this project provides additional capacity that will be needed to accommodate projected demand.

1110.235(c)(8) – Staffing

NMSC anticipates that it will be able to perform the additional procedures with current staff, but that existing staff may work additional hours per week. The cost of additional hours worked is reflected in the projected operating costs in ATTACHMENT-36.

There is currently a medical director at NMSC. The medical director oversees the Quality Committee made up of 3 physicians (including the medical director). It is

anticipated that additional physicians will be included on the Quality Committee to represent the additional specialties.

1110.235(c)(9) – Charge Commitment

The proposed charges for the procedures to be added at NMSC are:

CPT Code	Procedure	Charge
67041	Epiretinal membrane peel (Vitrectomy)	$6,159
67042	Macular hole repair	$6,344
67036	Vitrectomy	$5,166
67108	Retinal detachment repair by vitrectomy	$7,253
67107	Retinal detachment repair by scleral buckling	$11,249
43239	EGD – cold biopsy	$2,590
43235	EGD – diagnostic, includes brushing	$2,678
43249	EGD – dialation esophagus w/balloon <30mm	$2,790
43248	EGD – dialation esophagus w/guidwire	$2,862
43245	EGD – dialation, gastric/duodenal structure (any method)	$2,957
45380	Colonoscopy – cold biopsy	$2,909
45378	Colonoscopy – screening 64 and under	$3,032
45331	Flex Sig – cold biopsy	$2,484
45330	Flex Sig – diagnostic, includes brushing	$1,969
28296	Bunionectomy	$16,143
28285	Correction, hammertoe (e.g. interphalangeal fusion, partial or total phalangectomy)	$6,662
28298	Akin bunionectomy with staple fixation	$12,690
28024	Arthrotomy, including exploration, drainage, removal of loose or foreign boday; interphalangeal joint	$5,183
28755	Interphalangeal joint fusion	$10,565
28285	Toe mallet toe repair	$6,662
28288	Osteotomy of right great toe	$7,909
52356	Ureteroscopy	$10,184
52005	Cystourethroscopy, with ureteral catheterization, w/ or w/o irrigation, installation, or ureteropyelography, exclusive of radiologic service	$4,052
52234	Trans urethral resection of bladder cystourethroscopy, w/ureteral catheterization, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic serviceladder tumor (w/ or w/o mitomycin installation) - Small	$5,711
52235	Trans urethral resection of bladder tumor (w/ or w/o mitomycin installation) – Medium	$5,734
52240	Trans urethral resection of bladder tumor (w/ or w/o mitomycin installation) – Large	$6,914
54161	Elective circumcision over 28 days	$6,946
55040	Hydrocelectomy	$8,271
55250	Varicocelectomy	$8,593
55530	Vasectomy	$5,839
54860	Epididymectomy	$8,816
55110	Scrotal exploration	$9,956
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	$6,264
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)	$2,738

50590	Extracorporeal shockwave lithotripsy	$13,074
54530	Orchiectomy (radical, inguinal, or transcrotal)	$14,093
76872	Transrectal biopsy of the prostate	$675
76942	Transperineal biopsy of the prostate	$937
52332	Cystoscopy	$4,816
52005	Retrograde pyelography	$4,052
55700	Stent placement	$3,783

Note: the cost of implants, if needed, are not included in the above costs.

By the signatures on the Certification page of this application, the applicants attest that the charges for these new procedures will not increase, at a minimum, for the first two (2) years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

1110.235(c)(10) – Assurances

By the signatures on the Certification page of this application, the applicants attest that a peer review program exists that evaluates whether patient outcomes are consistent with quality standards established by professional organization for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

By the signatures on the Certification page of this application, the applicants also attest that in the second year of operation after project completion, the annual utilization of the operating rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

SECTION VI. 1120.120 – AVAILABILITY OF FUNDS

Not Applicable – proof of bond rating was submitted as part of CON #21-008.

SECTION VII. 1120.130 – FINANCIAL VIABILITY

Not Applicable – proof of bond rating was submitted as part of CON #21-008.

ATTACHMENTS-33, 34, 35

SECTION VIII. 1120.140 – ECONOMIC FEASIBILITY

A. Reasonableness of Financing Arrangements

Not Applicable – proof of bond rating was submitted as part of CON #21-008.

B. Conditions of Debt Financing

Not Applicable – the proposed project will be funded by cash.

C. Reasonableness of Project and Related Costs

Not Applicable – the proposed project does not involve construction.

D. Projected Operating Costs

Direct Operating Expenses – FY22

Total Direct Operating Costs	$	5,495,855
Procedures		5,533
Direct Cost per Procedure	$	993.29

E. Total Effect of the Project on Capital Costs – FY22

Total Project Cost	$	1,897,500
Average Useful Life		7
Annual Depreciation	$	271,071.43
Procedures		5,533
Depreciation Cost per Procedure	$	48.99

SECTION IX. SAFETY NET IMPACT STATEMENT

Not Applicable – the proposed project is NON-SUBSTANTIVE and does not involve discontinuation.

SECTION X. CHARITY CARE INFORMATION

With a mission-driven commitment to provide quality medical care regardless of the patient's ability to pay, NMHC is dedicated to improving the health of the most medically underserved members of the community. NMHC's financial assistance programs and outreach services continue to expand so that we are able to serve the most vulnerable in our communities. Through our financial assistance programs and Presumptive Eligibility policy, NMHC continues to provide medically necessary health care for those in need.

NMHC's commitment to our patients and communities has never been more evident as during the COVID-19 pandemic. The simultaneous demand for access to lifesaving healthcare services, rapid scientific discovery, immediate development of novel treatments, participation in expansive public health strategies, and response to our communities' basic needs for food, personal protective equipment (PPE) and reliable information was met in a way that only an organization of dedicated caregivers could respond — through relentless, compassionate delivery of uncompromised, high-quality care.

Through the course of the pandemic, NMHC not only provided the highest level of care for patients in our communities, but also continued to expand upon our commitment to improve access to care. From deepening relationships with FQHCs and community clinics, to improving telehealth collaborations and expanding transitional care programs, FY20 was a year of reinvigorated commitment to improving the health of our communities.

Northwestern Memorial Hospital (NMH) has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. Based on the most recently available information from the Illinois Department of Healthcare and Family Services, NMH is the sixth-largest provider of Medicaid services among acute-care hospitals in Illinois when measured by total Medicaid patient days as well as admissions. Additionally, NMH is the 3rd largest provider of charity care in both Cook County and Illinois (FY19). Several other NMHC hospitals are also the top Medicaid providers in their respective communities. NM Central DuPage Hospital (CDH) is the single-largest Medicaid provider in DuPage County; NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County. NM Lake Forest Hospital (LFH) continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals.

Driven by the continued participation of NMHC in Illinois' Medicaid program, the total cost of care provided under government-sponsored Medicaid and Medicare programs increased in FY20. In FY20, the unreimbursed cost of government sponsored indigent health care services for NMHC totaled approximately $866.7 million.

During FY20, Northwestern Memorial HealthCare contributed more than $1.16 billion in community benefits programs including charity care, other unreimbursed care, research, education, language assistance, and other community benefits.

Northwestern Memorial HealthCare

	FY18	FY19	FY20
Net Patient Revenue	$4,877,615,420	$5,665,736,442	$5,570,736,744
Amount of Charity Care (charges)	$ 321,715,102	$ 354,450,428	$ 411,965,498
Cost of Charity Care	$ 65,929,276	$ 68,334,946	$ 89,728,349

Note: numbers do not reflect the impact on acquisitions/affiliations for periods prior to the acquisition/affiliation.

Cadence Ambulatory Surgery Center d/b/a Northwestern Medicine Surgery Center (NMSC) offers the same financial assistance program as all NM hospitals. NM is the single largest provider of charity care in DuPage County and as mentioned above, NM CDH is the single-largest Medicaid provider in DuPage County.

From 2018 to 2020, more DuPage County residents enrolled in a public coverage program such as Medicaid or an Affordable Care Act health insurance marketplace plan leaving less DuPage County residents uninsured.

- Medicaid enrollment among DuPage County residents slightly increased from 2018 to 2020 – from 133,144 to 133,613 total enrollees (source: Illinois Dept. of HealthCare and Family Services).
- Similarly, enrollment among DuPage County residents in a health insurance plan via Illinois' Affordable Care Act health insurance marketplace (*GetCovered Illinois)* increased by 23%, from 24,571 enrollees in 2018 to 30,277 in 2020 (source: Illinois Dept. of HealthCare and Family Services).

Cadence Ambulatory Surgery Center, LLC d/b/a Northwestern Medicine Surgery Center

	FY18	FY19	FY20
Net Patient Revenue	$ 10,509,047	$ 10,363,806	$ 10,461,873
Amount of Charity Care (charges)	$ 504,152	$ 379,988	$ 475,655
Cost of Charity Care	$ 78,741	$ 53,797	$ 34,641