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

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

acilit	y/Project Identific	ation				
Facilit	y Name: NorthShore	<b>University Health</b>	System Sk	okie Hospital		
Street	Address: 9600 Gros	s Point Road		•		
City a	nd Zip Code: Skokie,	IL 60076				
Count	y: Cook County	Health Service	e Area: 7	Health Planni	ng Area:	A-08
Exact Street City a Name	cant(s) [Provide for Legal Name: NorthS Address: 1301 Cent nd Zip Code: Evanste of Registered Agent	hore University Heral Street on, Illinois 60201 : Kristen Murtos	ealthSyste			
	tered Agent Street A					
	tered Agent City and	·		60201		
	of Chief Executive C		Gallagher			
	Street Address: 1301					
	City and Zip Code: E		0201			
CEO	Telephone Number: (	847) 570-2000				
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0	•	-		te in which they are orga er each is a general or lir		
	ND DOCUMENTATI	CANCELLORD - TAY	The second secon	NUMERIC SEQUENTI	AL ORD	ER AFTER
		to receive ALL	correspoi	ndence or inquiries]		
	: Shivani Bautista					
	General Counsel					
	any Name: NorthSho					
Addre	ss: 1301 Central Stre	et, Evanston, Illin	ois 60201			
			Page 1	-		

Telephone Number: (847) 570-2000
E-mail Address: sbautista@northshore.org
Fax Number:

### Additional Contact [Person who is also authorized to discuss the Application]

Additional Contact [Ferson who is also authorized to discuss the Application]	
Name: Kara Friedman	
Title: Attorney	
Company Name: Polsinelli PC	
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606	
Telephone Number: (312) 873-3639	
E-mail Address: Kfriedman@polsinelli.com	
Fax Number:	

#### **Post Exemption Contact**

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

· ·	
Name: Shivani Bautista	
Title: General Counsel	
Company Name: NorthShore University H	lealthSystem
Address: 1301 Central Street, Evanston, I	llinois 60201
Telephone Number: (847) 570-2000	
E-mail Address: sbautista@northshore.org	9
Fax Number:	
Site Ownership	
Provide this information for each applic	
Exact Legal Name of Site Owner: NorthSh	
Address of Site Owner: 1301 Central Street Address or Legal Description of the	· · · · · · · · · · · · · · · · · · ·
of aumanahin are prepared for statement	
- · · · · ·	nts, tax assessor's documentation, deed, notarized to ownership, an option to lease, a letter of intent to
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APPEND DOCUMENTATION AS ATTAC THE LAST PAGE OF THE APPLICATION  Derating Identity/Licensee Provide this information for each applic Exact Legal Name: NorthShore University Address: 9600 Gross Point Road, Skokie,	to ownership, an option to lease, a letter of intent to check the company of the
statement of the corporation attesting to lease, or a lease.  APPEND DOCUMENTATION AS ATTACT THE LAST PAGE OF THE APPLICATION  Derating Identity/Licensee  Provide this information for each application Exact Legal Name: NorthShore University Address: 9600 Gross Point Road, Skokie,	to ownership, an option to lease, a letter of intent to  EHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER N FORM.  Cable facility and insert after this page.] HealthSystem IL 60076

o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which 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 % ownership.

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

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	Dago 2		

Other

Sole Proprietorship

**Limited Liability Company** 

#### **Organizational Relationships**

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

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

#### **Narrative Description**

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

NorthShore Skokie Hospital (the "Hospital"), located at 9600 Gross Point Road, Skokie, IL 60076, plans to discontinue its cardiac catheterization services. This plan is being undertaken in connection with the centralization of hospital-based cardiovascular services to its affiliated hospital, NorthShore Glenbrook Hospital and other ongoing program consolidation activities as part of its multi-campus hospital specialization plan. This consolidation will centralize specialized providers and include the purchase of state-of-the-art equipment in connection with the construction of a new interventional cardiology building addition at NorthShore Glenbrook Hospital. Following discontinuation of the cardiac catheterization program at NorthShore Skokie Hospital, the associated clinical space will be utilized for interventional radiology procedures.

#### **Project Status and Completion Schedules**

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

NorthShore Skokie Hospital has one open permit, project number: 20-008, which was approved on April 7,2020, and has an expected project completion date of December 15, 2023.

Anticipated exemption completion date (refer to Part 1130.570): Upon approval of this application which is anticipated around July 1, 2021.

State Agency Submittals [Section 1130.620(c)]
Are the following submittals up to date as applicable:
☐ Cancer Registry
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 being deemed
incomplete.

#### CERTIFICATION

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

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

This Application is filed on the behalf of NorthShore University HealthSystem Skokie Hospital.

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.

Seen T. O'Grady, COC

Gallagher, President & CEO

Notarization:

Subscribed and sworn to before me this 27th day of May, 2021

Signature of Notary

Seal

OFFICIAL SEAL BARBARA M HOLLAND NOTARY PUBLIC STATE MY COMMISS 9 04 23

\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me this 28th day of May, 2021

Signature of Notary OFFICIAL SEAL BARBARA M HOLLAND Seal

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 09/04/23

#### SECTION II. DISCONTINUATION

#### Type of Discontinuation

$\boxtimes$	Discontinuation of a single category of service				

#### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### **GENERAL INFORMATION REQUIREMENTS**

- 1. Identify the category of service and the number of beds, if any, that are to be discontinued.
- 2. Identify all of the other clinical services that are to be discontinued.
- 3. Provide the anticipated date of discontinuation for each identified service.
- 4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
- 5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

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#### **REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

#### **IMPACT ON ACCESS**

- 1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
- 2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS <u>ATTACHMENT 7</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

#### **BACKGROUND OF APPLICANT**

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
- 2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
- 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
- 4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

#### SECTION IV. SAFETY NET IMPACT STATEMENT

# SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

- 1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
- 2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
- 3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

- 1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
- 2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
- 3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

#### A table in the following format must be provided as part of Attachment 9.

Safety Net Information per PA 96-0031							
CHARITY CARE							
Charity (# of patients) Year Year Year							
Inpatient							
Outpatient	<del></del>	,					
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  $\underline{\text{ATTACHMENT 9}}$ , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### SECTION V. CHARITY CARE INFORMATION

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <a href="mailto:audited"><u>audited</u></a> 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.
- If the applicant is not an existing facility, it shall submit the facility's projected patient mix by
  payer source, anticipated charity care expense and projected ratio of charity care to net patient
  revenue by the end of its second year of operation.

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

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

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

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

# ATTACHMENT 1 Good Standing Certificate

Attached hereto as Attachment 1 is a Good Standing Certificate issued by the Illinois Secretary of State for NorthShore University HealthSystem. Note, NorthShore University HealthSystem Skokie Hospital is an operational division of NorthShore University HealthSystem and not a separate legal entity.

#### File Number

0567-540-5



### 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

NORTHSHORE UNIVERSITY HEALTHSYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 1891, 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 11TH day of DECEMBER A.D. 2020 .

Authentication #: 2034601544 verifiable until 12/11/2021 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

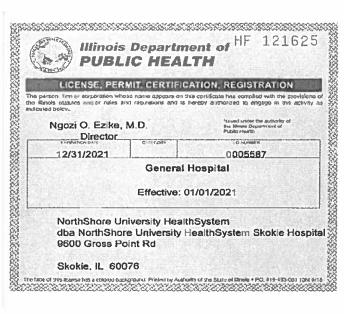
ATT/	ACHMENT	2
Site	Ownership	p

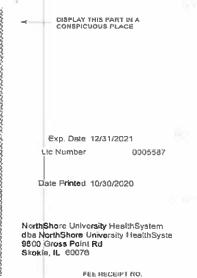
See attached.

By execution of the signature page to this Certificate of Exemption application, the authorized representative of NorthShore University HealthSystem Skokie Hospital attests that the real estate associated with NorthShore Skokie Hospital at 9600 Gross Point Road, Skokie, Illinois is owned by NorthShore University HealthSystem.

# ATTACHMENT 3 Operating Entity/Licensee

NorthShore University HealthSystem is the licensee and operator of NorthShore Skokie Hospital (the "Hospital"). Copies of the Hospital's general acute care hospital license and accreditation by the Joint Commission are at attached at Attachment 3.







February 26, 2018

Re: # 7343 CCN: #140010

Program: Hospital Accreditation Expiration Date: October 07, 2020

J.P. Gallagher COO NorthShore University HealthSystem 1301 Central Street, Suite 300 Evanston, Illinois 60201

Dear Mr. Gallagher:

This letter confirms that your October 02, 2017 - October 06, 2017 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on January 12, 2018, January 15, 2018 and February 15, 2018 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on November 16, 2017 and December 14, 2017, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of October 07, 2017. We congratulate you on your effective resolution of these deficiencies.

§482.23 Nursing Services §482.41 Physical Environment §482.42 Infection Control §482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective October 07, 2017. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Deerfield Medical Group Offices 49 South Waukegan Road, Deerfield, Deerfield, IL, 60015

Dermatology - Old Orchard 9933 Woods Drive, Skokie, IL, 60077

Des Plaines Internal Medicine

www.jointcommission.org

Hundquartera
One Renaissance Boulevard
Oalderock Terrace, H. 60181
638-793 State Voice



9301 Golf Road, Suite 302, Des Plaines, IL, 60016

Evanston Medical Office Building 1000 Central Street, Evanston, IL, 60201

Glenbrook Hospital Ambulatory Care Center 2180 Pfingsten Road, Glenview, IL, 60026

Glenbrook Medical East 1007 Church St., Suite 100, Evanston, 1L, 60201

Glenbrook Medical West 211 Waukegan Road Suite 200, Northfield, IL, 60093

Glenbrook Professional Building d/b/a NorthShore Medical Group 2050-2100 Pfingsten Rd., Glenview, IL, 60025

Gurnee Ambulatory Care Center 7900 Rollins Road, Gurace, IL, 60031

**Gumee Pediatries** 6475 Washington St. Suite 103, Gurnee, IL, 60031

Lincolnshire Ambulatory Care Center 920 North Milwaukee Ave. Lincolnshire, IL, Lincolnshire, IL, 60069

Medical Imaging 1182 Northbrook Court, Northbrook, 1L, 60062

Medical Offices Bannockburn 2151 Waukegan Road, Bannockburn, IL, 60015

Mount Prospect Primary Care 1329 Wolf Road, Mount Prospect, IL, 60056

Niles Ambulatory Care Center 6450 West Touhy Avenue, Niles, Niles, IL. 60714

North Shore Medical Group - Ravinia 1777 Green Bay Road, Suite 201, Highland Park, IL, 60035

North Suburban Medical Associates 101 Waukegan Road, Suite 1200, Lake Bluff, IL, 60044

NorthShore Medical Group - Family Practice

www.jointcommission.org

**Neadquarters**One Renassance Beulevard Oaldwook Terrace, H. 66181 630 792 5000 Stice



1162 Maple Ave. Mundelein, IL, 60060

NorthShore Orthopedies Institute 680 Lake Shore Drive, Chicago, IL, 60611

NorthShore University HealthSystem d/b/a Evanaton Hospital 2650 Ridge Avenue, Evanaton, IL, 60201

NorthShore University HealthSystem d/b/a Glenbrook Hospital 2100 Pfingsten Road, Glenview, IL, 60025

NorthShore University HealthSystem d/b/a Highland Park Hospital 777 Park Avenue West, Highland Park, IL, 60035

NorthShore University HealthSystem d/b/a Skokie Hospital 9600 Gross Point Road, Skokie, IL, 60076

NS - Lincolnwood Primary Care 6810 N. McCormick, Lincolnwood, IL, 60712

NS - Medical Group 767 Park Avenue West, Highland Park, IL, 60035

NS - Medical Group 9669 Kenton Avenue, Skokie, IL, 60076

NS - Vernon Hills 830 West End Court, Vernon Hills, IL, 60061

NS at Nordstrom 77 Old Orchard Shoppping Center, Skokie, IL, 60077

NS Dermatology 1160 Park Ave West, Highland Park, Highland Park, IL, 60035

NS Highland Park Specialty Care Center 757 Park Avenue West, Highland Park, 1L, 60035

NS Medical Group 650 Lake Cook Road, Buffalo Grove, 11, 60089

NS Medical Group - Deerpath Physician Group

www.jointcommission.org

Headquartera One Renaissance Boulevant Oakbrook Terrace, IL 601 81 630 792 5000 Voice



731 S. IL Route 21, Suite 130, Gurnee, IL, 60031

NS Medical Group - Glenview 1435 Waukegan Road, Glenview, IL, 60025

NS Medical Group Plastics/ENT 501 Skokie Blvd, Northbrook, IL, 60062

NS Northbrook Family Medicine 1885 Shermer Road, Northbrook, IL, 60062

NS Primary Care 15 Tower Court, Gurnee, IL, 60031

NS Rehabilitation Service 1000 Central Street, Evanston, IL, 60201

NS Rehabilitation Services, Evanston Athletic Club 1729 Benson Ave, Evanston, IL, 60201

NS Rehabilitation Services, Highland Park Hospital Fitness 1501 Busch Pkwy, Buffalo Grove, IL, 60089

NS Rehabilitation Services, Old Orchard 9977 Woods Drive, Skokie, IL, 60077

NS Rehabilitation Services, Park Center 2400 Chestnut, Glenview, IL, 60026

NS Rehabilitation Services, Pediatric Therapy Clinic 9977 Woods Drive, Skokie, IL, 60077

Park Center Specialty Suite 2400 Chestnut Ave Suite A, Glenview, IL, 60026

Professional Building d/b/a ENH Medical Group/Psychiatry 909 Davis Street, Evanston, IL, 60201

Professional Building 9977 Woods Dr., Skokie, IL, 60077

Psychiatry- Glenview 2300 Lehigh, Suite 215, Glenview, IL, 60025

Skokie Ambulatory Care Center

www.jeintcommission.org

Hondquarters
One Renzissance Boulevard
Oalsbesok Terrice, H. 60181
630-792-5000 Voice



9650 Gross Point Road, Skokic, IL, 60076

Therapeutic Day School 3633 West Lake Ave. Suite 200, Glenview, IL. 60025

Vernon Hills Specialty Care Center 225 N Milwaukee Ave, Vernon Hills, IL, 60061

Wilmette Primary Care 1515 Sheridan Road, Suite 31A, Wilmette, IL, 60091

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

Sincerely,

cc:

Mark G. Pelletier, RN, MS Chief Operating Officer

Mark Pelletes

Division of Accreditation and Certification Operations

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

www.jointcommission.org

Headquarters

One Renaissance Boulevard Oalsbrook Terrace, H. 601 RT 630 792 5000 Voice

Attachment 3



Joint Commission accredited organizations that have a full accreditation survey that has been postponed due to the COVID-19 pandemic will continue to be considered accredited beyond their current certificate expiration date.

The Joint Commission has resumed survey/review activity and as soon as The Joint Commission has determined it is safe to resume onsite survey activity in your county, scheduling of past due surveys will be prioritized.

Organizations that have an approaching accreditation due date that may be impacted as The Joint Commission begins to survey past due organizations will also continue to be considered accredited. Once the full survey has been conducted and a final accreditation decision of Accredited has been rendered, the accreditation will be renewed without any lapse in the existing accreditation.

www.jointcommittaton.org

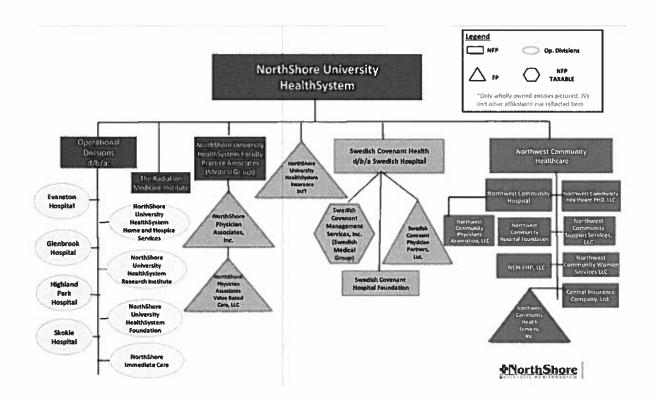
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One Rentinance Boolevard Ontbrook Terrace, IL 6015 1 600:792-5050 Vol. e

### **ATTACHMENT 4**

### **Organizational Relationships**

The current of	organizational	chart for North	nShore Univer	sity HealthSystem	is attached here	eto at Attachment
4.						



# ATTACHMENT 5 General Information and Requirements

1. Identify the category of service and the number of beds, if any, that are to be discontinued.

Upon approval of this Certificate of Exemption ("COE") application by the Illinois Health Facilities and Services Review Board (the "HFSRB") NorthShore Skokie Hospital will discontinue its two-room cardiac catheterization program.

2. Identify all of the other clinical services that are to be discontinued.

No other clinical services will be discontinued as part of this COE application.

3. Provide the anticipated date of discontinuation for each identified service.

The anticipated closing date of the cardiac catheterization plan is soon after the approval of the COE application by the HFSRB which is anticipated on or around July 1, 2021.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

The space will be used for interventional radiology services.

5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

See attached.

#### CERTIFICATE OF PUBLICATION

Case No. NORTHSHORE HOSPITAL

NORTHSHORE HOSPITAL

#### **LAW BULLETIN MEDIA**

does hereby certify that it is the publisher of

#### **CHICAGO DAILY LAW BULLETIN**

that said CHICAGO DAILY LAW BULLETIN is a secular newspaper that has been published DAILY in the city of Chicago, County of Cook, State of Illinois, continuously for more than one year prior to the first date of publication of the notice, appended, that it is of general circulation throughout said County and state, that it is a newspaper as defined in "An Act to revise the law in relation to notices," as amended, Illinois Compiled Statutes (715 ILCS 5/1 & 5/5), and that the notice appended was published in the said CHICAGO DAILY LAW BULLETIN on Jun 3, 2021. The notice was also placed on the statewide public notice website as required by 715 ILCS 5/2.1.

In witness thereof, the undersigned has caused this certificate to be signed and its corporate seal affixed at Chicago, Illinois.

June 3, 2021

**LAW BULLETIN MEDIA** 

Βv



Pending approval from the tilinois Health Facilities and Services Review Board, NorthShore Stoble Hospital located at 9600 Gross Point Road in Stokle, Illinois will discontinue its cardiac catheterization program. Going forward, patients requiring these services will be able to receive such services at other area NorthShore hospitals. ITS3170073
Jun 3, 2021

Case #: NORTHSHORE HOSPITAL Notice#: LTS3170073

# Chicago Tribune

Sold To: POLSINELLI PC - CU80045405 900 W 48th Pl. Ste 900 Kansas City,MO 64112

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Certificate of Publication:

State of Illinois - Cook

Chicago Tribune Media Group does hereby certify that it is the publisher of the Chicago Tribune. The Chicago Tribune is a secular newspaper, has been continuously published Daily for more than fifty (50) weeks prior to the first publication of the attached notice, is published in the City of Chicago, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 it. CS 5/5.

This is to certify that a notice, a true copy of which is attached, was published 1 time(s) in the Chicago Tribuno, namely one time per week or on 1 successive weeks. The first publication of the notice was made in the newspaper, dated and published on 5/31/2021, and the tast publication of the notice was made in the newspaper dated and published on 5/31/2021.

This notice was also placed on a statewide public notice website as required by 715 ILCS 5/2, 1

On the following days, to-wit: May 31, 2021.

Executed at Chicago, Illinois on this

3rd Day of June, 2021, by

Chicago Tribune Company

Jeremy Gates

Chicago Tribune - chicagotribune.com 160 N Stetson Avenue, Chicago, H. 60601 (312) 223-2222 - Fax: (312) 222-4014

#### **ATTACHMENT 6**

#### Reasons for Discontinuation

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

NorthShore University HealthSystem Skokie Hospital (the "Hospital"), located at 9600 Gross Point Road, Skokie, IL 60076, will discontinue its cardiac catheterization as part of its multi-campus hospital service line realignment plan. This consolidation will centralize specialized providers with the goal of accomplishing quality, efficiency and patient and physician satisfaction. It will include the purchase of state-of-the-art equipment in connection with the construction of the new cardiology program and building at NorthShore Glenbrook Hospital. NorthShore Glenbrook Hospital is located approximately eight miles from the Hospital. Until the new CVI building at NorthShore Glenbrook Hospital is constructed and opened, cardiac catheterization services will also continue in the program's other NorthShore hospital locations as currently operated.

In 2019, the Hospital performed 196 cardiac catheterization procedures. In an effort to elevate outcomes in high complexity, low volume cardiac procedures, NorthShore University HealthSystem began centralizing procedures. The necessity to centralize increased in response to the COVID-19 pandemic. Patients originating in the Hospital service area substantially decreased during the public health emergency associated with the COVID-19 pandemic. The Hospital's close affiliation with the other providers in the NorthShore health system results in emerging opportunities to eliminate redundancies in certain of NorthShore's service lines and, in particular, allows for the reallocation of those services to permit its hospitals to maximize resources, specialty providers and equipment and provide the highest level of both acute care and post-acute care services. Closure of the Hospital's cardiac catheterization program will allow the Hospital to continue to focus on other key service lines such as on musculoskeletal care and will further enable the NorthShore health system to provide high quality cardiac care as part of its multi-campus hospital specialization strategy.

## ATTACHMENT 7 Impact on Access

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

Access to care will not be affected. Most NorthShore Medical Group cardiologists who have historically performed cardiac catheterization at NorthShore Skokie Hospital regularly attend to patients at the NorthShore Skokie Hospital campus and the nearby NorthShore Evanston Hospital which is just over three miles from NorthShore Skokie Hospital. For continuity of care purposes, patients who have previously received care at the NorthShore Skokie Hospital catheterization lab will continue to be able to see their physicians at the NorthShore Skokie Hospital campus. NorthShore, as a system, has a robust transportation program for intra-system transfers of sick patients. For example, even before COVID, all brain bleed patients were transferred to NorthShore Evanston from all of its hospitals. Transfers of very sick COVID patients to the NorthShore Glenbrook Hospital ICU from the other three hospitals further expanded that capability. In this regard, Superior Air-Ground Ambulance Service has been an excellent partner in ensuring safe transport and has many important protocols in place to ensure safe transport. Once the NorthShore Glenbrook Cardiovascular Institute ("CVI") building is opened, system transports for cardiology interventions will be managed at the CVI on a system-wide basis.

Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

Please find attached copies of NorthShore Skokie Hospital's notice letters at Attachment 7.



Jesse Peterson Hall, FACHE President

2100 Pfingsten Road Glenview, IL 60026 www.northshore.org

(847) 657-5600 (847) 657-5990 Fax

jhall@northshore.org

#### **Glenbrook Hospital**

May 26, 2021

**VIA FEDERAL EXPRESS** 

Ms. Terika Richardson President Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068

Re: Notice of Planned CON/COE Applications for Relocation of Open Heart Surgery Program and Closure of Cardiac Catheterization Program

Dear Ms. Richardson,

NorthShore University HealthSystem is in the process of preparing a certificate of need application for submission to the illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Evanston Hospital open heart surgery category of service to NorthShore Glenbrook Hospital. In connection with this plan, the NorthShore Evanston Hospital open heart surgery category of service will be closed and a related application will be filed. Relatedly, NorthShore Skokle Hospital will close its cardiac catheterization program and will file a Certificate of Exemption application with the HFSRB, in accordance with application HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans so each provider may assess whether it believes these plans will impact its program. As these plans are internal re-organizations of NorthShore's service lines, we do not believe they will impact your program, however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of NorthShore Glenbrook Hospital and NorthShore Skokle Hospital.

The approximate date when we expect the new program at NorthShore Glenbrook Hospital to open is the 1<sup>st</sup> quarter of 2024. The cardiac catheterization services at NorthShore Skokie Hospital will be formally moved to NorthShore Evanston Hospital in the interim on or around July 1<sup>st</sup> or as soon thereafter as the HFSRB approves the application. For your information, the NorthShore hospitals are annualizing to perform 585 cardiovascular procedures during the current fiscal year. The cardiac catheterization procedure numbers originating from the NorthShore Skokie Hospital geographic service area have historically been annualizing around 895 procedures. All of these cases are expected to be accommodated at other NorthShore hospitals going forward. Please send your response to me at <a href="mail@northshore.org">historically been annualizing around 895</a> procedures. All of these cases are expected to be accommodated at other NorthShore hospitals going forward. Please send your response to me at <a href="mail@northshore.org">historically been annualizing around 895</a> procedures at the send your response to me at <a href="mail@northshore.org">historically been annualizing around 895</a> procedures. All of these cases are expected to be accommodated at other NorthShore hospitals going forward. Please send your response to me at <a href="mail@northshore.org">historically been annualizing to define the plant and t

If you have any questions about NorthShore's plans, please feel free to contact me.

Sincerely,

Jesse Peterson Hall, FACHE

President

Glenbrook Hospital

A Teaching Affiliate of the University of Chicago Pritzker School of Medicine

Hospitals . Medical Group . Research Institute . Foundation



Jesse Peterson Hall, FACHE

#### **Glenbrook Hospital**

2100 Pfingsten Road Glenview, IL 60026 www.northshore.org

May 26, 2021

(847) 657-5600 (847) 657-5990 Fax

VIA FEDERAL EXPRESS

jhall@northshore.org

Mr. Douglas Silverstein President NorthShore University HealthSystem Evanston Hospital 2650 Ridge Avenue Evanston, Il. 60201

Re: Notice of Planned CON/COE Applications for Relocation of Open Heart Surgery Program and Closure of Cardiac Catheterization Program

Dear Mr. Silverstein

NorthShore University HealthSystem is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Evanston Hospital open heart surgery category of service to NorthShore Glenbrook Hospital. In connection with this plan, the NorthShore Evanston Hospital open heart surgery category of service will be closed and a related application will be filled. Relatedly, NorthShore Skokle Hospital will close its cardiac catheterization program and will file a Certificate of Exemption application with the HFSRB. In accordance with application HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans so each provider may assets whether it believes these plans will impact its program. As these plans are internal re-organizations of NorthShore's service lines, we do not believe they will impact your program, however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of NorthShore Glenbrook Hospital and NorthShore Skokle Hospital.

The approximate date when we expect the new program at NorthShore Glenbrook Hospital to open is the 1st quarter of 2024. The cardiac catheterization services at NorthShore Skokle Hospital will be formally moved to NorthShore Evanston Hospital in the interim on or around July 1st or as soon thereafter as the HFSRB approves the application. For your information, the NorthShore hospitals are annualizing to perform 585 cardiovascular procedures during the current fiscal year. The cardiac catheterization procedure numbers originating from the NorthShore Skokle Hospital geographic service area have historically been annualizing around 895 procedures. All of these cases are expected to be accommodated at other NorthShore hospitals going forward. Please send your response to me at <a href="https://doi.org/10.1007/j.nc/in/10.10

If you have any questions about NorthShore's plans, please feel free to contact me.

Sincerely

Jesse Peterson Hall, FACHE

President

Glenbrook Hospital

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Hospitals + Medical Group + Research Institute + Foundation



Jesse Peterson Hall, PACHE President

Glenbrook Hospital

May 26, 2021

VIA FEDERAL EXPRESS

2100 Pfingsten Road Glenview, IL 60026 www.northshore.org

(847) 657-5600 (847) 657-5990 Fax

jhall@northshore.org

Mr. Kenneth Preston Jones President and Chief Executive Officer Amita St. Francis Hospital 355 Ridge Avenue Evanston, IL 60202

Re: Notice of Planned CON/COE Applications for Relocation of Open Heart Surgery Program and Closure of Cardiac Catheterization Program

Dear Mr. Jones,

NorthShore University HealthSystem is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HESRB") for the relocation of its Evanston Hospital open heart surgery category of service to NorthShore Glenbrook Hospital. In connection with this plan, the NorthShore Evanston Hospital open heart surgery category of service will be closed and a related application will be filed. Relatedly, NorthShore Skokie Hospital will close its cardiac catheterization program and will file a Certificate of Exemption application with the HFSRB. In accordance with application HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans so each provider may assess whether it believes these plans will impact its program. As these plans are internal re-organizations of NorthShore's service lines, we do not believe they will impact your program, however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of NorthShore Glenbrook Hospital and NorthShore Skokie Hospital.

The approximate date when we expect the new program at NorthShore Glenbrook Hospital to open is the 1<sup>st</sup> quarter of 2024. The cardiac catheterization services at NorthShore Skokke Hospital will be formally moved to NorthShore Evanston Hospital in the interim on or around July 1<sup>st</sup> or as soon thereafter as the HFSRB approves the application. For your information, the NorthShore hospitals are annualizing to perform 585 cardiovascular procedures during the current fiscal year. The cardiac catheterization procedure numbers originating from the NorthShore Skokke Hospital geographic service area have historically been annualizing around 895 procedures. All of these cases are expected to be accommodated at other NorthShore hospitals going forward. Please send your response to me at <a href="https://linkshore.org">https://linkshore.org</a> within 15 days of receipt of this letter. If we do not receive a response from you during that time, it will be assumed that you agree that these plans will not have an adverse impact on your program.

If you have any questions about NorthShore's plans, please feel free to contact me.

Sincerely

Jesse Peterson Hall, FACHE

President

Glenbrook Hospital

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2100 Pfingsten Road Glenview, IL 60026 www.northshore.org

(847) 657-5600 (847) 657-5990 Fax

jhall@northshore.org

### **Glenbrook Hospital**

May 26, 2021

VIA FEDERAL EXPRESS

Mr. Jesse Peterson Hall President NorthShore University HealthSystem Glenbrook Hospital 2100 Pfingsten Road Glenview , IL 60026

Re: Notice of Planned CON/COE Applications for Relocation of Open Heart Surgery Program and Closure of Cardiac Catheterization Program

Dear Mr. Peterson Hall,

NorthShore University HealthSystem is in the process of preparing a certificate of need application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the relocation of its Evanston Hospital open heart surgery category of service to NorthShore Glenbrook Hospital. In connection with this plan, the NorthShore Evanston Hospital open heart surgery category of service will be closed and a related application will be filed. Relatedly, NorthShore Skokle Hospital will close its cardiac catheterization program and will file a Certificate of Exemption application with the HFSRB. In accordance with application HFSRB rules, we are notifying hospitals with similar programs in the area to advise each program of these plans so each provider may assess whether it believes these plans will impact its program. As these plans are internal re-organizations of NorthShore's service lines, we do not believe they will impact your program, however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of NorthShore Glenbrook Hospital and NorthShore Skokle Hospital.

The approximate date when we expect the new program at NorthShore Glenbrook Hospital to open is the 1<sup>st</sup> quarter of 2024. The cardiac catheterization services at NorthShore Skokle Hospital will be formally moved to NorthShore Evanston Hospital in the interim on or around July 1<sup>st</sup> or as soon thereafter as the HFSRB approves the application. For your information, the NorthShore hospitals are annualizing to perform 585 cardiovascular procedures during the current fiscal year. The cardiac catheterization procedure numbers originating from the NorthShore Skokle Hospital geographic service area have historically been annualizing around 895 procedures. All of these cases are expected to be accommodated at other NorthShore hospitals going forward. Please send your response to me at <a href="https://doi.org/10.1006/j.com/northshore.org">https://doi.org/10.1006/j.com/northshore.org</a> within 15 days of receipt of this letter. If we do not receive a response from you during that time, it will be assumed that you agree that these plans will not have an adverse impact on your program.

If you have any questions about NorthShore's plans, please feel free to contact me.

Sincerely,

Jesse Peterson Hall, FACHE

President

Glenbrook Hospital

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Hospitals . Medical Group . Research Institute . Foundation

### **ATTACHMENT 8**

### **Background of Applicant**

NorthShore Skokie Hospital (the "Hospital") is an operational division of NorthShore University HealthSystem ("NorthShore"), a not-for-profit organization principally operating to provide quality healthcare services for the communities it serves. The delivery of healthcare services is provided in a wide range of inpatient and ambulatory healthcare settings, communitywide, employing modern technology and expertise. Support for qualified patients who may not be able to pay the entire cost of their care is a part of the organization's commitment to the communities it serves. In support of its primary mission of patient care, the organization engages in a wide range of academic activities in medical education and research.

The organization is committed to maintaining its viability to meet its long-term commitment to the communities it serves. It further recognizes the responsibility to maintain technologically current assets for this purpose. This includes the cultivation and development of its physicians, graduate medical students, employees, physical plant, equipment and other resources to assure continued availability of its services.

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

The following is a list of all Illinois hospitals owned by NorthShore:

- Evanston Hospital, located at 2650 Ridge Avenue, Evanston, IL 60201;
- Highland Park Hospital, located at 777 Park Avenue West, Highland Park, IL 60035;
- Glenbrook Hospital, located at 2100 Pfingsten Road, Glenview, IL 60025;
- Skokie Hospital, located at 9600 Gross Point Road, Skokie, IL 60076;
- Swedish Hospital, located at 5145 N. California Avenue in Chicago, IL; and
- Northwest Community Hospital, located at 800 W Central Rd, Arlington Heights, IL 60005.

Copies of the Hospital's license and NorthShore's accreditation are attached at Attachment 3. All other NorthShore hospital licenses are attached hereto at Attachment 8.

NorthShore also has a five percent (5%) or greater indirect, partial ownership interest in the following Illinois health care facilities:

- North Shore Surgical Center, located at 3725 West Touhy Avenue, Lincolnwood, IL 60712;
- Ravine Way Surgery Center, located at 2350 Ravine Way, #500, Glenview, IL 60025;
- River North Same Day Surgery Center, located at 1 East Street, #300, Chicago, IL 60611;
- Northwest Endo Center LLC, located at 1415 South Arlington Heights Road, Arlington Heights, IL 60005;
- Northwest Community Foot and Ankle Center LLC, located at 1455 East Golf Road, Des Plaines, IL 60016; and
- Northwest Community Day Surgery Center II LLC, located at 675 W. Kirchoff Road, Arlington Heights, IL 60005.

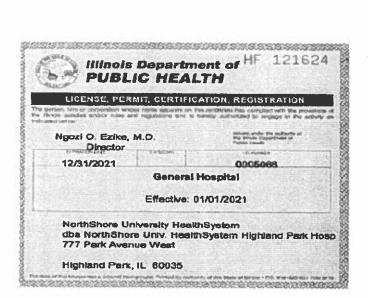
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

In having its authorized representative sign this Certificate of Exemption ("COE") application, NorthShore attests that, in the last three years prior to filing of this COE application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois facility owned and/or operated by NorthShore.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

The Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") are hereby authorized by NorthShore to access any documents necessary to verify the information submitted with this application pertaining to NorthShore or the Hospital, as applicable, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.



DISPLAY THE PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021

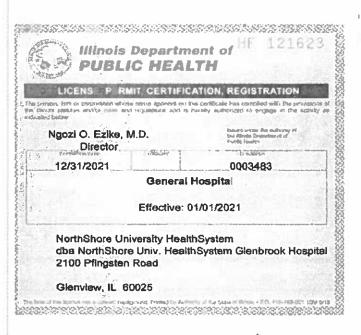
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Date Printed 10/30/2020

NorthShore University HealthSystem dba NorthShore Univ. HealthSystem Hi 777 Park Avenue West Hightand Park, IL. 60035

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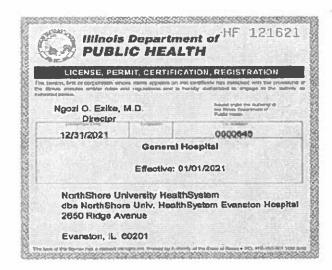
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NorthShore University HealthSystem dba NorthShore Univ. HealthSystem G 2100 Plingsten Road Glenview, IL. 50025

PER WECEIPY NO.



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Date Printed 10/30/2020

NorthShore University HealthSystem dbs NorthShore Univ. HealthSystem © 2650 Ridge Avenus Evenston, IL 60201

FEE RECFET NO

## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION 09/2018 Edition



January 3, 2018

Stephen Scogna Chief Executive Officer

Newfawest Contributly Hospital 200 West Control Road Arlington Heights, IL, 10005 Joint Correlation ID 8: 4656
Program: Hospital Accreditation
Accorditation Activity: 60-day Evidence of
Standards Correptionso
Accorditation Activity Completest: 01:03:2018

Dear Mr. Scogge

The Joint Certification is pleased to print your organization an activalization decision of Accrefited for all services surveyed under the applicable manual(s) noted below:

. Comprehensive Accreditation Manual for Hospitals

This necessistation cycle is effective beginning Ostober 21, 2017 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the dention of the cycle.

Should you with to present your accreditation decision, pleme view the information listed under the Publicity Kir link located on your secure extranet site. The Joint Commission Connect

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

Congrutulations on your achievement.

Sincerely,

Mark Cl.Pelletier, RN, MS

Chief Operating Officer

Division of Actreditation and Certification Operations



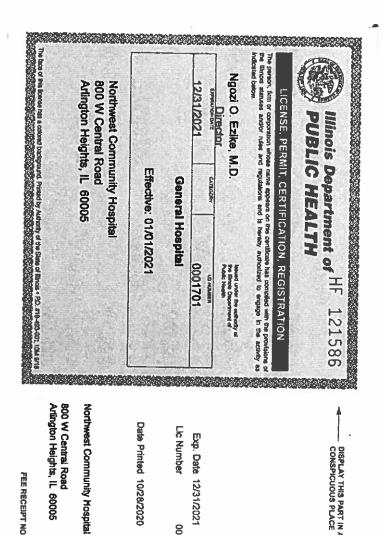
Joint Commission accredited organizations that have a full accreditation survey that has been postponed due to the COVID-19 pandemic will continue to be considered accredited beyond their current certificate expiration date.

The Joint Commission has resumed survey/review activity and as soon as The Joint Commission has determined it is safe to resume onsite survey activity in your county, scheduling of past due surveys will be prioritized.

Organizations that have an approaching accreditation due date that may be impacted as The Joint Commission begins to survey past due organizations will also continue to be considered accredited. Once the full survey has been conducted and a final accreditation decision of Accredited has been rendered, the accreditation will be renewed without any lapse in the existing accreditation.

www.jointcommission.org

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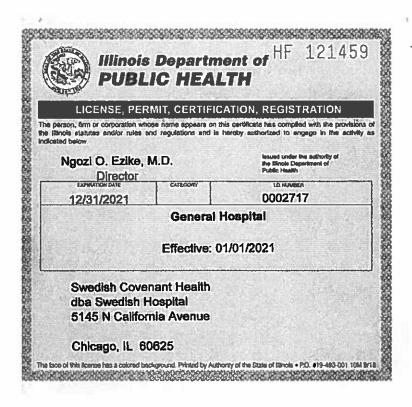
Exp. Date 12/31/2021

Lic Number

Date Printed 10/28/2020

DISPLAY THIS PART IN A CONSPICUOUS PLACE

FEE RECEIPT NO.



DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021

Llc Number

0002717

Date Printed 10/08/2020

Swedish Covenant Health dba Swedish Hospital 5145 N California Avenue Chicago, IL 60625

FEE RECEIPT NO.

## ATTACHMENT 9 Safety Net Impact Statement

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.

As NorthShore University HealthSystem will continue to offer cardiac catheterization at all three of its other nearby hospitals and is working on further developing its cardiovascular service lines including adding specialist physicians, it believes the planned closure will enhance the NorthShore system's role in the safety net, not negatively affect it, and better address the health care needs of the communities it serves.

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.

The closure of the cardiac catheterization program at NorthShore Skokie Hospital will result in a shift of patient volumes from one NorthShore hospital to other NorthShore hospitals and will not affect other area providers in any way including their ability to cross-subsidize safety net services.

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

As just noted, the closure of the cardiac catheterization program at NorthShore Skokie Hospital will result in a shift of patient volumes from one NorthShore hospital to other NorthShore hospitals and will not affect other area safety net providers in any way.

Safety N	let Information	per PA 96-0031	
CHARITY CA	ARE - NorthSh	ore Skokie Hos	pital
Charity (# of patients)	2018	2019	2020
Inpatient	332	336	339
Outpatient	3,030	2,876	2,720
Total	3,362	3,212	3,059
Charity (cost In dollars)			
Inpatient	\$897,053	\$819,624	\$1,750,767
Outpatient	\$2,390,923	\$2,600,840	\$2,615,926
Total	\$3,287,976	\$3,420,464	\$4,366,693
	MEDICAI	D	
Medicaid (# of patients)	2018	2019	2020

Safety Net Information per PA 96-0031					
Inpatient	670	470	177		
Outpatient	17,902	17,787	14,683		
Total	18,572	18,257	14,860		
Medicaid (revenue)					
Inpatient	\$6,865,270	\$5,612,905	\$1,714,679		
Outpatient	\$5,547,674	\$6,527,982	\$5,851,146		
Total	\$12,412,944	\$12,140,887	\$7,565,825		

# ATTACHMENT 10 Charity Care

Charity Care Information - NorthShore University HealthSystem

	2018	2019	2020
Net Patient Revenue	\$1,295,160,316	\$1,407,899,750	\$1,513,478,270
Amount of Charity Care	V 1/200,100,000	<b>4</b> 1, 100 , 100 , 100	<del> </del>
(charges)	\$70,231,298	\$73,166,468	\$107,018,415
Cost of Charity Care	\$17,190,094	\$18,270,106	\$29,585,883

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

INDEX OF ATTACHMENTS		
ATTACHMEN NO.	т	PAGES
1	Applicant Identification including Certificate of Good Standing	14-15
2	Site Ownership	16-17
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	18-25
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26-27
5	Discontinuation General Information Requirements	28-30
6	Reasons for Discontinuation	31
7	Impact on Access	32-36
8	Background of the Applicant	37-45
9	Safety Net Impact Statement	46-47
10	Charity Care Information	48