ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital
Street Address:	4201 Medical Center Drive
City and Zip Code:	McHenry, IL 60050
County: McHenry	Health Service Area: 8 Health Planning Area: A-10

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

Exact Legal Name:	Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital
Street Address:	4201 Medical Center Drive
City and Zip Code:	McHenry, IL 60050
Name of Registered Agent:	Danae Prousis
Registered Agent Street Address:	211 East Ontario Street Suite 1800
Registered Agent City and Zip Code:	Chicago, IL 60611
Name of Chief Executive Officer:	Dean M. Harrison
CEO Street Address:	251 East Huron Street
CEO City and Zip Code:	Chicago, IL 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, IL 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

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Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750, Chicago, IL 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 exemption]

Name:	Ann Hall
Title:	Vice President, Administration
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street, Chicago, IL 60611
Telephone Number:	312-926-6668
E-mail Address:	ann.hall@nm.org
Fax Number:	312-926-0373

Post Exemption Contact

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

Name:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	251 East Ontario Street Suite 1750, Chicago, IL 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: Northern Illinois Medical Center

Address of Site Owner: 4201 Medical Center Drive, McHenry, IL 60050

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: Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital

Address: 4201 Medical Center Drive, McHenry, IL 60050

- ☒ 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 organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

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

Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital seeks to discontinue its 23-bed obstetric care category of service. The applicants are Northwestern Memorial HealthCare and Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital.

NM McHenry Hospital is located at 4201 Medical Center Drive in McHenry, Illinois.

The project is classified as substantive because it proposes the discontinuation of a category of service.

There is no project cost.

Project Status and Completion Schedules

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

McHenry Hospital does not have any outstanding permits; however, Northwestern Memorial HealthCare has the following outstanding permits (none of which have any impact on the proposed exemption project):

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

Anticipated exemption completion date (refer to Part 1130.570): December 31, 2021

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 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 Northern Illinois Medical Center (McHenry 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.

Nick J. Rave
SIGNATURE

Nick Rave
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of September 2021

Signature of Notary

Seal

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

Catie L Schmit
SIGNATURE

Catie L. Schmit
PRINTED NAME

VP and Chief Nurse Executive
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of September 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

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 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 1st day of September 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 1st day of September 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 II. DISCONTINUATION

Type of Discontinuation

☒	Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

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

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

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

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

SECTION IV. SAFETY NET IMPACT STATEMENT

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

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

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

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

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**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 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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	16-17
2	Site Ownership	18-22
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.	23
5	Discontinuation General Information Requirements	24-25
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9	Safety Net Impact Statement	33-36
10	Charity Care Information	37

File Number 3594-752-3

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

NORTHERN ILLINOIS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 1956, 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 #: 2123502494 verifiable until 08/23/2022
Authenticate at: http://www.ilsos.gov

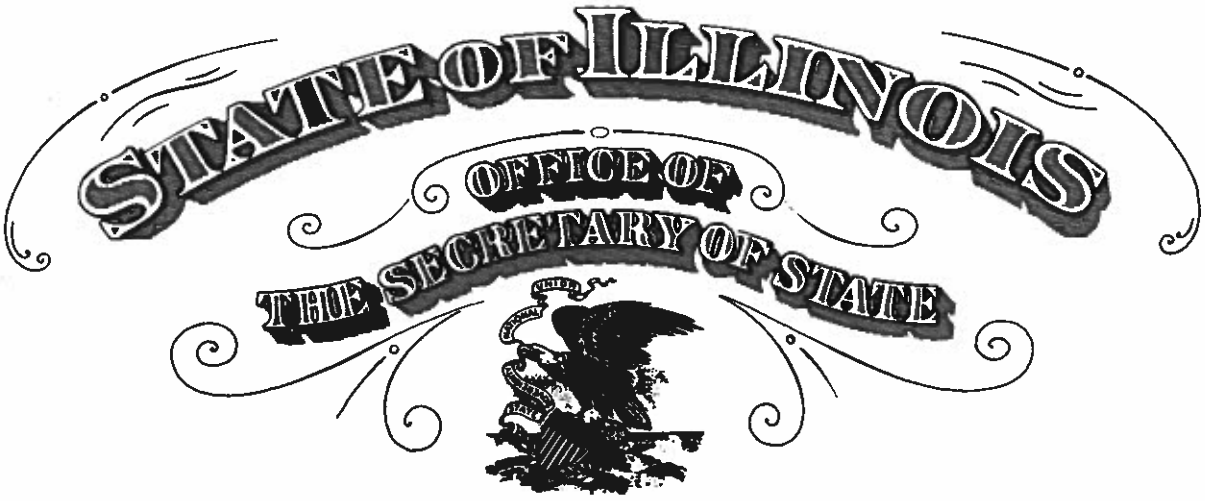
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23RD *day of* AUGUST *A.D.* 2021 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

File Number 5257-740-3



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.

Authentication #: 2123502510 verifiable until 08/23/2022
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23RD *day of* AUGUST *A.D.* 2021 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

ALTA COMMITMENT FOR TITLE INSURANCE

Issued By:

CHICAGO TITLE INSURANCE COMPANY

Commitment Number:

CCHI2103809LD

NOTICE

IMPORTANT - READ CAREFULLY: THIS COMMITMENT IS AN OFFER TO ISSUE ONE OR MORE TITLE INSURANCE POLICIES. ALL CLAIMS OR REMEDIES SOUGHT AGAINST THE COMPANY INVOLVING THE CONTENT OF THIS COMMITMENT OR THE POLICY MUST BE BASED SOLELY IN CONTRACT.

THIS COMMITMENT IS NOT AN ABSTRACT OF TITLE, REPORT OF THE CONDITION OF TITLE, LEGAL OPINION, OPINION OF TITLE, OR OTHER REPRESENTATION OF THE STATUS OF TITLE. THE PROCEDURES USED BY THE COMPANY TO DETERMINE INSURABILITY OF THE TITLE, INCLUDING ANY SEARCH AND EXAMINATION, ARE PROPRIETARY TO THE COMPANY, WERE PERFORMED SOLELY FOR THE BENEFIT OF THE COMPANY, AND CREATE NO EXTRACONTRACTUAL LIABILITY TO ANY PERSON, INCLUDING A PROPOSED INSURED.

THE COMPANY'S OBLIGATION UNDER THIS COMMITMENT IS TO ISSUE A POLICY TO A PROPOSED INSURED IDENTIFIED IN SCHEDULE A IN ACCORDANCE WITH THE TERMS AND PROVISIONS OF THIS COMMITMENT. THE COMPANY HAS NO LIABILITY OR OBLIGATION INVOLVING THE CONTENT OF THIS COMMITMENT TO ANY OTHER PERSON.

COMMITMENT TO ISSUE POLICY

Subject to the Notice; Schedule B, Part I-Requirements; Schedule B, Part II-Exceptions; and the Commitment Conditions, Chicago Title Insurance Company, a Florida corporation (the "Company"), commits to issue the Policy according to the terms and provisions of this Commitment. This Commitment is effective as of the Commitment Date shown in Schedule A for each Policy described in Schedule A, only when the Company has entered in Schedule A both the specified dollar amount as the Proposed Policy Amount and the name of the Proposed Insured.

If all of the Schedule B, Part I-Requirements have not been met within one hundred eighty (180) days after the Commitment Date, this Commitment terminates and the Company's liability and obligation end.

Chicago Title Insurance Company

By:

Randy Quirk, President

Countersigned By:

Michael J. Nolan
Authorized Officer or Agent

Attest:

Marjorie Nemzura, Secretary

This page is only a part of a 2016 ALTA® Commitment for Title Insurance issued by Chicago Title Insurance Company. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form.

Transaction Identification Data for reference only:

ORIGINATING OFFICE:	FOR SETTLEMENT INQUIRIES, CONTACT:
Chicago Title Insurance Company 10 South LaSalle Street, Suite 3100 Chicago, IL 60603 Main Phone: (312)223-4627 Email: chicagocommercial@ctt.com	Chicago Title and Trust Company 10 South LaSalle Street, Suite 3100 Chicago, IL 60603 Main Phone: (312)223-4627 Main Fax: (312)223-3018

Order Number: CCHI2103809LD

Property Ref.: Northwestern Medicine McHenry Hospital

SCHEDULE A

1. Commitment Date: May 28, 2021
2. Policy to be issued:

   (a) ALTA Loan Policy 2006
   Proposed Insured: Lender with a contractual obligation under a loan agreement with the Proposed Insured for an Owner's Policy, its successors and/or assigns as their respective interests may appear.
   Proposed Policy Amount: $10,000.00

3. The estate or interest in the Land described or referred to in this Commitment is:

   Fee Simple

4. The Title is, at the Commitment Date, vested in:

   Northern Illinois Medical Center, an Illinois not-for-profit corporation, formerly known as NIMED Corp., an Illinois not-for-profit corporation as to parcels 1 and 2

5. The Land is described as follows:

   SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

END OF SCHEDULE A

EXHIBIT "A"
Legal Description

PARCEL 1:

THAT PART OF THE SOUTHEAST QUARTER OF SECTION 3, TOWNSHIP 44 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT A POINT 739.30 FEET WEST AND 833.84 FEET SOUTH OF THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SAID SECTION 3, AS MEASURED ALONG THE NORTH LINE OF SAID SOUTHEAST QUARTER AND ALONG A LINE AT RIGHT ANGLES THERETO THE NORTH LINE OF SAID SOUTHEAST QUARTER HAVING AN ASSUMED BEARING OF SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, 297.00 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS EAST, 25.00 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, 205.00 FEET; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, 54.38 FEET TO A POINT OF BEGINNING; THENCE CONTINUING SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, 5.62 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, 46.00 FEET; THENCE SOUTH 40 DEGREES 25 MINUTES 32 SECONDS WEST, 36.95 FEET; THENCE NORTH 89 DEGREES 59 MINUTES 32 SECONDS WEST, 88.00 FEET; THENCE WESTERLY ALONG A CURVED LINE CONVEX NORTHERLY AND HAVING A RADIUS OF 37.00 FEET, AN ARC DISTANCE OF 21.87 FEET TO A POINT OF TANGENCY (THE CHORD OF SAID ARC BEARS NORTH 73 DEGREES 03 MINUTES 24 SECONDS WEST, 21.56 FEET); THENCE NORTH 89 DEGREES 59 MINUTES 32 SECONDS WEST, 23.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 28 SECONDS EAST, 98.11 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 05 SECONDS EAST, 14.93 FEET; THENCE NORTH 00 DEGREES 11 MINUTES 12 SECONDS EAST, 14.73 FEET; THENCE NORTH 89 DEGREES 55 MINUTES 48 SECONDS EAST, 97.00 FEET; THENCE NORTH 00 DEGREES 04 MINUTES 12 SECONDS WEST, 17.00 FEET; THENCE NORTH 89 DEGREES 55 MINUTES 48 SECONDS EAST, 39.47 FEET; THENCE NORTH 00 DEGREES 04 MINUTES 12 SECONDS WEST, 20.92 FEET; THENCE SOUTH 89 DEGREES 59 MINUTES 32 SECONDS EAST, 9.79 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 28 SECONDS WEST, 83.10 FEET TO THE POINT OF BEGINNING, IN MCHENRY COUNTY, ILLINOIS.

PARCEL 2:

THAT PART OF THE SOUTHEAST QUARTER OF SECTION 3 AND THE SOUTHWEST QUARTER OF SECTION 2, ALL IN TOWNSHIP 44 NORTH RANGE 8, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SAID SECTION 3 (THE NORTH LINE OF THE SOUTHEAST QUARTER OF SECTION 3 HAVING AN ASSUMED BEARING OF SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST FOR THIS LEGAL DESCRIPTION); THENCE SOUTH 00 DEGREES 44 MINUTES 48 SECONDS WEST ALONG THE EAST LINE OF THE SOUTHEAST QUARTER OF SAID SECTINO 3, 937.11 FEET TO A POINT OF BEGINNING; THENCE SOUTH 70 DEGREES 48 MINUTES 48 SECONDS EAST, 60.09 FEET TO A POINT OF CURVATURE; THENCE SOUTHERLY ALONG A CURVED LINE CONVEX

EXHIBIT "A"
Legal Description

EASTERLY, HAVING A RADIUS OF 25.00 FEET AND BEING TANGENT TO SAID LAST DESCRIBED LINE AT SAID LAST DESCRIBED POINT, AN ARC DISTANCE OF 39.27 FEET TO A POINT OF TANGENCY WITH A LINE 451.00 FEET, AS MEASURED AT RIGHT ANGLES, NORTHWESTERLY OF AND PARALLEL WITH THE CENTER LINE OF STATE ROUTE 31 PER INSTRUMENT RECORDED OCTOBER 7, 1927, IN BOOK 11 OF MISCELLANEOUS RECORDS, PAGE 167 (THE CHORD OF SAID LAST DESCRIBED ARC BEARS SOUTH 25 DEGREES 48 MINUTES 48 SECONDS EAST, 35.36 FEET); THENCE SOUTH 19 DEGREES 11 MINUTES 12 SECONDS WEST ALONG SAID LAST DESCRIBED PARALLEL TO A LINE, 455.19 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, 24.35 FEET TO A LINE 443.00 FEET, AS MEASURED AT RIGHT ANGLES, NORTHWESTERLY OF AND PARALLEL WITH SAID CENTER LINE OF STATE ROUTE 31; THENCE SOUTH 19 DEGREES 11 MINUTES 12 SECONDS WEST ALONG SAID LAST DESCRIBED PARALLEL LINE, 71.95 FEET TO A POINT OF CURVATURE; THENCE SOUTHWESTERLY ALONG A CURVED LINE CONVEX SOUTHEASTERLY, HAVING A RADIUS OF 120.00 FEET AND BEING TANGENT TO SAID LAST DESCRIBED LINE AT SAID LAST DESCRIBED POINT, AN ARC DISTANCE OF 104.24 FEET TO A LINE 1583.37 FEET, AS MEASURED AT RIGHT ANGLES, SOUTH OF AND PARALLEL WITH THE NORTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 3 (THE CHORD OF SAID LAST DESCRIBED ARC BEARS SOUTH 44 DEGREES 04 MINUTES 26 SECONDS WEST, 100.99 FEET); THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST ALONG SAID LAST DESCRIBED PARALLEL LINE, 590.74 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, 247.53 FEET TO AN INTERSECTION WITH A LINE 1335.84 FEET, AS MEASURED AT RIGHT ANGLES, SOUTH OF AND PARALLEL WITH THE NORTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 3; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS EAST ALONG SAID LAST DESCRIBED PARALLEL LINE, 60.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, 205.00 FEET; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, 25.00 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, 297.00 FEET TO A POINT 739.30 FEET WEST AND 833.84 FEET SOUTH OF THE NORTHEAST CORNER OF THE THE SOUTHEAST QUARTER OF SAID SECTION 3, AS MEASURED ALONG THE NORTH LINE OF SAID SOUTHEAST QAURTER AND ALONG A LINE AT RIGHT ANGLES THERETO; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS EAST PARALLEL WITH THE NORTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTINO 3, 283.00 FEET TO A POINT OF CURVATURE; THENCE EASTERLY ALONG A CURVED LINE CONVEX NORTHERLY, HAVING A RADIUS OF 872.94 FEET AND BEING TANGENT TO SAID LAST DESCRIBED LINE AT SAID LAST DESCRIBED POINT, AN ARC DISTANCE OF 292.32 FEET TO A POINT OF TANGENCY (THE CHORD OF SAID ARC BEARS SOUTH 80 DEGREES 24 MINUTES 24 SECONDS EAST, 290.96 FEET); THENCE SOUTH 70 DEGREES 48 MNIUTES 48 SECONDS EAST ALONG A LINE TANGENT TO SAID LAST DESCRIBED CURVED LINE AT SAID LAST DESCRIBED POINT, 166.44 FEET TO THE POINT OF BEGINNING, IN MCHENRY COUNTY, ILLINOIS.

SCHEDULE B, PART I
REQUIREMENTS

All of the following Requirements must be met:

1. The Proposed Insured must notify the Company in writing of the name of any party not referred to in this Commitment who will obtain an interest in the Land or who will make a loan on the Land. The Company may then make additional Requirements or Exceptions.

2. Pay the agreed amount for the estate or interest to be insured.

3. Pay the premiums, fees, and charges for the Policy to the Company.

4. Documents satisfactory to the Company that convey the Title or create the Mortgage to be insured, or both, must be properly authorized, executed, delivered, and recorded in the Public Records.

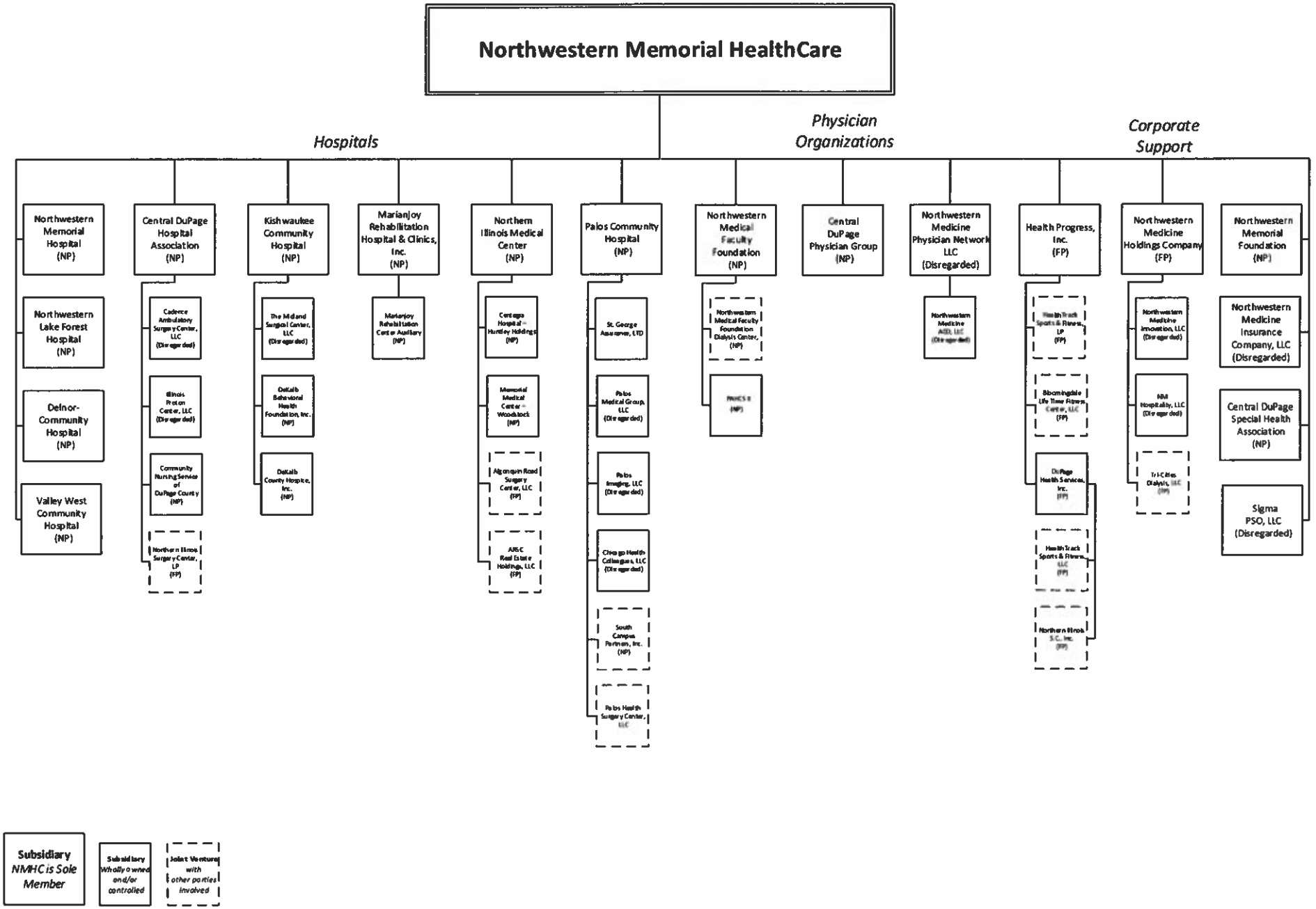
5. Notice: Please be aware that due to the conflict between federal and state laws concerning the cultivation, distribution, manufacture or sale of marijuana, the Company is not able to close or insure any transaction involving Land that is associated with these activities.

6. Be advised that the "good funds" of the title insurance act (215 ILCS 155/26) became effective 1-1-2010. This act places limitations upon the settlement agent's ability to accept certain types of deposits into escrow. Please contact your local Chicago Title office regarding the application of this new law to your transaction.

7. Effective June 1, 2009, pursuant to Public Act 95-988, satisfactory evidence of identification must be presented for the notarization of any and all documents notarized by an Illinois notary public. Satisfactory identification documents are documents that are valid at the time of the notarial act; are issued by a state or federal government agency; bear the photographic image of the individual's face; and bear the individual's signature.

8. **The Proposed Policy Amount(s) must be increased to the full value of the estate or interest being insured, and any additional premium must be paid at that time. An Owner's Policy should reflect the purchase price or full value of the Land. A Loan Policy should reflect the loan amount or value of the property as collateral. Proposed Policy Amount(s) will be revised and premiums charged consistent therewith when the final amounts are approved.**

END OF SCHEDULE B, PART I



ATTACHMENT-4

Effective January 31, 2021

SECTION II. DISCONTINUATION

1130.525 AND 1110.290 – Discontinuation

a) GENERAL INFORMATION REQUIREMENTS

1. Category of Service and Number of Beds that are to be Discontinued

Obstetric Care category of service – 23 beds:
- 17 Antepartum/Postpartum beds
- 6 Labor-Delivery-Recovery-Postpartum beds

2. All other Clinical Services that are to be Discontinued

- 2 C-Section rooms
- 25 Level 1 nursery bassinettes
- 6 Level 2 nursery bassinettes

3. Anticipated Date of Discontinuation

It is anticipated that the discontinuation will occur by December 31, 2021.

4. Anticipated use of the Physical Plant and Equipment after Discontinuation

As part of Northwestern Medicine's mission to provide exceptional, comprehensive care close to where patients live and work, all inpatient obstetrical services provided in the Northwest Region will be centralized at Northwestern Medicine Huntley Hospital pending approval of this application.

In addition to bringing better care to obstetrical patients, the centralization of OB services at Huntley Hospital will enable Northwestern Medicine to address critical healthcare needs by supporting the continued expansion of higher-level services at McHenry Hospital, such as cardiovascular, cancer care, and neurosurgery.

The vacated OB spaces will be used to further McHenry Hospital's conversion to all private medical/surgical rooms.

5. Attestation of Local Media Notification

The required legal notice was published in the Northwest Herald on September 3, 2021. Proof of publication is attached.

Certificate of the Publisher

Northwest Herald

Description:CONSOLIDATION
1916386

NORTHWESTERN MEDICINE
ATTN SARAH SANTORIA
3701 DOTY RD
WOODSTOCK IL 60098

Shaw Media certifies that it is the publisher of the Northwest Herald. The Northwest Herald 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 Crystal Lake, County of McHenry, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 ILCS 5/5.

A notice, a true copy of which is attached, was published 1 time(s) in the Northwest Herald, namely one time per week for one successive week(s). Publication of the notice was made in the newspaper, dated and published on
09/03/2021

This notice was also placed on a statewide public notice website as required by 5 ILCS 5/2.1.
In witness, Shaw Media has signed this certificate by John Rung, its publisher, at Crystal Lake, Illinois, on
3rd day of September, A.D. 2021

Shaw Media By:

John Rung, Publisher

Account Number 10209519 Amount $66.42

PUBLIC NOTICE

Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital, located at 4201 Medical Center Drive in McHenry, intends to consolidate its inpatient obstetrics programs at Northwestern Medicine Huntley Hospital and cease the operations of its inpatient obstetrics program at Northwestern Medicine McHenry Hospital following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("HFSRB"). It is anticipated that the discontinuation will occur by December 31, 2021. The hospital intends to file the required Certificate of Exemption application with the HFSRB by September 30, 2021; after which time additional information relating to the proposed discontinuation can be found on the HFSRB website at hfsrb.illinois.gov.

(Published in The Northwest Herald September 3, 2021)
1916386

ATTACHMENT-5

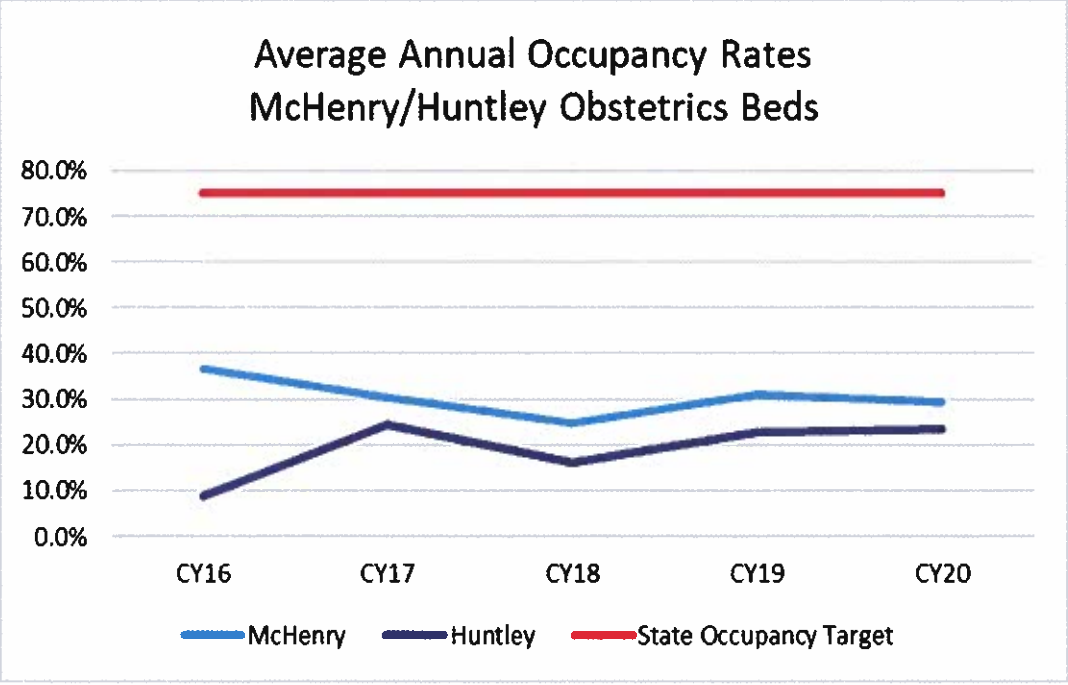
b) REASONS FOR DISCONTINUATION

NM continues to prioritize safe and effective care to all patients across the region. The proposed project that calls for the centralization of inpatient obstetrical services at Huntley Hospital is part of a broader Northwestern Medicine strategy to enhance women's and children's services in the region to better align with the changing demographics of McHenry County and ensure the services NM provides are close to those who need them most.

The obstetrics units at McHenry Hospital and Huntley Hospital have been significantly under the State's occupancy target of 75% for several years.

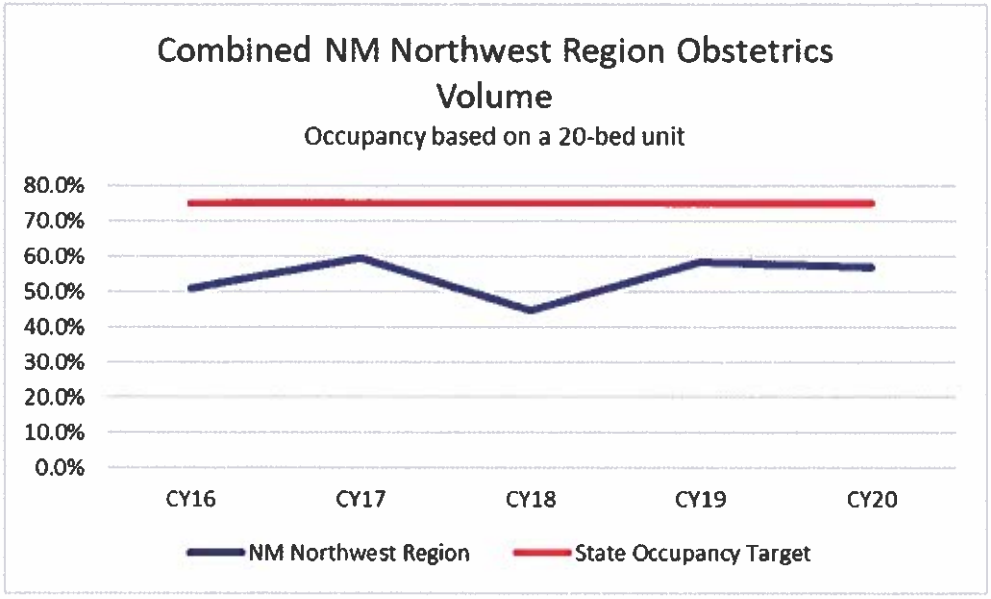
During CY19, the average daily census of the 23-bed obstetrics unit at McHenry was 7.2 patients, resulting from 1,082 obstetrics admissions. During CY20, the ADC dropped further to 6.7 patients, the result of 1,052 obstetrics admissions.

During CY19, the ADC of the 20-bed obstetrics unit at Huntley was 4.6 patients, resulting from 690 obstetrics admissions. During CY20, the ADC increased slightly to 4.7 patients, resulting from roughly the same number of admissions as the prior year.



ATTACHMENT-6

However, combining the obstetrics volume leads to a utilization level that is much closer to the State's occupancy target. The combined CY19 ADC for both hospitals was 11.8 patients and CY20 was 11.4 patients.



In addition to bringing better care to obstetrical patients, this change will also enable Northwestern Medicine to address critical healthcare needs by bringing higher-level services into the community, closer to where patients live and work. For example, the move will create more space at McHenry Hospital to grow cardiovascular, cancer care, and neurosurgery programs.

c) IMPACT OF ACCESS

1. This project will not have an adverse impact on access to care for residents of Planning Area A-10 because Northwestern Medicine will continue to provide a comprehensive model of inpatient obstetrical and neonatal care in the region/planning area. All patients will continue to access the same high-quality care that they do today, with the same providers and many of the same staff, just in a different location.

   As stated in ATTACHMENT-6, based on historic and projected utilization, the 20-bed obstetrics unit at Huntley hospital has the capacity to accommodate all of the obstetrics volume for the Northwest Region.

   Additionally, the A-10 planning area has a calculated bed **excess** of 16 obstetrics beds (according to the State's bed need calculation, updated 6/30/20). According to the State's calculation, the total obstetrics bed need for the planning area is determined to be 19 (when removing the out-migration adjustment).

   A thorough market analysis of the communities surrounding both Huntley and McHenry hospitals shows that family demographics in the region are changing, with more new families expected closer to Huntley Hospital. Demand for OB deliveries, while declining nationally, is projected to grow in the communities surrounding Huntley Hospital. By centralizing inpatient obstetrical services at Huntley Hospital, NM will be better positioned to meet the needs of this growing community and provide access to highly skilled and experienced NM care teams in one location.

   This project concentrates the expertise of NM Labor and Delivery physicians, nurses, and clinical staff in one location. It also enables NM to enhance and strengthen its existing affiliation with Ann & Robert H. Lurie Children's Hospital of Chicago, which provides inpatient pediatric care at Huntley Hospital.

   The project also allows for the growth of specialized Women's Health services at Huntley Hospital. To provide additional support, a new Maternal Fetal Medicine practice opened in July on the Huntley Hospital campus.

   A majority of the OB patients who are expected to deliver at McHenry Hospital live between McHenry and Huntley hospitals (Crystal Lake, Woodstock), which minimizes the additional drive time these patients may experience at the time of delivery. To ensure continued patient access to outpatient care across the region, NM will continue to operate Obstetrics and Gynecology physician practices in Crystal Lake, Huntley, McHenry and Woodstock. Additionally, McHenry Hospital ED staff will be trained and prepared to manage any obstetrical emergency.

2. There are two other providers of obstetrics services within a 17-miles radius of McHenry:
   1) Northwestern Medicine Huntley Hospital – 16 miles
   2) Advocate Good Shepherd Hospital – 14 miles

   A copy of the notification letter sent to Advocate Good Shepherd Hospital can be found on the next page.

ATTACHMENT-7

Northwestern Medicine

Northwestern Memorial HealthCare
251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2033
nm.org

September 7, 2021

Karen Lambert
President, Advocate Good Shepherd Hospital
450 West Highway #22
Barrington, Illinois 60010

RE: Northwestern Medicine McHenry Hospital
Proposed Discontinuation of Obstetrics Care Category of Service

Dear Ms. Lambert:

Consistent with the requirements of 77 IAC §1110.290, Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital (McHenry) is notifying you of the preparation of its Certificate of Exemption application to request approval for the discontinuation of its 23-bed obstetrics care (OB) category of service. As part of Northwestern Medicine's mission to provide exceptional, comprehensive care close to where patients live and work, all inpatient obstetrical services provided in the Northwest Region will be centralized at Northwestern Medicine Huntley Hospital (Huntley) no later than December 31, 2021, pending HFSRB approval.

Northwestern Medicine's goal is to continue to prioritize safe and effective care to all patients across the region. Building a comprehensive model of inpatient obstetrical and neonatal care at Huntley supports the enhancement and expansion of women's health services in the region. All patients will continue to access the same high-quality care that they do today, with the same providers and many of the same staff, just in a different location.

Similar to the declining U.S. birth rate, the Northwest Region has seen a decline in births. As such, neither the McHenry nor Huntley OB beds have met the State's occupancy target of 75%. In CY19, McHenry's OB beds were 31% occupied (with 1,082 admissions) and were 29% occupied (with 1,052 admissions) in CY20.

The state's calculation of OB bed need for Health Planning Area A-10 shows an excess of 16 beds. Additionally, Huntley has the capacity to accommodate all of Northwestern Medicine's Northwest Region OB volume. As such, it is not anticipated that this discontinuation will negatively impact your facility. This change will allow Northwestern Medicine to better align with the changing demographics of McHenry County and ensure the services we provide are close to those who need them most.

Sincerely,

Bridget S. Orth
Director, Regulatory Planning
Northwestern Memorial HealthCare

ATTACHMENT-7

SECTION III. BACKGROUND

BACKGROUND OF APPLICANT

1. *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	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%

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

By their signatures on the Certification pages of this application, the applicants attest that no adverse action has been taken against any facility owned and/or operated by Northwestern Memorial HealthCare 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.

3. *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 their signatures on the Certification pages of this application, the applicants authorize HFSRB and DPH 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 the records of nationally recognized accreditation organizations.

SECTION IV. 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 to have such knowledge.**

   This project will not have a material impact on safety net services in the community because Northwestern Medicine will continue to provide a comprehensive model of inpatient obstetrical and neonatal care in the region/planning area. All patients will continue to access the same high-quality care that they do today, with the same providers and many of the same staff, just in a different location. The 20-bed obstetrics unit at NM Huntley Hospital has the capacity to accommodate the obstetrics volume for the Northwest Region.

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

   For the reasons stated above, NM McHenry does not believe that this project will have a negative impact on any other provider or any safety net services.

3. **How the discontinuation might impact the remaining safety net providers in a giving community, if reasonably known.**

   The discontinuation of obstetrics beds at NM McHenry will have a positive impact on NM Huntley by increasing the utilization of the obstetrics beds there and also eliminating unnecessary redundancies that are required to support two low-volume programs.

Charity Care and Medicaid

As with all Northwestern Medicine facilities, NM McHenry Hospital is committed to providing care for those unable to pay. Northwestern Medicine is the leading provider of charity care as well as Medicaid in McHenry County.

NORTHWESTERN MEDICINE MCHENRY HOSPITAL

Safety Net Information per PA 96-0031						
CHARITY CARE						
Charity (# of patients)	**FY18**		**FY19**		**FY20**	
Inpatient		149		153		56
Outpatient		1,667		1,371		864
Total		**1,816**		**1,524**		**920**
Charity (cost in dollars)						
Inpatient	$	2,490,532	$	2,626,475	$	1,066,231
Outpatient	$	2,015,587	$	743,245	$	1,961,087
Total	**$**	**4,506,119**	**$**	**3,369,720**	**$**	**3,027,318**

MEDICAID						
Medicaid (# of patients)	**FY18**		**FY19**		**FY20**	
Inpatient		271		234		1,105
Outpatient		3,252		3,846		15,735
Total		**3,523**		**4,080**		**16,830**
Medicaid (revenue)						
Inpatient	$	6,421,611	$	8,635,404	$	10,654,157
Outpatient	$	5,393,095	$	12,699,588	$	12,878,500
Total	**$**	**11,814,706**	**$**	**21,334,992**	**$**	**23,532,657**

Source: IDPH Annual Hospital Questionnaires
Note: Prior to McHenry Hospital's conversion to the EPIC system at the beginning of CY20, some of the Medicaid volume was reported in the "Other Public" category of the IDPH Annual Hospital Questionnaire.

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.

NM McHenry Hospital Community Benefit Activities

Through outreach services and health education programs, NM McHenry improves access to health-related services/activities for the residents of McHenry County as well as surrounding counties. Examples include:

Collaborations with community organizations

- Kids in Motion D300 Activity Bag and Bike Donation
  - 2,000 people served
  - Provided children in Community School District 300 that qualify for free and reduced lunch with bags filled with games and activities that encourage healthy activity and movement. Ten children were randomly selected to win a free bicycle and helmet.

- D15 Youth Walking Program
  - Donated 80 pedometers to the D15 Youth Walking Program

- Girls on the Run
  - Girls on the Run encourages positive emotional, social, mental, and physical development. Physical activity is woven into the program to inspire an appreciation of fitness and to build habits that lead to a lifetime of health.
  - Girls on the Run Northwest Illinois Board Member: 20 hours and 1,450 people served

- Partnered with United Way of Greater McHenry County to promote community awareness of 2-1-1 within McHenry County and inform the performance improvement process

- Provided leadership within the Suicide Prevention Taskforce to promote community education and planning processes. The purpose of the Suicide Prevention Taskforce is to provide education and raise awareness of mental health and suicide prevention, implement prevention programs, and support community members who have been affected by suicide.

- Increased access to care for the chronically homeless population frequently accessing high-cost community services (Housing First Initiative). Northwestern Medicine provided community grants to the following organizations which provide shelter and resources to the homeless population in McHenry County:
    - Home of the Sparrow: $10,000
    - Pioneer Center for Human Services: $5,390
    - Turning Point: $5,000

<u>Education Programs</u>

- Increased awareness of Northwestern Medicine and community behavioral health services through community presentations, seminars and networking events:
    - Community education on mental health, suicide prevention and trauma
    - Stress management, anxiety disorder and wellness presentation
    - Community Initiative on Trauma Informed Care Focus Group at McHenry County Mental Health Board
    - Health Care Career Fair at Woodstock High School
    - Caring for Employees During COVID-19 presentation
    - ACES presentation for McHenry County Mental Health Board

- Facilitated community support groups for survivors of suicide
    - Survivors of Suicide Loss Support Group: 30 members

- Facilitated Breastfeeding Support Group
    - Support group promotes and educates mothers on breast milk feeding from postpartum onward. Weekly weight checks are provided to ensure health and to encourage follow-up with healthcare providers, as needed.

- Conducted educational activities on skin cancer prevention at outdoor recreational areas and provide free sunscreen SPF15 or higher to adults and children.

- Provided comprehensive tobacco control programs to greater McHenry County residents. Program includes pharmacist, counselor, and dietitian speakers along with facilitator with day and evening offerings to increase participation.

- Provided education on cardiac conditions and cardiovascular disease prevention to the community.

- Provided access to free educational and support group activities that are focused on healthy weight and healthy lifestyle.

SECTION V. 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.

Several NMHC hospitals are the top charity care and Medicaid providers in their respective communities; specifically, Northwestern Medicine is the leading provider of charity care as well as Medicaid in McHenry County.

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.

Northwestern Medicine McHenry Hospital

	FY18	FY19	FY20
Net Patient Revenue	$ 342,409,697	$ 282,504,793	$ 243,050,852
Amount of Charity Care (charges)	$ 17,567,394	$ 13,953,851	$ 11,875,439
Cost of Charity Care	$ 4,506,119	$ 3,369,720	$ 3,027,318