ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital
Street Address:	355 Ridge Avenue
City and Zip Code:	Evanston 60202
County: Cook	Health Service Area: VII Health Planning Area: A-08

Legislators

State Senator Name:	Laura Fine
State Representative Name:	Robyn Gabel

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

Exact Legal Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital
Street Address:	355 Ridge Street
City and Zip Code:	Evanston, IL 60202
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	G. Thor Thordarson
CEO Street Address:	200 South Wacker Drive 12th Floor
CEO City and Zip Code:	Chicago, IL 60606
CEO Telephone Number:	855/692-6482

Type of Ownership of Applicants

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

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

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

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City and Zip Code:	Evanston 60202
County: Cook	Health Service Area: VII Health Planning Area: A-08

Legislators

State Senator Name:	Laura Fine
State Representative Name:	Robyn Gabel

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

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

Type of Ownership of Applicants

- [X] Non-profit Corporation
- [ ] For-profit Corporation
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Governmental
- [ ] Sole Proprietorship
- [ ] Other

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

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

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital
Street Address:	355 Ridge Avenue
City and Zip Code:	Evanston 60202
County: Cook	Health Service Area: VII Health Planning Area: A-08

Legislators

State Senator Name:	Laura Fine
State Representative Name:	Robyn Gabel

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

Exact Legal Name:	Alexian Brothers-AHS Midwest Region Health Co. (operating as AMITA Health)
Street Address:	200 South Wacker Drive 12th floor
City and Zip Code:	Chicago, IL 60606
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South La Salle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Keith Parrott
CEO Street Address:	200 South Wacker Drive 12th floor
CEO City and Zip Code:	Chicago, IL 60606
CEO Telephone Number:	855/692-6482

Type of Ownership of Applicants

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

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

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

Post Exemption Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital
Address of Site Owner: 355 Ridge Avenue Evanston, IL 60202
Street Address or Legal Description of the Site: 355 Ridge Avenue Evanston, IL 60202 **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.

Current Operating Identity/Licensee

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

Exact Legal Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital
Address:	355 Ridge Avenue Evanston, IL 60202

X	Non-profit Corporation	☐	Partnership	
☐	For-profit Corporation	☐	Governmental	
☐	Limited Liability Company	☐	Sole Proprietorship	☐
	Other			

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: same as above

Address:

X	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship
	Other		

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Organizational Relationships

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

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

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

In 2014, Advent Health System Sunbelt Healthcare Corporation ("AdventHealth") and Ascension Health entered into an affiliation agreement under which it joined certain management and operations of their Illinois hospitals and ASTCs ("Illinois Facilities") under the joint operating company known as Alexian Brothers-AHS Midwest Regional Health Co., d/b/a "AMITA Health. In late 2021, AdventHealth and Ascension Health made the mutual decision to terminate the affiliation agreement, disaffiliate each of their Illinois Facilities from the AMITA Health system and wind up the affairs of AMITA Health ("the Disaffiliation"). Notwithstanding AMITA Health's operation and management of the Illinois Facilities, at all times, ownership of the Illinois Facilities remained and will, after the Disaffiliation, remain with AdventHealth or Ascension Health, respectively. Specifically, the seventeen facilities under Presence Alexian Brothers Health System (formerly part of Presence Health and Alexian Brothers Health System) will continue to operate and will be organized under the umbrella of Presence Alexian Brothers Health System, and will continue to be clinically and operationally integrated with Ascension Health. The four AdventHealth hospitals will continue to operate under the Adventist Midwest Health umbrella and will continue to be clinically and operationally integrated with AdventHealth. The individual license holders will not change and ownership/control of the physical assets (buildings, equipment, etc.) of the individual facilities will not change.

The Illinois Facilities consist of the following, and Certificate of Exemption applications are being filed for each of the Illinois Facilities concurrently:

- Alexian Brothers Medical Center (located in Elk Grove Village)
- St. Alexius Medical Center (located in Hoffman Estates)
- Alexian Brothers Behavioral Health Hospital (located in Hoffman Estates)
- Presence Chicago Hospitals Network d/b/a Saint Joseph Hospital – Chicago
- Presence Chicago Hospitals Network d/b/a Presence Resurrection Medical Center
- Presence Chicago Hospitals Network d/b/a Presence Saint Mary of Nazareth Hospital
- Presence Chicago Hospitals Network d/b/a Presence Saint Elizabeth Hospital
- Presence Chicago Hospitals Network d/b/a Presence Holy Family Medical Center (located in Des Plaines)
- Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital (located in Evanston)
- Presence Central and Suburban Hospitals Network d/b/a Presence Saint Joseph Hospital – Elgin
- Presence Central and Suburban Hospitals Network d/b/a Presence Saint Joseph Medical Center (located in Joliet)
- Presence Central and Suburban Hospitals Network d/b/a Presence St. Mary's Hospital (located in Kankakee)
- Presence Central and Suburban Hospitals Network d/b/a Presence Mercy Medical Center (located in Aurora)
- Adventist Midwest Health d/b/a Adventist La Grange Memorial Hospital
- Adventist Midwest Health d/b/a Adventist Hinsdale Hospital
- Adventist Bolingbrook Hospital
- Adventist GlenOaks Hospital
- Hoffman Estates Surgery Center, LLC

- Belmont/Harlem Surgery Center, LLC (located in Chicago)
- Presence Lakeshore Gastroenterology, LLC d/b/a Des Plaines Endoscopy Center
- PCHC GI JV L.L.C. (assumed name: AMITA Health Endoscopy Center Lincoln Park)

This Certificate of Exemption application addresses the change of ownership of Presence Saint Francis Hospital.

Please refer to ATTACHMENT 6, Criterion 1130.520(b)(1)(C) Structure of Transaction, for a description of the proposed transaction.

Related Project Costs

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

Land acquisition is related to project ☐ Yes X No
Purchase Price: $_____
Fair Market Value: $_____

Project Status and Completion Schedules

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

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): _____June 1, 2022_____

State Agency Submittals

Are the following submittals up to date as applicable:

X Cancer Registry
X APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

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

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

This Application is filed on the behalf of ____Presence Chicago Hospitals Network_____

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

SIGNATURE	SIGNATURE
G. Thor Thordarson PRINTED NAME	PRINTED NAME
President PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of Presence Chicago Hospitals Network

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

	Julia P. Roknich
SIGNATURE	SIGNATURE
	Julie P. Roknich
PRINTED NAME	PRINTED NAME
	Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

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

This Application is filed on the behalf of ___**Ascension Health**_____

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

Christine K. McCoy
SIGNATURE

Christine K. McCoy
PRINTED NAME

Secretary
PRINTED TITLE

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

Signature of Notary

Seal

Matthew Jagger
SIGNATURE

Matthew Jagger
PRINTED NAME

Treasurer
PRINTED TITLE

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

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of Alexian Brothers-AHS Midwest Region Health Co., d/b/a AMITA Health*

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

SIGNATURE	SIGNATURE
Keith Parrott PRINTED NAME	PRINTED NAME
President PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
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This Application is filed on the behalf of Alexian Brothers-AHS Midwest Region Health Co., d/b/a AMITA Health
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

_____	_____
SIGNATURE	SIGNATURE
_____	G. Thor Thordarson
PRINTED NAME	PRINTED NAME
_____	Treasurer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
_____	_____
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.

BACKGROUND OF APPLICANT

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

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

3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

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

5. If, during a given calendar year, an applicant submits more than one Application, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- X Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.

2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.

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

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

SECTION IV.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 7.

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	**$87,242,717**	**$171,426,460**	**$155,538,160**
Amount of Charity Care (charges)	$6,076,281*	$20,919,188	$32,012,535
Cost of Charity Care	$2,728,385	$3,694,338	$6,227,570

*six months of charges

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

File Number 3128-198-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, 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* 13TH *day of* JANUARY *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2201303032 verifiable until 01/13/2023

Authenticate at: http://www.ilsos.gov

ATTACHMENT 1

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ASCENSION HEALTH
N00062003

was created under the laws of this State on the 5th day of August, 1999, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 20th day of January, 2022.

Secretary of State

Certification Number: CERT-01202022-0113

ATTACHMENT 1

File Number 6964-462-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2014, 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* 20TH *day of* JANUARY *A.D.* 2022 .

Authentication #: 2202003506 verifiable until 01/20/2023

Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Exemption ("COE") application, the applicants attest that the Presence Saint Francis Hospital site is owned by Presence Chicago Hospitals Network.

File Number 3128-198-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, 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.

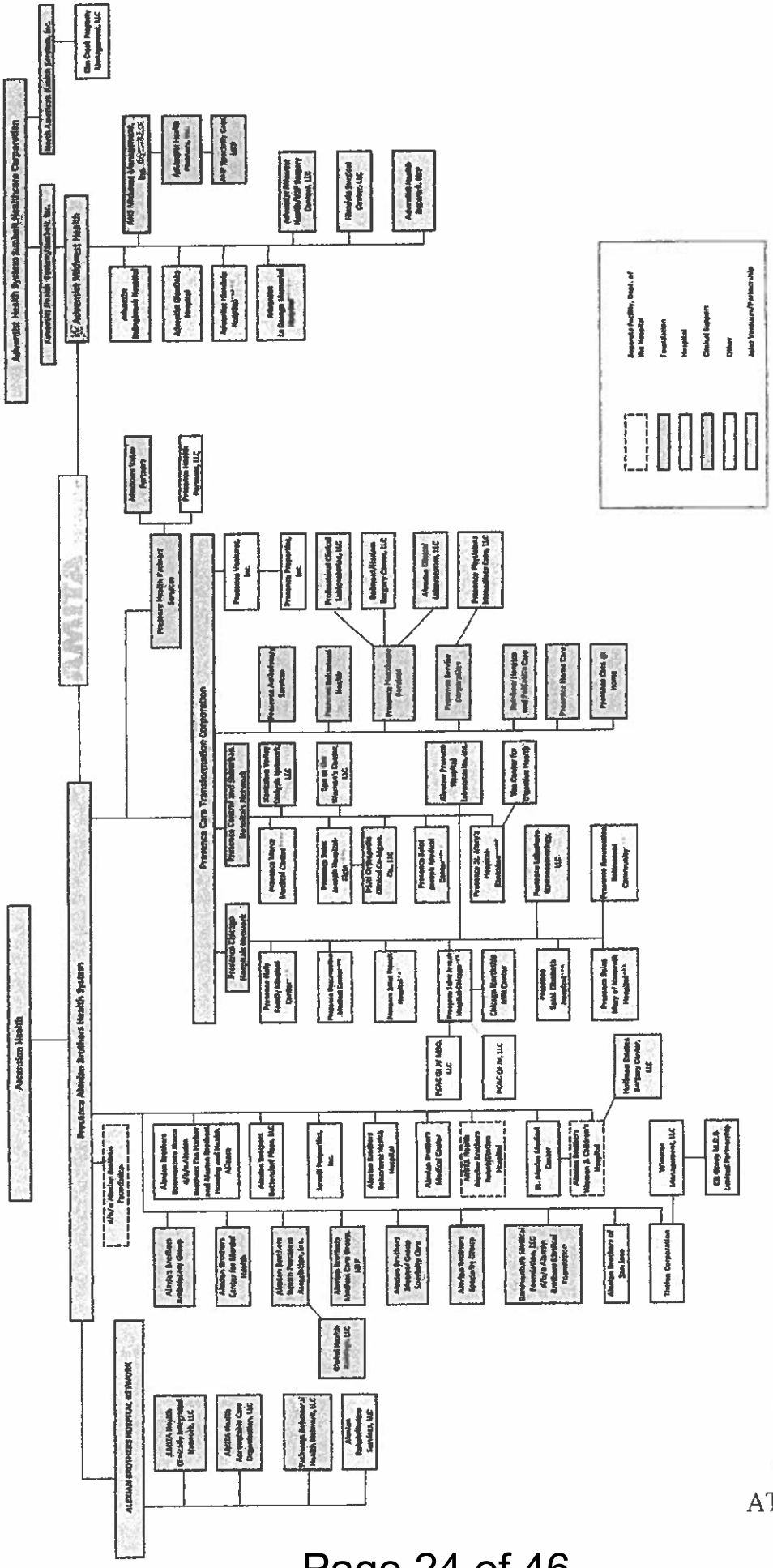
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* JANUARY *A.D.* 2022 .

Authentication #: 2201303032 verifiable until 01/13/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

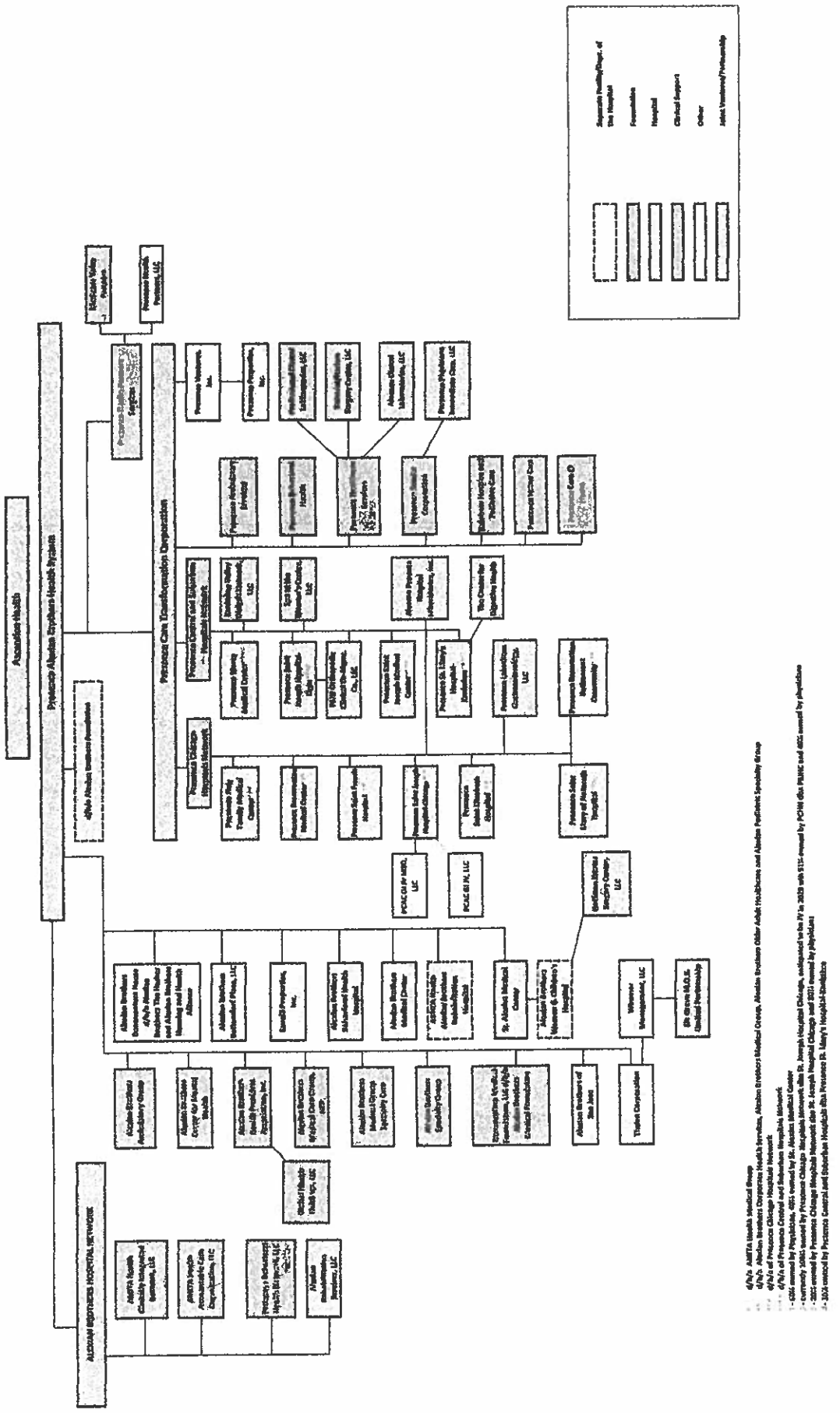
ATTACHMENT 3

CURRENT ORGANIZATIONAL CHART



ATTACHMENT 4

PROPOSED ORGANIZATIONAL CHART

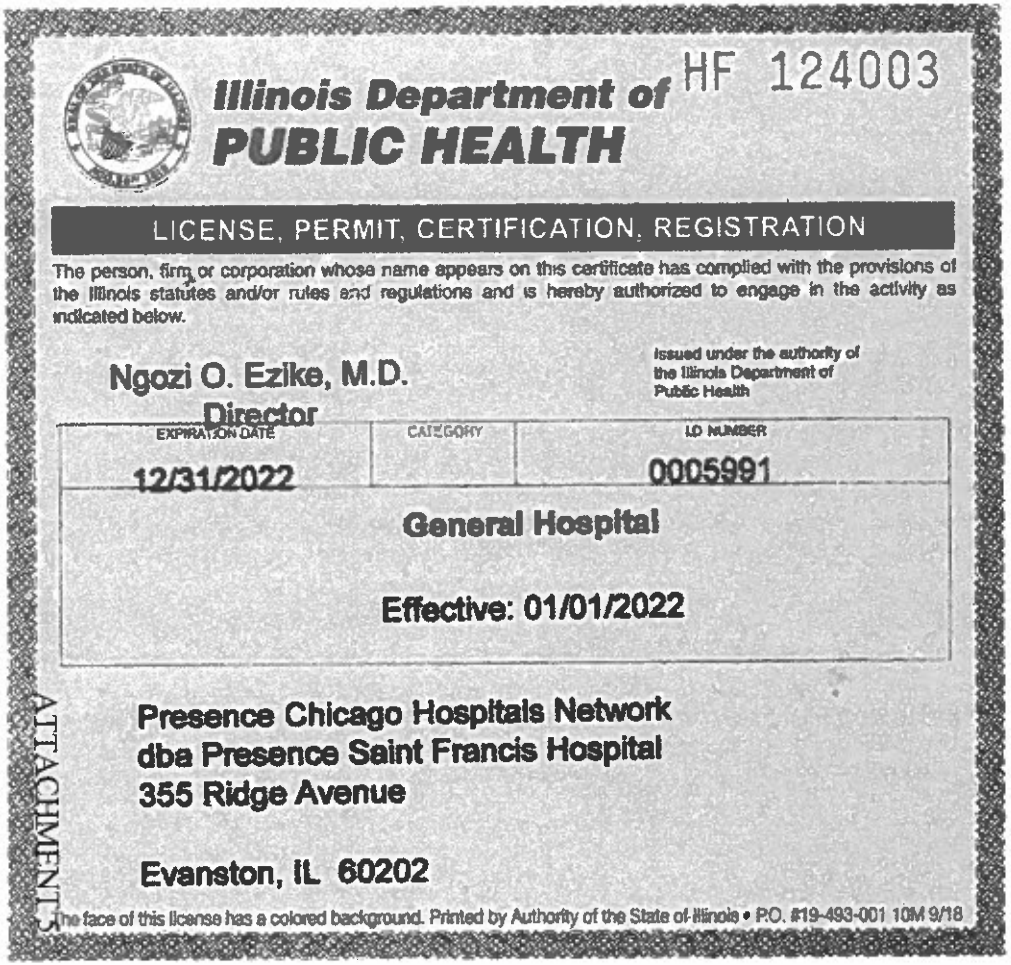


ATTACHMENT 4

BACKGROUND OF APPLICANT

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

Attached is a list of the licensed health care facilities owned by Ascension Health.



Illinois Department of PUBLIC HEALTH

HF 124003

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0005991

General Hospital

Effective: 01/01/2022

Presence Chicago Hospitals Network
dba Presence Saint Francis Hospital
355 Ridge Avenue

Evanston, IL 60202

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

ATTACHMENTS

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2022

Lic Number 0005991

Date Printed 10/12/2021

Presence Chicago Hospitals Network
dba Presence Saint Francis Hospital
355 Ridge Avenue
Evanston, IL 60202

FEE RECEIPT NO.

#E-011-22

The Joint Commission

September 6, 2019

Kenneth Preston Jones
President, Chief Executive Officer
Presence Saint Francis Hospital
355 Ridge Avenue
Evanston , IL 60202

Joint Commission ID #: 4176
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 9/6/2019

Dear Mr. Jones:

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

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning June 15, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

Mark Pelletier

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

ASCENSION HEALTH HOSPITAL LISTING (Wholly Owr

by location

ALABAMA
Ascension St. Vincent's Birmingham
Ascension St. Vincent's East
Ascension St. Vincent's Chilton
Ascension St. Vincent's Blount
Ascension St. Vincent's St. Clair

BALTIMORE, MD
Ascension Saint Agnes Hospital

BINGHAMTON, NY
Lourdes Hospital

CHICAGO, IL
AMITA Health Mercy Medical Center
AMITA Health Resurrection Medical Chicago
AMITA Health Saints Mary and Elizabeth Medical Center, Saint Elizabeth Campus
AMITA Health Saints Mary and Elizabeth Medical Center, Saint Mary Campus
AMITA Health Holy Family Medical Center
AMITA Health Saint Joseph Hospital, Elgin
AMITA Health Alexian Brothers Medical Center Elk Grove Village
AMITA Health Rehabilitation Hospital Elk Grove Village
AMITA Health Saint Francis Hospital
AMITA Health St. Alexium Medical Center Hoffman Estates
AMITA Health Women & Children's Hospital Hoffman Estates
AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estates
AMITA Health Saint Joseph Medical Center
AMITA Health St. Mary's Hospital

FLORIDA AND GULF COAST
Ascension Providence Hospital
Ascension St. Vincent's Riverside
Ascension St. Vincent's Southside
Ascension St. Vincent's Clay County
Ascension Sacred Heart Emerald Coast
Ascension Sacred Heart Bay
Ascension Sacred Heart Pensacola
The Studer Family Children's Hospital at Ascension Sacred Heart
Ascension Sacred Heart Gulf

INDIANA
Ascension St. Vincent Anderson
Ascension St. Vincent Avon
Ascension St. Vincent Dunn

ATTACHMENT 5

Ascension St. Vincent Warrick
Ascension St. Vincent Clay
Ascension St. Vincent Carmel
Ascension St. Vincent Mercy
Ascension St. Vincent Evansville
St. Vincent Hospital for Women & Children
St. Vincent Rehabilitation Institute
Ascension St. Vincent Fishers
Peyton Manning Children's Hospital at Ascension St. Vincent
Ascension St. Vincent Heart Center
Ascension St. Vincent Hospital
Ascension St. Vincent Castleton
Ascension St. Vincent Indianapolis South
Ascension St. Vincent Seton Specialty Hospital
Ascension St. Vincent Stress Center
Ascension St. Vincent Women's Hospital
Ascension St. Vincent Kokomo
Ascension St. Vincent Orthopedic Hospital
Ascension St. Vincent Noblesville South
Ascension St. Vincent Jennings
Ascension St. Vincent Plainfield
Ascension St. Vincent Salem
Ascension St. Vincent Williamsport
Ascension St. Vincent Randolph

KANSAS
Ascension Via Christi Hospital (Manhattan)
Ascension Via Christi Hospital (Pittsburg)
Wamego Health Center
Ascension Via Christi St. Francis
Ascension Via Christi St. Joseph
Ascension Via Christi St. Teresa
Ascension Via Christi Rehabilitation Hospital
Ascension Via Christi Behavioral Health

MICHIGAN
Ascension Borgess Allegan Hospital
Ascension Brighton Center for Recovery
Ascension St. John Hospital
Ascension St. John Children's Hospital
Ascension Borgess-Lee Hospital
Ascension River District Hospital
Ascension Genesys Hospital
Ascension Borgess Hospital
Ascension Macomb-Oakland Hospital, Madison Heights Campus
Ascension Providence Hospital, Novi Campus
Ascension Borgess-Pipp Hospital
Ascension Providence Rochester Hospital
Ascension St. Mary's Hospital, Saginaw Campus
Ascension Providence Hospital, Southfield Campus
Ascension Standish Hospital

Ascension St. Joseph Hospital
Ascension Macomb-Oakland Hospital, Warren Campus

OKLAHOMA
Ascension St. John Jane Phillips
Ascension St. John Broken Arrow
Ascension St. John Nowata
Ascension St. John Owasso
Ascension St. John Sapulpa
Ascension St. John Medical Center

TENNESSEE
Ascension Saint Thomas Hickman
Ascension Saint Thomas River Park
Ascension Saint Thomas Rutherford
Ascension Saint Thomas Behavioral Health Hospital
Ascension Saint Thomas Hospital - Midtown
Ascension Saint Thomas Hospital - West
Ascension Saint Thomas DeKalb
Ascension Saint Thomas Highlands
Ascension Saint Thomas Stones River

TEXAS
Dell Seton Medical Center at The University of Texas
Dell Children's Medical Center
Ascension Seton Medical Center Austin
Ascension Seton Northwest
Ascension Seton Southwest
Ascension Seton Shoal Creek
Ascension Seton Bastrop
Ascension Seton Highland Lakes
Ascension Seton Hays
Ascension Seton Edgar B. Davis
Ascension Seton Williamson
Ascension Seton Smithville
Ascension Providence
Ascension Providence DePaul Center

WISCONSIN
Ascension NE Wisconsin - St. Elizabeth Campus
Ascension SE Wisconsin Hospital - Elmbrook Campus
Ascension Calumet Hospital
Ascension SE Wisconsin Hospital - Franklin Campus
Ascension Wisconsin Hospital - Greenfield
Ascension Wisconsin Hospital - Menomonee Falls
Ascension Columbia St. Mary's Hospital Ozaukee
Ascension SE Wisconsin Hospital - St. Joseph Campus
Ascension Sared Heart Rehabilitation Hospital
Ascension St. Francis Hospital

Ascension NE Wisconsin - Mercy Campus
Ascension All Saints Hospital - Wisconsin Avenue Campus
Ascension All Saints Hospital - Spring Street Campus
Ascension Wisconsin Hospital - Waukesha

Ascension Health SNFs (Wholly Owned)

Ascension Living Carroll Manor	District of Columbia
Ascension Living St. Cathering Laboure Place	Florida
Ascension Casa Scalabrini	Illinois
Ascension Heritage Village	Illinois
Ascension Nazarethville Place	Illinois
Ascension Resurrection Life	Illinois
Ascension Resurrection Place	Illinois
Ascension Saint Anne Place	Illinois
Ascension Saint Benedict	Illinois
Ascension Saint Joseph Village	Illinois
Ascension Villa Franciscan	Illinois
Sacred Heart Village	Indiana
Via Christi Village - Hays Inc	Kansas
Via Christi Village Manhattan, Inc	Kansas
Via Christi Village Mclean Inc	Kansas
Via Christi Village Pittsburgh, Inc	Kansas
Via Christi Village Ridge	Kansas
Villa St. Joseph	Kansas
Borgess Gardens	Michigan
Ascension Living Sherbrooke Village	Missouri
Our Lady of Peace Nurding Care Residence	New York
Ascension Living Via Christi Village Ponca City	Oklahoma
Ascension Living Alexian Village Tennessee	Tennessee
Ascension Living Providence Village	Texas
St. Catherine Center	Texas
Alexian Village of Milwaukee	Wisconsin
Ascension Living - Lakeshore at Siena	Wisconsin
Franciscan Woods	Wisconsin
Wheaton Franciscan HC - Terrace at St. Franciscan	Wisconsin

ATTACHMENT 5

Ascension Health ASCs (Wholly Owned)

St. Vincent's One Nineteen ASC	Alabama
Interventional Rehabilitation Center, LLC	Florida
Founders Circle	Kansas
Maryland Surgeons Center of Columbia, LLC	Maryland
George Thomas Grace MD Surgery Center	Maryland
St. John North Macomb Surgery Center	Michigan
St. John Surgery Center ASC St. Clair Shores	Michigan
Mt Pleasant ASC	Wisconsin
Ascension SE Wisconsin at Mayfair Road	Wisconsin

REQUIREMENTS FOR EXEMPTIONS INVOLVING
THE CHANGE OF OWNERSHIP OF A HEALTH CARE FACILITY
SECTION 1130.520

Criterion 1130.520(b)(1)(A) Names of the parties

The parties named as an applicant are:

Presence Chicago Hospitals Network, the current and proposed licensee

Ascension Health, which currently has and will continue to have "ultimate control" over the licensee

Alexian Brothers-AHS Midwest Region Health Co. (operating as AMITA Health), which currently has certain designated "control" over the licensee through the Affiliation Agreement between Adventist Health System Sunbelt Healthcare Corporation and Ascension Health, with an original effective date of October 30, 2014.

Criterion 1130.520(b)(1)(B) Background of the parties

Provided in ATTACHMENT 1, as applicable, are Certificates of Good Standing for each applicant identified above. Provided in ATTACHMENT 5 are:

1. An identification of each applicant's licensed health care facilities
2. The applicants' authorization permitting the HFSRB and IDPH access to documents necessary to verify the information submitted

Criterion 1130.520(b)(1)(C) Structure of transaction

The transaction is structured as a mutual termination of the Affiliation Agreement between Adventist Health System Sunbelt Healthcare Corporation ("AdventHealth") and Ascension Health ("Ascension Health") with an original effective date of October 30, 2014 (the "Affiliation Agreement"), and wind up of the affairs of the joint operating company known as Alexian Brothers-AHS Midwest Regional Health Co. d/b/a "AMITA Health" ("AMITA") formed pursuant to the Affiliation Agreement. The two (2) members of AMITA are Adventist Midwest Health ("AMH"), whose sole corporate member is Adventist Health System/Sunbelt Inc. and Presence Alexian Brothers Health System ("PABHS"), whose sole corporate member is Ascension Health. AdventHealth and Ascension Health will enter into an Agreement to Terminate Affiliation Agreement and Related Agreements (the "Disaffiliation Agreement"). AdventHealth and Ascension Health anticipate that their Disaffiliation Agreement will be signed and effective as of March 31, 2022.

Key points of the disaffiliation are:

1. There will be no impact on the ownership and control of the facility's assets, which continue to remain with its original sponsor (Ascension Health).
2. There will be no impact on licensure. The facility's license will not change and it will continue to hold the license.

3. The facility will continue to operate under the umbrella of Presence Alexian Brothers Health System and be clinically an operationally integrated with Ascension Health.

Criterion 1130.520(b)(1)(D) Name of the person who will be licensed or certified entity after the transaction

Please see Criterion 1130.520(b)(1)(A), above.

Criterion 1130.520(b)(1)(E) List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organization structure with a listing of controlling or subsidiary persons.

Current and proposed organizational charts are provided in ATTACHMENT 4.

Criterion 1130.520(b)(1)(F) Fair market value of assets to be transferred

Not applicable, as no assets will change ownership. All assets are currently owned and will continue to be owned by Ascension Health.

Criterion 1130.520(b)(1)(G) The purchase price or other forms of consideration to be provided for those assets

The proposed transaction does not have a purchase price as the ownership of the facility's assets will not change.

Criterion 1130.520(b)(2) Affirmation that any projects for which Permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section.

Applicant Ascension Health holds seven Certificate of Need Permits:

Permit 20-012 addresses the establishment of an ASTC on the campus of AMITA Health Saint Joseph Hospital Chicago. Notification of project completion has been filed and a final cost report will be filed consistent with filing requirements.

Permit #20-043 addresses a modernization project at AMITA Health Mercy Medical Center Aurora, and has been obligated

Permit #21-013 addresses a modernization project at AMITA Health Saint Alexius Medical Center, and has been obligated

Permit #21-017 addresses a modernization project at AMITA Health Resurrection Medical Center Chicago, does not involve a HFSRB-designated "Category of Service", and will be obligated consistent with Section 1130

Permit #21-018 addresses a modernization project at AMITA Health Saint Mary Hospital Chicago, does not involve a HFSRB-designated "Category of Service", and will be obligated consistent with Section 1130

Permit #21-020 addresses a modernization project at Alexian Brothers Medical Center, does not involve a HFSRB-designated "Category of Service", and will be obligated consistent with Section 1130

Permit #21-023 addresses the establishment of an infusion therapy center in Romeoville, and has been obligated.

With the signatures in the certification section of this Certificate of Exemption application, the applicants affirm that each of the above-identified projects will be completed in accordance with all applicable provisions of Section 1130.

Criterion 1130.520(b)(3) If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the charity care policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction.

No changes to the charity care policy currently in effect are anticipated; and with the signatures in the certification section of this Certificate of Exemption application, the applicants affirm that the current charity care policy will remain in effect for, at minimum, a two-year period following the change of ownership transaction.

A copy of the charity care policy is attached as APPENDIX A.

Criterion 1130.520(b)(4) A statement as to the anticipated benefits of the proposed changes in ownership to the community

The disaffiliation of AMITA will allow Ascension to more nimbly meet the changing needs and expectations of the communities served by the facility in the rapidly evolving healthcare environment

Criterion 1130.520(b)(5) The anticipated or potential cost savings, if any, that will result for the community and facility because of the change in ownership.

To date, no anticipated savings have been quantified by the applicants.

Criterion 1130.520(b)(6) A description of the facility's quality improvement mechanism that will be utilized to ensure quality control.

Ascension places great importance in quality control, and implements best practice models through its individual hospitals. Quality improvement mechanisms at the facility will not initially change, but will be evaluated against parallel programs used in other Ascension hospitals, with adjustments being made as appropriate to enhance clinical and non-clinical opportunities for improvement.

Due to the size of the facility's quality assurance plan, a copy of the plan will be made available upon request.

Criterion 1130.520(b)(7) A description of the selection process that the acquiring entity will use to select the facility's governing body

No change will be made to the selection process for the facility's governing body. Ascension determines appointments to the facility's board of directors.

Criterion 1130.520(b)(9) A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.

While there may be a need for some changes in the future because of financial conditions in the health care industry, at this time, no changes to the scope of services or the levels of care provided at the facility are anticipated to occur within 24 months of the proposed transaction.

Current Status: *Active*

PolicyStat ID: *10964718*

Origination:	*7/6/2020*
Effective:	*1/4/2022*
Last Approved:	*1/4/2022*
Last Revised:	*1/4/2022*
Next Review:	*1/4/2023*
Owner:	*Richard Carter: Chief Finance Officer*
Policy Area:	*Finance*
References:	
Applicability:	*AMITA Health/Legacy Presence System Wide-Hospitals*

Financial Assistance Policy - AMITA Health

I. PURPOSE

The purpose of this Policy is to specify the requirements for administering Financial Assistance at AMITA Health System.

II. POLICY

It is the policy of the organizations listed below this paragraph (each one being the "Organization") to ensure a socially just practice for providing emergency and other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

This policy applies to each of the following Organizations within AMITA Health:

Adventist Bolingbrook Hospital
Adventist GlenOaks Hospital
Adventist Hinsdale Hospital
Adventist LaGrange Hospital
Alexian Brothers Behavioral Health Hospital
Alexian Brothers Medical Center - Elk Grove
Holy Family Medical Center – Des Plaines
Mercy Medical Center - Aurora
Resurrection Medical Center
St. Francis Hospital - Evanston
Saint Joseph Hospital - Chicago
Saint Joseph Hospital - Elgin
Saint Joseph Medical Center - Joliet
Saints Mary and Elizabeth Medical Center
St. Alexius Medical Center - Hoffman Estates
St. Mary's Hospital - Kankakee

Employed Physician Practices

A. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable

persons, and our commitment to distributive justice and stewardship.

B. This policy applies to all emergency and other medically necessary care provided by the Organization, including employed physician services and behavioral health. This policy does not apply to charges for care that is not emergency and other medically necessary care.

C. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

III. DEFINITIONS

Policy-Specific Definitions

A. "**501(r)**" means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.

B. "**Amount Generally Billed**" or "**AGB**" means, with respect to emergency and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.

C. "**Community**" means the State of Illinois. To "live in the Community," for purposes of this Policy, means to be an Illinois resident – a person who lives in Illinois and who intends to remain living in Illinois indefinitely, but not someone who has relocated to Illinois for the purpose of receiving health benefits. A Patient will also be deemed to be a member of the Organization's Community if the emergency and medically necessary care the Patient requires is continuity of emergency and medically necessary care received at another AMITA Health facility where the Patient has qualified for financial assistance for such emergency and medically necessary care.

D. "**Emergency Care**" means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.

E. "**Medically Necessary Care**" means care that is (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient's condition; (2) the most appropriate supply or level of service for the Patient's condition that can be provided safely; (3) not provided primarily for the convenience of the Patient, the Patient's family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be "medically necessary care," the care and the timing of care must be approved by the Organization's Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Organization's discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.

F. "**Organization**" means AMITA Health and the entities that are covered by this Financial Assistance Policy as set forth above in Section II.

G. "**Patient**" means those persons who receive emergency and other medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

H. "**Presumptive Scoring**" means the use of third-party sources of information, which may include public records, or other objective and reasonable accurate means of assessing a patient's eligibility for financial assistance

I. **"Uninsured Patient"** means a patient who is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third-party liability.

IV. REQUIRED PROCEDURES

A. Financial assistance described in this section is limited to Patients that live in the Community:

1. Patients with income less than or equal to 250% of the Federal Poverty Level income ("FPL"), will be eligible for 100% discount on the portion of the charges in which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 5 below) or submits a financial assistance application (an "Application") on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for up to 100% financial assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.

2. Subject to the other provisions of this Financial Assistance Policy, uninsured Patients with incomes above 250% of the FPL but not exceeding 600% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided. Patients with insurance and with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible, per the insurance plan's explanation of benefits. Such discounts shall apply after the Patient submits an Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.
The sliding scale discount is as follows: (FPL – Federal Poverty Level Income)

Uninsured Patient Sliding Scale	%	Insured Patient Sliding Scale	%
0% - 250% FPL	100%	0% - 250% FPL	100%
251% - 300% FPL	95%	251% - 300% FPL	95%
301% - 400% FPL	90%	301% - 400% FPL	90%
401% - 600% FPL	85%		

3. Subject to the other provisions of this Financial Assistance Policy, a Patient with income greater than 600% (for uninsured) and 400% (for insured) of the FPL may be eligible for financial assistance under a "Means Test" for some discount of Patient's charges for services from the Organization based on a Patient's total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt which includes medical debt to health care providers within AMITA Health and any other health care provider, for emergency and other medically necessary care, that is equal to or greater than such Patient's household's gross income. The level of financial assistance provided pursuant to the Means Test is the same as is granted to a patient with income at 600% (uninsured) and 400% (insured) of the FPL under Paragraph 2 above. If

APPENDIX A

such Patient submits an Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the means test discount financial assistance if such Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.

Additionally, for uninsured patients who qualify for a sliding-scale discount as set forth in Paragraph 2, collections over 12-month period shall be additionally capped at 20% of the patient's family income.

4. A Patient may not be eligible for the financial assistance described in Paragraphs 1 through 3 above if such Patient is deemed to have sufficient assets to pay pursuant to an "Asset Test." The Asset Test involves a substantive assessment of a Patient's ability to pay based on the categories of assets measured in the FAP Application. A Patient with such assets that exceed 600% of such Patient's FPL amount may not be eligible for financial assistance.

5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient's first discharge bill to determine eligibility for 100% charity care notwithstanding Patient's failure to complete a financial assistance application ("FAP Application"). A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.

Patients demonstrating one of more of the following criteria will be deemed presumptively eligible for a 100% charity care: homelessness, deceased with no estate, mental incapacitation with no one to act on patient's behalf, Medicaid eligibility, but not on date of service or for non-covered service, Medicaid enrollment in a different state where Organization is not and does not intend to become a participating provider, and Medicaid participation but exhaustion of any length of stay limits.

Additional mandated categories include enrollment in the following programs: Women, Infants and Children Nutrition Program (WIC); Supplemental Nutrition Assistance Program (SNAP); Illinois Free Lunch and Breakfast Program; Low Income Home Energy Assistance Program (LIHEAP); Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria; and Receipt of grant assistance for medical services.

6. For a Patient that participates in certain insurance plans that deem the Organization to be "out-of-network," the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient's insurance information and other pertinent facts and circumstances.

7. The Patient may appeal any denial of eligibility for Financial Assistance by providing additional information to the Organization within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Organization for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. The process for Patients and families to appeal the Organization's decisions regarding eligibility for financial assistance is as follows:

   a. Appeals should be initially received by Patient Financial Services for review and follow up questions, if applicable

   b. A committee shall then meet on a monthly basis to review all appeals. The committee

membership should include representation from Patient Financial Services, Mission Integration, Case Management/Social Services and Finance/CFO.
Appeals shall be distributed to the committee members prior to the monthly committee meeting for review.

c. A Patient Financial Services representative should be present at the committee meeting to discuss each case and provide additional input that the patient may have provided.

d. The committee will review the applicant's FAP Application with special attention to additional information and points made by the applicant in the appeal process.

e. The committee may approve, disapprove or table the appeal. The committee may table an appeal if additional information is required based on questions asked during the appeal discussion.

f. Patient Financial Services will communicate in writing the outcome of the appeal to the Patient or family members.

B. **Other Assistance for Patients Not Eligible for Financial Assistance**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by the Organization.

1. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest-paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

C. **Limitations on Charges for Patients Eligible for Financial Assistance**

1. Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r).

2. A free copy of the AGB calculation description and percentage(s) may be obtained on the Organization's website, calling 888-693-2252, by email at amitafinancialassistance@amitahealth.org, or in writing at:
AMITA Health PFS
Attention: Financial Assistance Department
1000 Remington Blvd., Suite 110
Bolingbrook, IL 60440

D. **Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP

Application Instructions are available on the Organization's website or by calling 888-693-2252, by email at amitafinancialassistance@amitahealth.org, or in writing at:
AMITA Health PFS
Attention: Financial Assistance Department
1000 Remington Blvd., Suite 110
Bolingbrook, IL 60440
The Organization will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process, if the patient refuses to assign insurance proceeds or the right to be paid directly by an insurance company that may be obligated to pay for the care provided, or if the patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). The Organization may consider a FAP Application completed less than six months prior to any eligibility determination date in making a determination about eligibility for a current episode of care. The Organization will not consider a FAP Application completed more than six months prior to any eligibility determination date.

E. **Billing and Collections**
The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained on the Organization's website or by calling 888-693-2252, by email at amitafinancialassistance@amitahealth.org, or in writing at:
AMITA Health PFS
Attention: Financial Assistance Department
1000 Remington Blvd., Suite 110
Bolingbrook, IL 60440

F. **Interpretation**
This policy, together with all applicable procedures, is intended to comply with and shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

V. REFERENCES

A. Ascension Administrative Policy #600 – Financial Assistance for Those in Need
B. Financial Assistance Application Form
C. Plain Language Summary of the Financial Assistance Policy
D. List of Providers Covered and Not Covered Under the Financial Assistance Policy
E. Amounts Generally Billed

Attachments

Financial Assistance Application Forms.docx

Approval Signatures

Step Description	Approver	Date
Chief Financy Officer	Richard Carter: Chief Finance Officer	1/4/2022

Applicability

AMITA Health Adventist Medical Center-Bolingbrook, AMITA Health Adventist Medical Center-GlenOaks, AMITA Health Adventist Medical Center-Hinsdale, AMITA Health Adventist Medical Center-LaGrange, AMITA Health Alexian Brothers Medical Center-Elk G, AMITA Health St. Alexius Medical Center, Hoffman E, AMITA Health System, Presence Health System, Presence Holy Family Medical Center, Presence Mercy Medical Center, Presence Resurrection Medical Center, Presence Saint Francis Hospital, Presence Saint Joseph Hospital - Chicago, Presence Saint Joseph Hospital - Elgin, Presence Saint Joseph Medical Center, Presence Saints Mary and Elizabeth Medical Center, Presence St. Mary's Hospital

APPENDIX A