

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAY 17 2023

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	The University of Chicago Medical Center		
Street Address:	14290 S. LaGrange Road		
City and Zip Code:	Orland Park 60462-2350		
County:	Cook	Health Service Area:	6 Health Planning Area: A-04

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

Exact Legal Name:	The University of Chicago Medical Center		
Street Address:	5841 S. Maryland Avenue		
City and Zip Code:	Chicago 60637		
Name of Registered Agent:	Rachel Spitz		
Registered Agent Street Address:	5841 S. Maryland Avenue		
Registered Agent City and Zip Code:	Chicago 60637		
Name of Chief Executive Officer:	Thomas Jackiewicz		
CEO Street Address:	5841 S. Maryland Avenue		
CEO City and Zip Code:	Chicago 60637		
CEO Telephone Number:	(773) 702-6240		

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Joe Ourth
Title:	Partner
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 N. Clark Street, Site 4200, Chicago, IL 60601
Telephone Number:	(312) 876-7815
E-mail Address:	<a href="mailto:joe.ourth@saul.com">joe.ourth@saul.com</a>
Fax Number:	(312) 8766215

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**Post Permit Contact**

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

Name:	Phillip L. Kaufman, CPA
Title:	Vice President – Finance Shared Services
Company Name:	The University of Chicago Medical Center
Address:	5841 S. Maryland Avenue, Chicago, IL 60637
Telephone Number:	(773) 702-8184
E-mail Address:	phillipkaufman@uchospitals.edu
Fax Number:	(773) 702-8184

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	The University of Chicago Medical Center
Address of Site Owner:	5841 S. Maryland Avenue, Chicago, IL 60637
Street Address or Legal Description of the Site:	<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

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

Exact Legal Name:	The University of Chicago Medical Center		
Address:	5841 S. Maryland Avenue, Chicago, IL 60637		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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.

<b>APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>
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**Flood Plain Requirements**

[Refer to application instructions.]

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

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

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

Part 1110 Classification :

- Substantive
- Non-substantive

## 2. Narrative Description

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

On August 27, 2014, the University of Chicago Medical Center (“UCMC” or the “Medical Center”) received Permit #14-023 from the Illinois Health Facilities & Services Review Board (“IHFSRB” or the “Review Board”) to move forward with the construction of a four-story ambulatory medical office building in downtown Orland Park. The fourth floor was reserved as shell space.

On December 14, 2021, the Medical Center received Permit #21-033 from the Illinois Health Facilities and Services Review Board (the “Review Board”) to build out shelled space in UCMC’s Orland Park Medical Office Building (“MOB”) to reconfigure existing space on the second and third floors of the Orland Park medical office building, and to expand diagnostic imaging. That project had a total cost of \$18,530,768 and total square footage of 23,100 BGSF.

UCMC is now requesting a replacement permit for Project 21-033 for changes largely attributed to its Diagnostic Imaging Suite in the MOB, which will increase the Project Cost by 12.5% and increase square footage modernized by 6.6% (the “Project”). The scope of the Project remains largely the same as Permit 21-033, namely, UCMC proposes to complete the build out of the fourth floor of the Orland Park MOB with 17 new multi-specialty exams rooms, a procedure suite with two rooms equipped for GI endoscopy, colonoscopy and other similar office-based procedures, and dedicated space for cardiac and vascular imaging. Additionally, UCMC proposes to expand diagnostic imaging with one (1) additional MRI and one (1) PET scan in the existing diagnostic imaging suite on the second floor.

The purpose of the Project is to expand access to multi-specialty outpatient care, high-quality cancer screening and diagnostic imaging, for which there is increased demand and a continued disparate distribution of resources in the communities that UCMC serves.

The build out would consist of 24,618 BGSF for both clinical and non-clinical space. The total project cost is expected to be \$20,854,329 and will be funded with cash and securities. The Project is expected to be completed by April 30 2024.

Pursuant to 77 Ill. Adm. Code 1120.20(b), the Project is classified as “Non-Substantive” because it will not establish a new facility on a new site, establish or discontinue a category of service, or propose a change in bed capacity.

### Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	REVIEWABLE	NONREVIEWABLE	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation	\$485,440	\$43,120	\$528,560
Off Site Work			
New Construction Contracts	3,481,914	1,547,518	5,029,432
Modernization Contracts	4,618,853	178,848	4,797,701
Contingencies	293,010	66,990	360,000
Architectural/Engineering Fees	380,994	133,378	514,732
Consulting and Other Fees	528,924	199,668	728,592
Movable or Other Equipment (not in construction contracts)	7,061,203	560,922	7,622,025
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	667,410	213,422	880,831
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	283,343	109,473	392,816
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$17,801,091</b>	<b>\$3,053,238</b>	<b>\$20,854,329</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$17,801,091	\$3,053,238	\$20,854,329
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$17,801,091</b>	<b>\$3,053,238</b>	<b>\$20,854,329</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase Price: \$ <u>      N/A      </u>
Fair Market Value: \$ <u>      N/A      </u>
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.
Estimated start-up costs and operating deficit cost is \$ <u>      N/A      </u> .

**Project Status and Completion Schedules**

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

Indicate the stage of the project's architectural drawings:

- None or not applicable
- Preliminary
- Schematics
- Final Working

Anticipated project completion date (refer to Part 1130.140): April 30, 2024

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

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

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

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable?

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

**Cost Space Requirements**

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

**Not Reviewable Space [i.e. non-clinical]:** means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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

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

**Facility Bed Capacity and Utilization**

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

<b>FACILITY NAME:</b> The University of Chicago Medical Center		<b>CITY:</b> Chicago			
<b>REPORTING PERIOD DATES:</b> From: 1/1/2022 to: 12/31/2022					
<b>Category of Service</b>	<b>Authorized Beds*</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	481	20,973	151,236	-	481
Obstetrics	46	3,044	5,634	-	46
Pediatrics	60	3,484	15,895	-	60
Intensive Care	142	5,302	40,785	-	142
Comprehensive Physical Rehabilitation	-	-	-	-	-
Acute/Chronic Mental Illness	-	-	-	-	-
Neonatal Intensive Care	53	804	15,808	-	53
General Long-Term Care	-	-	-	-	-
Specialized Long-Term Care	-	-	-	-	-
Long Term Acute Care	-	-	-	-	-
Other ((identify))	-	-	-	-	-
<b>TOTALS:</b>	<b>782</b>	<b>33,607</b>	<b>229,358</b>	<b>-</b>	<b>782</b>
* Authorized bed information based on Alteration of Project #16-008 The University of Chicago Medical Center, approved on September 16, 2021					



CERTIFICATION

CERTIFICATION

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

- o In the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o In the case of a sole proprietor, the individual that is the proprietor.

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

SIGNATURE  
Jennifer Hill  
Jennifer Hill

Secretary

SIGNATURE  
Tom Jackiewicz  
Tom Jackiewicz

President

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of May, 2023

Cassandra Cole  
Signature of Notary

Seal  
"OFFICIAL SEAL"  
CASSANDRA COLE  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 03/31/2025  
\*Insert the EXACT legal name of the applicant

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of May, 2023

Cassandra Cole  
Signature of Notary

Seal  
"OFFICIAL SEAL"  
CASSANDRA COLE  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 03/31/2025

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

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

**1110.110(a) – Background of the Applicant**

READ THE REVIEW CRITERION and provide the following required information:

<p><b>BACKGROUND OF APPLICANT</b></p> <ol style="list-style-type: none"><li>1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.</li><li>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.</li><li>3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.<ol style="list-style-type: none"><li>a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.</li><li>b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.</li><li>c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.</li><li>d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.</li><li>e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.</li></ol></li><li>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. <b>Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.</b></li><li>5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.</li></ol>
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**APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

**Criterion 1110.110(b) & (d)****PURPOSE OF PROJECT**

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
  - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data is available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

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

**M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<b>Imaging</b>		
MRI	1	2
PET	0	1
<b>Clinic Exam Rooms</b>	3	20
<b>Minor Procedure Rooms</b>	0	3
<b>Mobile Cardiac Imaging Room</b>	0	1
<b>Stress Echo Testing Room</b>	2	1
<b>Vascular Testing Room</b>	1	1

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
<b>APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	



<p>_____</p> <p>_____</p> <p>_____</p>	<p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p><u>\$20,854,329</u></p>	<p><b>TOTAL FUNDS AVAILABLE</b></p>

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



**SECTION VII. 1120.130 - FINANCIAL VIABILITY - NOT APPLICABLE**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

**SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

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

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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

**SECTION IX. SAFETY NET IMPACT STATEMENT**

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

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

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

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

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

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

	Outpatient			
	<b>Total</b>			

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

**SECTION X. CHARITY CARE INFORMATION**

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

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

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

**A table in the following format must be provided for all facilities as part of Attachment 39.**

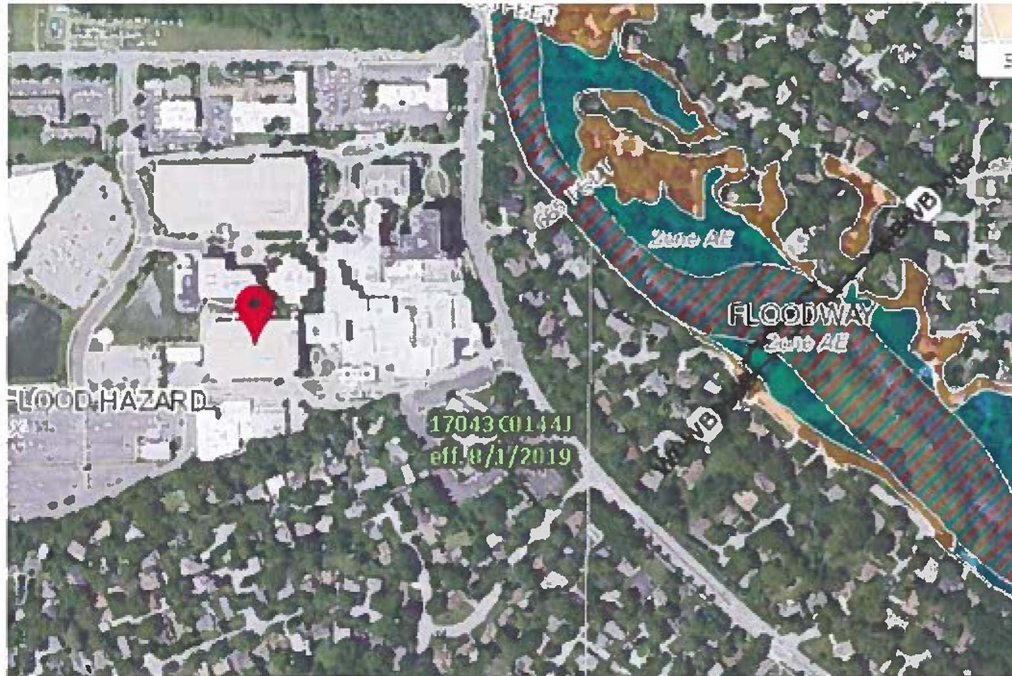
CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

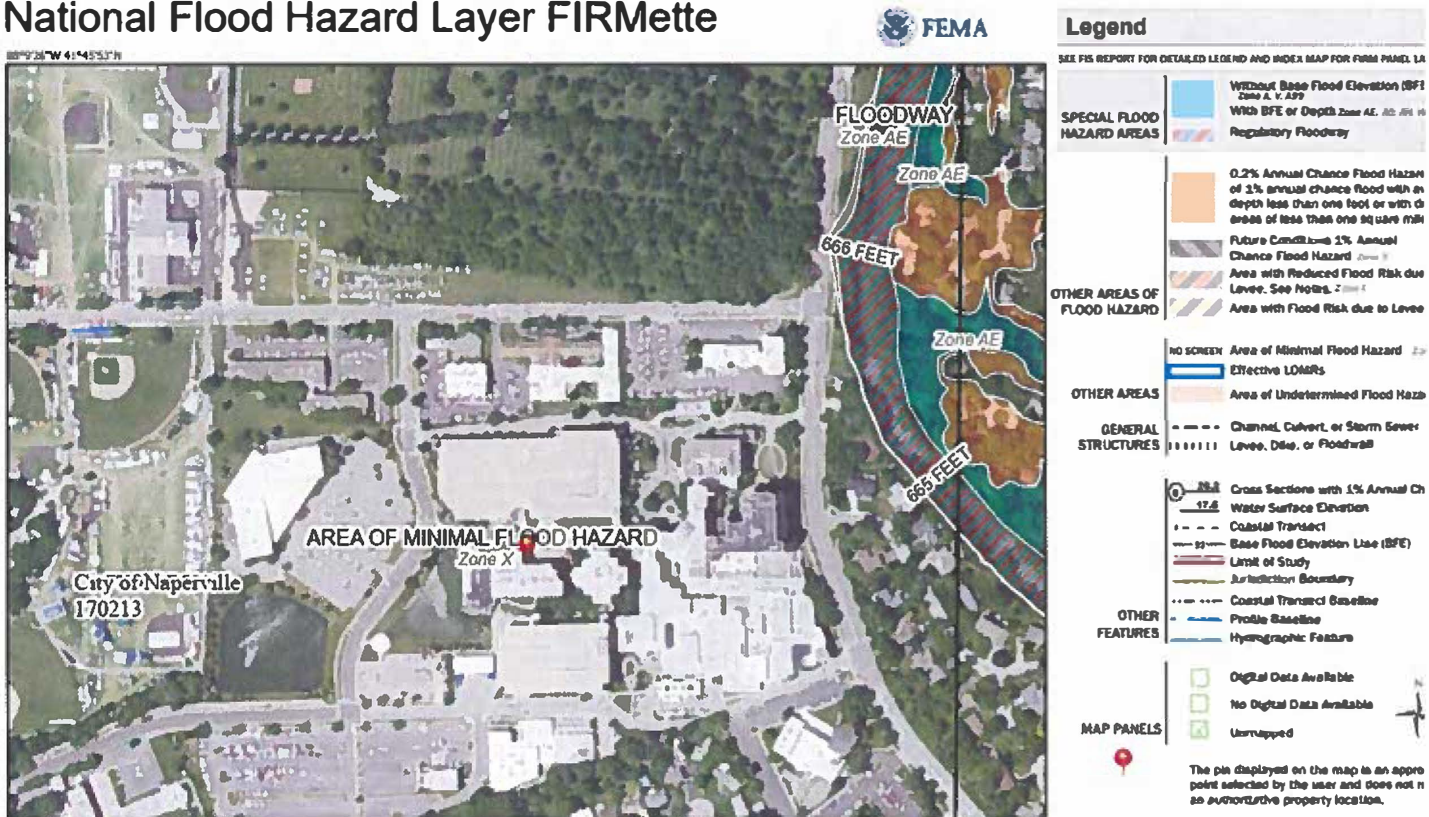


**Floodplain Map Example**

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



**National Flood Hazard Layer FIRMette**





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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	
34	Financial Waiver	
35	Financial Viability	
36	Economic Feasibility	
37	Safety Net Impact Statement	
38	Charity Care Information	
39	Flood Plain Information	

**Section I, Type of Ownership of Applicant/Co-Applicant**

**Attachment 1**

The University of Chicago Medical Center (“UCMC”) is an Illinois not-for-profit corporation. A copy of UCMC’s Good Standing Certificate is attached.

File Number 5439-757-7



**To all to whom these Presents Shall Come, Greeting:**

**I, Alexi Giannoulas, 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**

**THE UNIVERSITY OF CHICAGO MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 1986, 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 #: 2302304554 verifiable until 01/23/2024  
Authenticate at: <https://www.isos.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 JANUARY A.D. 2023 .**

*Alexi Giannoulas*  
SECRETARY OF STATE

**Section I, Site Ownership**

**Attachment 2**

Attached is a certification of the Applicants relating to control of the site.



**Attestation of Site Control**

I hereby attest that The University of Chicago Medical Center ("UCMC") has "site control," as that term is used in Review Board regulations over the Project site located at 14290 S. LaGrange Road in Orland Park, IL 60462-2350. UCMC is the owner the 110,500 gross square foot, four-story ambulatory care medical office building, in which the Project will occur. The Village of Orland Park is the landlord of the ground lease on which the medical office building was built and UCMC is the tenant in the ground lease with the landlord.

Dated: 1/1/21

  
\_\_\_\_\_  
Carla Gazes  
Senior Associate General Counsel  
The University of Chicago Medical Center

**Ground Lease****Village of Orland Park and University of Chicago Medical Center****Main Street Triangle:**

Approximately 27-acre area located (at the northwest corner of 143rd Street and LaGrange Road in the Village of Orland Park, Illinois that is owned or controlled by the Village of Orland Park for the purposes of promoting mixed-use retail, commercial and residential development.

**Premises:**

3.48 acres located within the Main Street Triangle at the northwest corner of LaGrange Road and 143rd Street. Please see Exhibit A for a legal description of the Premises.

**Landlord:**

The Village of Orland Park

**Tenant:**

The University of Chicago Medical Center

**Ground Lease Term:**

The Ground Lease Term began on September 1, 2015, and the Term shall continue until, and expire at, 11:59 pm, Central Standard or Daylight Savings Time on the 25<sup>th</sup> anniversary of the Landlord's issuance of a final occupancy permit for Tenant's improvements on the Premises.

**Conveyance of Premises to Tenant:** On the date of payment in full of all amounts of Rent due under the Ground Lease, Landlord shall convey Premises to Tenant by special warranty deed transferring absolute title to the Tenant.

**Permitted Use:** Tenant shall use the Premises for an ambulatory care center (but not to include hospital or emergency room), medical office, back room and support services, and related motor vehicle parking.

**Annual Rent:** On the basis that the Premises is exempt from assessment and levy of real estate taxes, Tenant shall pay to Landlord as rent the following ground rental rate for the Premises according to the following schedule:

Years 1-15: \$770,000 per year  
Years 16-25: \$750,000 in year 16 and reduced by \$20,000 annually through year 25.

**EXHIBIT A****Legal Description of the Land****UCMC PARCEL DESCRIPTION:**

**THAT PART OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:**

**COMMENCING AT A POINT 50 FEET NORTH OF THE SOUTH LINE OF SAID SECTION 4 AND 275 FEET WEST OF THE EAST LINE OF SAID SECTION 4; THENCE NORTH 01 DEGREES 34 MINUTES 53 SECONDS WEST, ALONG A LINE 275.00 FEET WEST OF AND PARALLEL WITH THE EAST LINE OF SAID SOUTHEAST QUARTER; THENCE NORTH 01 DEGREES 34 MINUTES 53 SECONDS WEST, 7.00 FEET TO A POINT ON A LINE 57.00 FEET NORTH OF AND PARALLEL WITH THE SOUTH LINE OF SAID SECTION 4, ALSO BEING THE POINT OF BEGINNING;**

**THENCE SOUTH 87 DEGREES 59 MINUTES 26 SECONDS WEST, ALONG SAID PARALLEL LINE, 39.94 FEET; THENCE NORTH 48 DEGREES 47 MINUTES 03 SECONDS WEST, 20.44 FEET; THENCE NORTH 01 DEGREES 34 MINUTES 53 SECONDS WEST, ALONG A LINE PARALLEL TO THE EAST LINE OF SAID SOUTHEAST QUARTER, 431.79 FEET; THENCE NORTH 88 DEGREES 25 MINUTES 07 SECONDS EAST, PERPENDICULAR TO THE LAST COURSE, 192.43 FEET; THENCE SOUTH 01 DEGREES 34 MINUTES 53 SECONDS EAST, ALONG A LINE PARALLEL TO THE EAST LINE OF SAID SOUTHEAST QUARTER, 10.50 FEET; THENCE NORTH 88 DEGREES 25 MINUTES 07 SECONDS EAST, PERPENDICULAR TO THE LAST COURSE, 77.92 FEET TO A POINT ON A LINE 60.00 FEET WEST OF AND PARALLEL WITH THE EAST LINE OF SAID SECTION. SAID LINE ALSO BEING A WEST LINE OF PROPERTY CONVEYED IN WARRANTY DEED RECORDED AS DOCUMENT 0031061786; THENCE SOUTHERLY, SOUTHWESTERLY AND WESTERLY ALONG WESTERLY, NORTHWESTERLY AND NORTHERLY LINES OF SAID WARRANTY DEED FOR THE NEXT THREE COURSES (1) THENCE SOUTH 01 DEGREES 34 MINUTES 53 SECONDS EAST, ALONG SAID LAST DESCRIBED LINE, 406.27 FEET; (2) THENCE SOUTH 43 DEGREES 12 MINUTES 17 SECONDS WEST, 38.33 FEET; (3) THENCE SOUTH 87 DEGREES 59 MINUTES 26 SECONDS WEST, 188.01 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.**

**TO BE KNOWN AS:**

**LOT 4 IN MAIN STREET TRIANGLE PHASE 2, BEING A SUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

**Section I, Operating Identity/Licensee**

**Attachment 3**

The University of Chicago Medical Center is an Illinois not-for-profit corporation.

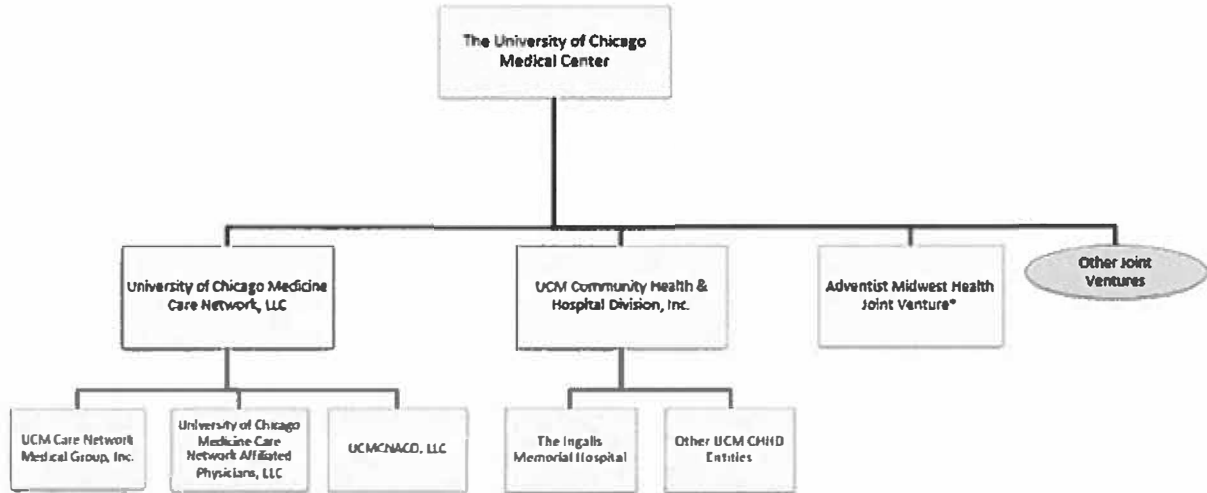


**Section I, Organizational Relationships**

**Attachment 4**

A copy of The University of Chicago Medical Center organizational chart is attached.

## UChicago Medicine Organization Structure



\* Joint Venture between The University of Chicago Medical Center (Class A Member with controlling interest) and Adventist Health System/Sunbelt, Inc. (Class B Member) in which Adventist Midwest Health holds a non-controlling interest. Includes Advent LaGrange Hospital, Advent Bolingbrook Hospital, Advent Glen Oaks Hospital and Advocate Hinsdale Hospital.

**Section I, Flood Plain Requirement**

**Attachment 5**



Attestation that the site of the Project is not located in a flood plain and that the Project complies with the Flood Plain Rules under Illinois Executive Order #2005-5 is attached.

**SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM**

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: University of Chicago Medical Center, 5841 S. Maryland Avenue  
(Name) (Address)  
Chicago IL 60637  
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 14280 S. LaGrange Road, Orland Park, IL  
(Address) (City) (State)  
Cook Orland  
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image. If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

**IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes \_\_\_ No X**

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? No**

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance. If the determination is being made by a local official, please complete the following:

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_  
Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
(City) (State) (ZIP Code) (Telephone Number)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428



**Section I, Historic Resources Preservation Act Requirements**

**Attachment 6**

Attached is a letter from the Illinois Department of Natural Resources noting that no historic, architectural or archaeological sites exists within the Project area.



**Illinois Department of  
Natural Resources**

One North Dearborn Street, Springfield, Illinois 62701-1021  
www.dnr.state.il.us

**James J. Conner, Governor**  
**Mike A. Krasinski, Director**

FAK (317) 834-7525

**Cook County**  
**Oakland Park**  
**Rehabilitation to Establish a Mammography Facility, University of Chicago Medicine Center**  
**14250 S. LaGrange Road**  
**SPFO Log 013706013**

July 11, 2018

**John R. Beberman**  
**The University of Chicago Hospitals**  
**18216 S. Hammond Avenue**  
**Oakland Park, IL 60468-0350**

Dear Mr. Beberman:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3425/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/745-5031.

Sincerely,

**Rachel Ledowitz, Ph.D.**  
**Deputy State Historic**  
**Preservation Officer**

**Section I, Project Costs and Source of Funds****Attachment 7****Section 1120.110, Project Costs and Sources of Funds****Project Costs and Sources of Funds**

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

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation	\$485,440	\$43,120	\$528,560
Off Site Work			
New Construction Contracts	3,481,914	1,547,518	5,029,432
Modernization Contracts	4,618,853	178,848	4,797,701
Contingencies	293,010	66,990	360,000
Architectural/Engineering Fees	380,994	133,378	514,732
Consulting and Other Fees	528,924	199,668	728,592
Movable or Other Equipment (not in construction contracts)	7,061,203	560,922	7,622,025
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	667,410	213,422	880,831
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	283,343	109,473	392,816
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$17,801,091</b>	<b>\$3,053,238</b>	<b>\$20,854,329</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$17,801,091	\$3,053,238	\$20,854,329
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$17,801,091</b>	<b>\$3,053,238</b>	<b>\$20,854,329</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			



<b>Cost Detailed</b>		<b>Total</b>	<b>Clinical</b>	<b>Non-Clinical</b>	<b>Total</b>
Preplanning Costs	Mockups	-	-	-	-
Site Survey and Soil Investigation		-	-	-	-
Site Preparation		<b>528,560</b>			
	New Construction Site Preparation		235,440	43,120	<b>278,560</b>
	CVS Site Preparation/Structure		250,000		<b>250,000</b>
New Construction		<b>5,029,433</b>			
	Outpatient Clinics		3,371,377		<b>3,371,377</b>
	Diagnostic Imaging		110,537		<b>110,537</b>
	Offices			552,685	<b>552,685</b>
	Public			497,416	<b>497,416</b>
	New Staff			386,879	<b>386,879</b>
	Building Support			110,537	<b>110,537</b>
Modernization Contracts		<b>4,797,701</b>			
	Outpatient Clinics		1,652,955		<b>1,652,955</b>
	Diagnostic Imaging		2,965,898		<b>2,965,898</b>
	Offices			123,580	<b>123,580</b>
	Public			55,268	<b>55,268</b>
Contingencies		<b>360,000</b>	293,010	66,990	<b>360,000</b>
Architectural Engineering Fees	Architecture Design	<b>514,372</b>	380,994	133,378	<b>514,372</b>
Consulting and Other Fees		<b>728,592</b>			
	City Permit Fees		17,571	6,228	<b>23,799</b>
	CON Related Fees		43,188	15,580	<b>58,768</b>
	Legal Council		33,542	13,562	<b>47,104</b>
	Other Fees		14,403	6,173	<b>20,575</b>
	Capitalized Labor		350,609	133,987	<b>484,596</b>
	Engineering		10,764	2,986	<b>13,750</b>
	Equipment Planning		58,848	21,152	<b>80,000</b>
Movable and Other Equipment		<b>7,622,025</b>			
	Medical Equipment		1,419,083	150,000	<b>1,569,083</b>
	1.5T MRI		1,800,000		<b>1,800,000</b>
	Fluoroscopy/ C-Arm		137,051		<b>137,051</b>
	PIET/CT		2,500,000		<b>2,500,000</b>
	Nurse Call Equipment		88,118		<b>88,118</b>
	Furniture		542,896	199,658	<b>742,554</b>
	Signage		16,089	6,407	<b>22,496</b>
	Artwork		20,725	8,720	<b>29,445</b>
	WiFi/DAS		83,314	33,265	<b>116,579</b>
	Network Closets		63,954	25,293	<b>89,247</b>
	PCs & Printers		139,647	52,280	<b>191,927</b>
	Patient Monitoring		218,481	72,466	<b>290,947</b>
	TV/PT Entertainment		31,845	12,733	<b>44,578</b>
Net Interest Expense During Construction		<b>880,831</b>	667,410	213,422	<b>880,831</b>
Other Costs to be Capitalized		<b>392,815</b>			
	IT Services/Cabling		91,429	29,420	<b>120,849</b>
	Kronos		2,592	1,111	<b>3,703</b>
	Security		81,732	34,215	<b>115,947</b>
	Equipment Warehousing		24,785	10,215	<b>35,000</b>
	Moving		9,167	3,929	<b>13,096</b>
	FVs		18,193	7,390	<b>25,583</b>
	Locks		24,785	10,215	<b>35,000</b>
	Fire Extinguisher		1,442	455	<b>1,897</b>
	Steris SPM Implementation		14,420	6,180	<b>20,600</b>
	Computer Carts		14,798	6,343	<b>21,141</b>
<b>Total Costs</b>		<b>\$20,854,329</b>	<b>17,801,091</b>	<b>3,053,238</b>	<b>20,854,329</b>

**Section I, Cost Space Requirements**

**Attachment 9**

**Cost Space Requirements**

University of Chicago Medical Center Orland Park Expansion									
Reviewable	Cost	BGSF		New	BGSF		As Is	Vacated Space	Re-Assign
		Existing	Proposed		Modernization				
Outpatient Clinics	\$9,033,423	19,501	14,163	11,389	2,774	19,501	0	0	
Infusion Therapy	\$0	7,171	0	0	0	7,171	0	0	
Radiation Oncology	\$0	5,994	0	0	0	5,994	0	0	
Diagnostic Imaging	\$8,767,668	11,085	4,116	402	3,714	11,085	0	0	
<b>Total Reviewable</b>	<b>\$17,801,091</b>	<b>43,751</b>	<b>18,279</b>	<b>11,791</b>	<b>6,488</b>	<b>43,751</b>			
<b>Non-Reviewable</b>									
Administrative	\$1,216,664	1,593	1,993	1,873	120	1,593	0	0	
Public	\$913,507	7,465	2,001	1,635	366	7,465	0	0	
Staff Support	\$594,839	1,992	1,338	1,338	0	1,992	0	0	
Mechanical/Building Support	\$328,229	2,375	1,007	267	740	2,375	0	0	
Space to be leased	\$0	14,196	0	0	0	14,196	0	0	
Parking Deck	\$0	132,000	0	0	0	132,000	0	0	
<b>Total Non-Reviewable</b>	<b>\$3,053,238</b>	<b>159,621</b>	<b>6,339</b>	<b>5,113</b>	<b>1,226</b>	<b>159,621</b>			
<b>Project Totals:</b>	<b>\$20,854,329</b>	<b>203,371</b>	<b>24,618</b>	<b>16,904</b>	<b>7,714</b>	<b>203,371</b>			

**Section III, Background of Applicant**

**Attachment 11**

Section 1110.230, Background, Purpose of the Project and Alternatives

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

UCMC's full general hospital license #0003897, effective July 1, 2022, issued by the Illinois Department of Public Health ("IDPH"), is attached. UCMC's most recent accreditation letter from the Joint Commission, is attached.

UCMC also owns Ingalls Memorial Hospital ("Ingalls Hospital") and Ingalls Same Day Surgery Center, an ambulatory surgery treatment center ("Ingalls ASTC").


Ingalls Hospital's full general hospital license is #0001099, effective January 1, 2023. Ingalls ASTC's ambulatory surgery treatment center license #7001043, effective June 18, 2022.

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

There have been no adverse actions taken against UCMC within the prior three years. A letter attesting to this fact is attached.

**3. Authorization permitting HFSRB and DPH access to 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.**

A letter granting the Review Board and the IDPH access to information to verify information in the application is attached.



**Illinois Department of PUBLIC HEALTH** HF 125861

**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.

**Arnaal V.E. Tokars**  
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRES	CATEGORY	IDENTIFICATION
6/30/2023		0003897

**General Hospital**

**Effective: 07/01/2022**

**The University of Chicago Medical Center**  
5841 S Maryland Ave MC 1000  
Chicago, IL 60637

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. 616-458-001 10M 5/19

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2023  
Lic Number 0003897

Date Printed 6/30/2022

The University of Chicago Medical Cen  
5841 S Maryland Ave MC 1000  
Chicago IL 60637

FEE RECEIPT NO.



Joliet Cancer Center - Physician Office  
1850 Silver Cross Blvd., New Lenox, IL, 60451

UCMC Orland Park Center for Advanced Care  
14290 South La Grange Road, Orland Park, IL, 60462

UCMC South Loop  
1101 South Canal Street Suit 201 & 202 Chicago, IL, Chicago, IL, 60607

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

Sincerely,

A handwritten signature in black ink that reads "Mark G. Pelletier".

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

cc: CMS/Baltimore Office/Survey & Certification Group/Division of Acute Care Services  
CMS/SOG Location 5 /Survey and Certification Staff

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630.792.5000 Voice



October 17, 2022

Krista Curell, JD, RN  
Associate Vice President, Integrity  
University of Chicago Medical Center  
5841 South Maryland Avenue  
Chicago, IL 60637

Re: # 7315  
CCN: # 140088  
Deemed Program: Hospital  
Accreditation Expiration Date: July 16, 2025

Dear Ms. Curell:

This letter confirms that your July 11, 2022 - July 15, 2022 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on October 6, 2022 and the successful unannounced Medicare Deficiency follow-up event conducted on August 24, 2022, the area of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of July 16, 2022. We congratulate you on your effective resolution of these deficiencies.

**§482.51 Surgical Services**

The Joint Commission is also recommending your organization for continued Medicare certification effective July 16, 2022. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

University of Chicago Hospitals and Health Systems  
5841 South Maryland Avenue, Chicago, IL, 60637

Outpatient Senior Health Center at South Shore  
7101 S. Exchange Avenue, Chicago, IL, 60637

University of Chicago Hospitals and Health Systems  
d/b/a Comer Children's Hospital  
5721 South Maryland Avenue, Chicago, IL, 60637

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630.792.5000 Voice

**Illinois Department of PUBLIC HEALTH** HF 123993

**STATE HEALTH CERTIFICATION REGISTRATION**

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

**Ngazi O. Edeh, M.D.**  
Director

Issued under the authority of the Illinois Commissioner of Public Health

From: 12/31/2022	To: 0001089
<b>General Hospital</b>	
<b>Effective: 01/01/2022</b>	

**Ingaile Memorial Hospital**  
1 Ingaile Drive  
Harvey, IL 60426

The face of this license has a patented background pattern by Authority of the State of Illinois 1 P.O. #11 631-621 6241 8173

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2022  
Lic Number 0001089

Date Printed 10/12/2021

Ingaile Memorial Hospital  
1 Ingaile Drive  
Harvey, IL 60426

FEE RECEIPT NO.

## Section III, Purpose of Project

### Attachment 12

#### Overview of Purpose

The Medical Center opened its Orland Park medical office building (“Orland Park MOB”) in December 2016, bringing specialized medicine to a community setting for patients seeking care closer to home. In its original application to the Review Board for the Medical Office Building, Project No. 14-023, UCMC proposed shell space on the fourth floor of the MOB with a projection for robust growth in demand in Planning Area A-04.

UCMC sought authority from the Review Board to build out the remainder of this shell space on the fourth floor, to reconfigure existing space on the second and third floors of the Orland Park medical office building, and to expand diagnostic imaging in 2021. The Reviewed Board approved Project #21-033, which allowed UCMC to complete the build out of the fourth floor of the Orland Park MOB with 18 multi-specialty exams rooms (17 net new multi-specialty exam rooms and 1 relocated exam room), a procedure suite with two rooms equipped for GI endoscopy, colonoscopy<sup>1</sup> and other similar office-based procedures, and dedicated space for cardiac and vascular imaging. The Review Board also approved the expansion of diagnostic imaging with one (1) additional MRI and one (1) PET scan in the existing diagnostic imaging suite on the second floor.

Project 21-033 was planned in phases, and the 4<sup>th</sup> floor build out of shelled space and renovations are substantially complete. The clinic space on the 4<sup>th</sup> floor opened to patients in December 2022 and increases clinical capacity in the building by approximately 20%. Given a variety of factors described within this application, total project cost for Project#21-033 will exceed 7% of the original permit and the increase in square footage will exceed 5% of the original permit. As a result, UCMC is submitting a replacement Certificate of Need application for Project #21-033 for the Review Board’s consideration to complete the construction of and purchase of equipment for the second floor diagnostic imaging suite of the Orland Park MOB (the “Project”).

#### **Project Purpose**

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<sup>1</sup> The Project is an extension of UCMC’s commitment to community service and to improve access to services in which our own community has been historically underserved. Our 2022 community needs health assessment identified cancer screening as a priority for the patients that we serve. The expansion of colon and bowel cancer screening and diagnostics throughout Chicago is a key priority for UCMC.



The purpose of this Project is the same as for Project #21-033 for which we already received approval – to expand access to multi-specialty outpatient care, high-quality cancer screening, and diagnostic imaging to meet the demand we anticipated and to continue to address the disparate distribution of needed health care resources in the communities that UCMC serves. For the previous fiscal year (FY22), 67% of the Medical Center’s patient care was delivered in an outpatient setting, a figure that has grown steadily over time.

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

UCMC has been serving the City of Chicago since 1927 and is one of the nation’s leading academic medical institutions. Its mission is to provide superior health care in a compassionate manner, ever mindful of each patient’s dignity and individuality. To accomplish this mission, UCMC relies upon the skills and expertise of all who work together to advance medical innovation, serve the health needs of the community and further the knowledge of those dedicated to caring for patients.

UCMC is a nationally recognized leader in patient care, research and medical education and is the primary teaching hospital for the University of Chicago, Pritzker School of Medicine. Renowned for treating some of the most complex medical cases, UCMC brings the very latest medical treatments to patients in Chicago and continues to invest in the capital resources necessary to maintain this effort. Moreover, UCMC routinely ranks among the top providers of Medicaid services in Illinois. The Project would provide current and future patients in the immediately adjacent Planning Area A-04 with expanded access to the same high-quality, patient care and groundbreaking research and treatments currently available to patients at UCMC's Hyde Park Campus. Through the Project, UCMC seeks to facilitate access to integrated, multi-specialty ambulatory care, to reduce wait times for appointments, and to minimize travel distances for existing patients who currently commute from south suburban locations.

**2. Define the planning area or market area, or other, per the applicant’s definition.**

As a major national academic medical center, UCMC essentially has two market areas. First, it serves much of the South Side of the City of Chicago, as well as South Suburbs. In addition, for its highly specialized tertiary and quaternary services, as well as primary care essential to the coordinated delivery of specialty medicine, UCMC serves much of the Chicago metropolitan area, the state and the Midwest, and even includes international patients. UCMC seeks to provide greater access to its patients who come from surrounding areas, including suburbs south of UCMC's main campus in Hyde Park, by bringing these services closer to the patient.

**3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.**

Over the past twenty-five (25) years, the delivery of health care has shifted to an even greater emphasis on the ambulatory setting. In fact, at UCMC, outpatient care, as a percentage of total patient care, exceeds inpatient care, and has tripled from 20% to 67% during this time period. Changes in technology, the standards of care, reimbursement methodologies, the expectations of health care consumers and, more recently, the public health emergency, all account for this shift. As a result, robust outpatient centers no longer need be adjacent to acute, inpatient hospitals, but can be located closer to the patients that they serve. In fact, patients demand this accessibility.

- A. Orland Park MOB is operating at capacity. UCMC has maximized throughput in the existing configuration, which is now insufficient for timely patient care,
- From May 2020 to April 2023, monthly clinic visits at the Orland Park MOB have increased by 68%. This growth is partially due to shifts in demand for ambulatory care from inpatient settings due to COVID-19 and other contributing factors.
  - During this same period, the average time from making an appointment to coming in for the clinic visit for new patients has increased 12%.
- B. Patients of the Orland Park MOB currently must travel to other locations for PET scans, which are frequently ordered with MRI and CT already available on-site,
- Not only is this a dissatisfier for patients, it leads to a disjointed delivery of care.
- C. There is a persistent disparity in cancer screening and mortality for minorities in Chicago, as well as effective management of chronic disease, with a higher concentration on the south and west sides of Chicago.
- The primary health care priorities identified by UCMC's 2022 Community Health Needs Assessment (CHNA) are preventing and managing chronic diseases (specifically heart disease, diabetes, and cancer) and reducing health inequities .
  - These issues mirror some of the concerns found in the 2019 CHNA, which also identified preventing and managing chronic disease, including asthma and diabetes, as health priorities for the Medical Center's South Side service area.

This Project will help to address these issues by increasing access to multi-specialty ambulatory medical care for more patients as the nation's healthcare system continues to shift to an outpatient delivery model.

#### **4. Cite the sources of the information provided as documentation**

UCMC undertakes ongoing internal utilization studies and the source of this information includes those reports and other information reported to EMS, IDFPR and IDPH. UCMC also relied upon Sg2 data its own records, and UCMC's 2016 and 2019 CHNAs.

**5. Detail how the project will address or improve the previously referenced issues or problems.**

The Project is a direct response to increased demand for ambulatory care. The Project will address incremental demand for exam rooms, physicians, and diagnostic imaging in Planning Area A-04. Having an expanded array of specialists and subspecialists together in an integrated facility is convenient for patients with complex, chronic illness and better for patient care. The expansion into the 4<sup>th</sup> floor by completing shelled space will create necessary additional capacity. Patients of the Orland Park MOB who need PET scans, perhaps in conjunction with other imaging or a biopsy, can now obtain all of these services on site, in comfortable, familiar surroundings and ready access to established clinicians. UCMC will increase access and enhance clinical excellence by offering the benefits of an academic medical center setting, diagnostic imaging advanced technology, all of which have been found to have an effective and material impact on inequality and health disparities.

**6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

UCMC's prevailing objective is to increase access to comprehensive high-quality outpatient care, with a full line of diagnostic imaging services for the safety and convenience of UCMC's patients, alongside the ancillary diagnostic and treatment modalities required for their medical care. Specifically, the Project will expand the Orland Park MOB to meet the increased demand for ambulatory care because of incremental changes in clinical practice, as well as a normative shift from the current public health emergency, and will streamline the delivery of medical care to patients in the ambulatory care setting. By expanding its satellite ambulatory facility and increasing the availability of cancer screening in closer proximity to current and future patients, UCMC will help to mitigate disparities including for cancer screening and management of chronic illness.

These goals can be achieved within the timeframe for Project completion.

**Section III, Alternatives****Attachment 13****Alternatives****1. Project of Greater or Lesser Scope and Cost**

Because UCMC seeks to maximize care delivery within the footprint of its existing medical office footprint and this is the final shell space area in the building, it did not consider a project of greater scope with an additional location or undertaking construction at the Orland Park site. A Project of lesser scope, without the addition of the PET scanner, was considered. The cost savings would have been Four Million Dollars (\$4,000,000.00). This was not pursued because patient volume is already such that it will make sufficient use of the PET scans within the required timeframe. More importantly, the combination of PET-MRI and PET-CT is a valuable diagnostic tool for providers and an important convenience to patients, especially with the trend of moving away from hospital-centric care. It was determined that a Project without a PET scanner was not adequate for the expected growth in demand especially after adding an additional MRI and exam rooms to meet capacity needs.

**2. Joint Venture with Other Providers**

A joint venture with other parties was not considered for this Project but was successfully pursued with Project 19-013. That joint venture is with Solis, which specializes in breast health and is known for providing women's imaging in dedicated suites that are welcoming and comforting to women. UCMC benefited by quickly bringing this high service level expertise to its patients, while Solis gained a strong and highly respected partner for its first centers in Illinois. The additional services proposed in this project will complement the Mammography Services already offered, and will add to the spectrum of cancer screening services available at the Orland Park MOB.

**3. Utilize Other Available Health Resources**

While continuing with the present arrangement is a \$0 cost option, there are many drawbacks, including no room to accommodate additional demand, longer wait time for appointments, and more limited ability to bring cancer and other diagnostic screening to the community.

**4. Proposed Alternative**

The proposed Project is the alternative selected. UCMC has chosen to make a substantial commitment to serving the needs of patients in Planning Area A-04 by completing the medical facility it opened in this growing area. UCMC anticipates that the proposed expansion of the facility will be well utilized as evidenced by the high demand for its existing resources. UCMC believes that having a tightly integrated multi-disciplinary team of clinical

staff centrally located in the community is the best alternative and will maximize the availability to high quality patient care for which there is strong demand.

<b>Alternative</b>	<b>Cost</b>	<b>Pros</b>	<b>Cons</b>
Project of Greater Scope	N/A	<ul style="list-style-type: none"> <li>• Capacity for growth</li> </ul>	<ul style="list-style-type: none"> <li>• Higher cost</li> <li>• Greater business risk</li> <li>• Need for space beyond existing building footprint</li> </ul>
Project of Lesser Scope	\$16,854,329	<ul style="list-style-type: none"> <li>• Lower cost</li> <li>• Less programmatic risk</li> </ul>	<ul style="list-style-type: none"> <li>• Less convenient for patients needing combined PET-CT or PET-MRI exams</li> </ul>
Joint Venture	N/A	<ul style="list-style-type: none"> <li>• Shared risk / losses</li> <li>• Gain experience of partner</li> </ul>	<ul style="list-style-type: none"> <li>• Challenge to manage</li> <li>• More complicated application</li> </ul>
Utilize Existing Facilities	\$0	<ul style="list-style-type: none"> <li>• Less cost to UCMC</li> </ul>	<ul style="list-style-type: none"> <li>• Longer wait times for clinic appointments and ancillary services</li> <li>• Remaining square footage in the Orland Park MOB continues to go unused</li> </ul>
Proposed Project	\$20,854,329	<ul style="list-style-type: none"> <li>• Patient-centric co-location of specialty and ancillary services</li> <li>• Convenience for patients needing imaging</li> <li>• Ideal layout and modalities for imaging</li> <li>• Efficiently and effectively utilize the remaining square footage in the Orland Park MOB to increase needed capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary disruption to current services during construction</li> </ul>

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**

**Attachment 14**

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**

**Attachment 14**

**Project Scope, Utilization and Unfinished/Shell Space**

The amount of proposed physical space is necessary and not excessive.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Ambulatory Care (20 exam rooms and 3 office-based procedure rooms)	12,701 DGSF	800 DGSF/Exam x 23 = 18,400 DGSF	5,699 DGSF	Yes
MRI (1)	1,503 DGSF	1,800 DGSF/Unit	297 DGSF	Yes
PET Scan (1)	1,680 DGSF	1,800 DGSF/Unit	120 DGSF	Yes

As summarized in the table above, there are state space standards for Ambulatory Care and Diagnostic Imaging. During the initial planning phases of the Orland Park MOB, the University of Chicago Medical Center (“UCMC”) forecast a clear and growing need for general and specialty outpatient medicine and promised to return to the Review Board for approval to build out the 4<sup>th</sup> floor. The need for such space is demonstrated by actual utilization, and for which we project continued growth. The Project is within each of these state standards.

The proposed Orland Park project will complete construction of the remaining shelled space areas of the original building. When the Orland Park CAC was first built, the first three floors were finished, and the 4<sup>th</sup> floor was constructed as shelled space for future expansion. In 2019 the Review Board approved a permit to complete a portion of the shelled space on the 4<sup>th</sup> floor for the Solis/UCM JV for Mammography, and the common areas needed including, reception, exit corridors, electrical, and storage space.

The proposed new space on the 4<sup>th</sup> floor will include a suite of exam rooms for multispecialty services, including the women’s and heart and vascular services, as well as other specialties, and will relocate current equipment for stress echo testing and vascular testing. Space will also be created for minor procedures including GI endoscopy and colonoscopy, pain treatment, and other office based procedures that do not require higher levels of facilities like those at an ASC. A blood draw area will also be on the 4<sup>th</sup> floor to support the ambulatory care and testing. The remaining space will be built out as general office and support space.

Imaging services on the 2<sup>nd</sup> floor will be expanded to include a PET scanner and a 2<sup>nd</sup> MRI scanner. To make room for the additional imaging services, our heart and vascular services will

be relocated to new space on the 4<sup>th</sup> floor, including current equipment used for stress echo tests. A Stress ECHO room will be relocated on Level 2.

Existing clinical services at the facility include Radiation Oncology and Infusion Therapy to treat cancer patients, a full range of imaging services and devices, and exam rooms to support specialty services such as Orthopedics, Medical Oncology, Cardiology, Gastroenterology, Women's Health, and Surgical Consulting, which could include such disciplines as General, Vascular, Colorectal, Urology, and ENT.

### **Space Standards for Specific Clinical Areas.**

#### **A. Ambulatory Care.**

The Project would create 18 exam rooms (17 net new exam rooms and 1 relocated exam room) and 3 office-based procedure rooms on the 4<sup>th</sup> floor and 2 relocated Exam Rooms on Level 2. The ambulatory care space includes the outpatient clinic, minor procedure suite, cardiology testing area, and blood draw area on level 4, plus renovated space on level 2. The state standard for ambulatory care is 800 DGSF per exam room which, for the proposed 20 exam rooms and 3 minor procedure rooms, yields a total of 18,400 DGSF allowable square feet compared to the Project's proposed 12,701 DGSF. Thus, the Project meets this state standard.

#### **B. Diagnostic Imaging.**

The Project would add one (1) MRI, and (1) PET scanner to the existing Diagnostic Imaging Suite on the second floor. The Orland Park MOB would then have two (2) MRIs, one (1) CT scanner, (1) PET scanner within this self-contained second floor suite at 6,045 DGSF. On Level 4, an Ultrasound Exam room has been relocated from Level 3. The Cardiac Testing Suite on Level 4 will also have a General Ultrasound room using a Mobile Ultrasound relocated from Level 2. On Level 3 in the Orthopaedic Suite, there are (3) existing radiographic devices to remain.

The modernized area on Level 2 for the new MRI and PET scanner is 3,553 DGSF. The MRI space totals 1,503 DGSF compared to the 1,800 DGSF allowed by state standard. The PET space totals 1,680 DGSF compared to the 1,800 DGSF allowed by state standard. Thus the Project meets these state standards.

The reviewable space described above total 18,279 BGSF including Ambulatory Care and Diagnostic Imaging. The non-reviewable spaces include non-clinical support spaces, offices, building support and public waiting and circulation areas totals 6,339 BGSF for a total project of 24,617 BGSF.

A table summarizing the space program is attached.

**Orland Park Expansion  
Space Program**

<b>Reviewable</b>	<b>Room Type</b>	<b>Quantity</b>	<b>NSF</b>	<b>DGSF</b>	<b>BGSF</b>	
<b>Outpatient Clinic</b>	Exam	17	1,902	1,959		
	Minor Procedure	1	149	153		
	U/S Exam (relocated)	1	138	142		
	Soiled Holding	1	84	87		
	Clean Supply	1	68	70		
	Team Station	3	835	860		
	Work Alcove	1	44	45		
	Patient Toilet	4	246	253		
	Storage	2	250	257		
	Work Room	2	197	203		
	Circulation			1,774	1,827	
	<b>Total</b>			<b>5,691</b>	<b>5,857</b>	<b>5,945</b>
	<b>Procedure Suite</b>	Minor Procedure Rm	2	577	594	
Prep/Recovery		6	601	619		
Patient Locker Room		1	82	84		
Patient Changing		2	59	61		
Patient Toilet		2	127	131		
Equipment Storage		1	167	172		
Team Station		1	342	352		
Meds./Nourishment		1	98	101		
Clean Supply		1	213	219		
Soiled Holding		1	70	72		
Scope Wash		1	79	81		
Scope Storage		1	100	103		
Instrument Processing		1	175	180		
Decontamination		1	230	237		
Circulation				1,308	1,347	
<b>Total</b>				<b>4,228</b>	<b>4,353</b>	<b>4,397</b>
<b>Cardiology Testing</b>		Vascular	1	193	199	
	Vascular (relocated)	1	206	212		
	General Ultrasound	1	181	186		



	Circulation		355	366	
	<b>Total</b>		<b>935</b>	<b>963</b>	<b>977</b>
<b>Diagnostic Imaging</b>	MRI	1	407	419	
	MRI Control Room	1	172	177	
	MRI Equipment Room	1	173	178	
	Shared Control Renov	1	109	112	
	PET CT	1	464	478	
	PET CT Control Room	1	91	94	
	Injection Room	3	326	336	
	Patient Toilet	1	57	59	
	Patient Changing Rm	2	89	92	
	MRI Storage Room	1	135	139	
	IV Start	1	80	82	
	Hot Lab	1	114	117	
	Hot Toilet	1	45	46	
	Circulation		1,291	1330	
	<b>Total</b>		<b>3,553</b>	<b>3,659</b>	<b>3,714</b>
<b>Blood Draw Level 4</b>	Blood Draw Stations	4	207	213	
	POC Testing	1	33	34	
	Work Area	1	113	116	
	Circulation		100	103	
	<b>Total</b>		<b>453</b>	<b>466</b>	<b>473</b>
<b>Level 2 Clinical Renovation</b>	Stress ECHO (relocated)	1	221	228	
	Exam Rm (relocated)	2	181	186	
	Storage	1	43	44	
	Scopes	1	12	12	
	Circulation		835	860	
	<b>Total</b>		<b>1,292</b>	<b>1,331</b>	<b>1,351</b>
<b>Level 4 Clinical Renovation</b>	Circulation		1,360	1,401	
	<b>Total</b>		<b>1,360</b>	<b>1,401</b>	<b>1,422</b>
<b>Total Reviewable:</b>					<b>18,279</b>

<b>Non-Reviewable</b>	<b>Room Type</b>	<b>Quantity</b>	<b>NSF</b>	<b>DGSF</b>	<b>BGSF</b>
<b>Public Level 4</b>	General Waiting	2	1,507	1,552	
	Public Toilet	2	122	126	
	Circulation		284	293	
	<b>Total</b>		<b>1,913</b>	<b>1,971</b>	<b>2,000</b>
<b>Administrative Level 2 &amp; 4</b>	Open Work Room	1	1,483	1,527	
	Private Office	4	309	318	
	Shared Office	1	115	118	
	<b>Total</b>		<b>1,907</b>	<b>1,963</b>	<b>1,994</b>
<b>Non-Clinical Staff Support Level 2 &amp; 4</b>	Reception	1	357	368	
	Check-in Station	1	126	133	
	Staff Toilet	3	179	184	
	Mother's Room	1	78	80	
	Reading Room	1	125	129	
	Conference Room	1	213	219	
	Staff Lounge	1	310	319	
	Work Room	3	513	528	
	Work Alcove	3	87	90	
	<b>Total</b>		<b>1,988</b>	<b>2,050</b>	<b>2,078</b>
<b>Building Support Level 4</b>	Storage	1	192	198	
	Med Gas Tank Room	1	63	65	
	<b>Total</b>		<b>255</b>	<b>263</b>	<b>267</b>
<b>Total Non-Clinical Reviewable (BGSF):</b>					<b>6,339</b>
<b>Grand Total (BGSF):</b>					<b>24,617</b>

**Section IV, Project Services Utilization**

**Attachment 15**

**Appendix B, Project Services Utilization**

**1110.120 c) Project Size Utilization – For areas for which there are utilization standards as shown in Appendix B**

**Imaging – MRI**

Utilization	Dept./Service	Historical Utilization	Projected Utilization	State Standard	Meet Standard?	Units	
FY18	Imaging (MRI)	1,788		0-2,500 procedures/year	Yes	1	
FY19		1,961		0-2,500	Yes	1	
FY20		2,920		0-2,500	Yes	1	
FY21		3,771*		0-2,500	Yes	1	
FY22		4,272*		0-2,500	Yes	1	
FY23				4,483*	0-2,500	Yes	1
FY24				5,185**	2,500-5,000	Yes	2
FY25			5,689**	2,500-5,000	Yes	2	

\* Volumes for FY21-23 are for one resource with extended hours (14 hrs/day M-F and 9 hrs/ day Sat-Sun)

\*\* Estimate based on MRI procedure growth of 20% from FY21 rate which is proportional to the estimated increased provider capacity for exams, divided into a 10% increase in FY23 and an additional 10% increase in FY24

One additional MRI is requested for the Diagnostic Imaging Suite. The MRI currently supports a number of specialties offered at Orland Park, and since FY20, has been running over the state standard for machines. Through April, 10 months of FY23, the MRI has been running at a rate of 4,483 procedures per year. At the conclusion of this project, the capacity for provider visits in the building will increase by 20% above current levels. A conservative estimate for the increase in MRI procedures is growth of MRI procedures proportional to provider capacity for visits. This scale up of growth is expected to happen over two years of operation, and results in meeting the state standard of 5,000 procedures over two machines. Finally, 5,689 exams are expected for 2025 for the two MRI scanners, which surpasses the state standard of 2,500 exams per machine.

**Imaging – PET**

Utilization	Dept./Service	Historical Utilization	Projected Utilization	State Standard	Meet Standard?	Units
FY18	PET	N/A				0
FY19		N/A				0
FY20		N/A				0
FY21		N/A				0
FY22		N/A				0
FY23		N/A				0
FY24			450	0-3,600 visits/year	Yes	1
FY25			600	0-3,600	Yes	1

A positron emission tomography (PET) scanner is requested for the Diagnostic Imaging Suite. A PET scanner detects early signs of cancer, heart disease and brain disorders.

A PET scan is an imaging test that can help reveal the metabolic or biochemical function of your tissues and organs. The PET scan uses a radioactive drug (tracer) to show both normal and abnormal metabolic activity. A PET scan can often detect diseases before the disease shows up on other imaging tests, such as computerized tomography (CT) and magnetic resonance imaging (MRI).

The PET images are typically combined with CT or MRI and are called PET-CT or PET-MRI scans to enhance diagnostic precision. Many types of solid tumors can be detected by PET-CT and PET-MRI including brain, breast, cervical, colorectal esophageal, lung, pancreatic, prostate cancers. PET scans can also show if decreased areas of blood circulation in the heart that may indicate a need for certain heart procedures, such as coronary artery bypass surgery, and can help visualize the presence of seizures and Alzheimer's. For this reason, the PET scanner will complement and enhance the existing capability of the Diagnostic Suite and further reduce the need for patients to travel to the hospital for additional testing.

Projections for utilization are based on our experience at other University of Chicago Medical Center ambulatory clinics. Based on the clinics that are currently at the Orland Park MOB, and those that will be added as part of the Project, we project 600 visits per year in the second year of operation, and growing to more than 1,000 visits per year in future years.

Using Sg2 Market Forecast, a 3<sup>rd</sup> party forecasting tool commonly used by hospitals across the country to estimate demand for specific services in a geographic market, the demand for PET scans in the A-04 planning area are projected to grow 10% between 2022 and 2032.

Customarily in CON reviews, there is a "rounding up" convention. Because there will be just one PET scanner, the projected 600 annual scans in the second year of operation meets the standard set by the Review Board.

## Section V, Clinical Service Areas Other Than Categories of Service

### Attachment 30

#### Clinical Services Other Than Categories of Service

Service	# Existing Key Rooms	# Proposed Key Rooms
<b>Imaging</b>		
MRI	1	2
PET	0	1
<b>Clinic Exam Rooms*</b>		
Net New	0	17
Relocated	3	3
<b>Minor Procedure Rooms</b>	0	3
<b>Mobile Cardiac Imaging Room</b>	0	1
<b>Stress Echo Testing Room</b>	2	1
<b>Vascular Testing Room</b>	1	1

\* The Project would create 18 exam rooms (17 net and 1 relocated) on Level 4 and relocate 2 exam rooms on Level 2.

#### 1. Indicate Changes by Service.

The Medical Center opened its Orland Park medical office building (“Orland Park MOB”) in December 2016, bringing specialized medicine to a community setting for patients seeking care closer to home. In our original application to the Review Board, we proposed shell space on the fourth floor of the MOB with a projection for robust growth in demand in Planning Area A-04.

The proposed Project is to build out the remainder of this shell space on the fourth floor, to reconfigure existing space on the second and third floors of the Orland Park medical office building, and to expand diagnostic imaging (the “Project”).

Specifically, UCMC proposes to complete the build out of the fourth floor of the Orland Park MOB with 18 multi-specialty exams rooms (17 new net exam rooms and 1 relocated room) and 1 minor procedure room in an outpatient clinic, a minor procedure suite with two minor procedure rooms equipped for GI endoscopy, colonoscopy<sup>2</sup> and other similar office-based procedures, dedicated space for cardiac and vascular testing, and a blood draw area.

<sup>2</sup> The Project is an extension of UCMC’s commitment to community service and to improve access to services in which our own community has been historically underserved. Our 2016 community needs health assessment identified cancer screening as a priority for the patients that we serve. The expansion of colon and bowel cancer screening and diagnostics throughout Chicago is a key priority for UCMC.

Additionally, UCMC proposes to expand diagnostic imaging with one (1) additional MRI and one (1) PET scan in the existing diagnostic imaging suite on the second floor. Additional small renovated spaces on the second, including 2 renovated exam rooms is also part of the clinical space changes.

Based on current and planned provider FTEs, the new space on the 4<sup>th</sup> floor will result in an approximately 20% increase in clinical capacity exams in the building. The Project is expected to be complete at the beginning of the second quarter of calendar year 2024.

**2. Necessary Expansion**

The main thrust of this Project is an expansion of existing outpatient services in order to accommodate current and growing demand for coordinated, efficient and high quality ambulatory care. The Project includes a material expansion in Diagnostic Imaging Services, including a PET scan and MRI that will join an existing MRI, CT, ultrasound, mammography, radiographic, and fluoroscopic.

**3. Major Medical Equipment**

There is no major medical equipment in this Project.

**4. Utilization (services with utilization standards)**

**Imaging – MRI**

Utilization	Dept./Service	Historical Utilization	Projected Utilization	State Standard	Meet Standard?	Units
FY18	Imaging (MRI)	1,788		0-2,500 procedures/year	Yes	1
FY19		1,961		0-2,500	Yes	1
FY20		2,920		0-2,500	Yes	1
FY21		3,771*		0-2,500	Yes	1
FY22		4,272*		0-2,500	Yes	1
FY23			4,483*	0-2,500	Yes	1
FY24			5,185**	2,500-5,000	Yes	2
FY25			5,689**	2,500-5,000	Yes	2

\* Volumes for FY21-23 are for one resource with extended hours (14 hrs/day M-F and 9 hrs/ day Sat-Sun)

\*\* Estimate based on MRI procedure growth of 20% from FY21 rate which is proportional to the estimated increased provider capacity for exams, divided into a 10% increase in FY23 and an additional 10% increase in FY24

One MRI in a Diagnostic Imaging Suite (Project #14-023) has already been approved.

The use of the MRI has been steady and growing, with the single MRI in use justifying twice the number of machines. To determine workload and how many devices were needed, UCMC used the ratio of outpatient imaging exams to outpatient visits currently performed at the Orland Park MOB. The ratio was applied to forecast outpatient demand for a second MRI. Clinic expansion from the Project is expected to result in 20% more outpatient visits, and MRI volumes are estimated proportionally. UCMC expects that in the second year of operation, 2025, the proposed machines will experience 5,689 exams combined, meeting the state standard of 2,500 exams per machine.

**Imaging – PET**

Utilization	Dept./Service	Historical Utilization	Projected Utilization	State Standard	Meet Standard?	Units
FY18	PET	N/A				0
FY19		N/A				0
FY20		N/A				0
FY21		N/A				0
FY22		N/A				0
FY23		N/A				0
FY24			450	0-3,600 visits/year	Yes	1
FY25			600	0-3,600	Yes	1

There will be one (1) PET scanner in the proposed Project. Projections are based on estimates of PETs ordered by similar clinics at other University of Chicago Medical Center locations. With the planned outpatient clinic programming at the Orland Park MOB, we expect to have 600 visits per year in the second year of operation, and continued growth to greater than 1,000 visits per year in future years.

Using Sg2 Market Forecast, a 3<sup>rd</sup> party forecasting tool commonly used by hospitals across the country to estimate demand for specific services in a geographic market, the demand for PET scans in the A-04 planning area are projected to grow 10% between 2022 and 2032.

Customarily in CON reviews, there is a “rounding up” convention. Because there will be just one PET scanner, the projected 600 annual scans in the second year of operation meets the standard set by the Applicants.

**5. Utilization (services without utilization standards)**

Cardiac Testing Rooms

Vascular, Stress Echo and other cardiac testing will be included in the proposed Project to address demand for testing ancillary to, or resulting from, specialty visits. In addition

to providing dedicated space for vascular and stress echo testing relocated from the third floor, this suite will provide space for mobile cardiac imaging that may be provided in the testing space in the future. Demand for imaging in the outpatient context has grown significantly over the past decade as more chronically and acutely ill patients have been managed in the community setting, and UCMC seeks to make imaging more accessible and convenient, and thereby enhance patient follow-up. There is no state standard for utilization for cardiac imaging.

#### Exam Rooms and Minor Procedure Rooms

17 net new exam rooms and 1 relocated exam room will be included in the proposed Project, resulting in 18 exam rooms on the 4th floor. From October 2020 to September 2021, clinic exam visits at the Orland Park MOB have increased 80%, and wait time for new clinic appointments increased 20%, demonstrating the need for additional exam room space.

Three minor procedure rooms will also be included in the project, with two in an office-based procedure suite on the 4th floor, and one in the outpatient clinic suite on the 4th floor. These rooms will be used for GI endoscopy, colonoscopy<sup>3</sup> and other similar office-based procedures, in support of the multi-specialty clinics offered at Orland Park MOB.

Sg2 Market Forecast forecasts that in the A-04 Planning Area, minor procedures delivered at physician office and outpatient clinics – excluding ASC and hospital based ORs – will grow from more than 581,000 procedures per year to almost 627,002 per year from 2022 to 2032. That is an 8% increase in 10 years. Adding the minor procedure rooms to the Orland Park MOB are consistent with this growing need.



**Section VI, Availability of Funds**

**Attachment 33**

Because UCMC has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's, this Section is not applicable. A copy of UCMC's bond ratings letters are included in Attachment 34.

**Attachment 34**

**Financial Viability Waiver**

UCMC's most recent bond ratings from Fitch Ratings (AA-) and Standard & Poor's (AA-) - (A1) are attached.

## S&P Global Ratings

180 East Randolph Street  
Suite 2800  
Chicago, IL 60601  
tel 312 233-7000  
reference no. 1738402

November 23, 2022

The University of Chicago Medical Center  
150 Harvester Drive, Suite 300  
Burr Ridge, IL 60527  
Attention: Ann M. McColgan, Treasurer

Re: *US\$175,000,000 Illinois Finance Authority, Illinois, Revenue Bonds, (University of Chicago Medical Center), (Long-Term Fixed Rate), Series 2022A, dated: Date of Delivery, due: June 30, 2053*

Dear Ann M. McColgan:

Pursuant to your request for an S&P Global Ratings rating on the above-referenced obligations, S&P Global Ratings has assigned a rating of "AA-". S&P Global Ratings views the outlook for this rating as stable. A copy of the rationale supporting the rating is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above-assigned ratings to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements or to allow the Issuer to comply with its regulatory obligations) will become effective only after we have released the ratings on [standardandpoors.com](http://standardandpoors.com). Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable. Any such dissemination shall not be done in a manner that would serve as a substitute for any products and services containing S&P Global Ratings' intellectual property for which a fee is charged.

To maintain the rating, S&P Global Ratings must receive all relevant financial and other information, including notice of material changes to financial and other information provided to us and in relevant documents, as soon as such information is available. Relevant financial and other information includes, but is not limited to, information about direct bank loans and debt and debt-like instruments issued to, or entered into with, financial institutions, insurance companies and/or other entities, whether or not disclosure of such information would be required under S.E.C. Rule 15c2-12. You understand that S&P Global Ratings relies on you and your agents and advisors for the accuracy, timeliness and completeness of the information submitted in connection with the rating and the continued flow of material information as part of the surveillance process. Please send all information via electronic delivery to: [pubfin\\_statelocalgovt@spglobal.com](mailto:pubfin_statelocalgovt@spglobal.com). If SEC rule 17g-5 is applicable, you may post such information on the appropriate website. For any information not available in electronic format or posted on the applicable website,

Please send hard copies to:  
S&P Global Ratings  
Public Finance Department  
55 Water Street  
New York, NY 10041-0003

The rating is subject to the Terms and Conditions, if any, attached to the Engagement Letter applicable to the rating. In the absence of such Engagement Letter and Terms and Conditions, the rating is subject to the attached Terms and Conditions. The applicable Terms and Conditions are incorporated herein by reference.

S&P Global Ratings is pleased to have the opportunity to provide its rating opinion. For more information please visit our website at [www.standardandpoors.com](http://www.standardandpoors.com). If you have any questions, please contact us. Thank you for choosing S&P Global Ratings.

Sincerely yours,

S&P Global Ratings  
a division of Standard & Poor's Financial Services LLC

jv  
enclosures

cc: *Brent Phillips*  
*Sara Perugini*

## S&P Global Ratings

### S&P Global Ratings Terms and Conditions Applicable To Public Finance Credit Ratings

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# Fitch Ratings

33 Whitehall Street  
New York, NY 10004

T 212 908 0500 / 800 75 FITCH  
www.fitchratings.com

November 17, 2022

Mr. Ivan Samstein  
Chief Financial Officer  
University of Chicago Medical Center  
5841 S. Maryland Avenue  
Chicago, IL 60637

Dear Mr. Samstein:

Fitch Ratings has assigned one or more ratings and/or otherwise taken rating action(s), as detailed in the attached Notice of Rating Action.

In issuing and maintaining its ratings, Fitch relies on factual information it receives from issuers and underwriters and from other sources Fitch believes to be credible. Fitch conducts a reasonable investigation of the factual information relied upon by it in accordance with its ratings methodology, and obtains reasonable verification of that information from independent sources, to the extent such sources are available for a given security or in a given jurisdiction.

The manner of Fitch's factual investigation and the scope of the third-party verification it obtains will vary depending on the nature of the rated security and its issuer, the requirements and practices in the jurisdiction in which the rated security is offered and sold and/or the issuer is located, the availability and nature of relevant public information, access to the management of the issuer and its advisers, the availability of pre-existing third-party verifications such as audit reports, agreed-upon procedures letters, appraisals, actuarial reports, engineering reports, legal opinions and other reports provided by third parties, the availability of independent and competent third-party verification sources with respect to the particular security or in the particular jurisdiction of the issuer, and a variety of other factors.

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We are pleased to have had the opportunity to be of service to you. If we can be of further assistance, please feel free to contact us at any time.

Laura Porter  
Managing Director - Global Group Head  
Public Finance

LP/em

Enc: Notice of Rating Action  
(Doc ID:253360 Rev 0)



**Notice of Rating Action**

<u>Bond Description</u>	<u>Rating Type</u>	<u>Rating Action</u>	<u>Rating</u>	<u>Outlook/ Watch</u>	<u>Eff Date</u>	<u>Notes</u>
Illinois Finance Authority (IL) (UChicago Medicine) rev bonds ser 2022A	Long Term Rating	New Rating	AA-	RO:Sta	2022-11-17 09:16:35.0	
Illinois Finance Authority (IL) (UChicago Medicine) rev bonds ser 2022A	Unenhanced Long Term Rating	New Rating	AA-	RO:Sta	2022-11-17 09:16:35.0	
Illinois Finance Authority (IL) (UChicago Medicine) rev bonds ser 2022B	Long Term Rating	New Rating	AA-	RO:Sta	2022-11-17 09:16:35.0	
Illinois Finance Authority (IL) (UChicago Medicine) rev bonds ser 2022B	Unenhanced Long Term Rating	New Rating	AA-	RO:Sta	2022-11-17 09:16:35.0	

**Key:** RO: Rating Outlook, RW: Rating Watch, Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

**Attachment 35**

**Audited Financial Statements**

UCMC's financial statements for the years June 30, 2019, 2020, and 2021 were included in UCMC's permit application 23-011 filed earlier this year and are incorporated by reference.

**Economic Feasibility**

**Attachment 36**

**Economic Feasibility**

**A. Reasonableness of Financing Arrangements.**

The Project will be financed through cash on hand and securities and a lease. Letters attesting to the reasonableness of the financing arrangements are attached.

**B. Conditions of Debt Financing.**

The Project is being paid for through cash and securities and therefore, these criteria do not apply.

**C. Reasonableness of Project and Related Costs.**

**Section IV - Size of Project**

University of Chicago Medical Center Orland Park Expansion	Cost/SF		Gross SF		Gross SF		Constr. Cost \$ (A x C)	Mod. \$ (B x E)	Total Costs (G + H)
	A New	B Modernized	C New	D Circ.	E Modern	F Circ.			
<b>Reviewable</b>									
Outpatient Clinics	\$296	\$596	11,389	32%	2,774	83%	\$3,371,377	\$1,652,955	\$5,024,33
Infusion Therapy	\$0	\$0	0	0%	0	0%	\$0	0	\$0
Radiation Oncology	\$0	\$0	0	0%	0	0%	\$0	0	\$0
Diagnostic Imaging	\$275	\$799	402	0%	3,714	36%	110,537	2,965,898	\$3,076,43
<b>Total Reviewable</b>	<b>\$295</b>	<b>\$712</b>	<b>11,791</b>	<b>31%</b>	<b>6,488</b>	<b>56%</b>	<b>\$3,481,914</b>	<b>\$4,618,853</b>	<b>\$8,100,76</b>
Contingencies	\$0	\$45						293,010	\$293,010
<b>Grand Total Reviewable</b>	<b>\$295</b>	<b>\$757</b>	<b>11,791</b>	<b>31%</b>	<b>6,488</b>	<b>56%</b>	<b>\$3,481,914</b>	<b>\$4,911,863</b>	<b>\$8,393,77</b>
<b>Non-Reviewable</b>									
Administrative	\$295	\$1,030	1,873	35%	120	0%	\$552,685	\$123,580	\$676,26
Public	\$304	\$151	1,635	62%	366	81%	\$497,416	\$55,268	\$552,68
Staff Support	\$289	\$0	1,338	0%	0	0%	\$386,879	\$0	\$386,87
Building Support	\$414	\$0	267	0%	740	0%	\$110,537	\$0	\$110,53
Space to be leased	\$0	\$0	0	0%	0	0%			
Parking Deck	\$0	\$0	0	0%	0	0%			
<b>Total Non-Reviewable</b>	<b>\$303</b>	<b>\$146</b>	<b>5,113</b>	<b>33%</b>	<b>1,226</b>	<b>24%</b>	<b>\$1,547,518</b>	<b>\$178,848</b>	<b>\$1,726,36</b>
Contingencies	\$0	\$55						66,990	\$66,990
<b>Grand Total Non-Reviewable</b>	<b>\$303</b>	<b>\$201</b>	<b>5,113</b>	<b>33%</b>	<b>1,226</b>	<b>24%</b>	<b>1,547,518</b>	<b>245,838</b>	<b>\$1,793,35</b>

Note: Building gross square footage is used.

**D. Project Operating Costs**

	2025
Operating Costs	\$6,159,018
PET, MRI & Exam Visits	24,539
Annual Operating Cost Per Unit	\$251
2023 Dollars	

**E. Total Effect of Project on Capital Costs**

Annual Project Depreciation	\$1,873,135
Equivalent Patient Days	1,164,300
Capital Cost per Equiv. Pat. Day	\$1.61
UCMC Capital Cost FY23	\$20,854,329

## Section XI, Safety Net Impact Statement

## Attachment 37

Because the proposed Project is a non-substantive project, the safety net impact statement is not applicable. Nevertheless, for informational purposes, UCMC's information is included below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	FY20	FY21	FY22
Inpatient	940	340	460
Outpatient	21,192	14,870	10,012
<b>Total</b>	<b>22,132</b>	<b>15,210</b>	<b>10,472</b>
Charity (cost in dollars)			
Inpatient	\$17,320,551	\$3,505,779	\$13,413,005
Outpatient	\$24,157,208	\$16,982,180	\$13,541,260
<b>Total</b>	<b>\$41,477,759</b>	<b>\$20,487,959</b>	<b>\$26,954,265</b>
MEDICAID			
Medicaid (# of patients)	FY20	FY21	FY22
Inpatient	11,635	12,335	12,617
Outpatient	147,940	138,695	159,040
<b>Total</b>	<b>159,576</b>	<b>151,030</b>	<b>171,657</b>
Medicaid (revenue)			
Inpatient	\$334,038,769	\$409,276,752	\$447,645,408
Outpatient	\$88,188,976	\$143,646,625	\$167,306,485
<b>Total</b>	<b>\$422,227,745</b>	<b>\$552,923,377</b>	<b>\$614,951,893</b>

**Charity Care Information****Attachment 38**

Shown below is the amount of charity care provided by UCMC

<b>CHARITY CARE</b>			
	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>
<b>Net Patient Revenue</b>	<b>\$1,746,725,000</b>	<b>\$2,000,232,997</b>	<b>\$2,188,854,056</b>
Amount of Charity Care (charges)	\$181,577,629	\$115,238,011	\$116,107,626
Cost of Charity Care	\$41,477,759	\$20,487,959	\$26,954,265
Ratio of Charity Care Cost to Net Patient Rev.	2.37%	1.02%	1.23%

**Attachment 39, Flood Plan Information**



Attached is material showing that the Project is not located within a flood plain

**SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM**

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: University of Chicago Medical Center, 5841 S. Maryland Avenue  
(Name) (Address)  
Chicago IL 60637  
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 14290 S. LaGrange Road, Orland Park, IL  
(Address) (City) (State)  
Cook Orland  
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

**IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes \_\_\_  
No X**

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? No**

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_  
Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

(City) (State) (ZIP Code) (Telephone Number)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

**If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428**



**Floodplain Map Example**

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



**National Flood Hazard Layer FIRMette**

