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

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
**This Section must be completed for all projects.**

### Facility/Project Identification

| | | |
|---|---|---|
| Facility Name: Rush Oak Park Hospital | | |
| Street Address: 520 South Maple Avenue | | |
| City and Zip Code: Oak Park 60304 | | |
| County: Cook | Health Service Area: 007 | Health Planning Area: A-06 |

### Legislators

| |
|---|
| State Senator Name: Don Harmon |
| State Representative Name: Camille Lilly |

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

| |
|---|
| Exact Legal Name: Rush Oak Park Hospital, Inc. |
| Street Address: 520 South Maple Avenue |
| City and Zip Code: Oak Park, IL 60304 |
| Name of Registered Agent: Carl Bergetz |
| Registered Agent Street Address: 1725 West Harrison Street, Suite 364 |
| Registered Agent City and Zip Code: Chicago, Illinois 60612 |
| Name of Chief Executive Officer: Dino P. Rumoro, DO, MPH |
| President Street Address: 520 South Maple Avenue |
| President City and Zip Code: Oak Park, IL 60304 |
| President Telephone Number: (708) 660-6660 |

### Type of Ownership of Applicants

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

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

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

### Primary Contact [Person to receive ALL correspondence or inquiries]

| |
|---|
| Name: Dino P. Rumoro, DO, MPH |
| Title: President and Chief Executive Officer |
| Company Name: Rush Oak Park Hospital, Inc. |
| Address: 520 South Maple, Oak Park, IL 60304 |
| Telephone Number: (708) 660-6660 |
| E-mail Address: Dino_Rumoro@rush.edu |
| Fax Number: (708) 660-6658 |

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

| |
|---|
| State Senator Name: Don Harmon |
| State Representative Name: Camille Lilly |

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

| |
|---|
| Exact Legal Name: Rush System for Health d/b/a Rush University System for Health |
| Street Address: 1725 West Harrison Street, Suite 364 |
| City and Zip Code: Chicago, IL 60612 |
| Name of Registered Agent: Carl Bergetz |
| Registered Agent Street Address: 1725 West Harrison Street, Suite 364 |
| Registered Agent City and Zip Code: Chicago, Illinois 60612 |
| Name of Chief Executive Officer: Omar B. Lateef, DO |
| President Street Address: 1700 West Van Buren Street, Suite 301 |
| President City and Zip Code: Chicago 60612 |
| President Telephone Number: (312) 942-8715 |

### Type of Ownership of Applicants

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

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**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: Katherine B. Fishbein |
| Title: Assistant General Counsel |
| Company Name: Rush University Medical Center |
| Address: 1700 West Van Buren Street, Suite 301, Chicago, IL 60612 |
| Telephone Number: (312) 942-6886 |
| E-mail Address: Katherine_Fishbein@rush.edu |
| Fax Number: (312) 942-6886 |

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

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
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|---|
| State Senator Name: Don Harmon |
| State Representative Name: Camille Lilly |

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

| |
|---|
| Exact Legal Name: Rush University Medical Center |
| Street Address: 1725 West Harrison Street, Suite 364 |
| City and Zip Code: Chicago, IL 60612 |
| Name of Registered Agent: Carl Bergetz |
| Registered Agent Street Address: 1725 West Harrison Street, Suite 364 |
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| Name of Chief Executive Officer: Dr. Omar Lateef |
| President Street Address: 1700 West Van Buren Street, Suite 301 |
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| President Telephone Number: (312) 942-8715 |

### Type of Ownership of Applicants

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

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

### Primary Contact [Person to receive ALL correspondence or inquiries]

| |
|---|
| Name: Katherine B. Fishbein |
| Title: Assistant General Counsel |
| Company Name: Rush University Medical Center |
| Address: 1700 West Van Buren Street, Suite 301, Chicago, IL 60612 |
| Telephone Number: (312) 942-6886 |
| E-mail Address: Katherine_Fishbein@rush.edu |
| Fax Number: (312) 942-6886 |

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

| |
|---|
| Name: Juan Morado Jr. and Mark J. Silberman |
| Title: Partner |
| Company Name: Benesch Friedlander Coplan & Aronoff LLP |
| Address: 71 S. Wacker Drive, Suite 1600 |
| Telephone Number: (312) 212-4949 |
| E-mail Address: JMorado@Beneschlaw.com and MSilberman@Beneschlaw.com |
| Fax Number: (312) 767-9192 |

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

| |
|---|
| Name: Dino P. Rumoro |
| Title: President and Chief Executive Officer |
| Company Name: Rush Oak Park Hospital, Inc. |
| Address: 520 South Maple, Oak Park, Illinois 60304 |
| Telephone Number: (708) 660-6660 |
| E-mail Address: Dino_Rumoro@rush.edu |
| Fax Number: (708) 660-4026 |

## Site Ownership after the Project is Complete

[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: Rush Oak Park Hospital |
| Address of Site Owner: 520 South Maple, Oak Park IL 60304 |
| Street Address or Legal Description of the Site:<br>**Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease**. |
| **APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.** |

## Current Operating Identity/Licensee

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

| |
|---|
| Exact Legal Name: Rush Oak Park Hospital, Inc. |
| Address: 520 South Maple Avenue, Oak Park, Illinois 60304 |

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

## Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Rush Oak Park Hospital, Inc.

Address: 520 South Maple Avenue, Oak Park, Illinois 60304

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

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

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

## Organizational Relationships

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

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

## Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site.

Rush Oak Park Hospital, Inc. is proposing a corporate member substitution among related entities.

Specifically, Rush University System for Health will become the direct corporate parent and sole member for Rush Oak Park Hospital, Inc., and Rush University Medical Center will no longer be a corporate member of Rush Oak Park Hospital, Inc.

There will be no changes to the facility's operations, property ownership, financials, nor will there be any other changes to Rush University System for Health the entity's ultimate governing body. This change of membership does not involve the exchange of any consideration or transfer of Rush University Medical Center or Rush Oak Park Hospital Inc. assets.

## Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: $ N/A

Fair Market Value: $ N/A

## Project Status and Completion Schedules

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

- **Rush Specialty Hospital, Project #21-029**- The Project will not be complete when the exemption that is the subject of this application is complete.
- **Rush Specialty Hospital, Project E#15-023-** The Project will be complete when the exemption that is the subject of this application is complete.
- **Rush Lisle Cancer Center, Project #23-001-** The Project will not be complete when the exemption that is the subject of this application is complete.
- **Rush North Harlem MOB, Project #23-024-** The Project will not be complete when the exemption that is the subjection of this application is complete.
- **Rush Ambulatory Care Building, Project #18-023**- The Project will not be complete when the exemption that is subject of this application is complete.
- **Rush Copley Medical Center, Project #22-015**- The Project will not be complete when the exemption that is the subject of this application is complete.

**Anticipated exemption completion date** (refer to Part 1130.570): July 1, 2023

## State Agency Submittals

Are the following submittals up to date as applicable:

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

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

## CERTIFICATION

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

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

**This Application is filed on the behalf of Rush University System for Health and Rush University 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

Omar B. Lateef, DO
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18 day of APRIL, 2023

Signature of Notary

Seal

OFFICIAL SEAL
MARY F PANOSH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 1/15/25

SIGNATURE

Carl Bergetz, JD
PRINTED NAME

Chief Legal Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18th day of April, 2023

Signature of Notary

Seal

"OFFICIAL SEAL"
Maritza Ramses
Notary Public, State of Illinois
My Commission Expires February 27, 2026

*Insert the EXACT legal name of the applicant

## CERTIFICATION

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

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

**This Application is filed on the behalf of Rush Oak Park Hospital, Inc., 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

Dino P. Rumoro, DO, MPH
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21st day of April

Signature of Notary

Seal

CHERISE BROWN
Official Seal
Notary Public - State of Illinois
My Commission Expires May 6, 2023

SIGNATURE

Max A. Fitzgerald, MD
PRINTED NAME

Associated Chief Medical Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21st day of April

Signature of Notary

Seal

CHERISE BROWN
Official Seal
Notary Public - State of Illinois
My Commission Expires May 6, 2023

*Insert the EXACT legal name of the applicant

## SECTION II. BACKGROUND.

**BACKGROUND OF APPLICANT**

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

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

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

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

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

**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.**

## SECTION III. CHANGE OF OWNERSHIP (CHOW)

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

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

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

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

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

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

| APPLICABLE REVIEW CRITERIA | CHOW |
|---|---|
| 1130.520(b)(1)(A) - Names of the parties | X |
| 1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. | X |
| 1130.520(b)(1)(C) - Structure of the transaction | X |
| 1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction | |
| 1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons | X |
| 1130.520(b)(1)(F) - Fair market value of assets to be transferred | X |
| 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)] | X |
| 1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section | X |
| 1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction | X |
| 1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community | X |
| 1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership | X |
| 1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control | X |
| 1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body | X |
| 1130.520(b)(8) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility | X |

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

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

## SECTION IV. CHARITY CARE INFORMATION

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

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

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

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

**A table in the following format must be provided for all facilities as part of Attachment 7.**

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

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

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

## INDEX OF ATTACHMENTS

| ATTACHMENT NO. | | PAGES |
|---|---|---|
| 1 | Applicant Identification including Certificate of Good Standing | 16 – 19 |
| 2 | Site Ownership | 20 – 21 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 22 – 23 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 24 – 25 |
| 5 | Background of the Applicant | 26 – 27 |
| 6 | Change of Ownership | 28 – 49 |
| 7 | Charity Care Information | 50 |

# ATTACHMENT 1
# Certificate of Good Standing

Included with this attachment are:

1. The Certificate of Good Standing for Rush Oak Park Hospital, Inc.
2. The Certificate of Good Standing for Rush System for Health d/b/a University System for Health
3. The Certificate of Good Standing of Rush University Medical Center

# ATTACHMENT 1
# Certificate of Good Standing
# for Rush Oak Park Hospital, LLC

*File Number* 0987-432-1


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

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

RUSH OAK PARK HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.


***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* AUGUST *A.D.* 2022 .

Authentication #: 2221502384 verifiable until 08/03/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

# ATTACHMENT 1
## Certificate of Good Standing
## for Rush System for Health d/b/a Rush University System for Health

*File Number* 5852-111-6


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

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

RUSH SYSTEM FOR HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 22, 1995, ADOPTED THE ASSUMED NAME RUSH UNIVERSITY SYSTEM FOR HEALTH ON JANUARY 29, 2019, 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 #: 2221502920 verifiable until 08/03/2023
Authenticate at: https://www.ilsos.gov

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* AUGUST *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

# ATTACHMENT 1
## Certificate of Good Standing
## for Rush University Medical Center

*File Number* 0200-214-1

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

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

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* AUGUST *A.D.* 2022 .

Authentication #: 2221503126 verifiable until 08/03/2023
Authenticate at: https://www.ilsos.gov

Jesse White
SECRETARY OF STATE

# ATTACHMENT 2
# Site Ownership

The land in which the Hospital is currently located is controlled by Rush System for Health d/b/a Rush University System for Health. Enclosed as evidence of control of the site is a letter attesting to said control signed by Rush System for Health d/b/a Rush University System for Health, Chief Legal Counsel, Carl Bergetz.

# ATTACHMENT 2
# Letter Attesting to Ownership

April 26, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

**Re: Rush Oak Park Hospital - Site Ownership Attestation**

Dear Mr. Kniery:

As representative of Rush System for Health d/b/a Rush University System for Health., I, Carl Bergetz, attest that the site of Rush Oak Park Hospital, located at 520 South Maple, Oak Park, Illinois 60304 is controlled by Rush System for Health d/b/a Rush University System for Health.

Sincerely,

Carl Bergetz, JD
Chief Legal Officer
Rush University System for Health

# ATTACHMENT 3
# Operating Entity/Licensee

Rush Oak Park Hospital Inc. is now and will continue to be the licensed operating entity. Attached as evidence of the entity's good standing is a Certificate of Good Standing issued by the Illinois Secretary of State.

# ATTACHMENT 3
# Certificate of Good Standing
# for Rush Oak Park Hospital, Inc.

*File Number* 0987-432-1

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

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

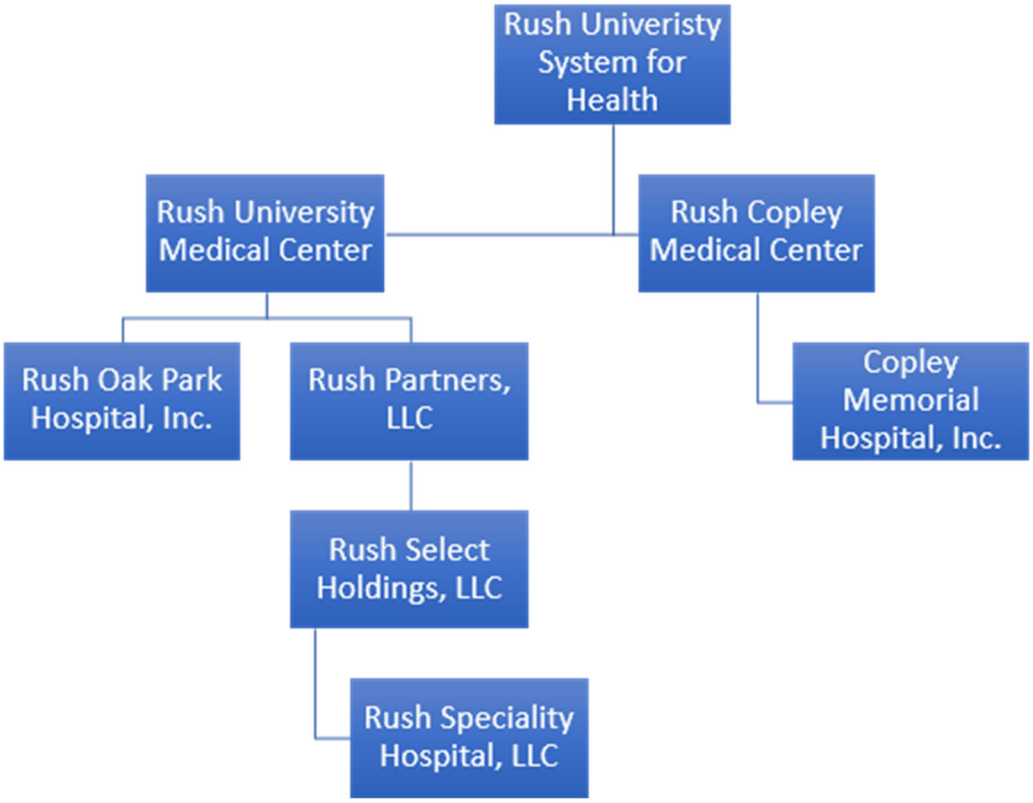
RUSH OAK PARK HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* AUGUST *A.D.* 2022 .

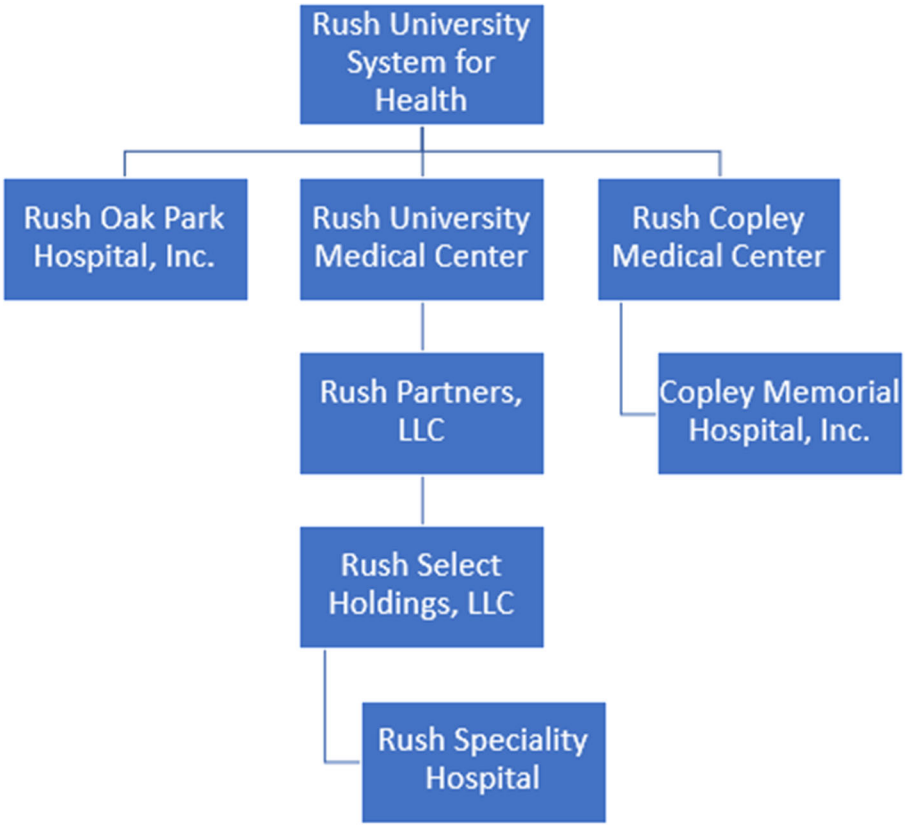
Authentication #: 2221502384 verifiable until 08/03/2023
Authenticate at: https://www.ilsos.gov

Jesse White
SECRETARY OF STATE

# ATTACHMENT 4
# Pre-Transactional Organizational Chart



# ATTACHMENT 4
## Post-Transactional Organizational Chart



# ATTACHMENT 5
# Background of the Applicant

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

   Rush Oak Park Hospital Inc. does not own or operate any other healthcare facilities other than the facility subject to this application.

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.**

   Rush System for Health d/b/a Rush University System of Health maintains an ownership interest in several healthcare facilities and a list of those facilities is includes with this Attachment.

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

   Included with this Attachment is a letter from all of the Applicants verifying that no adverse action has taken place in the last 3 years.

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

   Included with this attachment is the applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

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

   Not applicable.

# ATTACHMENT 5
## Certification and Authorization Letter

April 13, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

**Re: Certification and Authorization**

Dear Mr. Kniery:

As representative of Rush Oak Park Hospital, Rush System for Health d/b/a Rush University System for Health, and Rush University Medical Center, I, Carl Bergetz, respectively, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Rush System for Health d/b/a Rush University System for Health maintains an ownership interest in the following healthcare facilities:

- Rush University Medical Center
- Rush Oak Park Hospital
- Rush Copley Medical Center
- Rush Surgienter at the Professional Building, Ltd.
- Rush Oak Brook Surgery Center, LLC
- Rush-Copley Surgicenter, LLC
- Rush Specialty Hospital (not yet completed)

None of the healthcare facilities listed above have been cited for an adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Carl Bergetz, JD
Chief Legal Officer
Rush University System for Health

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(1)(B)- Names of parties**
*The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500*

The parties involved in this project are:

- Rush System for Health d/b/a Rush University System for Health
- Rush University Medical Center
- Rush Oak Park Hospital Inc.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(1)(B)- Background of the parties**

*"Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application."*

The following information is provided to illustrate the qualifications, background and character of the Applicants, and to assure the Review Board that the proposed change of ownership among related persons will not effect the high quality healthcare service currently available at the facility.

**Background of Rush University System for Health**

Rush University System for Health ("Rush") is a nationally-recognized system anchored by Rush University Medical Center ("RUMC") located in the Illinois Medical District, with additional hospitals in Aurora (Rush Copley Medical Center) and Oak Park ("ROPH"), ambulatory surgical treatment centers, its newly approved Ambulatory Care Building, and more than 30 clinical locations across the Chicago area. Rush is consistently recognized for exceptional patient care, education, research and community partnerships.


*Rush Oak Park Hospital*

**Background of Rush Oak Park Hospital**

***Serving the Community's Health Needs for More Than a Century***

Rush Oak Park Hospital has provided exceptional health care in Chicago's western suburbs for more than a century. Rush Oak Park Hospital was opened in Oak Park, Illinois, in 1907 by John W. Tope, MD, a Civil War veteran from New Philadelphia, Ohio, and the Sisters of Misericordia, a French-Canadian order that had successfully built and managed a number of hospitals in the U.S. and Canada. It was the first medical facility in the area. Today, while firmly rooted in the community's history, the Rush Oak Park Hospital stands as a full-service health care facility with expert physicians and staff utilizing modern technology.

# ATTACHMENT 6
# Change of Ownership

The Sisters of Misericordia ran the hospital until 1986, when ownership was transferred to the Wheaton Franciscan Sisters, Inc. In 1997, the hospital partnered with Rush University Medical Center, adding to its renowned services, programs, and physicians. ROPH operates the acute care hospital, located approximately eight miles west of RUMC in Oak Park, Illinois. In the past year, ROPH patients had 4,245 admissions, 43,242 emergency visits, and over 120,000 other outpatient encounters.

Rush Oak Park Hospital's campus has grown over the years to include a breast imaging center, state-of-the-art interventional radiology and surgical suites, an electrophysiology lab, and a comprehensive center for diabetes and endocrine care. The campus is also home to the 135,000-square foot Rush Medical Office Building, which houses approximately 30 medical offices, as well as an advanced magnetic resonance imaging (MRI) system operated in cooperation with Oak Park Imaging Services. The Rush Medical Office Building also houses the Rush Pain Management Center and the Rush Outpatient Pharmacy.

In September of 2019, Rush Oak Park Hospital opened a LEED (Leadership in Energy and Environmental Design) certified, state-of-the-art emergency department fully equipped with the latest in medical technological advances, including cardiac and stroke care (such as utilizing a telestroke robot, which is telemedicine technology that allows Rush Oak Park Hospital to share scan results and consult with stroke specialists on complex cases with specialists at Rush University Medical Center).

Rush Oak Park Hospital community programs help people live healthier lives. They include the Healthy Motivations program, a free community wellness program that offers educational events, health screenings, fitness classes and support groups. The Rush Oak Park Physicians' Group has practices in Oak Park, Hillside, Elmwood Park, and North Riverside.

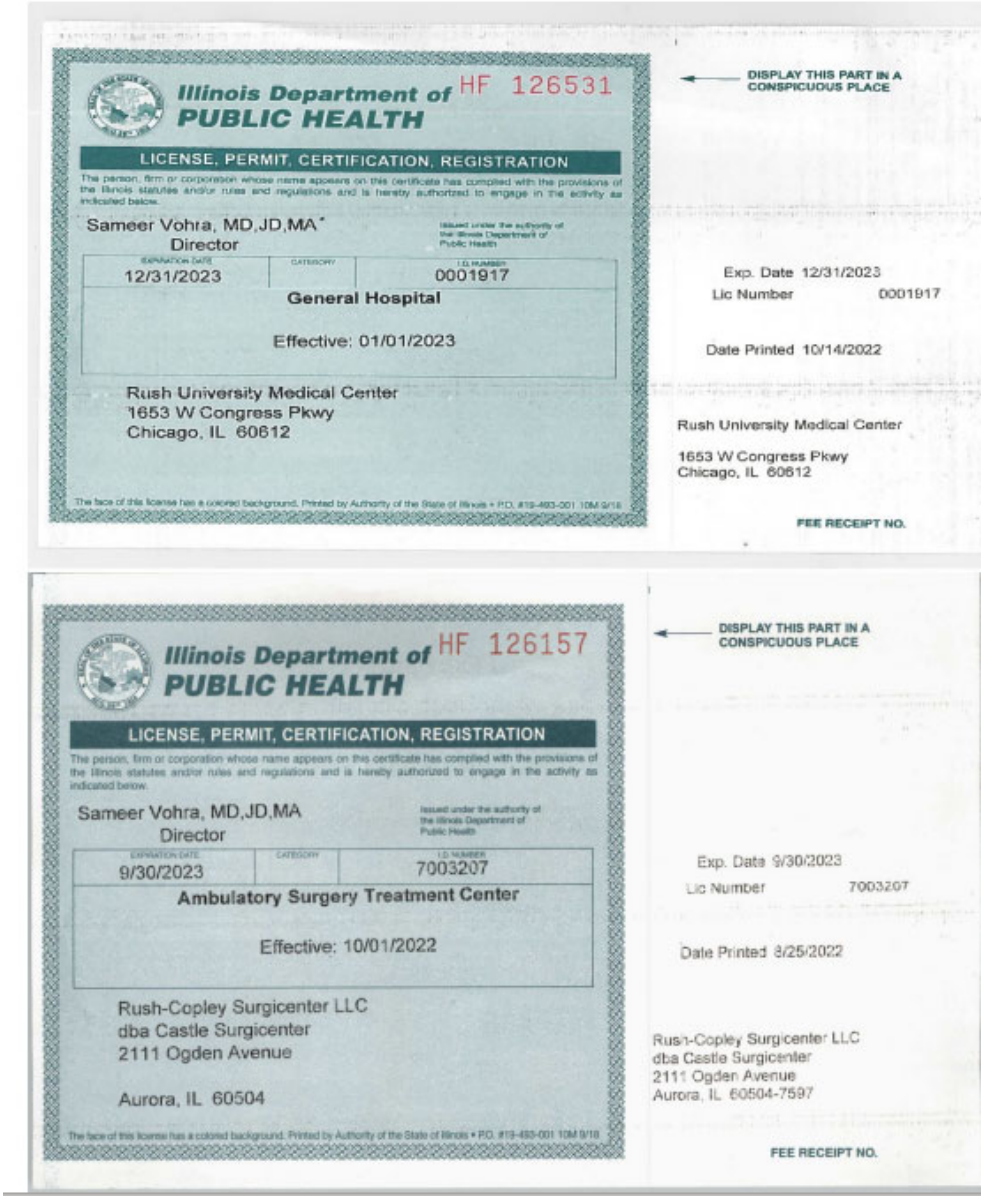
*Rush University Medical Center*

# ATTACHMENT 6
# Change of Ownership

**Background of Rush University Medical Center**

Rush University Medical Center ("RUMC") is an academic medical center that includes a 727-bed hospital serving adults and children and Rush University. For more than 180 years, RUMC has been leading the way in developing innovative and often life-saving treatments. Rush has been part of the Chicago landscape longer than any other healthcare institution in the city. The Great Chicago Fire destroyed the original Rush Medical College in 1871 and the faculty rebuilt the Medical College at its present location at the corner of Polk and Harrison in 1876.RUMC has grown from an 80-bed teaching hospital founded in 1882 as Presbyterian Hospital to the hospital that it is today with over 700 beds, 29,189 total admissions, 22,566 surgical cases, 62,020 emergency room visits, and 686,220 outpatient visits as of CY2021. RUMC provides medical/surgical, pediatric, intensive care, obstetrics/gynecological, neonatal, AMI and Rehabilitation services across these beds. RUMC is a flourishing center for research and education. This hospital is an anchor facility in the Illinois Medical District located on the city's near west side.

# ATTACHMENT 6
# Change of Ownership



Illinois Department of PUBLIC HEALTH
HF 126531

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.

Sameer Vohra, MD,JD,MA*
Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 12/31/2023 | | 0001917 |

General Hospital

Effective: 01/01/2023

Rush University Medical Center
1653 W Congress Pkwy
Chicago, IL 60612

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2023
Lic Number 0001917

Date Printed 10/14/2022

Rush University Medical Center
1653 W Congress Pkwy
Chicago, IL 60612

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH
HF 126157

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 9/30/2023 | | 7003207 |

Ambulatory Surgery Treatment Center

Effective: 10/01/2022

Rush-Copley Surgicenter LLC
dba Castle Surgicenter
2111 Ogden Avenue

Aurora, IL 60504

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

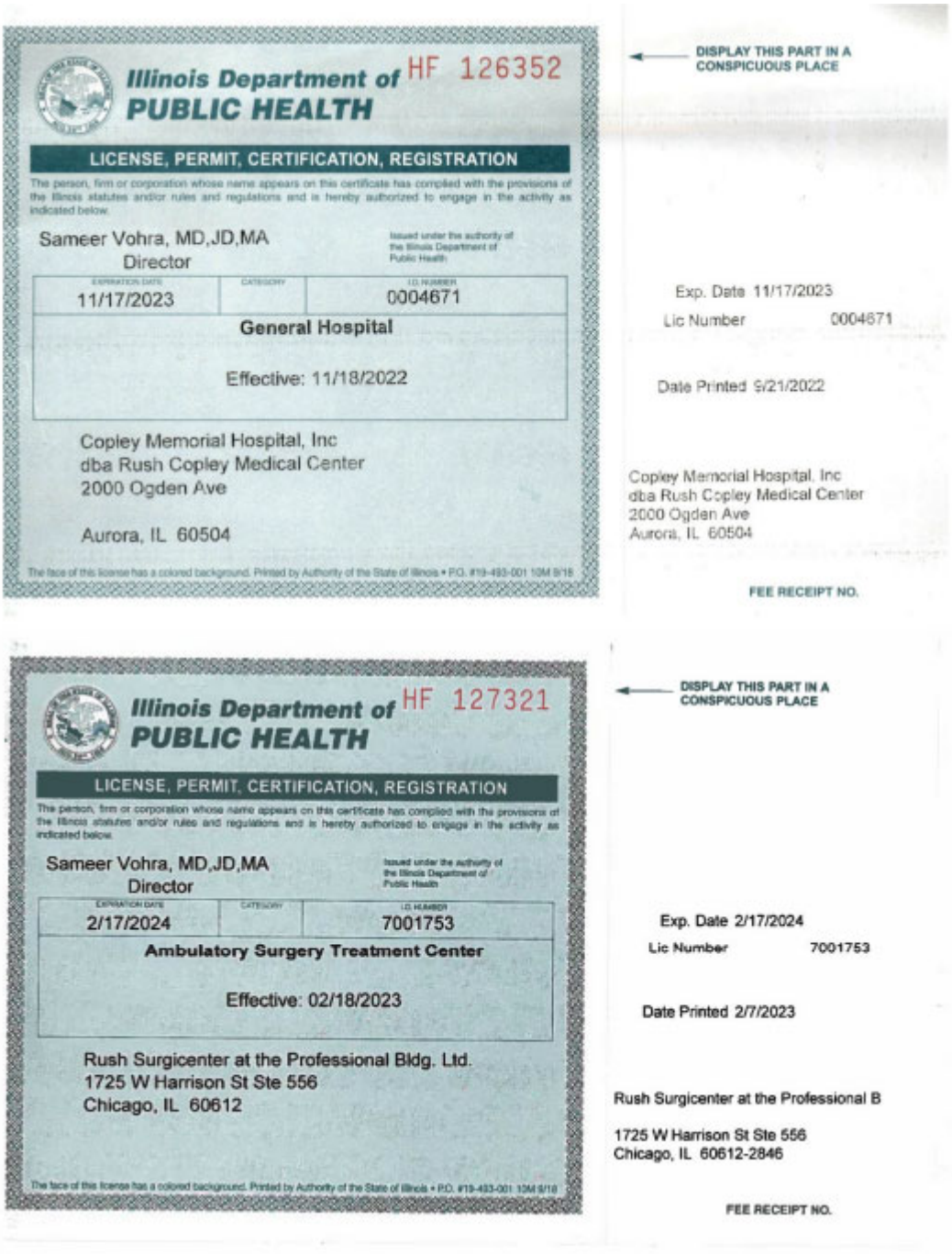
Exp. Date 9/30/2023
Lic Number 7003207

Date Printed 8/25/2022

Rush-Copley Surgicenter LLC
dba Castle Surgicenter
2111 Ogden Avenue
Aurora, IL 60504-7597

FEE RECEIPT NO.

# ATTACHMENT 6
# Change of Ownership



Illinois Department of PUBLIC HEALTH

HF 126352

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 11/17/2023 | | 0004671 |

General Hospital

Effective: 11/18/2022

Copley Memorial Hospital, Inc
dba Rush Copley Medical Center
2000 Ogden Ave

Aurora, IL 60504

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 11/17/2023

Lic Number 0004671

Date Printed 9/21/2022

Copley Memorial Hospital, Inc
dba Rush Copley Medical Center
2000 Ogden Ave
Aurora, IL 60504

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH

HF 127321

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 2/17/2024 | | 7001753 |

Ambulatory Surgery Treatment Center

Effective: 02/18/2023

Rush Surgicenter at the Professional Bldg. Ltd.
1725 W Harrison St Ste 556
Chicago, IL 60612

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/17/2024

Lic Number 7001753

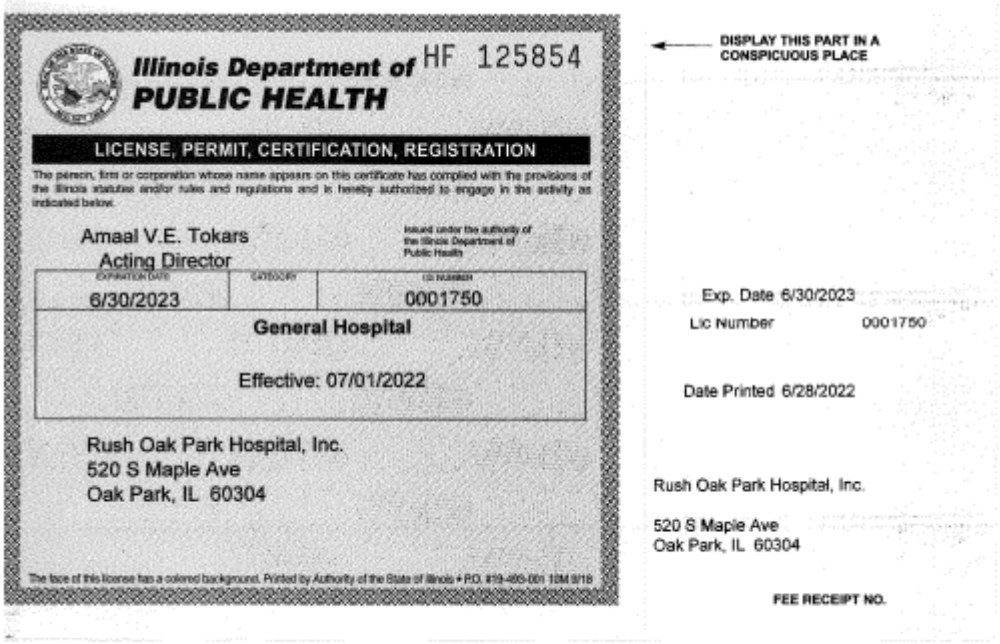
Date Printed 2/7/2023

Rush Surgicenter at the Professional B

1725 W Harrison St Ste 556
Chicago, IL 60612-2846

FEE RECEIPT NO.

# ATTACHMENT 6
# Change of Ownership



Illinois Department of PUBLIC HEALTH

HF 125854

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.

Amaal V.E. Tokars
Acting Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 6/30/2023 | | 0001750 |

General Hospital

Effective: 07/01/2022

Rush Oak Park Hospital, Inc.
520 S Maple Ave
Oak Park, IL 60304

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

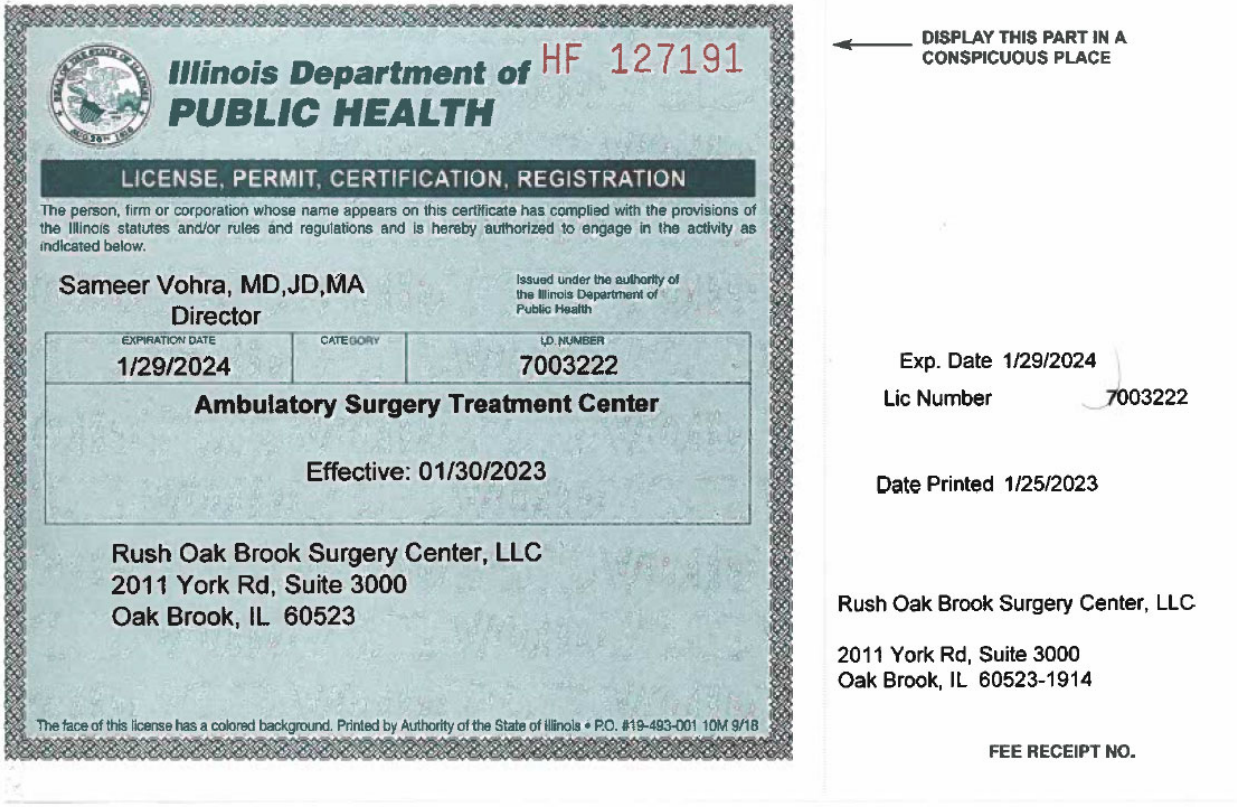
← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2023
Lic Number 0001750

Date Printed 6/28/2022

Rush Oak Park Hospital, Inc.
520 S Maple Ave
Oak Park, IL 60304

FEE RECEIPT NO.



Illinois Department of PUBLIC HEALTH

HF 127191

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 1/29/2024 | | 7003222 |

Ambulatory Surgery Treatment Center

Effective: 01/30/2023

Rush Oak Brook Surgery Center, LLC
2011 York Rd, Suite 3000
Oak Brook, IL 60523

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/29/2024
Lic Number 7003222

Date Printed 1/25/2023

Rush Oak Brook Surgery Center, LLC

2011 York Rd, Suite 3000
Oak Brook, IL 60523-1914

FEE RECEIPT NO.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b) (1)(C)- Structure of the transaction**
*The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.*

Rush University System for Health will become the direct corporate parent and sole member for Rush Oak Park Hospital, Inc., and Rush University Medical Center will no longer be a corporate member of Rush Oak Park Hospital.

# ATTACHMENT 6
# Change of Ownership

**1130.520(b) (1)(D)- Entity to be Licensed after transaction**
*"Name of the person who will be the licensed or certified entity after the transaction"*

The entity to be licensed after the change of ownership will remain Rush Oak Park Hospital, Inc.

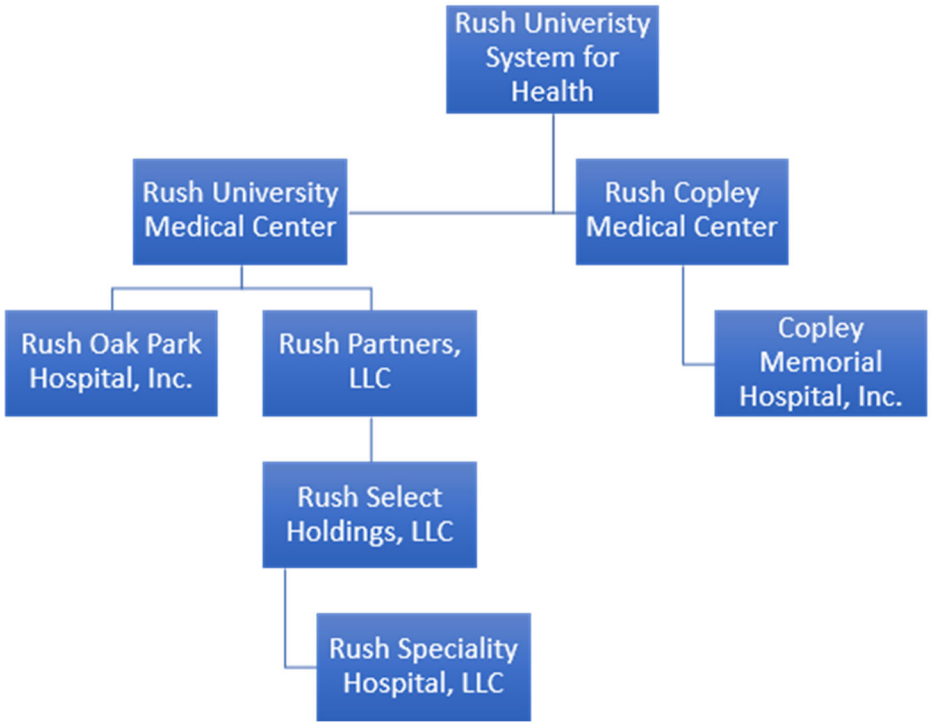
# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b) (1)(E)- List of Ownership**

*"List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons."*

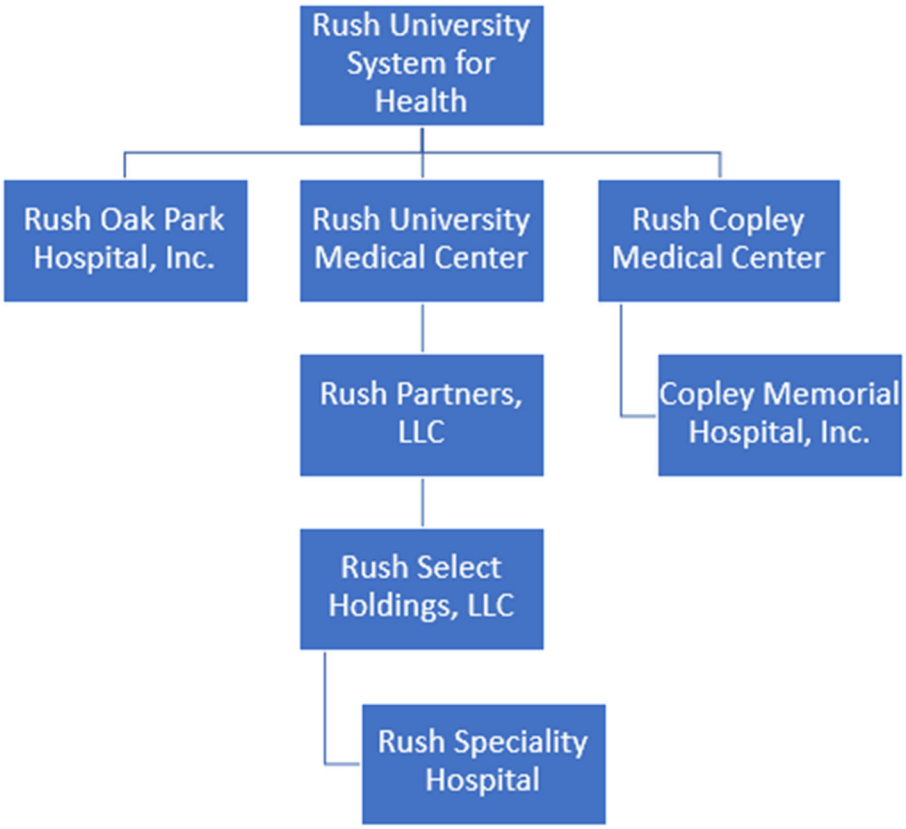
Rush University System for Health will become the direct corporate parent and sole member for Rush Oak Park Hospital, Inc., and Rush University Medical Center will no longer be a corporate member of Rush Oak Park Hospital. This transaction involves a corporate member substitution by related entities which does not result in a license being issued to an entity different from the current licensee. Below is an organizational chart reflecting the current organizational structure and the structure post transaction.

**Corporate Structure Prior to Transaction**



# ATTACHMENT 6
# Change of Ownership

**Post Transaction Corporate Structure**



# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b) (1)(F)- Fair Market Value of the transaction**
"*Fair market value of assets to be transferred."*

There will no sale or money exchanged in this project.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b) (1)(G)- Purchase price**
*"The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]"*

There will no sale or money exchanged in this project.

# ATTACHMENT 6
# Change of Ownership

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

The Applicants have the following projects for which permit have been issued and are currently outstanding:

- Rush Specialty Hospital, Project #21-029
- Rush Specialty Hospital, Project E#15-023.
- Rush Lisle Cancer Center, Project #23-001
- Rush North Harlem MOB, Project #23-024
- Rush Ambulatory Care Building, Project #18-023
- Rush Copley Medical Center, Project #22-015

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(2)- Hospital Charity Care**

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

This change of ownership will not result in the adopting of a more restrictive charity care policy that the policy that was in effect one year prior to the transaction. There are no plans for any changes in the facility's charity care policy. Enclosed is a letter from the Applicant affirming that the complaint charity care policy will remain in effect for a two-year period following the change of ownership transaction.

# ATTACHMENT 6
## Letter Regarding Charity Care

April 24, 2023

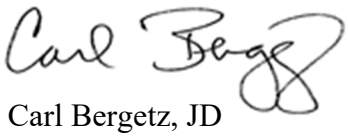
John Kniery
Board Administrator
Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

**Re: Rush Oak Park Hospital – Charity Care Policy Affirmation**

Dear Mr. Kniery:

As representative of Rush System for Health d/b/a Rush University System for Health., I, Carl Bergetz, affirm that this transaction will not result in the adopting of a more restrictive charity care policy that the policy that was in effect at the facility one year prior to the transaction. There are no plans for any changes in the facility's charity care policy. We can affirm that the complaint charity care policy will remain in effect for a two-year period following the change of ownership transaction.

Sincerely,



Carl Bergetz, JD
Chief Legal Officer
Rush University System for Health

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(2)- Anticipated Benefits to the Community**
*"A statement as to the anticipated benefits of the proposed change in ownership to the community."*

Rush Oak Park Hospital, Inc., will continue to have access to the procedures they need, and the facility will continue to provide care for all patients in their community, including those served by Medicare and the Illinois Medicaid program.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(2)- Anticipated Cost Savings for the Community and Facility**
*"The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership"*

This transaction will not negatively impact the continuity of service to the community as this transaction is essentially a corporate reorganization. The facility and system will continue to seek opportunities to provide patients with cost savings where appropriate without any compromise to the excellent care offered to the community which it serves.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(2)- Quality Improvement Program**
*"A description of the facility's quality improvement program mechanism that will be utilized to assure quality control"*

Rush Oak Park Hospital Inc.'s quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(2)- Facility's Governing Body**
*"A description of the selection process that the acquiring entity will use to select the facility's governing body"*

The transaction will not modify the facility's governing body, nor will it result in a change to the Rush University System for Health governing board. From a patient, provider, and communal basis the operation of the facility will remain unchanged. Ultimate control of Rush Oak Park Hospital, Inc. will rest with Rush University System for Health.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(2)- Review Criteria in 77 Ill. Admin. Code 1110.240**
*"A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility"*

A response has been prepared addressing the review criteria in 77 Ill. Admin. Code 1110.240 and is available for public review on the premises of the facility.

# ATTACHMENT 6
# Change of Ownership

**Section 1130.520(b)(2)- Summary of Proposed Changes Within 24 Months**
*"A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition."*

This transaction does not envision any changes to the scope of services or level of care currently provided in the facility. Furthermore, there is no expectation that as a result of this transaction that there will be any disruptions or any other changes within 24 months of the acquisition.

# ATTACHMENT 7
# Charity Care Information

The amount of charity care listed for the last three years provided by the applicant facility are included in the table below.

**RUSH OAK PARK HOSPITAL**

| Charity (# of patients) | 2018 | 2019 | 2020 |
|---|---|---|---|
| Inpatient | 45 | 35 | 78 |
| Outpatient | 3,602 | 3,655 | 5596 |
| **Total** | 3,647 | 3,690 | 5,674 |
| **Charity (cost in dollars)** | | | |
| Inpatient | $611,142 | $268,090 | $332,546 |
| Outpatient | $2,214,229 | $2,251,356 | $2,733,176 |
| **Total** | $2,825,371 | $2,519,446 | $3,065,722 |

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

## INDEX OF ATTACHMENTS

| ATTACHMENT NO. | | PAGES |
|---|---|---|
| 1 | Applicant Identification including Certificate of Good Standing | 16 – 19 |
| 2 | Site Ownership | 20 – 21 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 22 – 23 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 24 – 25 |
| 5 | Background of the Applicant | 26 – 27 |
| 6 | Change of Ownership | 28 – 49 |
| 7 | Charity Care Information | 50 |