

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: NorthPointe Neighborhood Hospital
Street Address: 5605 East Rockton Road
City and Zip Code: Roscoe, Illinois 61073
County: Winnebago County Health Service Area: 1 Health Planning Area: B-01

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

Exact Legal Name: Beloit Health System, Inc.
Street Address: 1969 West Hart Road
City and Zip Code: Beloit, Wisconsin 53511
Name of Registered Agent: Rodney W. Kimes
Registered Agent Street Address: 503 Berglund Road
Registered Agent City and Zip Code: Pecatonica, Illinois 61063-9561
Name of Chief Executive Officer: Timothy McKeveit
CEO Street Address: 1969 West Hart Road
CEO City and Zip Code: Beloit, Wisconsin 53511
CEO Telephone Number: 608-363-5766

Type of Ownership of Applicants

Form with checkboxes for ownership types: Non-profit Corporation (checked), For-profit Corporation, Limited Liability Company, Partnership, Governmental, Sole Proprietorship, Other. Includes instructions for documentation and a shaded box: 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: Roger Kapoor, M.D.
Title: Senior Vice President
Company Name: Beloit Health System, Inc.
Address: 1969 West Hart Road, Beloit, Wisconsin 53511
Telephone Number:
E-mail Address: rkapoor@beloithealthsystem.org
Fax Number:

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

Name: Kara M. Friedman/Anne M. Cooper
Title: Attorneys
Company Name: Polsinelli P.C.
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606-1599
Telephone Number: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

**Post Permit Contact**

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

Name: Roger Kapoor, M.D.
Title: Senior Vice President
Company Name: Beloit Health System, Inc.
Address: 1969 West Hart Road, Beloit, Wisconsin 53511
Telephone Number:
E-mail Address: <a href="mailto:rkapoor@beloithealthsystem.org">rkapoor@beloithealthsystem.org</a>
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Beloit Health System, Inc.
Address of Site Owner: 1969 West Hart Road, Beloit, Wisconsin 53511
Street Address or Legal Description of the Site: 5605 East Rockton Road, Roscoe, Illinois 61073 <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: Beloit Health System, Inc. d/b/a NorthPointe Neighborhood Hospital
Address: 1969 West Hart Road, Beloit, Wisconsin 53511
<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.

The Applicant, a non-profit health system, charitable organization under Section 501(c)(3) of the Internal Revenue Code, Beloit Health System, Inc. ("BHS") proposes to establish a small neighborhood hospital in Roscoe, Illinois. BHS has a long history of serving the Stateline Community which is comprised of the communities in and around the Illinois/Wisconsin border. The system's NorthPointe campus in Roscoe is already a significant contributor to the health and wellness of the Stateline Community. The proposed hospital will be enrolled with the Centers for Medicare and Medicaid Services as a remote location of the Applicant's Beloit hospital and will operate under the same Medicare CMS Certification Number. It will consist of approximately 52,632 square feet and have 10 medical and surgical beds in private rooms, an emergency department with 13 bays, one operating room for surgery and an associated post-anesthesia care unit (PACU) with 2 bays, a laboratory, pharmacy, and imaging department which will include an MRI, CT scan, ultrasound, and x-ray.

As a result of a prudently coordinated plan, a minimal number of beds will be added to the Health Service Area where Roscoe is located (HSA 1). The planned project involves the redeployment of one operating room from the adjacent ASTC. The 10 beds are justified based on the number of Illinois patients in the Roscoe area who are currently transported to the Applicant's Beloit hospital over the Wisconsin border.

The total project cost is \$20,760,312.

The proposed hospital is a substantive project because it involves the establishment of a health care facility.

**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	\$79,236	\$60,264	\$139,500
Site Survey and Soil Investigation	\$9,650	\$9,650	\$19,300
Site Preparation	\$360,517	\$360,517	\$721,034
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$6,823,101	\$4,332,388	\$11,155,489
Contingencies	\$896,596	\$683,635	\$1,580,231
Architectural/Engineering Fees	\$683,760	\$744,650	\$1,428,410
Consulting and Other Fees	\$297,214	\$118,795	\$416,009
Movable or Other Equipment (not in construction contracts)	\$3,151,697	\$255,642	\$3,407,339
Bond Issuance Expense (project related)	\$284,000	\$216,000	\$500,000
Net Interest Expense During Construction (project related)	\$791,224	\$601,776	\$1,393,000
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$13,376,995</b>	<b>\$7,383,317</b>	<b>\$20,760,312</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)	\$13,376,995	\$7,383,317	\$20,760,312
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$13,376,995</b>	<b>\$7,383,317</b>	<b>\$20,760,312</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  Yes  No  
 Purchase Price: \$ \_\_\_\_\_  
 Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
 Yes  No  
 If yes, provide the dollar amount of all **non-capitalized** 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: \$1,061,000.

**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): October 1, 2027  
 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 departments 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 – NOT APPLICABLE**

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>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>					
		<b>From:</b>		<b>to:</b>	
<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					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>					




**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 Beloit Health System, 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.

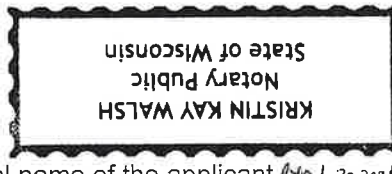
  
 Signature  
 Timothy McKeveatt  
 Printed Name  
 President and Chief Executive Officer  
 Printed Title

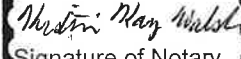
  
 Signature  
 Roger Kapoor  
 Printed Name  
 Senior Vice President  
 Printed Title

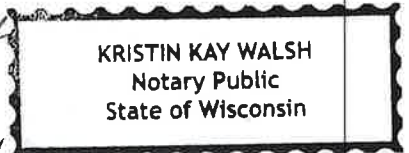
Notarization:  
Subscribed and sworn to before me  
this 3<sup>rd</sup> day of April 2024

Notarization:  
Subscribed and sworn to before me  
this 3<sup>rd</sup> day of April 2024

  
Signature of Notary



  
Signature of Notary



Seal  
\*Insert the EXACT legal name of the applicant ~~Exp 6-30-2024~~ Exp. 6-30-2024

**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.**

**SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA**

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information **APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:**

**A. Criterion 1110.200 - Medical-Surgical, Obstetric, Pediatric and Intensive Care**

1. Applicants proposing to establish, expand and/or modernize the Medical-Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service:                      Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> <b>Medical-Surgical</b>	<b>0</b>	<b>10</b>
<input type="checkbox"/> <b>Obstetric</b>		
<input type="checkbox"/> <b>Pediatric</b>		
<input type="checkbox"/> <b>Intensive Care</b>		

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

<b>APPLICABLE REVIEW CRITERIA</b>	<b>Establish</b>	<b>Expand</b>	<b>Modernize</b>
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110. 200(d)(1), (2), and (3) - Deteriorated Facilities			X

<b>APPLICABLE REVIEW CRITERIA</b>	<b>Establish</b>	<b>Expand</b>	<b>Modernize</b>
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

**APPEND DOCUMENTATION AS ATTACHMENT 19, 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
<input checked="" type="checkbox"/> Surgery	0	1
<input checked="" type="checkbox"/> Emergency Service	0	13
<input checked="" type="checkbox"/> Radiology	0	9
<input checked="" type="checkbox"/> Laboratory	0	1
<input checked="" type="checkbox"/> Pharmacy	0	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 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	



The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant 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 (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VII. 1120.120 - AVAILABILITY OF FUNDS**

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [**Indicate the dollar amount to be provided from the following sources**]:

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.</li> </ol>
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated.</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.</li> <li>5) For any option to lease, a copy of the option, including all</li> </ol>
<u>\$20,760,312</u>		

	terms and conditions.
_____	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.
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>\$20,760,312</b>	<b>TOTAL FUNDS AVAILABLE</b>
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

**SECTION VIII. 1120.130 - FINANCIAL VIABILITY**

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 35, 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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IX. 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 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).

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
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									
<b>TOTALS</b>									

\* 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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION X. 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 each community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all 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 38, 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 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**





**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 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: Beloit Health System, Inc. 1969 West Hart Road  
 (Name) (Address)  
Beloit Wisconsin 53511 608-364-5011  
 (City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 5605 East Rockton Road Roscoe Illinois  
 (Address) (City) (State)  
Winnebago Roscoe  
 (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. You can print a copy of the floodplain map by selecting the  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?**

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**  
93699838.8

# National Flood Hazard Layer FIRMette



**Legend** #24-018

89°0'47"W 42°27'20"N

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT



- SPECIAL FLOOD HAZARD AREAS**
  - Without Base Flood Elevation (BFE) *Zone A, V, A99*
  - With BFE or Depth *Zone AE, AO, AH, VE, AR*
  - Regulatory Floodway
  
- OTHER AREAS OF FLOOD HAZARD**
  - 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile *Zone X*
  - Future Conditions 1% Annual Chance Flood Hazard *Zone X*
  - Area with Reduced Flood Risk due to Levee. See Notes. *Zone X*
  - Area with Flood Risk due to Levee *Zone D*
  
- OTHER AREAS**
  - NO SCREEN Area of Minimal Flood Hazard *Zone X*
  - Effective LOMRs
  - Area of Undetermined Flood Hazard *Zone D*
  
- GENERAL STRUCTURES**
  - Channel, Culvert, or Storm Sewer
  - Levee, Dike, or Floodwall
  
- OTHER FEATURES**
  - Cross Sections with 1% Annual Chance Water Surface Elevation *20.2*
  - Cross Sections with 1% Annual Chance Water Surface Elevation *17.5*
  - Coastal Transect
  - Base Flood Elevation Line (BFE)
  - Limit of Study
  - Jurisdiction Boundary
  - Coastal Transect Baseline
  - Profile Baseline
  - Hydrographic Feature
  
- MAP PANELS**
  - Digital Data Available
  - No Digital Data Available
  - Unmapped



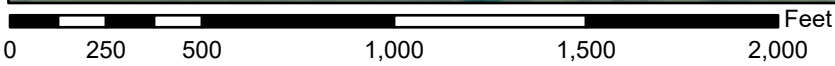
The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **3/21/2024 at 11:57 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Attachment - 40



1:6,00026

89°0'10"W 42°26'53"N

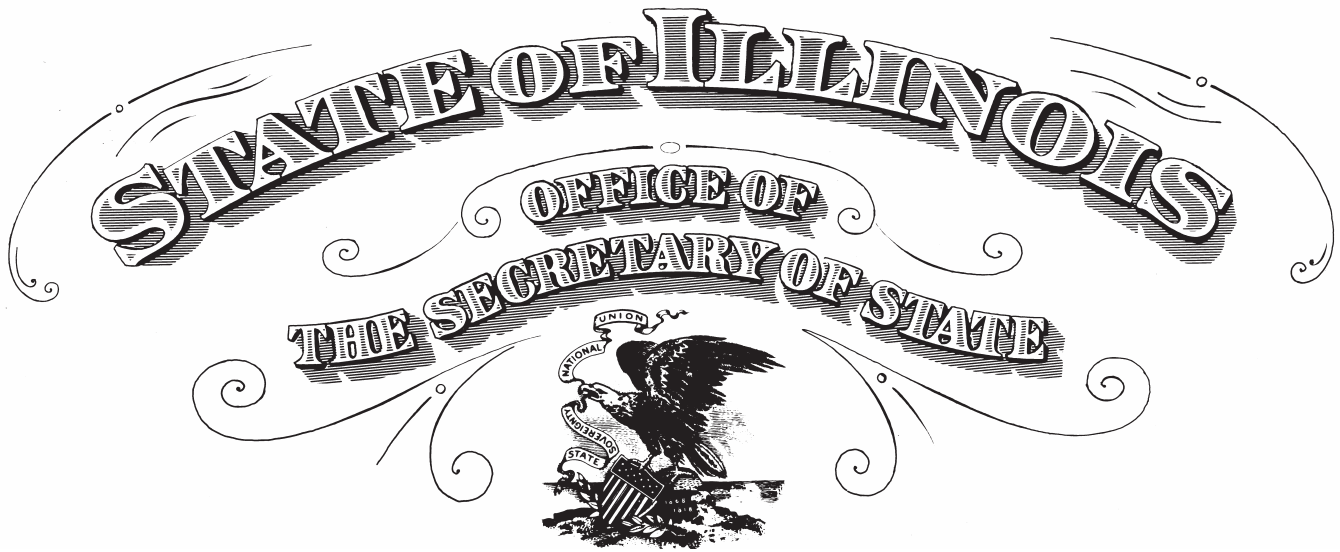
Basemap Imagery Source: USGS National Map 2023

**Section I, Identification, General Information, and Certification**  
**Applicants**

The Certificate of Good Standing for Beloit Health System, Inc. is attached at Attachment – 1.

NorthPointe Neighborhood Hospital will be operated as a remote location of Beloit Health System, Inc. d/b/a Beloit Memorial Hospital and is not separately organized.

File Number 5658-741-1



**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*

BELOIT HEALTH SYSTEM, INC., INCORPORATED IN WISCONSIN AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON OCTOBER 30, 1991, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 29TH day of MARCH A.D. 2024 .***



Authentication #: 2408902186 verifiable until 03/29/2025  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Site Ownership**

The 2023 Winnebago Tax Statement for the NorthPointe campus is attached at Attachment – 2.





# Winnebago County Supervisor of Assessments

- [Wincoil Home Page](#)
- [Treasurer Home Page](#)
- [Supervisor of Assessments](#)
- [Search Again](#)

## Parcel Details for Parcel Number 04-21-200-005

[View Property via WinGIS](#)

Please choose the tax year you would like to view details for:

2023

### Detailed Property Information

<b>Parcel Number</b>	<b>Alternate Parcel Number</b>	<b>Property Location</b>	<b>Township</b>
04-21-200-005		5605 E ROCKTON RD	ROSCOE

<b>Taxpayer</b>	<b>Owner</b>
BELOIT MEMORIAL HOSPITAL INC 1969 W HART BELOIT, WI 53511	BELOIT MEMORIAL HOSPITAL INC 1969 W HART BELOIT, WI 53511

**Information for the Assessment year:** 2023 **SA Equalization Factor:** 1.093900 (included in current value)

<u>Assessment Level</u>	<u>Land/Lot</u>	<u>Dwelling</u>	<u>Farm Land</u>	<u>Farm Building</u>	<u>Total</u>	<u>CNST/DEM</u>
Current Available Assessed Value	1393832	4568915	0	0	5962747	0
Prior Year Equalized Assessment Value	1274186	4688551	0	0	5962737	0

**1977 EAV:** 0 **Class Code:** 0071--Commercial Office-Impr **Acres:** 121.4600  
**Section:** **Township(Lot):** **Range(Block):**

### Exemption Information

Fraternal Asmnt Freeze	NO
Owner Occupied	NO
50% Special Ownr Occupied	NO
Senior Citizen	NO
Home Improvement	NO for the total amount of: 0
Historic Freeze	NO
Senior Assessment Freeze	NO with a base value of: 0
Disabled Veteran	NO
Veteran Freeze	NO
Disabled Vet 50%	NO
Disabled Vet 75%	NO
Disabled Vet 70-100%	NO
Disabled Vet Permanent	NO
Disabled Person	NO
Exempt Parcel	NO

**Abbreviated Legal Description:** NORTHPOINTE HEALTH & WELLNESS CAMPUS PT N1/2 SEC 21-46-2 LOT 1 (not to be used as a recordable legal description)

### Abstract:

#### Parent Codes:

1. 04-21-126-005, 04-21-176-001, 04-21-200-001, 04-21-200-003,

# Roscoe Township Assessor

**Cynthia A Servant**

5792 Elevator Rd

Roscoe IL 61073

Phone No. 815-270-0591

## 04-21-200-005

5605 E ROCKTON RD

ROSCOE, 61073

**Year Built:**

2007

**Story Description**

1 Story Assisted Living

**Ground Area Sq Ft.**

30309

**Gross Area Sq Ft.**

30309

**Bedrooms**

0

**Rooms**

0

**Deck Sq Ft.**

0

**Fireplace****Garage Sq Ft.**

0

**Full Basement Sq Ft.**

0

**Crawlspace Sq. Ft.**

0

Bathrooms**Full Bath**

0

**Half Bath**

0

**Total Fixtures**

0

Heating/Air Conditioning**Electric****Gas****Heat Pump****Other****Space Heater****Steam****Stove****Water****Central Air**Exterior**Brick**

X

**Frame****Vinyl****Stone****Stucco****Finished Attic****Finished Attic Sq Ft**

0

**Unfinished Attic****Unfinished Attic Sq Ft**

0

## 04-21-200-005

5605 E ROCKTON RD

ROSCOE, 61073

**Year Built:**

2008

**Story Description**

2 Story Fitness Center

**Ground Area Sq Ft.**

26270

**Gross Area Sq Ft.**

52540

**Bedrooms**

0

**Rooms**

0

**Deck Sq Ft.**

0

**Fireplace****Garage Sq Ft.**

0

**Full Basement Sq Ft.**

0

**Crawlspace Sq. Ft.**

0

# #24-018

Bathrooms

**Full Bath**

0

**Half Bath**

0

**Total Fixtures**

0

Heating/Air Conditioning

**Electric**

**Gas**

**Heat Pump**

**Other**

**Space Heater**

**Steam**

**Stove**

**Water**

**Central Air**

Exterior

**Brick**

X

**Frame**

**Vinyl**

**Stone**

**Stucco**

**Finished Attic**

**Finished Attic Sq Ft**

0

**Unfinished Attic**

**Unfinished Attic Sq Ft**

0

## 04-21-200-005

5605 E ROCKTON RD  
ROSCOE, 61073

**Year Built:**

2008

**Story Description**

2 Story Clinic

**Ground Area Sq Ft.**

50700

**Gross Area Sq Ft.**

105170

[Top of Page](#)

[Search Again](#)

Print Friendly Version

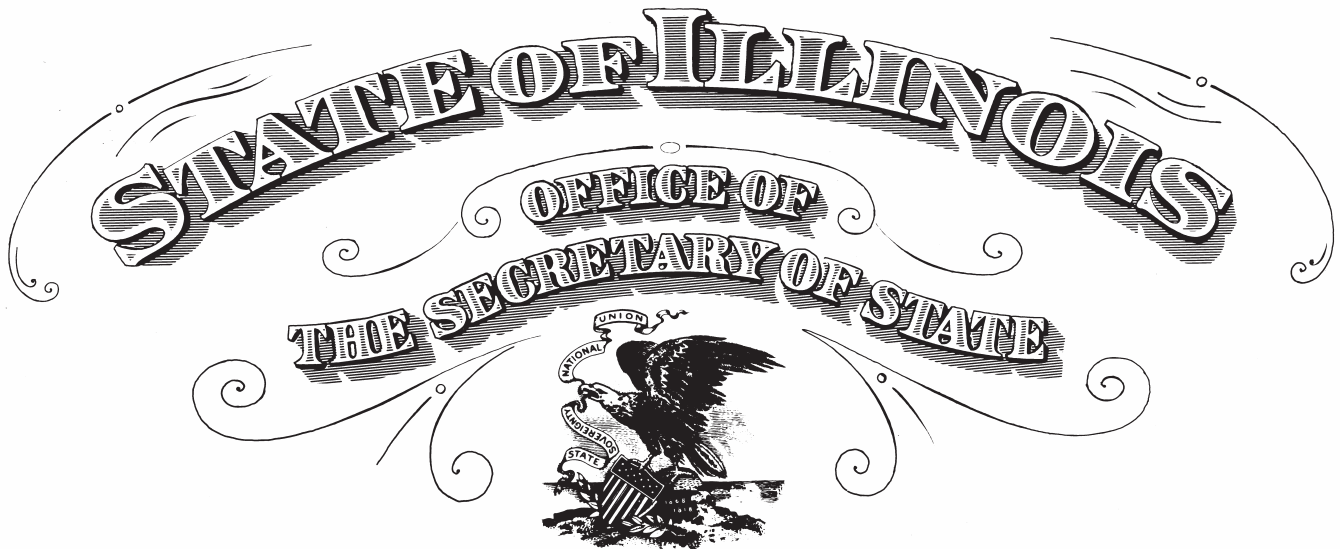


**Section I, Identification, General Information, and Certification**  
**Operating Entity/Licensee**

The Certificate of Good Standing for Beloit Health System, Inc. which will be the operating entity of the planned hospital is attached at Attachment – 3.

File Number

5658-741-1

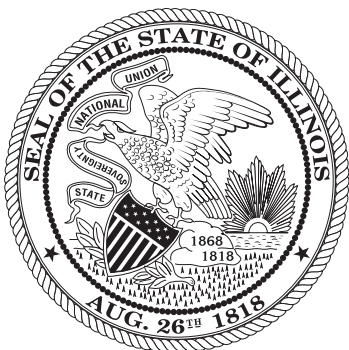


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***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of MARCH A.D. 2024 .***



Authentication #: 2408902186 verifiable until 03/29/2025  
Authenticate at: <https://www.ilsos.gov>

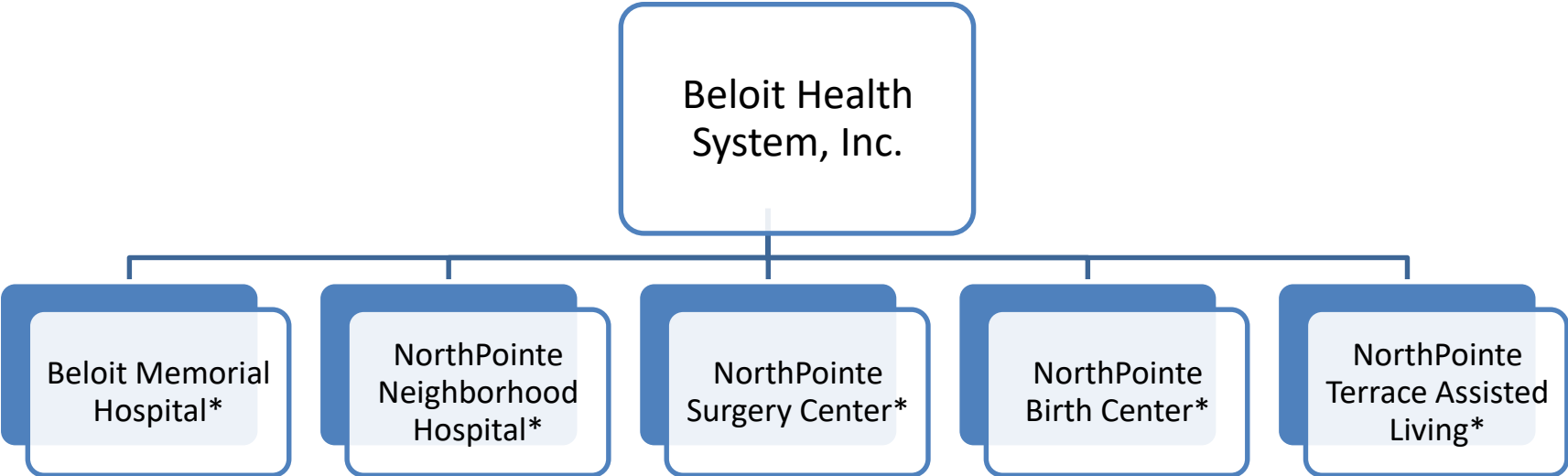
*Alexi Giannoulis*  
SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organizational chart for Beloit Health System, Inc. is attached at Attachment – 4.

Beloit Health System, Inc. operates multiple service lines and locations under a single legal entity. Beloit Memorial Hospital, NorthPointe Surgery Center, NorthPointe Birth Center, NorthPointe Terrace Assisted Living, and the planned NorthPointe Neighborhood Hospital operate as divisions of Beloit Health System.

### Beloit Health System Organizational Chart



\*Operating Division of Beloit Health System, Inc.

**Section I, Identification, General Information, and Certification**  
**Flood Plain Requirements**

The site for NorthPointe Neighborhood Hospital complies with the requirements of Illinois Executive Order #2006-5. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5, the interactive map for Panel 17201C134D shows this area is not located within a flood plain.

# National Flood Hazard Layer FIRMMette



**Legend** #24-018

89°0'47"W 42°27'20"N

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT



- SPECIAL FLOOD HAZARD AREAS**
  - Without Base Flood Elevation (BFE) *Zone A, V, A99*
  - With BFE or Depth *Zone AE, AO, AH, VE, AR*
  - Regulatory Floodway
  
- OTHER AREAS OF FLOOD HAZARD**
  - 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile *Zone X*
  - Future Conditions 1% Annual Chance Flood Hazard *Zone X*
  - Area with Reduced Flood Risk due to Levee. See Notes. *Zone X*
  - Area with Flood Risk due to Levee *Zone D*
  
- OTHER AREAS**
  - NO SCREEN Area of Minimal Flood Hazard *Zone X*
  - Effective LOMRs
  - Area of Undetermined Flood Hazard *Zone D*
  
- GENERAL STRUCTURES**
  - Channel, Culvert, or Storm Sewer
  - Levee, Dike, or Floodwall
  
- OTHER FEATURES**
  - 20.2 Cross Sections with 1% Annual Chance
  - 17.5 Water Surface Elevation
  - Coastal Transect
  - Base Flood Elevation Line (BFE)
  - Limit of Study
  - Jurisdiction Boundary
  - Coastal Transect Baseline
  - Profile Baseline
  - Hydrographic Feature
  
- MAP PANELS**
  - Digital Data Available
  - No Digital Data Available
  - Unmapped

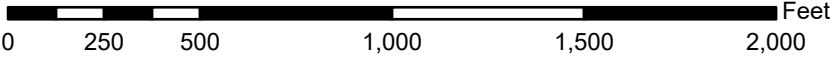


The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **3/21/2024 at 11:57 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



1:6,00038

89°0'10"W 42°26'53"N

Basemap Imagery Source: USGS National Map 2023

Attachment - 5

**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The Historic Preservation Act determination from the Illinois State Historic Preservation Office is attached at Attachment - 6.



**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

FAX (217) 782-8161

Winnebago County  
Roscoe

CON - New Addition, NorthPointe Health and Wellness Campus  
5605 E. Rockton Road  
INPA Log #013092713

October 10, 2013

Edwin Parkhurst, Jr.  
Prism Consulting Services Inc.  
Healthcare Consulting Division  
Building E, Suite 110  
800 Roosevelt Road  
Glen Ellyn, IL 60137

Dear Mr. Parkhurst:

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 3420/1 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 217/785-5027.

Sincerely,

*Anne E. Haaker*

Anne E. Haaker  
Deputy State Historic  
Preservation Officer



**Section I, Identification, General Information, and Certification**  
**Project Costs**

Use of Funds	Reviewable	Non-Reviewable	Total
<b>Preplanning Costs</b>	<b>\$79,236</b>	<b>\$60,264</b>	<b>\$139,500</b>
Preliminary Design	\$79,236	\$60,264	\$139,500
Precon Budgets			
<b>Site Survey</b>	<b>\$3,650</b>	<b>\$3,650</b>	<b>\$7,300</b>
<b>Soil Investigation (estimate)</b>	<b>\$6,000</b>	<b>\$6,000</b>	<b>\$12,000</b>
<b>Site Preparation</b>	<b>\$360,517</b>	<b>\$360,517</b>	<b>\$721,034</b>
<b>Off Site Work</b>			
<b>New Construction Costs</b>			
<b>Modernization Contracts</b>	<b>\$6,823,101</b>	<b>\$4,332,388</b>	<b>\$11,155,489</b>
<b>Contingencies</b>	<b>\$896,596</b>	<b>\$683,635</b>	<b>\$1,580,231</b>
<b>Architectural/Engineering Fees</b>	<b>\$683,760</b>	<b>\$744,650</b>	<b>\$1,428,410</b>
Architectural Engineering	\$393,500	\$393,500	\$787,000
Mechanical / Electrical Engineering	\$290,260	\$290,260	\$580,520
Structural Engineering		\$22,150	\$22,150
Landscaping Design		\$9,730	\$9,730
Civil Engineering		\$29,010	\$29,010
<b>Consulting and Other Fees</b>	<b>\$297,214</b>	<b>\$118,795</b>	<b>\$416,009</b>
Helipad Design	\$30,000		\$30,000
Construction Estimate Consultant		\$13,000	\$13,000
Foodservice Design	\$16,900		\$16,900
IDPH Plan Review Fee		\$29,500	\$29,500
EMR Build	\$150,000		\$150,000
City Permits	\$32,376	\$24,624	\$57,000
Commissioning	\$42,600	\$32,400	\$75,000
CON Fees/Expenses	\$25,338	\$19,271	\$44,609
<b>Movable and Other Equipment (not in construction contracts)</b>	<b>\$3,151,697</b>	<b>\$255,642</b>	<b>\$3,407,339</b>
Equipment General	\$2,582,896	\$38,001	\$2,620,897
Furniture	\$65,061	\$49,375	\$114,436
Security Access/Cameras	\$0	\$70,425	\$70,425
IT/Telecom	\$120,346	\$42,884	\$163,230
Signs/Wayfinding	\$0	\$50,000	\$50,000
Other	\$383,394	\$4,957	\$388,351
<b>Bond Issuance Expense (Project related)</b>	<b>\$284,000</b>	<b>\$216,000</b>	<b>\$500,000</b>
<b>Net Interest Expense During Construction (Project related)</b>	<b>\$791,224</b>	<b>\$601,776</b>	<b>\$1,393,000</b>
<b>Fair Market Value of Leased Space or Equipment</b>			

<b>Use of Funds</b>	<b>Reviewable</b>	<b>Non-Reviewable</b>	<b>Total</b>
<b>Other Costs to be Capitalized</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Acquisition of Building or Other Property (Excluding Land)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Uses of Funds</b>	<b>\$13,376,995</b>	<b>\$7,383,317</b>	<b>\$20,760,312</b>

**Section I, Identification, General Information, and Certification**  
**Active CON Permits**

The Applicant has no open certificate of need permits.

**Section I, Identification, General Information, and Certification  
Cost Space Requirements**

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 Unit	\$3,631,595	8,117	0	0	8,117	0	0
Radiology	\$180,752	7,744	0	0	404	7,340	0
Emergency Department	\$2,981,962	6,665	0	0	6,665	0	0
Emergency Department Ambulance Bay/Garage	\$1,162,809	0	2,143	0	2,143	0	0
Operating Room	\$865,731	1,935	0	0	1,935	0	0
Recovery Rooms	\$267,101	597	0	0	597	0	0
Laboratory	\$338,686	757	0	0	186	571	0
Pharmacy	\$0	456	0	0	0	456	0
Other Clinical	\$3,948,359	1,485	0	0	1,485	0	0
<b>Total Reviewable</b>	<b>\$13,376,995</b>	<b>27,756</b>	<b>2,143</b>	<b>0</b>	<b>21,532</b>	<b>8,367</b>	<b>0</b>
<b>NON-REVIEWABLE</b>							
Mechanical and Other Building Systems, Administrative, Other Non-Clinical	\$7,383,317	22,733	0	0	19,043	3,690	0
<b>Total Non-Reviewable</b>	<b>\$7,383,317</b>	<b>22,733</b>	<b>0</b>	<b>0</b>	<b>19,043</b>	<b>3,690</b>	<b>0</b>
<b>Total Project Costs</b>	<b>\$20,760,312</b>	<b>50,489</b>	<b>2,143</b>	<b>0</b>	<b>40,575</b>	<b>12,057</b>	<b>0</b>

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.110(a), Background of Applicant**

Beloit Health System (“BHS”) has served the Stateline Community for nearly 100 years. In 1928, the City of Beloit established Beloit Municipal Hospital, a tax-supported hospital, which provided care for over 40 years. When a new hospital was needed in the early 1960’s the City leased the hospital to the non-profit organization, Beloit Memorial Hospital (“BMH”), now known as BHS. Ground was broken for the current Beloit Memorial Hospital in October 1967, which opened in 1970.

In 2007, BHS expanded its geographic footprint with the establishment of the NorthPointe Health and Wellness Campus in Roscoe, Illinois. Located off Interstate I-39, the campus offers five dedicated areas of service: NorthPointe Health (diagnostic, Immediate Care, and physician clinics), NorthPointe Wellness (medically integrated fitness center); NorthPointe Terrace (assisted living); NorthPointe Surgery Center; and NorthPointe Birth Center. The existing campus also has a medical office building which houses both Beloit Clinic physicians and independent physicians. The planned neighborhood hospital will retain and complement the existing services on the NorthPointe Campus and will provide another avenue for meeting the needs of underserved residents. As a general matter, with access to ancillary services immediately on-campus, BHS has seen the physician complement on the NorthPointe campus grow and expand and would expect it to expand further with access to inpatient services on the campus. Currently, the physician services available at the NorthPointe campus include: Family Medicine, Obstetrics and Gynecology, Pediatrics, Gastroenterology, Neurology, Dermatological Services, Orthopedic Surgery and Sports Medicine, Podiatry, Rheumatology, Ophthalmology, Ear, Nose and Throat Specialists, and Pain Management.

In 2010, Beloit Memorial Hospital and Beloit Clinic merged to form BHS, enhancing the healthcare services in the Beloit area by becoming a comprehensive health system allowing for a more integrated approach to healthcare, ensuring that the communities it serves have access to the best care possible. BHS is the first system in the state of Wisconsin to affiliate with the University of Wisconsin Hospital and Clinics, one of the first in the country to offer a mobile nurse service for businesses, and one of the first in the nation to implement a bar coding system for patient safety.

As part of its response to the COVID-19 pandemic, BHS made telehealth available to its providers. Telehealth encompasses a broad range of services beyond just remote clinical care, including medical care, provider and patient education, health information services, and self-care. It ensures ongoing access to care to residents of the Stateline Community in various ways.

- Expands the geographic reach of providers by eliminating the barrier of physical distance, allowing patients in rural or remote areas to access primary care and specialists that may not be available locally. It is particularly beneficial with those with limited mobility or transportation challenges
- Reduces risk of exposure to infectious diseases like COVID-19 by avoiding waiting rooms and health care facilities
- Ability to include remote family members or caregivers during virtual visits.
- Improved access to specialists and providers, especially for those in rural and underserved areas

- Fewer disruptions due to work, childcare, and other responsibilities compared to in-person appointments, reducing no-shows
- Opportunities for enhanced collaboration and consultations with other medical disciplines.
- Potential for improved patient adherence and health outcomes through closer monitoring and follow-ups
- Ability to triage and prescreen patients remotely for infectious diseases
- Better assessment of patients in their home environments for certain specialties

Overall, telehealth improves access, convenience, and continuity of care while reducing risks and enabling health care delivery.

BHS' delivery of high-quality healthcare to the Stateline Community has not gone unrecognized and patient satisfaction has consistently increased. With the most recent issuance of ratings across the country, it has again earned an "A" Hospital Safety Grade from the national watchdog group, Leapfrog, and has achieved patient satisfaction in the 88th percentile. BHS has achieved three consecutive "A" ratings from Leapfrog, a 4-star rating from the Centers for Medicare and Medicaid Services Quality Star program, and numerous quality-of-care pathway accolades.

Notably, NorthPointe Wellness is the only fitness facility in the Stateline Community (Northern Illinois and Southern Wisconsin) area offering a medically integrated approach to wellness. Members have access to a team of certified and degreed fitness specialists, dietitians and health educators who can help develop personalized fitness and wellness programs like MyFitRx Medical Fitness Pathways.

NorthPointe Terrace is on the NorthPointe campus and is a senior living facility owned by BHS. It offers the finest in apartment living with health experts and assistance on the same campus. A staff of caring, experienced professionals are available 24 hours per day to assist with medications, dining, housekeeping, therapy, and the needs of daily living.

### **Additional Awards and Accolades**

BMH is fully accredited by the Joint Commission, the nation's oldest and largest standards-setting and accrediting body in health care.

In addition, BHS is the first health system in Wisconsin to earn The Joint Commission's Gold Seal of Approval® for Advanced Certification for Total Hip and Total Knee Replacement. The advanced certification is for Joint Commission-accredited hospitals, critical access hospitals, and ambulatory surgery centers seeking to elevate the quality, consistency, and safety of their services and patient care.

BHS was first certified as a Primary Stroke Center in 2014. BHS earned The Joint Commission's Gold Seal of Approval® and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers. The Gold Seal of Approval® and the Heart-Check mark represent symbols of quality from their respective organizations.

BMH received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award. The award recognizes the hospital's success in ensuring stroke patients receive the most appropriate treatment according to

nationally recognized research-based guidelines. To receive the Gold Plus Quality Achievement Award, hospitals must achieve 85 percent or higher adherence to all Get with The Guidelines-Stroke achievement indicators for two or more consecutive 12-month periods and achieved 75 percent or higher compliance with five of eight Get With The Guidelines-Stroke Quality measures.

BMH has also met specific scientific guidelines as a Joint Commission Certified Advanced Primary Stroke Center, featuring a comprehensive system for rapid diagnosis and treatment of stroke patients admitted to the emergency department.

BMH is committed to addressing the challenges of increasing maternal morbidity and mortality through its Joint Commission certified Perinatal Care program. Only obstetrics programs exceeding strict standards of care for maternal, fetal, and newborn health are awarded this certification.

In 2021, BHS received the YMCA Community Partner Award in honor of BHS' dedication to building community and support to the Stateline Family YMCA and neighbors for its heroic efforts to the Community in providing COVID care.

BHS also received the 2021 Blackhawk Technical Community ("BTC") Partners Award for outstanding support and significant contributions to the Nancy B. Parker Nursing Scholars Program at BTC and a vaccination partner to BTC eligible employees.

BHS was the recipient of the 2021 Lions Eye Bank Crystal Vision Award. The award honors those who have shown commitment and dedication to raising awareness and educating the community on the importance of organ, eye, and tissue donation.

1. A list of health care facilities owned or operated by BHS in Illinois, including licensing and certification information is attached at Attachment – 11A.
2. Letters from the Applicants certifying no adverse action has been taken against any facility owned or operated by the Applicants in Illinois during the three years prior to filing this application is attached at Attachment – 11C.
3. An authorization permitting the HFSRB and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify the information submitted, including but not limited to: official records of IDPH or other State agencies is attached at Attachment – 11C.

<b>Beloit Health System</b>		
<b>Name</b>	<b>Address</b>	<b>License No.</b>
NorthPointe Surgery Center	5605 East Rockton Road Roscoe, Illinois 61073	7003209
NorthPointe Terrace	5601 East Rockton Road Roscoe, Illinois 61073	5102352
NorthPointe Birth Center	5609 East Rockton Road Roscoe, Illinois 61073	4000036





ILLINOIS DEPARTMENT OF **HF130691**  
**PUBLIC HEALTH**

**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

<b>EXPIRATION DATE</b> 6/4/2025	<b>CATEGORY</b>	<b>ID NUMBER</b> 7003209
<b>Ambulatory Surgery Treatment Center</b>		
<b>Effective: 06/05/2024</b>		

**NorthPointe Surgery Center**  
**5605 E Rockton Rd**  
**Roscoe, IL 61073**

**#24-018**

← **DISPLAY THIS PART IN A CONSPICUOUS PLACE**

**Exp. Date 6/4/2025**

**Lic Number 7003209**

**Date Printed 4/29/2024**

**NorthPointe Surgery Center**

**5605 E Rockton Rd**  
**Roscoe, IL 61073-7601**

**FEE RECEIPT NO.**

Attachment - 11B

#24-018

← DISPLAY THIS PART IN A CONSPICUOUS PLACE



# ILLINOIS DEPARTMENT OF PUBLIC HEALTH

## 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.

**DR. SAMEER VOHRA**  
**DIRECTOR OF IDPH**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/25/25		5102352
Issued: 04/25/24 CATEGORY:		
ASSISTED LIVING LICENSE		
Alzheimer Units	Regular Units	24
Floating Units	Total Units	24

STATUS:

LICENSE BUSINESS ADDRESS:

NORTHPOINTE TERRACE

5601 E. Rockton Rd

Roscoe IL 61073

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

FEE RECEIPT NO.



# ILLINOIS DEPARTMENT OF PUBLIC HEALTH

## 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.

**DR. SAMEER VOHRA**  
**DIRECTOR OF IDPH**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/25/25		5102352
Issued: 04/25/24 CATEGORY:		
ASSISTED LIVING LICENSE		
Alzheimer Units	Regular Units	24
Floating Units	Total Units	24

STATUS:

LICENSE BUSINESS ADDRESS:

NORTHPOINTE TERRACE

5601 E. Rockton Rd

Roscoe IL 61073

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

FEE RECEIPT NO.

DISPLAY THIS PART IN A CONSPICUOUS PLACE

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF129758

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 01/04/2025	CATEGORY Birthing Centers	LIC. NUMBER 4000036
Licensed Beds: 3		

Beloit Health System, Inc  
dba NorthPointe Birth Center  
5609 E. Rockton Road

Roscoe, IL 61073

Beloit Health System, Inc  
dba NorthPointe Birth Center

Exp. Date 01/04/2025  
Lic Number 4000036  
Date Printed 01/05/2024

FEE RECEIPT NO.

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

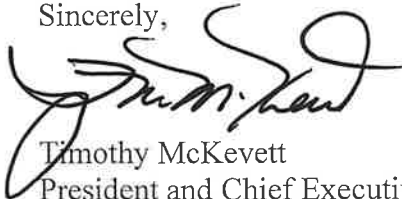
**Re: Adverse Action and Access to Documents**

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by Beloit Health System, Inc. in the State of Illinois during the three-year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board (“HFSRB”) and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Timothy McKeveatt  
President and Chief Executive Officer  
Beloit Health System, Inc.

Subscribed and sworn to me  
This 3<sup>rd</sup> day of April, 2024

  
Notary Public



exp. 6.30.2024



**Section III, Project Purpose, Background and Alternatives – Information Requirements  
Criterion 1110.110(b), Project Purpose, Background, and Alternatives**

**Purpose of the Project**

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

The planned NorthPointe Neighborhood Hospital at the NorthPointe campus of BHS will be situated near the corner of Rockton and Willowbrook Roads in Roscoe, Illinois, just minutes from the I-39 exit. The planned hospital will improve access to health care to residents in the Stateline Community, which includes Roscoe, Rockton, South Beloit, and Machesney Park. Unlike certain other communities near a state border (which sometimes have a river or other natural barrier), there are no geo-cultural barriers between the communities at this juncture that are located north in Wisconsin and south in Illinois. The Stateline Community works closely with community development partners in Illinois and Wisconsin, and residents freely travel between the two states for various services, including health care. Although located in Wisconsin, Beloit Memorial Hospital (“BMH”) is only 6 miles from the Stateline Community, whereas the Rockford area hospitals are at least twice that distance. Accordingly, many Stateline residents receive inpatient and emergency health care services at Wisconsin hospitals. Establishing a neighborhood hospital within the Stateline Community at the NorthPointe campus will stem the outmigration of Illinois residents to Wisconsin health care providers and bring more jobs to Illinois.

As shown in Table 1110.110(b)(1), approximately 740 admissions to BMH annually are Illinois residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds which are planned.

<b>Zip Code</b>	<b>City</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
61072	Rockton	132	167	158
61073	Roscoe	133	128	144
61080	South Beloit	389	433	401
61011	Machesney Park	7	5	5
61103	Machesney Park	9	7	15
61111	Machesney Park	17	8	8
61115	Machesney Park	22	25	16
<b>Total NorthPointe Service Area</b>		<b>709</b>	<b>773</b>	<b>747</b>

Moreover, there is a need for additional medical/surgical beds in the Stateline Community. The current four-story BMH opened in 1970 and currently operates 62 medical-surgical beds and eight ICU beds along with certain other bed units. Over the past 50 years as the delivery of health care evolved, so has BHS. In 2010, BHS completed the expansion and renovation of the BMH emergency department, which is

one of the busiest in Wisconsin, averaging nearly 34,000 visits annually. In 2017, the fourth floor medical-surgical unit was converted to the Hendrick's Family Heart Hospital, featuring a Hybrid Dual Cath Lab and Operating Suite, the first in the region. To improve patient privacy and infection control, the hospital is converting its semi-private rooms to private rooms. By 2027, all rooms at Beloit Memorial Hospital will be private.

Private hospital rooms benefit patient care in various ways, and it has been a meaningful goal for the past 20 years or so for most health systems when upgrading their facilities. Single rooms enhance infection control, reduce noise, improve quality of sleep, and promote privacy and dignity. Private rooms can also reduce stress and disruptions associated with sharing a room and allow patients and family members to discuss their medical condition and symptoms privately and freely without the ears and eyes of strangers in very close proximity. Private rooms also accommodate family rooming to provide patient support and space to spend the night with a compromised family member. With shared inpatient rooms, it is very difficult to accommodate parents, spouses or other family caregivers staying in the room to participate in supporting the patients. With family members directly involved in care, communication for compromised patients is usually improved and more data can be gathered with family supporting the patient during the hospital stay.

Additionally, the Applicant projects utilization of the medical-surgical beds in the NorthPointe geographic service area will increase over the next three years. Over the past four years (2018 – 2022), the hospitals within the NorthPointe geographic service area had an average compound annual growth rate (CAGR) of 1.5%. Due to the aging of the population, this growth is expected to continue for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds. Accordingly, there is a need for medical-surgical beds in the NorthPointe geographic service area.

<b>Table 1110.220(b)</b>					
<b>Average Daily Census of Hospitals in the NorthPointe Geographic Service Area</b>					
<b>Hospital</b>	<b>2018 - 2022 CAGR</b>	<b>2022 Beds</b>	<b>2018 ADC</b>	<b>2022 ADC</b>	<b>2027* ADC</b>
SwedishAmerican Hospital	4.9%	199	131.9	159.7	202.7
Saint Anthony Medical Center	4.8%	190	124.2	149.9	189.7
Mercyhealth Hospital-Riverside Campus	-9.4%	84	98.9	66.6	40.6
<b>Total</b>	<b>1.5%</b>	<b>473</b>	<b>355.1</b>	<b>376.2</b>	<b>433.0</b>
<b>Beds Justified</b>			<b>418</b>	<b>443</b>	<b>509</b>

\*Projected

Further, the Community Health Needs Assessments (“CHNAs”) for BHS, Mercy Health Javon Bea Hospital, OSF Saint Anthony Medical Center, SwedishAmerican Hospital and Medical Center, and Rock County, Wisconsin identified access to health care as a

priority for their communities.<sup>1</sup> Comments from community members regarding access issues include:

- “I routinely cannot get in to see physicians (like my dermatologist) in six months or more. Physicians come and go.”
- “In terms of health care, it would be nicer if they had more clinics and access to doctors – it is quite lengthy to get in to see a general practitioner. I just had to switch doctors about six months ago and it took me about six weeks to get a first appointment. More access and more doctors are needed, as well as referrals for specialty services.”
- “The other thing is waiting for specialists – I’ve had people that get a cancer diagnosis and don’t get to meet with an oncologist for 30 days. The shortage of health care workers is the biggest hurdle for our patients.”
- “Staffing continues to be a challenge across health care and first responder settings – this has increased over the past several years. Recruitment and education are challenges.”
- “[O]ne of the biggest struggles is the wait time to get it. I have some employees who don’t have a PCP and they don’t try to find one because nobody is accepting new patients, so they use ER or urgent care like a PCP.”<sup>2</sup>

As further documentation of the need for health care services in the Stateline Community, the site of the planned NorthPointe Neighborhood Hospital is located in a primary care health professional shortage area (“HPSA”) as designated by the Health Resources & Services Administration (“HRSA”). See Attachment – 12A.

BHS is positioned to expand primary care access throughout the Stateline Community to address the widely reported challenges associated with access to timely care. This project will also alleviate the burden on emergency response personnel and services through an expanded network of sources of care that are responsive to community needs. BHS works with state and national organizations, like the Association for Advancing Physician and Provider Recruitment, Medical Group Management

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<sup>1</sup> Beloit Health System, 2023 Community Health Needs Assessment (82) (2023) *available at* <https://www.beloithealthsystem.org/documents/Beloit-Health-System-2023-CHNA-Report-FINAL.pdf> (last visited Apr. 4, 2024); MERCY HEALTH’S JAVON BEA HOSPITAL, 2023 COMMUNITY HEALTH NEEDS ASSESSMENT (11, 15) (2023) *available at* <https://res.cloudinary.com/dpmykpsih/image/upload/mercyhealth-site-398/media/6f16b1cde5394d8fa5d3d37b9a529a3f/2023-chna-jbh.pdf> (last visited Mar. 6, 2024); OSF SAINT ANTHONY MEDICAL CENTER, 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (74) (2022) *available at* [https://osf-p-001.sitecorecontenthub.cloud/api/public/content/95b914968b084de5bd\\_c3a2beadce1063?v=0ca2b178](https://osf-p-001.sitecorecontenthub.cloud/api/public/content/95b914968b084de5bd_c3a2beadce1063?v=0ca2b178) (last visited Mar. 6, 2024); UW HEALTH SWEDISHAMERICAN HOSPITAL AND MEDICAL CENTER – BELVIDERE, COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2025 (8) (2022) *available at* <https://bynder.uwhealth.org/m/59c346c375c33cc3/original/SwedishAmerican-Hospital-and-Medical-Center-Belvidere-Community-Health-Needs-Assessment-2022-2025.pdf> (last visited Mar. 6, 2024); ROCK COUNTY PUBLIC HEALTH DEPARTMENT, COMMUNITY HEALTH ASSESSMENT HEALTH EQUITY ALLIANCE OF ROCK COUNTY 2021 (16) (2021) *available at* <https://www.beloithealthsystem.org/documents/2021-Full-Community-Health-Assessment.pdf> (last visited Mar. 6, 2024).

<sup>2</sup> Beloit Health System, 2023 Community Health Needs Assessment (66-68)

Association, Wisconsin Staff Physician Recruiters, and Wisconsin Council on Medical Education and Workforce to benchmark physician recruitment and retention. BHS regularly conducts a thorough physician needs analysis and community needs assessment including 30/90-day, 6 month, and annual assessments to gauge the potential for “at risk” physician departures. Patient demand is determined by analyzing physician panel size, time to next available appointment, and wait time for an appointment.

BHS’ approach is a strategic, data-driven, and candidate-centric approach to build a robust physician recruitment plan that meets the specific needs of the communities it serves. The strategic clinician recruitment plan is updated annually and considered by the BHS Board of Directors in its decision making. The plan includes discussion on changes in delivery methods to meet both organization and community needs, including partnerships, such as orthopedics and neurology, and may include other means of care for pediatrics and neurology, as well as a strategic plan for utilizing advance practice clinicians. BHS has developed an ideal candidate profile that aligns with the organization’s goals, culture, and community and defines the qualifications, skills, experience, and personality traits the organization is looking for. Additionally, BHS created a compelling value proposition to highlight the benefits, rewards, and opportunities the Beloit Clinic offers to physicians, such as physician autonomy and ability to make practice decisions on a local level and collegial medical staff. Beloit Clinic has implemented a multi-channel sourcing strategy to actively and passively reach potential candidates. This includes attending provider job fairs on a state and national level; tracking and engaging students, scholarship recipients, advance practice clinicians, and residents that rotate within the system; job boards; referrals; networking; and working with recruitment agencies, establishing a structured, fair, and transparent selection process to evaluate and choose the best-fit candidates which includes screening, interviewing, testing, and reference checking. Beloit Clinic offers competitive compensation and benefits packages that meet candidate expectations, as well as student loan repayment plans. BHS continuously monitors and optimizes its recruitment efforts using metrics and benchmarks to measure success.

Finally, planned NorthPointe Neighborhood Hospital will improve access to emergency services in the Stateline Community. BMH has one of the busiest emergency departments in Wisconsin, averaging 34,000 visits annually from 2019 – 2023. A component of these annual visits are from patients residing in the Stateline Community. Further, in 2023, the Harlem-Roscoe Fire Protection District responded to nearly 2,600 medical calls,<sup>3</sup> Rockton Fire Protection District conducted over 950 ambulance transports, and South Beloit Fire Department responded to over 500 calls.<sup>4</sup> The majority of Stateline Community patients, requiring EMS transport are transported approximately 20 minutes away. As noted in the support letters attached at Attachment – 12B, having a hospital emergency department in the Stateline Community will allow BHS to provide emergency services to stabilize patients and will be a vital component to the health care delivery system. The planned hospital’s operation in Roscoe will reduce emergency transport times, which can be critical to favorable patient outcomes, and allow EMS teams to be more readily available in their local districts.

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<sup>3</sup> Harlem-Roscoe Fire Protection District 2022 – 2024 Call Volume *available at* <https://harlemroscoe.fire.org/> (last visited Mar. 25, 2024).

<sup>4</sup> South Beloit Fire Department 2001 – 2023 Call Volume *available at* <http://southbeloitfire.com/calls.html> (last visited Apr. 3, 2024).



As previously noted, the BMH emergency department is one of the busiest in Wisconsin which has created patient throughput issues. For example, patients are often boarded in the emergency department at BMH while they wait for an inpatient bed to become available. The planned NorthPointe Neighborhood Hospital will not only stem the outmigration of Illinois patients to BMH, but it will:

- Reduce wait times for patients who are admitted to the hospital from the emergency department.
- Improve emergency department efficiency and reduce wait times, which average 2 – 2.5 hours.
- Allow for step-down of ICU patients to intermediate care as soon as their condition warrants rather than waiting for a medical/surgical bed to become available. Less time in the ICU would also lower the cost of care for both patients and payors.

In addition to improving access, the planned emergency department will support the operations of the NorthPointe Birth Center by providing immediate stabilizing care in the event there are complications during a delivery.

The existing NorthPointe Immediate Care will become part of the emergency department for the planned hospital. The emergency department will consist of eight emergency bays and five immediate care bays as well as a triage area. Patients presenting at the NorthPointe emergency department will be triaged according to medical condition with patients presenting with emergent conditions, e.g., stroke, heart attack, seizures and ruptured appendix going to the emergency bays and patients with less urgent conditions, e.g., respiratory infections, strep, dehydration, sprains, lacerations, ear infections, and urinary tract infections sent to the immediate care area. The NorthPointe Neighborhood Hospital emergency department will decrease high utilization at the BMH emergency department while continuing to treat patients who historically have used the immediate care center.

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

A map of the market area of the planned NorthPointe Neighborhood Hospital is attached at Attachment – 12C. The market area encompasses an approximate 17-mile radius around the NorthPointe Neighborhood Hospital. The boundaries of the market area are as follows:

- North approximately 17 miles to Janesville, WI
- Northeast approximately 17 miles to Darien, WI
- East approximately 17 miles to Leroy, IL
- Southeast approximately 17 miles to Bonus, IL
- South approximately 17 miles to Cherry Valley, IL
- Southwest approximately 17 miles to Pecatonica, IL
- West approximately 17 miles to Durand, IL
- Northwest approximately 17 miles to Orford, WI

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

The Stateline Community straddles the Illinois/Wisconsin border, and BMH is only 6 miles from the Stateline Community, whereas the Rockford area hospitals are at least twice as far. Accordingly, many Stateline residents receive inpatient and emergency health care services at Wisconsin hospitals. Establishing a neighborhood hospital within the Stateline Community will stem the outmigration to Wisconsin health care providers.

As shown in Table 1110.110(b)(3), approximately 740 admissions to BMH annually are residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned.

<b>Zip Code</b>	<b>City</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
61072	Rockton	132	167	158
61073	Roscoe	133	128	144
61080	South Beloit	389	433	401
61011	Machesney Park	7	5	5
61103	Machesney Park	9	7	15
61111	Machesney Park	17	8	8
61115	Machesney Park	22	25	16
<b>Total NorthPointe Service Area</b>		<b>709</b>	<b>773</b>	<b>747</b>

As discussed above, due to the aging of the population, the Applicant projects utilization of the medical-surgical beds in the NorthPointe geographic service area is expected to increase for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds. Accordingly, there is a need for medical-surgical beds in the NorthPointe geographic service area.

**4. Cite the sources of the documentation.**

- Ill. Dep’t. Health, Office of Policy, Planning and Statistics, Division of Health Data and Policy, Population Projections – Illinois, Chicago and Illinois Counties by Age and Sex July 1, 2015 to July 1, 2030 (2019 Edition) 111 (2021) *available at* <https://dph.illinois.gov/coWihitnttent/dam/soi/en/web/idph/files/publications/population-projections-report-2010-2030.pdf> (last visited Mar. 19, 2024).
- Beloit Health System, 2023 Community Health Needs Assessment (81) (2023) *available at* <https://www.beloithealthsystem.org/documents/Beloit-Health-System-2023-CHNA-Report-FINAL.pdf> (last visited Apr. 4, 2024)
- MERCY HEALTH’S JAVON BEA HOSPITAL, 2023 COMMUNITY HEALTH NEEDS ASSESSMENT (11, 15) (2023) *available at* <https://res.cloudinary.com/dpmykpsih/>

<image/upload/mercyhealth-site-398/media/6f16b1cde5394d8fa5d3d37b9a529a3f/2023-chna-jbh.pdf> (last visited Mar. 6, 2024)

- OSF SAINT ANTHONY MEDICAL CENTER, 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (74) (2022) *available at* [https://osf-p-001.sitecorecontenthub.cloud/api/public/content/95b914968b084de5bdc3a2beadce1063?v\\_=0ca2b178](https://osf-p-001.sitecorecontenthub.cloud/api/public/content/95b914968b084de5bdc3a2beadce1063?v_=0ca2b178) (last visited Mar. 6, 2024).
- UW HEALTH SWEDISHAMERICAN HOSPITAL AND MEDICAL CENTER – BELVIDERE, COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2025 (8) (2022) *available at* <https://bynder.uwhealth.org/m/59c346c375c33cc3/original/SwedishAmerican-Hospital-and-Medical-Center-Belvidere-Community-Health-Needs-Assessment-2022-2025.pdf> (last visited Mar. 6, 2024).
- ROCK COUNTY PUBLIC HEALTH DEPARTMENT, COMMUNITY HEALTH ASSESSMENT HEALTH EQUITY ALLIANCE OF ROCK COUNTY 2021 (16) (2021) *available at* <https://www.beloithealthsystem.org/documents/2021-Full-Community-Health-Assessment.pdf> (last visited Mar. 6, 2024).

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

Goals of the planned NorthPointe Neighborhood Hospital include improving access to inpatient services and emergency services to the Stateline Community. By doing so, BHS will address the widely reported challenges associated with access to timely care, as well as to alleviate the burden on emergency response personnel and services through an expanded network of sources of care that are responsive to community needs.



**Scheduled Maintenance:**

data.hrsa.gov will be intermittently unavailable from 8:00 p.m. ET on Wednesday February 21, 2024, through 8:00 a.m. ET on Thursday February 22, 2024. We apologize for any inconvenience.



Health Resources & Services Administration (<https://www.hrsa.gov>)

U.S. Department of Health & Human Services (<https://www.hhs.gov>)

[data.HRSA.gov](https://data.hrsa.gov/) (<https://data.hrsa.gov/>)



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# Find Shortage Areas by Address

Enter an address to determine if it is located in a designated shortage area (<https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>).

## Use this tool to:

- ▶ Determine if a specific address is located in a HPSA Geographic, HPSA Geographic High Needs, Population Group HPSA, or an MUA/P designated area

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[Start Over](#) [Print](#)

HPSA Data as of 02/21/2024

MUA Data as of 02/21/2024

**Address**

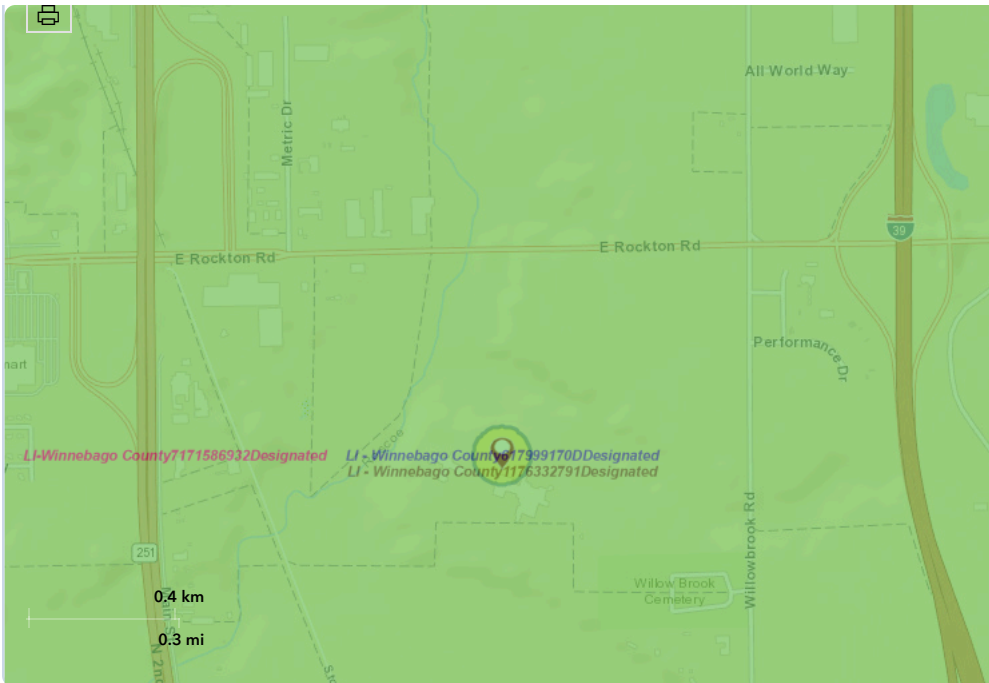
5605 east rockton road, roscoe, IL, 61073

**Standardized address**

5605 E Rockton Rd, Roscoe, Illinois, 61073

+

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**Note:** The address you entered is geocoded and then compared against the HPSA and MUA/P data in data.HRSA.gov. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. Please consult your program of interest to determine if a HPSA in "Proposed For Withdrawal" status will provide eligibility.

[+] More about this address

**In a Dental Health HPSA: ✓ Yes**

**HPSA Name:** LI - Winnebago County  
**ID:** 617999170D  
**Designation Type:** HPSA Population  
**Status:** Designated  
**HPSA Score:** 17  
**Designation Date:** 12/29/2017  
**Last Update Date:** 07/02/2021

**In a Mental Health HPSA: ✓ Yes**

**HPSA Name:** LI-Winnebago County  
**ID:** 7171586932  
**Designation Type:** HPSA Population  
**Status:** Designated  
**HPSA Score:** 17  
**Designation Date:** 03/24/2022  
**Last Update Date:** 03/24/2022

**In a Primary Care HPSA: ✓ Yes**

**HPSA Name:** LI - Winnebago County  
**ID:** 1176332791  
**Designation Type:** HPSA Population  
**Status:** Designated  
**HPSA Score:** 16  
**PC MCTA Score:** 15  
**Designation Date:** 11/17/2021  
**Last Update Date:** 11/17/2021

**In a MUA/P: ✗ No**



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[Accessibility \(https://www.hrsa.gov/about/508-resources.html\)](https://www.hrsa.gov/about/508-resources.html)

[Freedom of Information Act \(https://www.hrsa.gov/foia/index.html\)](https://www.hrsa.gov/foia/index.html)

[USA.gov \(https://www.usa.gov/\)](https://www.usa.gov/)

[WhiteHouse.gov \(https://www.whitehouse.gov/\)](https://www.whitehouse.gov/)





VILLAGE PRESIDENT

John Peterson

# ROCKTON



#24-018

VILLAGE CLERK

Christina Stewart

May 23, 2024

Debra Savage, Chair  
Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

Re: Beloit Health Systems Proposed Neighborhood Hospital Development for Roscoe

Dear Chair Savage,

The Village Board of the Village of Rockton, Illinois is pleased to provide a letter expressing its support for the proposed Neighborhood Hospital project for the NorthPointe Health & Wellness Campus. This is a healthcare system that has embraced a strong focus on wellness and patient-centered care which is truly commendable. By prioritizing preventive care, holistic well-being, and empowering patients to be active participants in their health journey, such a system demonstrates a deep commitment to improving overall community health outcomes.

It is the Village Board's hope that the State of Illinois' Health Facilities Planning Review Board will approve this important project to allow for a Neighborhood Hospital on the NorthPointe Campus with the ability to include a 24-Hour Emergency Department. Keeping our residents who utilize Beloit Memorial Hospital in Wisconsin in Illinois for their care at the NorthPointe Campus will reduce their need to travel outside of their hometowns. It would also make it easier for their loved ones to visit them. The center would also create new jobs in the community.

NorthPointe is a strong community supporter; their presence here continues to be good for both local business and our customers. The Village Board believes that having a Neighborhood Hospital on the NorthPointe Campus would benefit us locally. We urge the Illinois Health Facilities and Services Review Board to approve the NorthPointe proposal.

Sincerely,

John Peterson, President  
Village of Rockton

THE CITY OF  
**SOUTH BELOIT**  
I L L I N O I S



May 24, 2024

Debra Savage, Chair, Illinois Health Facilities and Services Review Board

Dear Chair Savage:

I am writing to express my strong support for the development of a neighborhood hospital with a 24-hour emergency department on the NorthPointe Health & Wellness Campus in Roscoe, Illinois. This project is vital to meeting the healthcare needs of our rapidly growing community.

Timely access to emergency medical services is essential for maintaining the quality of life in any community. Beloit Memorial Hospital has a proven track record of providing high-quality emergency care to regional residents. The proposed Neighborhood Hospital would continue this commitment, offering crucial emergency services closer to home.

NorthPointe and Beloit Memorial Hospital have already contributed valuable health and wellness resources to the community by offering assisted living communities for seniors on the NorthPointe campus and in Beloit. These communities provide an ideal environment for older adults to thrive and maintain their health and independence for as long as possible. NorthPointe Terrace offers a comprehensive range of services and amenities designed to support the unique needs of seniors. Assisted living empowers residents to live their best lives while aging gracefully. With personalized care plans and a focus on promoting an active, enriching lifestyle, assisted living communities enable seniors to live life to the fullest while ensuring their safety, comfort, and overall quality of life.

A neighborhood hospital with a 24-hour emergency department would enhance these resources, making our area a safer and healthier place to live. It is crucial for residents to have access to prompt and efficient emergency care without the need to travel long distances, especially during critical situations.

Thank you for considering my support for this vital addition to our healthcare infrastructure. If you have any questions, please feel free to contact me.

Sincerely,

Thomas Fitzgerald, Mayor  
City of South Beloit

“AN EQUAL OPPORTUNITY EMPLOYER”







# Rockton Fire Protection District

201 N. Blackhawk Blvd.  
Rockton, IL 61072

#24-018



Chief Kirk Wilson, CFO

Administration: 815-624-6010  
Fax: 815-624-7825

May 23, 2024

Ms. Debra Savage  
Chairwoman  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

Re: Support for the Establishment of NorthPointe Neighborhood Hospital

Dear Ms. Savage:

It has come to my attention that NorthPointe Health & Wellness is planning the expansion of the inpatient services that its institution currently provides in Beloit to the NorthPointe campus in Roscoe. Of great interest to our fire protection district is that those plans include establishing an emergency department. It is my belief that the residents within the Rockton Fire Protection District who frequent Beloit Hospital would benefit from this facility. It is also our policy that we transport critically ill patients to the closest medical facility improving their chance of survival and quality of life.

First and foremost, the ambulance transport times to this small hospital facility would be cut dramatically. This would be a tremendous benefit to our customers by providing a much closer emergency room facility and reducing lengthily ambulance transport times to other area health care facilities. We also know that wait times at emergency departments in the area are often far longer than is optimal for care intervention and providing emergency medical services at the Roscoe campus of Beloit Health System will help to alleviate that issue.

At this time, I would like to give my support to NorthPointe and hope that the reality of this project graces our community. I urge you and your fellow Board members to approve this proposal. If you should have any questions, please feel free to contact during business hours.

Respectfully Submitted,

*Kirk Wilson*

Kirk Wilson, Chief  
Rockton Fire Protection District

*"Loyalty - Pride - Tradition"*

# HARLEM-ROSCOE FIRE PROTECTION DISTRICT #1

John Bergeron  
Fire Chief  
BOARD OF TRUSTEES  
Barton Munger  
John Donahue  
Al Bach

P.O. BOX 450 \* ROSCOE, ILLINOIS 61073-0450  
Administration # (815) 623-7867 Fax # (815) 623-8831

May 23, 2024

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Chair Savage:

On behalf of the fire protection district, I am writing to express my support of the development of a neighborhood hospital with an emergency department on the North Pointe campus located in Roscoe Illinois. This campus is in our fire protection district.

Timely access to healthcare, especially emergency medical services is vital to a community and its quality of life. Beloit Health System has continually demonstrated its commitment to providing high-quality health care services to all regional residents. This has become more evident with the completion of the North Pointe Birth Center.

Our fire protection district and the region has seen substantial population growth, which has increased the demand for emergency services. As a direct result of this growth, increased call volume and roadway traffic congestion has increased first responder times. Having an emergency department in Roscoe will enhance access to vital community-based emergency services by reducing travel times and keeping our advanced life support (ALS) units in the district to benefit the residents.

North Pointe and Beloit Health System already provide valuable health and wellness resources to the community and region. Adding a neighborhood hospital with an emergency department will make our area a safer and healthier place to live.

I ask you to support this addition to the emergency care resources.

Sincerely,



Chief John Bergeron

*The Protection of Life and Property is our Business*

May 31, 2024

Debra Savage, Chair  
Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

Re: Beloit Health Systems Proposed Neighborhood Hospital Development for  
Roscoe

Dear Chair Savage,

I am honored to submit this letter of support for the proposed Neighborhood Hospital project for the NorthPointe Health & Wellness Campus.

I have recently retired as the Fire Chief of the Harlem Roscoe Fire Protection District. Over the past 15 years of being the Fire Chief, our fire protection district has seen and continues to go through substantial growth. Every year this growth has increased the demand for emergency services. At the time of my retirement, we were experiencing 12 to 15 calls a day with 82% of them being medical. At any given time one of our three staffed ALS ambulances can be out of service on a call for two hours as we transport to one of three hospitals located in Rockford or Beloit. It is not uncommon to have all three ambulances out simultaneously on calls at any given time. As we all know, time can be, and in some cases have a large impact on patient treatment and a positive outcome. The opportunity granted to have a facility of this type in our district could have a direct result in reducing transport times along with keeping our ambulances in the district which will also benefit our residents by allowing a quicker response to address their medical needs.

The Beloit Healthcare system is a system that has embraced a strong focus on wellness and patient-centered care which is truly commendable. By prioritizing preventive care, holistic well-being, and empowering patients to be active participants in their health journey, such a system demonstrates a deep commitment to improving overall community health outcomes.

I hope that the State of Illinois' Health Facilities Planning Review Board will approve this important project to allow for a Neighborhood Hospital on the NorthPointe Campus with the ability to include a 24-Hour Emergency Department.

Keeping our residents who utilize Beloit Memorial Hospital in Wisconsin in Illinois for their care at the NorthPointe Campus will reduce their need to travel outside of their hometowns. It would also make it easier for their loved ones to visit them.

NorthPointe is a strong community supporter; their presence here continues to be good for both local business and our customers. I believe that having a Neighborhood Hospital on the NorthPointe Campus would benefit us locally.

The center would also create new jobs in the community.

I urge the Illinois Health Facilities and Services Review Board to approve the NorthPointe proposal.

Respectfully,

*Donald R. Shoevlin*

Chief Donald Shoevlin (ret.)

Carol Gustafson  
President  
Stephanie Johnston  
Clerk  
Mark D. Olson  
Treasurer



TRUSTEES  
William Babcock  
Stacy Mallicoat  
Susan Petty  
Justin Plock  
Michael Sima  
Michael Wright

May 23, 2024

Debra Savage, Chair  
Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, IL 62761

**Re: Beloit Health Systems Proposed Neighborhood Hospital Development in the Village of Roscoe**

Dear Chair Savage,

I am pleased to provide a letter expressing my support for the proposed Neighborhood Hospital project for the NorthPointe Health & Wellness Campus. This is a healthcare system that has embraced a strong focus on wellness and patient-centered care, which is truly commendable. By prioritizing preventive care, holistic well-being, and empowering patients to be active participants in their health journey, such a system demonstrates a deep commitment to improving overall community health outcomes.

It is my hope that the State of Illinois' Health Facilities Planning Review Board will approve this important project to allow for a Neighborhood Hospital on the NorthPointe Campus, including a 24-Hour Emergency Department. Keeping our residents who currently utilize Beloit Memorial Hospital in Wisconsin in Illinois for their care at the NorthPointe Campus will reduce their need to travel outside of their hometowns. It would also make it easier for their loved ones to visit them.

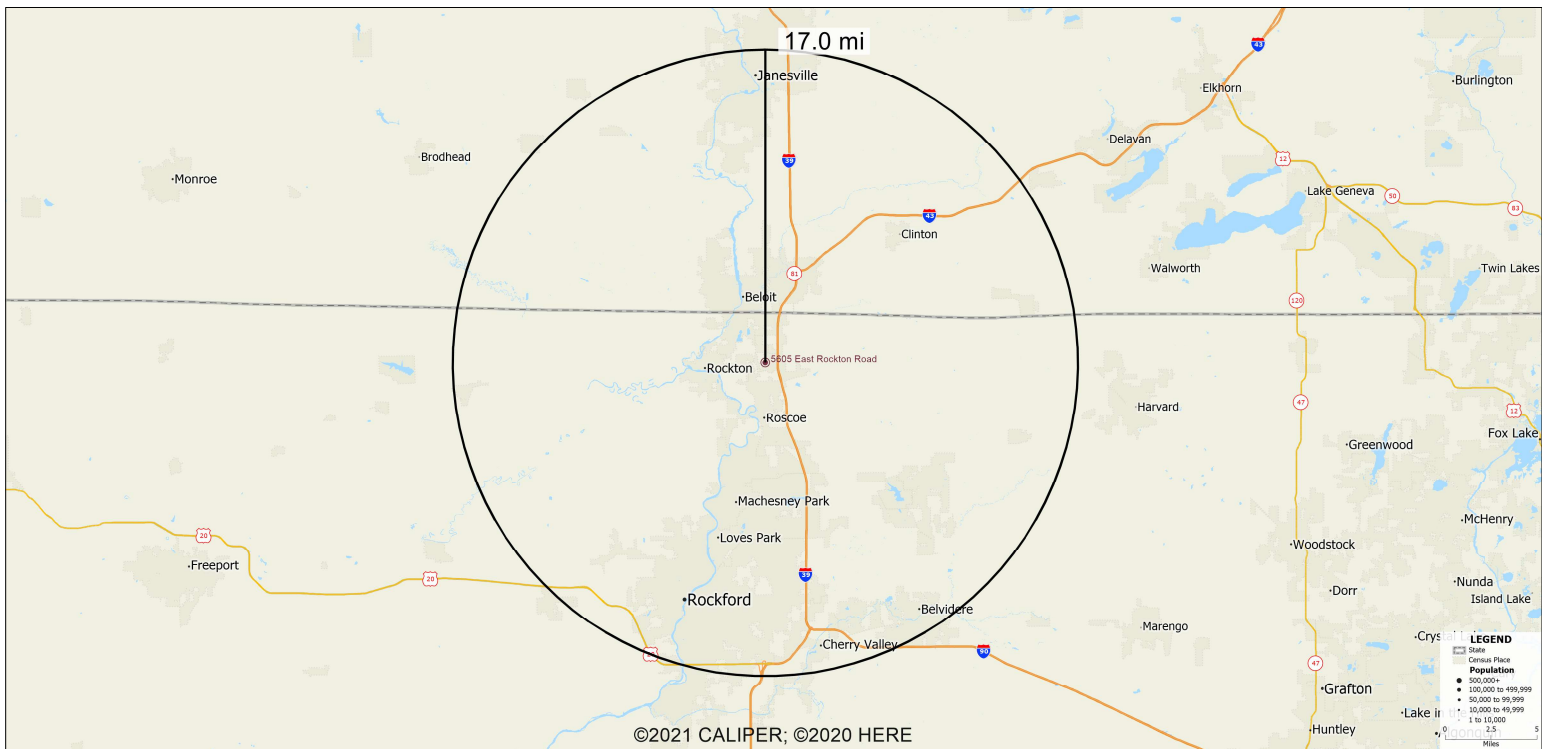
NorthPointe is a strong community supporter; their presence here continues to be beneficial for both local businesses and our customers. I believe that having a Neighborhood Hospital on the NorthPointe Campus would greatly benefit our community. The center would also create new jobs in the community.

We urge the Illinois Health Facilities and Services Review Board to approve the NorthPointe proposal.

Sincerely,

Carol Gustafson  
Village President  
Village of Roscoe, IL

# NorthPointe Neighborhood Hospital 17-Mile Geographic Service Area



**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.110(d), Project Purpose, Background, and Alternatives**

After a thoughtful deliberation process, the Applicants determined that the planned small format neighborhood hospital is, in balance, the most effective and least costly alternative to the other alternatives considered when considering access, quality and cost. The following narrative evaluates each alternative that was considered:

**1. Maintain Status Quo/Do Nothing**

The Applicant considered doing nothing and to maintain inpatient medical/surgical services only at BMH. As more fully discussed in Section 1110.110(b), many Stateline residents receive inpatient and emergency health care services at Wisconsin hospitals. Establishing a neighborhood hospital within the Stateline Community will stem the outmigration to Wisconsin health care providers.

Approximately 740 annual admissions to BMH alone are Illinois residents of the NorthPointe geographic service area. This is not considering admissions to other Wisconsin hospitals from the GSA of the planned Roscoe hospital which may also be a source of demand for the planned hospital. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned.

Moreover, due to the aging of the population, the Applicant anticipates utilization of the medical-surgical beds in the NorthPointe geographic service area to increase for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds

Finally, there is a need for health care services in the Stateline Community, as identified in the CHNA's as well as HRSA's designation of the site of the planned NorthPointe Neighborhood Hospital as a HPSA.

This option will not address outmigration or improve healthcare access to residents of the Stateline Community. For these reasons, the option to do nothing was rejected.

There is no cost with this option.

**2. Utilize Other Providers**

As more fully discussed in Section 1110.110(b), many residents of the Stateline Community receive health care services from Wisconsin health care providers, as they are located closer to where patients live. As show in Table 1110.110(d), the nearest Illinois hospitals are 10 miles or farther away whereas BMH is only 6 miles from the Stateline Community. Moreover, based on existing referral patterns, patients in the Stateline Community are more likely to travel north to Beloit and Janesville for hospital services rather than travel south of State Route 139.

Table 1110.110(d) Hospitals within 17 Miles			
Hospitals	Address	City	Straight-Line Distance (Miles)
Mercyhealth Hospital-Riverside	8201 East Riverside Boulevard	Rockford	10
Saint Anthony Medical Center	5666 E State Street	Rockford	13
SwedishAmerican Hospital	1401 E State Street	Rockford	14

Utilization of existing providers will not stem the outmigration to Wisconsin hospitals and will not provide low-acuity inpatient services to residents of the Stateline Community close to home. For these reasons, this option was rejected.

There is no cost with this option

### 3. Establish NorthPointe Neighborhood Hospital

Approximately 740 admissions to BMH annually are residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned.

Due to the aging of the population, the Applicant anticipates utilization of the medical-surgical beds in the NorthPointe geographic service area to increase for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds

Finally, there is a need for health care services in the Stateline Community, as identified in the CHNA's as well as HRSA's designation of the site of the planned NorthPointe hospital as a HPSA. To address the growing need for medical/surgical beds while enhancing patient care and improving infection control, BHS decided to establish a 10-bed neighborhood hospital on the NorthPointe campus. Not only will this achieve these goals, but it will provide low-acuity patients in the Stateline Community with a hospital alternative closer to home.

The cost of this option is \$20,760,312.



**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(a), Size of the Project**

<b>DEPARTMENT/ SERVICE</b>	<b>PROPOSED DGSF</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
Medical/Surgical	5,113 GSF	5,000 - 6,600 GSF	Yes
Operating Room	544 GSF	2,750 GSF	Yes
Post-Anesthesia Recovery Phase I	110 GSF	180 GSF	Yes
Post-Anesthesia Recovery Phase II	110 GSF	400 GSF	Yes
Emergency Department	1,921 GSF	11,700 GSF	Yes
CT Scanner	569 GSF	1,800 GSF per Unit	Yes
3D Mammography	461 GSF	900 GSF per Unit	Yes
Bone Densitometry	230 GSF	N/A	N/A
MRI	1,063 GSF	1,800 GSF per Unit	Yes
Ultrasound	332 GSF	900 GSF per Unit	Yes
Digital X-Ray	400 GSF	1,300 GSF per Unit	Yes
Digital X-Ray w/Fluoroscopy	404 GSF	1,300 GSF per Unit	Yes

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(b), Project Services Utilization**

**Medical-Surgical**

The planned NorthPointe Neighborhood Hospital will have 10 medical/surgical beds. The minimum occupancy standard for a medical/surgical unit of less than 100 beds is 80%.<sup>5</sup> As shown in the Table 1, approximately 740 admissions to BMH annually are residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned.

<b>Zip Code</b>	<b>City</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
61072	Rockton	132	167	158
61073	Roscoe	133	128	144
61080	South Beloit	389	433	401
61011	Machesney Park	7	5	5
61103	Machesney Park	9	7	15
61111	Machesney Park	17	8	8
61115	Machesney Park	22	25	16
<b>Total NorthPointe Service Area</b>		<b>709</b>	<b>773</b>	<b>747</b>

Moreover, the Applicant projects utilization of the medical-surgical beds in the geographic service area will increase over the next three years. Over the past four years (2018 – 2022), the hospitals within the NorthPointe geographic service area had an average CAGR of 1.5%. Due to the aging of the population, this growth is expected to continue for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds. Accordingly, there is a need for 10 medical-surgical beds in the NorthPointe geographic service area.

<b>Hospital</b>	<b>2018 - 2022 CAGR</b>	<b>2022 Beds</b>	<b>2018 ADC</b>	<b>2022 ADC</b>	<b>2027* ADC</b>
SwedishAmerican Hospital	4.9%	199	131.9	159.7	202.7
Saint Anthony Medical Center	4.8%	190	124.2	149.9	189.7
Mercyhealth Hospital-Riverside Campus	-9.4%	84	98.9	66.6	40.6
<b>Total</b>	<b>1.5%</b>	<b>473</b>	<b>355.1</b>	<b>376.2</b>	<b>433.0</b>
<b>Beds Justified</b>			<b>418</b>	<b>443</b>	<b>509</b>

\*Projected

<sup>5</sup> 77 ILL. ADMIN. CODE § 1100.520(c)(2)(A)

By signing the certification page of this application, the Applicant attests that the NorthPointe Neighborhood Hospital will achieve the target utilization standard for medical/surgical beds within the first two years of operation of the planned hospital.

**Surgery**

The planned NorthPointe Neighborhood Hospital will have one surgical operating room. Table 3 below shows the projected 2029 (second year after project completion) volume forecasts.

Table 3 Historical & Projected Utilization						
Year	Dept/ Service	Units	2023	Projected Utilization	State Standard	Met Standard?
2029	Surgery	1 Operating Room	N/A	500	> 1,500 hours per Operating Room	Yes

By signing the certification page of this application, the Applicant attests that NorthPointe will achieve the target utilization standard for surgery within the first two years of operation of the planned hospital.

**Emergency Services**

The planned NorthPointe Neighborhood Hospital will improve access to emergency services in the Stateline Community. BMH has one of the busiest emergency departments in Wisconsin, averaging 34,000 visits annually from 2019 – 2023. A significant number of the annual visits are from patients residing in the Stateline Community. Further, in 2023, the Harlem-Roscoe Fire Protection District responded to nearly 2,600 medical calls,<sup>6</sup> Rockton Fire Protection District conducted over 950 ambulance transports, and South Beloit Fire Department responded to over 500 calls.<sup>7</sup> The majority of Stateline Community patients, requiring EMS transport are transported 20 minutes away. Having a hospital emergency department in the Stateline Community will reduce emergency transport times, which can be critical for favorable patient outcomes, and allow EMS teams to be more readily available in their local districts.

The existing NorthPointe Immediate Care space will be efficiently converted into the emergency department for the planned hospital. The emergency department will consist of eight emergency bays and five immediate care bays as well as a triage area. Patients presenting at the NorthPointe emergency department will be triaged according to medical condition with patients presenting with emergent conditions, e.g., stroke, heart attack, seizures and ruptured appendix going to the emergency bays and patients with less urgent conditions, e.g., respiratory infections, strep, dehydration, sprains, lacerations, ear infections, and urinary tract infections will be sent to the immediate care area.

Table 4 shows the historical volumes performed at the existing NorthPointe Immediate Care as well as the associated 2029 (second year after project completion) volume forecasts.

<sup>6</sup> Harlem-Roscoe Fire Protection District 2022 – 2024 Call Volume available at <https://harlemroscoe.fire.org/> (last visited Mar. 25, 2024).

<sup>7</sup> South Beloit Fire Department 2001 – 2023 Call Volume available at <http://southbeloitfire.com/calls.html> (last visited Apr. 3, 2024).

Table 4 Historical & Projected Utilization						
Year	Dept/ Service	Units	2023 <sup>8</sup>	Projected Utilization	State Standard	Met Standard?
2029	Emergency	8	N/A	15,000	> 2,000 visits per Station	Yes
2029	Immediate	5	10,047	10,000	> 2,000 visits per Station	Yes

By signing the certification page of this application, the Applicant attests that the NorthPointe Neighborhood Hospital will achieve the target utilization standard for emergency services within the first two years of operation of the planned hospital.

**Imaging**

Imaging is one of the services associated with the planned NorthPointe Neighborhood Hospital for which the HFSRB has established utilization standards in 77 Ill. Admin Code 1100. Table 5 below shows the historical imaging volumes performed at the existing NorthPointe Clinic as well as the associated 2029 (second year after project completion) volume forecasts.

Table 5 Historical & Projected Utilization						
Year	Dept/ Service	Units	2023	Projected Utilization	State Standard	Met Standard?
2029	Imaging	1 CT Scanner	1,793	1,793	> 7,000 visits per CT Scan	Yes
2029	Imaging	1 3D Mammography	2,275	2,275	> 5,000 visits per Mammography	Yes
2029	Imaging	1 Bone Densitometry	467	467	N/A	
2029	Imaging	1 MRI	1,049	1,049	> 2,500 procedures per MRI	Yes
2029	Imaging	2 Ultrasound	3,433	3,433	> 3,100 visits per ultrasound	
2029	Imaging	1 Digital X-Ray	3,970	3,970	> 8,000 procedures per x-ray	Yes
2029	Imaging	1 Digital X-Ray w/Fluoroscopy	226	226	> 8,000 procedures per x-ray	Yes
2029	Imaging	1 Portable X-Ray	94	94	> 8,000 procedures per x-ray	Yes

By signing the certification page of this application, the Applicant attests that the NorthPointe Neighborhood Hospital will achieve the target utilization standard for imaging within the first two years of operation of the planned hospital.

<sup>8</sup> 2023 NorthPointe Immediate Care 10,047 visits

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(d), Unfinished or Shell Space**

The planned hospital will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section VI, Service Specific Review Criteria**  
**Criterion 1110.200(b), Medical-Surgical**

1. Planning Area Need

While the Applicant acknowledges there is a technical excess of medical-surgical and pediatric beds in the B-01 planning area, this is due, in part, to underutilization of pediatric beds in the planning area and the lack of inpatient services at SwedishAmerican Medical Center Belvidere, the emergency department of which serves as a portal to inpatient care to the primary SwedishAmerican Hospital when inpatient admissions are required. Based on 2018 – 2022 data, average utilization justifies 9 pediatric beds. Importantly, Javon Bea Hospital – Riverside operates 12-bed pediatric unit and no pediatric days in 2021 and only 14 pediatric days in 2022. Furthermore, SwedishAmerican Medical Center Belvidere technically operates a 34-bed medical-surgical unit; however, it has provided no inpatient medical-surgical services since 2020.

Finally, the Applicant projects utilization of the medical-surgical beds in the geographic service area will increase over the next three years. Over the past four years (2018 – 2022), the hospitals within the NorthPointe geographic service area had an average compound annual growth rate (CAGR) of 1.5%. Due to the aging of the population, this growth is expected to continue for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds. Accordingly, there is a need for 10 medical-surgical beds in the NorthPointe geographic service area.

<b>Table 1110.200(b)(1)</b>					
<b>Average Daily Census of Hospitals in the NorthPointe Geographic Service Area</b>					
<b>Hospital</b>	<b>2018 - 2022 CAGR</b>	<b>2022 Beds</b>	<b>2018 ADC</b>	<b>2022 ADC</b>	<b>2027* ADC</b>
SwedishAmerican Hospital	4.9%	199	131.9	159.7	202.7
Saint Anthony Medical Center	4.8%	190	124.2	149.9	189.7
Mercyhealth Hospital-Riverside Campus	-9.4%	84	98.9	66.6	40.6
<b>Total</b>	<b>1.5%</b>	<b>473</b>	<b>355.1</b>	<b>376.2</b>	<b>433.0</b>
<b>Beds Justified</b>			<b>418</b>	<b>443</b>	<b>509</b>

\*Projected

2. Service to Planning Area Residents

The primary purpose is to provide low acuity inpatient health care services to residents of the Stateline Community and to address overutilization at BMH. As shown in Table 1110.200(b)(2)(A), approximately 740 admissions to BMH annually are residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned.

<b>Zip Code</b>	<b>City</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
61072	Rockton	132	167	158
61073	Roscoe	133	128	144
61080	South Beloit	389	433	401
61011	Machesney Park	7	5	5
61103	Machesney Park	9	7	15
61111	Machesney Park	17	8	8
61115	Machesney Park	22	25	16
<b>Total NorthPointe Service Area</b>		709	773	747

### 3. Service Demand

As discussed more fully above, the Applicant projects utilization of the medical-surgical beds in the NorthPointe geographic service area will increase over the next three years. Over the past four years (2018 – 2022), the hospitals within the NorthPointe geographic service area had an average CAGR of 1.5%. Due to the aging of the population, this growth is expected to continue for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds. Accordingly, there is a need for medical-surgical beds in the NorthPointe geographic service area.

### 4. Service Accessibility

The planned NorthPointe Neighborhood Hospital is located in a HRSA designated primary care HPSA. (See Attachment – 12A). The establishment of a neighborhood hospital in the Stateline Community will assist BHS’ ongoing efforts to recruit primary care physicians and specialists to the area. BHS is positioned to expand primary care access throughout the Stateline Community to address the widely reported challenges associated with access to timely care, as well as to alleviate the burden on emergency response personnel and services through an expanded network of sources of care that are responsive to community needs. BHS works with state and national organizations, like the Association for Advancing Physician and Provider Recruitment, Medical Group Management Association, Wisconsin Staff Physician Recruiters, and Wisconsin Council on Medical Education and Workforce to benchmark physician recruitment and retention. BHS regularly conducts a thorough physician needs analysis and community needs assessment. BHS performs 30/90-day, 6 month, and annual assessments to gauge the potential for “at risk” physician departure. Patient demand is determined by analyzing physician panel size, time to next available appointment, and wait time for an appointment.

BHS’ approach is a strategic, data-driven, and candidate-centric approach to build a robust physician recruitment plan that meets the specific needs of the communities served by BHS. The strategic clinician recruitment plan is updated annually and considered by the BHS Board of Directors in its decision making. The plan includes discussion on changes in delivery methods to meet both organization and community needs, including partnerships, such as orthopedics and neurology, and may include

other means of care for pediatrics and neurology, as well as a strategic plan for utilizing advance practice clinicians. BHS has developed an ideal candidate profile that aligns with the organization's goals, culture, and community and defines the qualifications, skills, experience, and personality traits the organization is looking for. Additionally, BHS created a compelling value proposition to highlight the benefits, rewards, and opportunities the Beloit Clinic offers to physicians, such as of physician autonomy and ability to make practice decisions on a local level and collegial medical staff. Beloit Clinic has implemented a multi-channel sourcing strategy to actively and passively reach potential candidates. This includes attending provider job fairs on a state and national level; tracking and engaging students, scholarship recipients, advance practice clinicians, and residents that rotate within the system; job boards; referrals; networking; and working with recruitment agencies, establishing a structured, fair, and transparent selection process to evaluate and choose the best-fit candidates which includes screening, interviewing, testing, and reference checking. Beloit Clinic offers competitive compensation and benefits packages that meet candidate expectations, as well as student loan repayment plans. BHS continuously monitors and optimizes its recruitment efforts using metrics and benchmarks to measure success.



**Section VI, Service Specific Review Criteria**  
**Criterion 1110.200(c), Medical-Surgical**

1. Unnecessary Duplication of Services

- a. The planned NorthPointe Neighborhood Hospital will be located at 5605 East Rockton Road, Roscoe, Illinois 61073. A map of the planned market area is attached at Attachment – 19B. A list of all Illinois zip codes located, in total or in part, within 17 miles of the site of the planned hospital as well as 2022 population estimates for each zip code is provided in Table 1110.200(c)(1)(A).

<b>Table 1110.200(c)(1)(A)</b>		
<b>Population and Zip Codes within</b>		
<b>17 Miles</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60033	Harvard	13,574
61008	Belvidere	33,747
61011	Caledonia	2,899
61012	Capron	2,160
61065	Poplar Grove	11,206
61072	Rockton	11,077
61073	Roscoe	19,936
61079	Shirland	213
61080	South Beloit	10,780
61101	Rockford	19,784
61102	Rockford	17,281
61103	Rockford	23,441
61104	Rockford	18,306
61107	Rockford	30,722
61108	Rockford	29,673
61109	Rockford	26,958
61111	Loves Park	22,756
61112	Rockford	113
61114	Rockford	15,569
61115	Machesney Park	22,542
<b>Total</b>		<b>332,737</b>

U.S. Census Bureau, 2022: ACS 5-Year Estimates Data Profiles available at <https://data.census.gov/table/ACSDP5Y2022.DP05?q> (last visited Mar. 20, 2024)

- b. A list of existing and approved Illinois hospitals located within 17 miles of the planned NorthPointe Neighborhood Hospital is provided in Table 1110.200(c)(1)(B).

<b>Table 1110.200(c)(1)(C) Hospitals within 17 Miles</b>			
<b>Hospitals</b>	<b>Address</b>	<b>City</b>	<b>Straight-Line Distance (Miles)</b>
Mercyhealth Hospital-Riverside	8201 East Riverside Boulevard	Rockford	10
Saint Anthony Medical Center	5666 E State Street	Rockford	13
SwedishAmerican Hospital	1401 E State Street	Rockford	14

2. Maldistribution of Services

The planned NorthPointe Neighborhood Hospital will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, beds, and services characterized by such factors as, but not limited to: (1) ratio of beds to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board’s utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

- a. Ratio of Beds to Population

As shown in Table 1110.200(c)(2)(A), the ratio of beds to population is 90% of the State Average.

<b>Table 1110.200(c)(2)(A) Ratio of Beds to Population</b>				
	<b>Population</b>	<b>Beds</b>	<b>Beds to Population</b>	<b>Standard Met</b>
NorthPointe GSA	332,737	473	1:703	Yes
Illinois	12,852,032	20,204	1:636	

- b. Historic Utilization of Existing Hospitals

There are three existing hospitals within the NorthPointe 17-mile geographic service area. Over the past four years (2018 – 2022), these hospitals have an average CAGR of 1.5%. Due to the aging of the population, this growth is expected to continue for the foreseeable future. As shown in Table 1110.200(c)(2)(B), average utilization of existing hospitals in the geographic service area is projected to reach 92% by 2027.

<b>Table 1110.200(c)(2)(B) Existing Hospital Utilization 2018 – 2027 Projected</b>					
<b>Hospital</b>	<b>2018 - 2022 CAGR</b>	<b>2022 Beds</b>	<b>2018 ADC</b>	<b>2022 ADC</b>	<b>2027* ADC</b>
SwedishAmerican Hospital	4.9%	199	131.9	159.7	202.7
Saint Anthony Medical Center	4.8%	190	124.2	149.9	189.7
Mercyhealth Hospital-Riverside Campus	-9.4%	84	98.9	66.6	40.6
<b>Total</b>	<b>1.5%</b>	<b>473</b>	<b>355.1</b>	<b>376.2</b>	<b>433.0</b>
<b>Beds Justified</b>					
			<b>418</b>	<b>443</b>	<b>509</b>

\*Projected

c. Sufficient Population to Achieve Target Utilization

As more fully discussed in Section 1110.110(b), the planned NorthPointe Neighborhood Hospital will improve access to health care to residents in the Stateline Community, which includes Roscoe, Rockton, South Beloit, and Machesney Park. Unlike other communities that lie on the State border, there are no geo-cultural barriers. Accordingly, many Stateline residents receive inpatient and emergency health care services at Wisconsin hospitals. Establishing a neighborhood hospital within the Stateline Community will stem the outmigration to Wisconsin health care providers. From 2021 - 2023, approximately 740 admissions to BMH annually are Illinois residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned.

Moreover, the Applicant projects utilization of the medical-surgical beds in the NorthPointe geographic service area will increase over the next three years. Over the past four years (2018 – 2022), the hospitals within the NorthPointe geographic service area had an average CAGR of 1.5%. Due to the aging of the population, this growth is expected to continue for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds. Accordingly, there is sufficient population to achieve target utilization.

d. Impact on Other Providers

Within 24 months after project completion, the planned NorthPointe Neighborhood Hospital will not lower to a further extent the utilization of existing hospitals within the geographic service area below the State Board’s occupancy standards. As previously discussed, the planned hospital will be a remote location of BMH. The Applicant anticipates the planned hospital will treat patients historically admitted to BMH. No patients are expected to be referred to the NorthPointe Neighborhood Hospital from other area hospitals.



**Section VI, Service Specific Review Criteria**  
**Criterion 1110.200(e), Medical-Surgical**

Staffing Availability

As noted throughout this application, the planned NorthPointe Neighborhood Hospital will be located on the campus of NorthPointe Health and Wellness Campus with the goal to enhance healthcare accessibility and quality for the residents of the Stateline Community. This facility will provide critical medical services in a convenient, patient-centered environment, focusing on delivering timely and efficient care. Support services provided will be consistent for an inpatient stay and including such services as:

- Environmental Services
- Echocardiography service
- Blood bank
- Hematology laboratory-coagulation laboratory
- Microbiology laboratory
- Blood gas laboratory
- Medical Imaging
- Clinical pathology laboratory with facilities for blood chemistry
- Nursing Care
- Surgical Services

Staffing Plan

The planned NorthPointe Neighborhood Hospital will be staffed in accordance with Illinois Department of Public Health and The Joint Commission requirements and will have the following in place:

- Emergency Services: Board certified emergency physician, Advanced Practice Providers (APPs) competent in emergency services.
- Board Certified Hospitalist and Advanced Practice Providers competent in hospital care.
- Nurses are responsible for rendering professional nursing care, for routine and/or complex patient conditions. They provide clinical assistance to other personnel in patient care planning, provision of care, and patient discharge planning, collaborate with Physicians and APPS to enhance patient care, assess patients' conditions, administer prescribed drugs per provider orders, provide treatments, observe patients' progress, record pertinent observations, and report reactions to drugs and treatments. They assist physicians with cases, procedures and/or examinations and identify problems and take appropriate actions based on data collected. All nursing staff will be licensed in Illinois.
- All emergency room nurses will have ASLS (Advanced Stroke Life Support) PALS (Pediatric Advanced Life Support), Emergency Communication Registered Nurse, BLS (Basic Life Support) and ACLS (Advanced Cardiac Life Support)

- All inpatient nursing will be medical-surgical nursing competent with at least 1 year nursing experience. Inpatient nursing will have ASLS, PALS, BLS, and ACLS.
- Surgical Services staff will be identified as intraoperative nursing, pre/post operative nursing, surgical technologists, and sterile processing staff. Staff will have their BLS, pre/post nursing will have their ACLS. Sterile Processing staff will be required to be certified in sterile processing with at least 6-months experience. The director of surgical services will provide AORN competency for all surgical services staff.
- All ancillary staff members will be certified and/or licensed in their area of support such as: Medical imaging (CT, MRI, X-ray), blood bank, medical technologists, phlebotomy, etc. All ancillary staff will be BLS Certified.
- Environmental Services staff will be trained and competent to a hospital environment including infection prevention process, isolation processes and general cleaning process for a hospital environment.

**Section VI, Service Specific Review Criteria**  
**Criterion 1110.200(f), Medical-Surgical**

Performance Requirements

The minimum bed capacity for a new medical-surgical category of service is 100 beds. The planned NorthPointe will not meet this requirement, but it is notable that while it will be separately licensed, it will operate as a remote location of BMH under the same Medicare enrollment and accreditation. The planned hospital will be a remote location of BMH, serving the Stateline Community, where 13% of its patient population resides. As more fully discussed in Section 1110.110(b), from 2021 - 2023, approximately 740 admissions to BMH annually are Illinois residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned. With a smaller footprint, it will not materially skew the need/occupancy balance in a material way. In fact, these beds will return patients to Illinois for care and, therefore, increase the utilization of hospitals in the HSA.

**Section VI, Service Specific Review Criteria**  
**Criterion 1110.200(g), Medical-Surgical**

Assurances

Attached at Attachment – 19E is a letter from Timothy McKeveatt, President and Chief Executive Officer of Beloit Health System, Inc. certifying that the planned NorthPointe Neighborhood Hospital will achieve target utilization by the second year of operation.



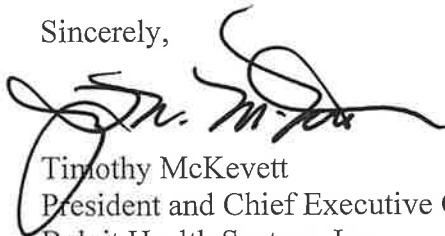
Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Assurances**

Dear Chair Savage:

On behalf of Beloit Health System, Inc., I hereby certify that by the second year of operation after project completion, the annual utilization of the hospital will meet or exceed the utilization standard specified in 77 Ill. Admin. Code §1100 for each category of service involved in the planned hospital.

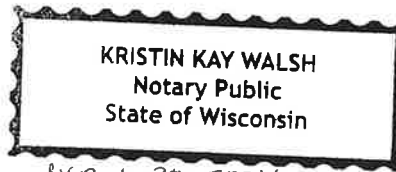
Sincerely,



Timothy McKeve  
President and Chief Executive Officer  
Beloit Health System, Inc.

Subscribed and sworn to me  
This 3<sup>rd</sup> day of April, 2024

  
\_\_\_\_\_  
Notary Public



**Section VII, Service Specific Review Criteria**  
**Criterion 1110.270, Clinical Service Areas Other than Categories of Service**

**1. Need Determination**

The primary purpose of the planned NorthPointe Neighborhood Hospital is to provide lower acuity inpatient health care services to residents of the Stateline Community and to address outmigration to the overutilized Beloit hospital of BHS. As shown in Table 1110.270(b), annually, over 740 admissions to BMH are residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned..

<b>Zip Code</b>	<b>City</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Total</b>
61072	Rockton	132	167	158	457
61073	Roscoe	133	128	144	405
61080	South Beloit	389	433	401	1,223
61011	Machesney Park	7	5	5	17
61103	Machesney Park	9	7	15	31
61111	Machesney Park	17	8	8	33
61115	Machesney Park	22	25	16	63
<b>Total NorthPointe Service Area</b>		709	773	747	2,229

Additionally, the planned NorthPointe Neighborhood Hospital will improve access to emergency services in the Stateline Community. BMH has one of the busiest emergency departments in Wisconsin, averaging 34,000 visits annually from 2019 – 2023. A component of the annual visits are from patients residing in the Stateline Community. Further, in 2023, the Harlem-Roscoe Fire Protection District responded to nearly 2,600 medical calls,<sup>9</sup> Rockton Fire Protection District conducted over 950 ambulance transports, and South Beloit Fire Department responded to over 500 calls.<sup>10</sup> The majority of Stateline Community patients, requiring EMS transport are transported to Rockford area hospitals, which average 20 minutes. Having a hospital emergency department in the Stateline Community will reduce emergency transport times, which can be critical, and allow EMS teams to be more readily available in their local districts.

The existing NorthPointe Immediate Care will be converted into the emergency department for the planned hospital. The emergency department will consist of eight emergency bays and five immediate care bays as well as a triage area. Patients presenting at the NorthPointe emergency department will be triaged according to medical condition with patients presenting with emergent conditions, e.g., stroke, or heart attack, seizures and ruptured appendix going to the emergency bays and patients

<sup>9</sup> Harlem-Roscoe Fire Protection District 2022 – 2024 Call Volume available at <https://harlemroscoe.fire.org/> (last visited Mar. 25, 2024).

<sup>10</sup> South Beloit Fire Department 2001 – 2023 Call Volume available at <http://southbeloitfire.com/calls.html> (last visited Apr. 3, 2024).

with less urgent conditions, e.g., respiratory infections, strep, dehydration, sprains, lacerations, ear infections, and urinary tract infections sent to the immediate care area. The NorthPointe Neighborhood Hospital emergency department will decrease high utilization at the BMH emergency department while continuing to treat patients who historically have used the immediate care center.

The planned clinical services areas for the hospital are required by IDPH for licensure.<sup>11</sup> Accordingly, need for these services are based on the need for the medical/surgical beds and emergency services in the Stateline Community.

## 2. Service Demand

As more fully discussed in Section 1110.110(b), the planned NorthPointe Neighborhood Hospital will improve access to health care to residents in the Stateline Community, which includes Roscoe, Rockton, South Beloit, and Machesney Park. Unlike other communities that lie on the State border, there are no geo-cultural barriers. Accordingly, many Stateline residents receive inpatient and emergency health care services at Wisconsin hospitals. Establishing a neighborhood hospital within the Stateline Community will stem the outmigration to Wisconsin health care providers. From 2021 - 2023, approximately 740 admissions to BMH annually are Illinois residents of the NorthPointe geographic service area. Assuming an average length of stay of 4.0 days for low acuity patients, annual inpatient days would be 2,960 (or an average daily census of 8.1), which is sufficient to justify the 10 medical/surgical beds planned.

Moreover, the Applicant projects utilization of the medical-surgical beds in the NorthPointe geographic service area will increase over the next three years. Over the past four years (2018 – 2022), the hospitals within the NorthPointe geographic service area had an average compound annual growth rate (CAGR) of 1.5%. Due to the aging of the population, this growth is expected to continue for the foreseeable future with average utilization of existing hospitals in the geographic service area projected to reach 92% by 2027, which would justify 509 beds, or a need for 36 medical-surgical beds.

The planned NorthPointe Neighborhood Hospital will also improve access to emergency services in the Stateline Community. BMH has one of the busiest emergency departments in Wisconsin, averaging 34,000 visits annually from 2019 – 2023. A portion of the annual visits are from patients residing in the Stateline Community. Further, in 2023, the Harlem-Roscoe Fire Protection District responded to nearly 2,600 medical calls,<sup>12</sup> Rockton Fire Protection District conducted over 950 ambulance transports, and South Beloit Fire Department responded to over 500 calls.<sup>13</sup> The majority of Stateline Community patients, requiring EMS transport are transported to Rockford area hospitals, which average 20 minutes. Having a hospital emergency department in the Stateline Community will reduce emergency transport times, which can be critical, and allow EMS

<sup>11</sup> See 77 Ill. Admin. Code §250.120(k)(1)(A) requiring general acute care hospitals to perform scheduled surgical procedures on an inpatient basis; §250.510 requiring a hospital to have a clinical laboratory, §250.610 requiring a hospital to provide imaging services, §250.610 requiring hospitals to provide emergency services, §250.2110 requiring a hospital to provide a pharmacy or drug and medicine service system.

<sup>12</sup> Harlem-Roscoe Fire Protection District 2022 – 2024 Call Volume available at <https://harlemroscoe.fire.org/> (last visited Mar. 25, 2024).

<sup>13</sup> South Beloit Fire Department 2001 – 2023 Call Volume available at <http://southbeloitfire.com/calls.html> (last visited Apr. 3, 2024).

teams to be more readily available in their local districts

As noted above, the planned clinical services areas for the hospital are required by IDPH for licensure. Accordingly, demand for these services will be based on inpatient admissions and emergency visits.

**3. Impact of the Proposed Project on Other Area Providers**

Within 24 months after project completion, the planned NorthPointe Neighborhood Hospital will not lower to a further extent the utilization of existing hospitals within the geographic service area below the State Board’s occupancy standards. As previously discussed, the planned hospital will be a remote location of BMH. The Applicant anticipates the planned hospital will treat patients historically admitted to BMH in Wisconsin who are not accounted for in the need calculation of the HFSRB. No patients are expected to utilize the NorthPointe Neighborhood Hospital rather than be admitted at other area hospitals which are quite distant from Roscoe.

**4. Utilization – Service or Facility**

**a. Surgery**

The planned NorthPointe Neighborhood Hospital will have one operating room. Table 1110.270(b)(4)(A) below shows the projected 2029 (second year after project completion) volume forecasts.

<b>Table 1110.270(b)(1)(4)(A) Historical &amp; Projected Utilization</b>						
<b>Year</b>	<b>Dept/ Service</b>	<b>Units</b>	<b>2023</b>	<b>Projected Utilization</b>	<b>State Standard</b>	<b>Met Standard?</b>
2029	Surgery	1 Operating Room	N/A	500 hours	> 1,500 hours per Operating Room	Yes

**b. Emergency Service**

The existing NorthPointe Immediate Care will be converted into the emergency department for the planned hospital. The emergency department will consist of eight emergency bays and five immediate care bays as well as a triage area. Patients presenting at the NorthPointe emergency department will be triaged according to medical condition with patients presenting with emergent conditions, e.g., stroke, or heart attack, seizures and ruptured appendix going to the emergency bays and patients with less urgent conditions, e.g., respiratory infections, strep, dehydration, sprains, lacerations, ear infections, and urinary tract infections will be sent to the immediate care area.

Table 1110.270(b)(4)(B) shows the historical volumes performed at the existing NorthPointe Immediate Care as well as the associated 2029 volume forecasts.

Table 1110.270(b)(4)(B) Historical & Projected Utilization						
Year	Dept/ Service	Units	2023 <sup>14</sup>	Projected Utilization	State Standard	Met Standard?
2029	Emergency	8	N/A	15,000	> 2,000 visits per Station	Yes
2029	Immediate	5	10,047	10,000	> 2,000 visits per Station	Yes

### c. Imaging

Imaging is one of the services associated with the planned NorthPointe Neighborhood Hospital for which the HFSRB has established utilization standards in 77 Ill. Admin Code 1100. Table 1110.270(b)(4)(C) below shows the historical imaging volumes performed at the existing NorthPointe Clinic as well as the associated 2029 (second year after project completion) volume forecasts.

1110.270(b)(1)(4)(C) Historical & Projected Utilization						
Year	Dept/ Service	Units	2023	Projected Utilization	State Standard	Met Standard?
2029	Imaging	1 CT Scanner	1,793	1,793	> 7,000 visits per CT Scan	Yes
2029	Imaging	1 3D Mammography	2,275	2,275	> 5,000 visits per Mammography	Yes
2029	Imaging	1 Bone Densitometry	467	467	N/A	
2029	Imaging	1 MRI	1,049	1,049	> 2,500 procedures per MRI	Yes
2029	Imaging	2 Ultrasound	3,433	3,433	> 3,100 visits per ultrasound	
2029	Imaging	1 Digital X-Ray	3,970	3,970	> 8,000 procedures per x-ray	Yes
2029	Imaging	1 Digital X-Ray w/Fluoroscopy	226	226	> 8,000 procedures per x-ray	Yes
2029	Imaging	1 Portable X- Ray	94	94	> 8,000 procedures per x-ray	Yes

### d. Laboratory

The planned NorthPointe Neighborhood Hospital will include a laboratory. The laboratory volume will be based on 40 tests per inpatient admission and 4 tests per emergency visit. There is no State Standard for laboratory services.

<sup>14</sup> 2023 NorthPointe Immediate Care 10,047 visits.

<b>Table 1110.270(b)(1)(4)(D) Projected Utilization</b>					
	<b>Lab Tests per Admission</b>	<b>Year 1 Admissions</b>	<b>Lab Tests per Emergency Visits</b>	<b>Year 1 Emergency Visits</b>	<b>Year 1 Total Lab Tests</b>
Lab Tests	40	740 admissions	4	15,000 visits	62,960

**e. Pharmacy**

The planned NorthPointe Neighborhood Hospital will include a pharmacy. The pharmacy prescriptions will be based on 80 prescriptions per inpatient admission and 7 prescriptions per emergency visit. There is no State Standard for pharmacy services.

<b>Table 1110.270(b)(1)(4)(E) Projected Utilization</b>					
	<b>Prescriptions per Admission</b>	<b>Year 1 Admissions</b>	<b>Prescriptions per Emergency Visits</b>	<b>Year 1 Emergency Visits</b>	<b>Year 1 Total Prescriptions</b>
Prescriptions	80	740 admissions	7	15,000 visits	164,000

**Section VI, Financial Feasibility**  
**Criterion 1120.120 Availability of Funds**

A copy of Beloit Health System's bond rating from FitchRatings as of September 27, 2023, documenting an 'A' rating is attached at Attachment – 34. Accordingly, this criterion is not applicable.



**RATING ACTION COMMENTARY**

**Fitch Affirms Beloit Health System, WI's Rev Bonds at 'A'; Outlook Stable**

Wed 27 Sep, 2023 - 12:55 PM ET

Fitch Ratings - New York - 27 Sep 2023: Fitch Ratings has affirmed the 'A' rating on Beloit Health System, WI's (Beloit) outstanding series 2020 and series 2016 revenue bonds issued by the Wisconsin Health & Educational Facilities Authority on behalf of Beloit. Fitch has also affirmed Beloit's Issuer Default Rating (IDR) at 'A'.

The Rating Outlook is Stable.

**RATING ACTIONS**

ENTITY / DEBT ↕	RATING ↕		PRIOR ↕
Beloit Health System (WI)	LT IDR	A Rating Outlook Stable	A Rating Outlook Stable
	Affirmed		
Beloit Health System (WI) /General Revenues/1 LT	LT	A Rating Outlook Stable	Affirmed A Rating Outlook Stable

[VIEW ADDITIONAL RATING DETAILS](#)

The affirmation of the 'A' rating reflects Beloit's solid market position, constrained but stable operating performance, and moderate leverage position. The 'A' rating also incorporates Fitch's expectation for adequate cost management with operating EBITDA margins stabilizing around 6.5%, which is consistent with a mid-range operating risk assessment.



While Beloit has increased access through outpatient growth, volumes have rebounded since the pandemic, and the medical staff is largely employed and aligned, operating cost pressure remains. Contract labor spend has reduced but remains a challenge and Beloit continues to work to reduce average length of stay as through put continues to be affected by lack of local skilled nursing beds due to staffing. Management continue to implement strategies to mitigate these ongoing pressures.

Despite the softer cash flows, Beloit maintains ample financial flexibility with low leverage and sufficient liquidity for the rating level. Beloit shows resiliency through Fitch's stress scenario, with cash to adjusted debt rebounding to levels solidly consistent with the strong financial risk profile in the outer years of Fitch's stress case. The rating is further informed by Beloit's leading local market position in a stable service area.

## **SECURITY**

Bond payments are secured by the pledged revenues of the obligated group and a mortgage lien.

## **KEY RATING DRIVERS**

### **Revenue Defensibility - 'bbb'**

#### **Strong Market Position in Stable Local Service Area**

Beloit is the only acute care hospital in its PSA and maintains a leading inpatient market share of about 55%. The favorable market position is further secured by targeted expansion and a focus on improved access and service line growth. Competition stems from Mercy Health's (A/Stable) Janesville hospital, about 14 miles to the north with under 20% market share.

Beloit benefits from service line affiliations with UW Health for cancer care and Advocate Aurora Healthcare for high-level cardiology and from a highly aligned and largely employed medical staff. The service area is stable with generally level population and income and unemployment indicators in line with or modestly weaker than state and national levels. Medicaid and self-pay have remained just under 20%.

### **Operating Risk - 'bbb'**

#### **Return to Stable but Weaker Cash Flow Margins**

Beloit's operating EBITDA averaged 7% over the past five years with variable operating performance. Operating EBITDA margins softened to 6.5% and 6.8% FY19 and FY20 (with about \$13 million in relief funding in FY20) followed by and 8.1% operating EBITDA in FY21 as pandemic related disruption abated. The FY22 operating EBITDA margin of just under 5%, reflects ongoing industrywide labor and inflationary pressures, and Beloit is on target to end FY23 with an operating EBITDA margin of about 5%. Fitch expects cash flow margins to gradually stabilize around 6.5% over the next few years, consistent with the midrange operating risk assessment, supported by increased access through outpatient growth, and healthy volumes, but constrained by continued operating pressure. The operating risk profile assessment has moved from strong (a) to mid-range (bbb). Expectations are also supported by the stable market share in key service lines including cardiology, gastroenterology and urology, and focus on growing other service lines through physician recruitment.

Capex to depreciation has averaged about 75% over the past four years with an expected capex ratio averaging about 140% in Fitch's five-year forward look. Investment is focused on routine maintenance and strategic growth in key service lines and strategic initiatives. While Fitch expects cash flow to remain sufficient to fund planned capex, and the capital plan is very flexible with the ability to scale back or defer spending in stress years. However, the high average age of plant of about 17 years indicates that some level of increased spending is needed to remain competitive.

## Financial Profile - 'a'

### Ample Financial Cushion

Beloit has a strong financial position, with moderate leverage and adjusted debt of about \$70 million in FY22, and unrestricted cash and investments to adjusted debt of close to 160%. With the shift in operating risk assessment to 'bbb' from 'a', Beloit's financial profile, while still strong, is more consistent with an 'a' assessment. Its debt is a mix of \$31 million in synthetic fixed rate bonds, and about \$35 million in fixed-rate bonds. Fitch anticipates that stable cash flow, in conjunction with manageable capital needs, will allow Beloit to maintain ample liquidity in the forward-looking stress scenario that applies a stress to Beloit's revenues and investments. Beloit demonstrates financial flexibility, showing little negative sensitivity to a potential stress event, with unrestricted cash and investments-to-adjusted debt remaining consistent with the rating category throughout Fitch's stress scenario. There are no plans for additional debt at this time.

## RATING SENSITIVITIES

**Factors that Could, Individually or Collectively, Lead to Negative Rating****Action/Downgrade**

--If cash flow margins are not sustained at levels more consistent with the mid-range operating risk assessment, around 6.5%;

--If capital spending exceeds expected levels and is not supported by cash flow such that cash to adjusted debt is sustained below 140% for consecutive years in Fitch's forward look.

**Factors that Could, Individually or Collectively, Lead to Positive Rating****Action/Upgrade**

--Return to stronger cash flow margins, sustained at an operating EBITDA margin of over 8%, with continued balance sheet growth.

**PROFILE**

Beloit operates a 256-licensed bed acute care hospital and a multispecialty physician group in Beloit, WI, approximately 45 miles southeast of Madison, WI and 100 miles northwest of Chicago. Additional operations include home care, independent and assisted living, urgent care and related ancillary services. The system also includes a related foundation. Substantially all of the assets and revenues are derived from the obligated group.

BHS acquired the Beloit Clinic in 2010. The clinic is the area's largest multispecialty physician group. The acquisition created a clinically integrated platform and a high degree of physician alignment, positioning BHS well for healthcare reform and initiatives related to population health. Total operating revenues equaled \$257.4 million in fiscal year ended Dec. 31, 2022.

**Sources of Information**

In addition to the sources of information identified in Fitch's applicable criteria specified below, this action was informed by information from Lumesis.

**REFERENCES FOR SUBSTANTIALLY MATERIAL SOURCE CITED AS KEY DRIVER OF RATING**

The principal sources of information used in the analysis are described in the Applicable Criteria.

**ESG CONSIDERATIONS**

The highest level of ESG credit relevance is a score of '3', unless otherwise disclosed in this section. A score of '3' means ESG issues are credit-neutral or have only a minimal credit

impact on the entity, either due to their nature or the way in which they are being managed by the entity. Fitch's ESG Relevance Scores are not inputs in the rating process; they are an observation on the relevance and materiality of ESG factors in the rating decision. For more information on Fitch's ESG Relevance Scores, visit <https://www.fitchratings.com/topics/esg/products#esg-relevance-scores>.

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## **PARTICIPATION STATUS**

The rated entity (and/or its agents) or, in the case of structured finance, one or more of the transaction parties participated in the rating process except that the following issuer(s), if

any, did not participate in the rating process, or provide additional information, beyond the issuer's available public disclosure.

## APPLICABLE CRITERIA

[U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria \(pub. 18 Nov 2020\)](#)  
(including rating assumption sensitivity)

[Public Sector, Revenue-Supported Entities Rating Criteria \(pub. 27 Apr 2023\)](#) (including rating assumption sensitivity)

## APPLICABLE MODELS

Numbers in parentheses accompanying applicable model(s) contain hyperlinks to criteria providing description of model(s).

Portfolio Analysis Model (PAM), v2.0.0 (1)

## ADDITIONAL DISCLOSURES

[Dodd-Frank Rating Information Disclosure Form](#)

[Solicitation Status](#)

[Endorsement Policy](#)

## ENDORSEMENT STATUS

Wisconsin Health & Educational Facilities Authority (WI)

EU Endorsed, UK Endorsed

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The complete span of best- and worst-case scenario credit ratings for all rating categories ranges from 'AAA' to 'D'. Fitch also provides information on best-case rating upgrade scenarios and worst-case rating downgrade scenarios (defined as the 99th percentile of rating transitions, measured in each direction) for international credit ratings, based on historical performance. A simple average across asset classes presents best-case upgrades of 4 notches and worst-case downgrades of 8 notches at the 99th percentile. Sector-specific best- and worst-case scenario credit ratings are listed in more detail at <https://www.fitchratings.com/site/re/10238496>

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structured finance transactions on the Fitch website. These disclosures are updated on a daily basis.

**Section VII, Financial Viability**  
**Criterion 1120.130 Financial Viability Waiver**

A copy of Beloit Health System's bond rating from FitchRatings as of September 27, 2023, documenting an 'A' rating is attached at Attachment – 34. Accordingly, the Applicant qualifies for the financial viability waiver.

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(a), Reasonableness of Financing Arrangements**

A copy of Beloit Health System's bond rating from FitchRatings as of September 27, 2023, documenting an 'A' rating is attached at Attachment – 34. Accordingly, this criterion is not applicable.

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(b), Conditions of Debt Financing**

A letter from Timothy McKeveatt, President and Chief Executive Officer, Beloit Health System, certifying the estimated project and related costs will be funded by borrowing is attached at Attachment - 37B.

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Conditions of Debt Financing**

Dear Chair Savage:

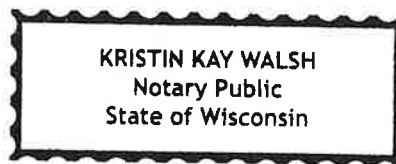
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140 that the selected form of debt financing for the project will be at the lowest net cost available.

Sincerely,

Timothy McKeve  
President and Chief Executive Officer  
Beloit Health System, Inc.

Subscribed and sworn to me  
This 3<sup>rd</sup> day of April, 2024

Kristin Kay Walsh  
Notary Public



Exp. 6-30-2024

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(c), Reasonableness of Project and Related Costs**

1. The Cost and Gross Square Feet by Department is Provided in the Table below:

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
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)	
<b>REVIEWABLE</b>									
Medical/Surgical		\$447.41			8,117			\$3,631,595	\$3,631,595
Radiology		\$447.41			404			\$180,752	\$180,752
Emergency Department		\$447.41			6,665			\$2,981,962	\$2,981,962
Emergency Department Ambulance Bay/ Garage		\$542.61			2,143			\$1,162,809	\$1,162,809
Operating Room		\$447.41			1,935			\$865,731	\$865,731
Recovery Rooms		\$447.41			597			\$267,101	\$267,101
Laboratory		\$1,820.89			186			\$338,686	\$338,686
Pharmacy		\$0			0			\$0	\$0
Other Clinical		\$2,658.83			1,485			\$3,948,359	\$3,948,359
<b>Total Reviewable</b>		<b>\$621.26</b>			<b>21,532</b>			<b>\$13,376,995</b>	<b>\$13,376,995</b>
<b>NON- REVIEWABLE</b>									
Mechanical & Other Building Systems, Administrative, Other Non-Clinical		\$387.72			19,043			\$7,383,317	\$7,383,317
<b>Total Non- Reviewable</b>		<b>\$387.72</b>			<b>19,043</b>			<b>\$7,383,317</b>	<b>\$7,383,317</b>
<b>TOTALS</b>		<b>\$511.65</b>			<b>40,575</b>			<b>\$20,760,312</b>	<b>\$20,760,312</b>

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

2. As shown in Table 1120.140(c) below, the project costs are below the State Standard

Table 1120.140(c),			
	Proposed Project	State Standard	Above/Below State Standard
Preplanning Costs	\$79,236	1.8% x Modernization Contracts + Contingencies + Equipment = 1.8% x (\$6,823,101 + \$896,596 + \$3,151,697) = 1.8% X \$10,871,394 = \$195,685	Below
Site Survey & Preparation	\$370,167	5.0% x Modernization Contracts + Contingencies = 5% x (\$6,823,101 + \$896,596) = = 5% x \$7,719,697 = \$385,985	Below
Modernization Costs and Contingencies	\$7,719,697	\$363.00 per GSF x 21,532 = \$7,816,116	Below
Modernization Contingencies	\$896,596	10% - 15% x Modernization Contracts = 10% x 15% X 6,823,101 = \$682,310 - \$1,023,465	Meets
Architectural/Engineering Fees	\$683,760	6.04% - 9.08% x Modernization Contracts + Contingencies = 6.04% - 9.08% x (\$6,823,101 + \$896,596) = 6.04% - 9.08% x \$7,719,697 = \$466,270 - \$700,948	Meets
Consulting and Other Fees	\$297,214	N/A	N/A
Moveable Equipment	\$3,151,697	N/A	N/A
Bond Issuance Expense	\$284,000	N/A	N/A
Net Interest Expense	\$791,224	N/A	N/A

**Section IX, Economic Feasibility Review Criteria**  
**Criterion 1120.140(d), Projected Operating Costs**

Operating Expenses	\$9,448,320
Inpatient Days	2,960
Operating Expense per Inpatient Day	\$3,192



**Section IX, Economic Feasibility Review Criteria**  
**Criterion 1120.140(e), Total Effect of Project on Capital Costs**

Capital Costs	\$1,215,000
Inpatient Days	2,960
Capital Costs per Inpatient Day	\$410.47

**Section XI, Safety Net Impact Statement**

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

Beloit Health System is a non-profit tax-exempt hospital; it has a financial assistance policy and associated procedures that make care available to patients regardless of their payment source or ability to pay and complies with Section 501(r) of the Internal Revenue Code. The planned remote location hospital will not have any negative impact on essential safety net services in the community. The expected admissions to this location are generally patients admitted to the Applicant’s hospital in Beloit.

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

The planned project will not impact the ability of other providers or other health care facilities to cross-subsidize safety net services. As noted above, no patients are expected to be redirected from any other hospital but the Applicant’s hospital.

- 3. Has the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.**

The Project is for the establishment of a hospital location and not the discontinuation of a facility or service. Accordingly, this criterion is not applicable.

- 4. Safety Net Information**

The planned NorthPointe Neighborhood Hospital will be a new health care facility and has no historical Medicaid or charity care to report. The projected payor mix of the planned hospital is:

Medicare	66%
Medicaid	10%
Commercial	21%
Self-Pay	0%
Charity Care	3%

**Section XII, Charity Care Information**

The planned NorthPointe Neighborhood Hospital will be a new health care facility and has no historical charity care to report. The planned hospital projects 3% of patients will receive charity care.

**Appendix 1  
Physician Referral Letters**

Attached as Appendix 1 is a referral letter from Beloit Memorial Hospital projecting 740 patients will be admitted to NorthPointe Neighborhood Hospital to justify 10 medical-surgical beds.

May 30, 2024

Debra Savage  
Chair  
Illinois Health Facilities and Services Review  
Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: NorthPointe Neighborhood Hospital  
Northpointe Health and Wellness Campus  
Roscoe, Illinois  
Patient Referral Attestation Letter**

Dear Chair Savage:

I am the Beloit Health System (“BHS”) Senior Vice-President and a practicing physician. I write on behalf of BHS which operates its NorthPointe Health and Wellness Campus in Roscoe, Illinois in support of the planned hospital to be located there. The establishment of a lower-acuity neighborhood hospital is a continuum of the current health and wellness offerings on our well-established NorthPointe campus. Our NorthPointe campus has been serving the area communities for over 15 years and has grown its services over that time. At the NorthPointe campus, we operate a medically integrated fitness center, immediate care center, various ancillary diagnostic and treatment services, an ambulatory surgery center, our new birth center and several specialties of physicians see patients in the medical office facility component. We also have 24 housing units for assisted living care at NorthPointe Terrace. This small format hospital represents the natural evolution of the BHS vision to serve individuals residing in the State Line Community, locally. With a program that can admit patients, perform inpatient surgeries, and provide emergency department services, we will offer a higher level of care than is currently available on the campus and will also be better positioned to facilitate transports when a higher level of care is required using both ambulance and helicopter transport to airlift patients for trauma care and other higher levels of care in Milwaukee or Chicago.

Over the past two years for the zip codes listed on Exhibit 1, BHS has admitted approximately in excess of 4,400 patients annually to its hospital in Beloit with 15% of those residents residing in Illinois and within 17-mile geographic service area of the NorthPointe campus. With the addition of inpatient services on the NorthPointe campus, we anticipate 740 of those Illinois patients will be admitted to the planned hospital annually.

Chair Debra Savage  
May 30, 2024  
Page 2

<b>Beloit Memorial Hospital Admissions</b>			
	<b>2022</b>	<b>2023</b>	<b>Projected Admissions to NorthPointe Hospital</b>
Total Admissions	4,433	4,349	
Admissions from NorthPointe GSA	773	747	740

These admissions have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the planned neighborhood hospital on the NorthPointe campus.

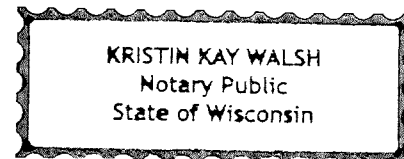
Sincerely



Roger Kapoor, M.D. MBA  
Senior Vice-President  
Beloit Health System, Inc.  
1969 West Hart Road  
Beloit, Wisconsin 53511

Subscribed and sworn to me  
this 30 day of May, 2024

Kristin Walsh  
Notary Public



Attachments Exhibit 1, Admissions by zip code and sub-region

## Exhibit 1

## Admissions by Zip Code

Zip Code	2022	2023
24541 - Danville, VA	1	0
25425 - Harpers Ferry, WV	0	3
28304 - Fayetteville, NC	1	0
29059 - Holly Hill, SC	0	1
29690 - Travelers Rest, SC	0	1
30060 - Marietta, GA	1	0
30309 - Atlanta, GA	1	0
30333 - Atlanta, GA	0	1
32137 - Palm Coast, FL	0	1
32159 - Lady Lake, FL	2	0
33708 - Saint Petersburg, FL	0	1
33756 - Clearwater, FL	0	1
33860 - Mulberry, FL	1	0
34477 - Ocala, FL	0	1
37091 - Lewisburg, TN	0	3
37135 - Nolensville, TN	2	0
38344 - Huntingdon, TN	0	1
38654 - Olive Branch, MS	1	0
38850 - Houlka, MS	1	0
39180 - Vicksburg, MS	1	0
40601 - Frankfort, KY	1	0
42320 - Beaver Dam, KY	0	1
43844 - Warsaw, OH	1	0
44134 - Cleveland, OH	0	1
45230 - Cincinnati, OH	1	0
46036 - Elwood, IN	2	0
46143 - Greenwood, IN	0	1
46312 - East Chicago, IN	1	0
46383 - Valparaiso, IN	3	1
46544 - Mishawaka, IN	1	0
46806 - Fort Wayne, IN	0	1
46819 - Fort Wayne, IN	1	0
48185 - Westland, MI	1	0
49849 - Ishpeming, MI	1	0
50501 - Fort Dodge, IA	3	0
52001 - Dubuque, IA	0	1
52157 - McGregor, IA	1	0

Zip Code	2022	2023
53717 - Madison, WI	4	1
53719 - Madison, WI	2	0
53806 - Cassville, WI	0	1
53901 - Portage, WI	1	1
53950 - New Lisbon, WI	1	0
53959 - Reedsburg, WI	1	0
54017 - New Richmond, WI	1	0
54303 - Green Bay, WI	1	0
54407 - Amherst Junction, WI	0	2
54487 - Tomahawk, WI	0	1
54537 - Kennan, WI	1	0
54646 - Necedah, WI	0	1
54771 - Thorp, WI	1	0
54867 - Radisson, WI	1	0
54956 - Neenah, WI	5	1
54962 - Ogdensburg, WI	0	1
55056 - North Branch, MN	1	1
55066 - Red Wing, MN	2	0
55123 - Saint Paul, MN	1	1
55337 - Burnsville, MN	0	2
55792 - Virginia, MN	0	1
56401 - Brainerd, MN	0	1
56431 - Aitkin, MN	0	1
56649 - International Falls, MN	2	0
58380 - Tolna, ND	1	0
60002 - Antioch, IL	2	0
60018 - Plainfield, IL	0	1
60033 - Harvard, IL	4	3
60047 - Lake Zurich, IL	1	0
60050 - McHenry, IL	0	1
60097 - Wonder Lake, IL	1	1
60098 - Woodstock, IL	5	1
60152 - Marengo, IL	0	1
60178 - Sycamore, IL	0	1
60435 - Joliet, IL	1	0
60607 - Chicago, IL	1	0
60624 - Chicago, IL	0	1

Zip Code	2022	2023
52722 - Bettendorf, IA	0	3
53015 - Cleveland, WI	0	1
53024 - Grafton, WI	2	1
53073 - Plymouth, WI	0	1
53094 - Watertown, WI	2	0
53105 - Burlington, WI	1	0
53114 - Darien, WI	9	9
53115 - Delavan, WI	20	8
53120 - East Troy, WI	2	0
53121 - Elkhorn, WI	4	2
53125 - Fontana, WI	1	1
53128 - Genoa City, WI	0	3
53140 - Kenosha, WI	2	1
53142 - Kenosha, WI	1	0
53147 - Lake Geneva, WI	2	1
53149 - Mukwonago, WI	1	1
53158 - Pleasant Prairie, WI	1	0
53172 - South Milwaukee, WI	2	0
53184 - Walworth, WI	3	1
53186 - Waukesha, WI	2	1
53188 - Waukesha, WI	1	0
53190 - Whitewater, WI	6	5
53191 - Williams Bay, WI	1	0
53204 - Milwaukee, WI	3	0
53208 - Milwaukee, WI	0	1
53223 - Milwaukee, WI	1	0
53404 - Racine, WI	1	0
53501 - Afton, WI	1	4
53502 - Albany, WI	0	1
53504 - Argyle, WI	0	1
53505 - Avalon, WI	0	1
53511 - Beloit, WI	2,983	2,977
53512 - Beloit, WI	25	27
53520 - Brodhead, WI	24	24
53521 - Brooklyn, WI	3	0
53522 - Browntown, WI	1	1
53525 - Clinton, WI	166	154
53534 - Edgerton, WI	5	5
53536 - Evansville, WI	3	6
53537 - Footville, WI	11	3
53538 - Fort Atkinson, WI	5	3

Zip Code	2022	2023
60628 - Chicago, IL	1	0
61008 - Belvidere, IL	2	6
61010 - Byron, IL	0	1
61011 - Caledonia, IL	4	4
61012 - Capron, IL	0	1
61019 - Davis, IL	3	3
61021 - Dixon, IL	0	2
61024 - Durand, IL	2	1
61032 - Freeport, IL	6	3
61047 - Leaf River, IL	0	1
61063 - Pecatonica, IL	0	1
61065 - Poplar Grove, IL	6	6
61068 - Rochelle, IL	2	0
61071 - Rock Falls, IL	4	2
61072 - Rockton, IL	137	131
61073 - Roscoe, IL	94	116
61079 - Shirland, IL	0	5
61080 - South Beloit, IL	344	311
61084 - Stillman Valley, IL	1	0
61087 - Warren, IL	2	0
61088 - Winnebago, IL	2	0
61101 - Rockford, IL	13	6
61102 - Rockford, IL	3	2
61103 - Rockford, IL	5	11
61104 - Rockford, IL	1	2
61105 - Rockford, IL	0	1
61107 - Rockford, IL	7	12
61108 - Rockford, IL	5	3
61109 - Rockford, IL	6	2
61111 - Loves Park, IL	6	4
61114 - Rockford, IL	6	3
61115 - Machesney Park, IL	20	11
61125 - Rockford, IL	3	0
61341 - Marseilles, IL	0	1
61616 - Peoria Heights, IL	1	0
62561 - Riverton, IL	0	1
63628 - Bonne Terre, MO	0	1
64128 - Kansas City, MO	0	1
64153 - Kansas City, MO	0	1
65037 - Gravois Mills, MO	0	2
67058 - Harper, KS	0	1



Zip Code	2022	2023
53545 - Janesville, WI	59	54
53546 - Janesville, WI	141	174
53547 - Janesville, WI	1	0
53548 - Janesville, WI	84	79
53558 - Mcfarland, WI	0	1
53562 - Middleton, WI	1	2
53563 - Milton, WI	9	13
53566 - Monroe, WI	6	1
53574 - New Glarus, WI	0	3
53575 - Oregon, WI	5	0
53576 - Orfordville, WI	19	23
53577 - Plain, WI	2	0
53578 - Prairie Du Sac, WI	1	0
53581 - Richland Center, WI	1	0
53585 - Sharon, WI	22	18
53587 - South Wayne, WI	1	0
53590 - Sun Prairie, WI	2	0
53593 - Verona, WI	2	2
53594 - Waterloo, WI	1	0
53703 - Madison, WI	0	1
53704 - Madison, WI	1	2
53711 - Madison, WI	1	1
53713 - Madison, WI	0	1
53714 - Madison, WI	1	0

Zip Code	2022	2023
72116 - North Little Rock, AR	1	0
75006 - Carrollton, TX	0	1
75252 - Dallas, TX	1	0
75949 - Huntington, TX	0	1
75956 - Kirbyville, TX	2	0
76018 - Arlington, TX	1	0
79015 - Canyon, TX	1	0
80015 - Aurora, CO	2	0
80128 - Littleton, CO	0	1
80918 - Colorado Springs, CO	1	0
81147 - Pagosa Springs, CO	1	0
85123 - Arizona City, AZ	3	13
85138 - Maricopa, AZ	1	0
86333 - Mayer, AZ	0	1
89024 - Mesquite, NV	2	0
89084 - North Las Vegas, NV	1	0
89123 - Las Vegas, NV	1	0
89156 - Las Vegas, NV	1	0
91950 - National City, CA	0	1
95021 - Gilroy, CA	0	1
95370 - Sonora, CA	3	2
R6W2N - ,	0	1
<b>Total</b>	<b>4,433</b>	<b>4,349</b>

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	27 – 28
2	Site Ownership	29 – 32
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	33 – 34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35 – 36
5	Flood Plain Requirements	37 – 38
6	Historic Preservation Act Requirements	39 – 40
7	Project and Sources of Funds Itemization	41 -42
8	Financial Commitment Document if required	43
9	Cost Space Requirements	44
10	Discontinuation	
11	Background of the Applicant	45 – 52
12	Purpose of the Project	53 – 70
13	Alternatives to the Project	71 – 72
14	Size of the Project	73
15	Project Service Utilization	74 – 76
16	Unfinished or Shell Space	77
17	Assurances for Unfinished/Shell Space	
18		
	<b>Service Specific:</b>	
19	Medical Surgical Pediatrics, Obstetrics, ICU	78 – 89
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	
25	Non-Hospital Based Ambulatory Surgery	
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	90 – 94
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	925– 105
35	Financial Waiver	106
36	Financial Viability	
37	Economic Feasibility	107 – 113
38	Safety Net Impact Statement	114
39	Charity Care Information	115
40	Flood Plain Information	25 – 26
Appendix - 1	Physician Referral Letter	116 - 121