25-016

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

FEE: $ 49,777.78
- 2,500
BALANCE $ 47,277.78

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: AdventHealth Hinsdale f/k/a Adventist Hinsdale Hospital		specialty nursery replacement
Street Address: 120 North Oak Street		
City and Zip Code: Hinsdale, IL 60521		
County: Cook	Health Service Area: VII	Health Planning Area: A-05

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

Exact Legal Name:	Adventist Midwest Health d/b/a AdventHealth Hinsdale
Street Address:	120 North Oak Street
City and Zip Code:	Hinsdale, IL 60521
Name of Registered Agent:	The Corporation Company
Registered Agent Street Address:	208 South LaSalle Street Suite 814 Chicago, IL 60604
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Elise MacCarrol-Wright
CEO Street Address:	120 North Oak Street
CEO City and Zip Code:	Hinsdale, IL 60521
CEO Telephone Number:	630/856-9000

RECEIVED
MAR 31 2025
HEALTH FACILITIES & SERVICES REVIEW BOARD

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

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

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: AdventHealth Hinsdale f/k/a Adventist Hinsdale Hospital			specialty nursery replacement
Street Address:	120 North Oak Street		
City and Zip Code:	Hinsdale, IL 60521		
County: Cook	Health Service Area: VII	Health Planning Area: A-05	

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

Exact Legal Name:	Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth
Street Address:	900 Hope Way
City and Zip Code:	Altamonte, FL 32714
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	280 South La Salle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Terry Shaw
CEO Street Address:	900 Hope Way
CEO City and Zip Code:	Altamonte, FL 32714
CEO Telephone Number:	407/357-1000

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

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

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: AdventHealth Hinsdale f/k/a Adventist Hinsdale Hospital		specialty nursery replacement
Street Address: 120 North Oak Street		
City and Zip Code: Hinsdale, IL 60521		
County: Cook	Health Service Area: VII	Health Planning Area: A-05

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

Exact Legal Name:	Adventist Health System/Sunbelt Inc.
Street Address:	900 Hope Way
City and Zip Code:	Altamonte, FL 32714
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	280 South La Salle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Terry Shaw
CEO Street Address:	900 Hope Way
CEO City and Zip Code:	Altamonte, FL 32714
CEO Telephone Number:	407/357-1000

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

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

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: AdventHealth Hinsdale f/k/a Adventist Hinsdale Hospital			specialty nursery replacement
Street Address:	120 North Oak Street		
City and Zip Code:	Hinsdale, IL 60521		
County: Cook	Health Service Area: VII	Health Planning Area: A-05	

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

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

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

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

Post Permit Contact

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

Name:	Elise MacCarrol-Wright
Title:	CEO
Company Name:	AdventHealth Hinsdale
Address:	120 North Oak Street Hinsdale, IL 60521
Telephone Number:	630/956-9000
E-mail Address:	ELISE.MACCARROLLWRIGHT@AdventHealth.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Adventist Midwest Health
Address of Site Owner:	120 North Oak Street Hinsdale, IL 60521

Street Address or Legal Description of the Site: 120 North Oak Street Hinsdale, IL 60521

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name:	Adventist Midwest Health
Address:	120 North Oak Street Hinsdale, IL 60521

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

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

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

Organizational Relationships

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

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

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 or 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

X 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 applicants propose to replace, through the renovation of existing space, the hospital's Level I, Level II and Level III nurseries. The Level II and Level III nurseries will be combined, with the combined nursery operating as the hospital's "specialty nursery".

On December 13, 2022 a Certificate of Need Permit (#22-033) was issued ("the original project") for the establishment of the hospital's specialty care nursery, consistent with that being proposed in this application. The renovation of space for the Level I nursery was not viewed by the applicants as a component of the original project, and was therefore omitted from the application.

Following receipt of that CON Permit, a determination was made that the Level I nursery renovation should have been included in the original application, and that the space required for the Level I nursery would exceed that allowable as an alteration to that Permit. As a result, and consistent with consultations with HFSRB staff, the decision was made to file a replacement CON application, programmatically identical to the approved application, with the exception of the addition of the Level I nursery. Of note is the fact that the original project is approximately 95% complete.

The project addressed in this CON application, as was the case with the original project, is classified a "non-substantive" because it does not address the establishment or discontinuation of a category of service. A Certificate of Need Permit is required because the anticipated project cost exceeds the current review threshold.

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	$ 200,000	$ 20,000	$ 220,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$ 15,511,189	$ 1,558,775	$ 17,069,964
Contingencies	$ 1,396,007	$ 140,290	$ 1,536,297
Architectural/Engineering Fees	$ 1,350,000	$ 135,000	$ 1,485,000
Consulting and Other Fees	$ 552,000	$ 48,000	$ 600,000
Movable and Other Equipment (not in construction contracts)	$ 1,577,800	$ 137,200	$ 1,715,000
Net Interest Expense During Construction Period			
Fair Market Value of Leased Space			
Fair Market Value of Leased Equipment			
Other Costs to be Capitalized			
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	**$ 20,586,996**	**$ 2,039,265**	**$ 22,626,261**
Sources of Funds:			
Cash and Securities	$ 20,586,996	$ 2,039,265	$ 22,626,261
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$ 20,586,996**	**$ 2,039,265**	**$ 22,626,261**

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

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

The project involves the establishment of a new facility or a new category of service
☐ Yes X 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 $ _____.

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

X Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): September 1, ~~2024~~ 2025

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

Cost Space Requirements

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

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

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: AdventHealth Hinsdale		**CITY: Hinsdale**			
REPORTING PERIOD DATES:		**From: January 1, 2024**	**to: December 31, 2024**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	118	6,536	29,983	None	118
Obstetrics	35	2,026	4,654	None	35
Pediatrics	18	158	278	None	18
Intensive Care	44	1,326	3,460	None	44
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	17	603	4,894	None	17
Neonatal Intensive Care	14	262	4,429	None	14
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	246	10,911	47,698	None	246

CERTIFICATION

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

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

This Application is filed on the behalf of _Adventist Midwest Health d/b/a Advent Health Hinsdale___* 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

Elise MacCarroll-Wright

PRINTED NAME

CEO

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24th day of March

Tara King

Signature of Notary

Seal

OFFICIAL SEAL
Tara King
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Nov. 03, 2025

SIGNATURE

Cully Chapman

PRINTED NAME

CFO

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24th day of March

Tara King

Signature of Notary

Seal

OFFICIAL SEAL
Tara King
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Nov. 03, 2025

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth * 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

Lyw Aooiscott

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of March 2025

Signature of Notary

Seal

ILA KNIGHT
Commission # HH 490798
Expires June 8, 2028

SIGNATURE

Michael E. Saunders

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of March 2025

Signature of Notary

Seal

ILA KNIGHT
Commission # HH 490798
Expires June 8, 2028

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of Adventist Health System/Sunbelt, 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

Lyon Aooiscott

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of March 2025

Signature of Notary

Seal

ILA KNIGHT
Commission # HH 490798
Expires June 8, 2028

SIGNATURE

Michael E. Saunders

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of March 2025

Signature of Notary

Seal

ILA KNIGHT
Commission # HH 490798
Expires June 8, 2028

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

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

SIGNATURE

Thomas Jackiewicz
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24th day of March, 2025

Signature of Notary

Seal

OFFICIAL SEAL
ANA RIOS-RICO
Notary Public - State of Illinois
Commission No. 843145
My Commission Expires November 5, 2028

SIGNATURE

B Rachel Spitz
PRINTED NAME

SVP & General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24th day of March 2025

Signature of Notary

Seal

OFFICIAL SEAL
ANA RIOS-RICO
Notary Public - State of Illinois
Commission No. 843145
My Commission Expires November 5, 2028

*Insert the EXACT legal name of the applicant

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:

BACKGROUND OF APPLICANT

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

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

3. 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.

    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.

    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.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    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.

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

5. If, during a given calendar year, an applicant submits more than one application 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.

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.

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):

please see ATTACHMENT 31

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

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

1APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

not applicable, project does not include 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:

not applicable, project does not include shell space

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.

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)**

proof of bond rating provided as ATTACHMENT 34

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that 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: 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 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;
_____	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 period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 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; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 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.; 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;

	5) For any option to lease, a copy of the option, including all 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.
	TOTAL FUNDS AVAILABLE

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.

proof of bond rating provided as ATTACHMENT 35

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
Enter Historical and/or Projected Years:				
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

proof of bond rating provided as ATTACHMENT 35

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

proof of bond rating provided as ATTACHMENT 35

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

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

not applicable, non-substantive project

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

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

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

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

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

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

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT 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			
	2022	2023	2024
Net Patient Revenue	$292,536,541	**$315,202,794**	**$351,742,332**
Amount of Charity Care (charges)	$9,596,852	$10,539,411	$11,145,754
Cost of Charity Care	$2,697,074	$2,763,082	$2,856,909

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

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

1. Applicant: please see page 1 of application

2. Project Location: please see page 1 of application

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

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

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA:
Yes___ No _X__

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

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

FIRM Panel Number:_____ Effective Date:_____

_____

Name of Official:_____Title: _____

_____

Business/Agency:_____Address:

_____

(City) (State) (ZIP Code) (Telephone Number)

Signature:_____ Date:

_____

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

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

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

Attachment 1

Adventist Hinsdale Hospital d/b/a UChicago Medicine AdventHealth Hinsdale ("UCMAH Hinsdale") is an Illinois not-for-profit corporation. A copy of a Certificate of Good Standing is attached.

File Number 0940-715-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *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*

ADVENTIST MIDWEST HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* MARCH ***A.D.*** 2025 .

Authentication #: 2507302004 verifiable until 03/14/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

ATTACHMENT 1

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

Attachment 1

Adventist Health System Sunbelt HealthCare Corporation d/b/a AdventHealth is a Florida not-for-profit corporation, authorized to do business in Illinois. A copy of a Certificate of Good Standing is attached.

File Number 5938-890-8

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *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*

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION, INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, 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* 11TH *day of* MARCH *A.D.* 2025 .

Authentication #: 2507004704 verifiable until 03/11/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 1

Section I, Type of Ownership of Applicant/Co-Applicant
Attachment 1

Adventist Health System/Sunbelt, Inc. is a Florida not-for-profit corporation, authorized to do business in Illinois. A copy of Certificate of Good Standing is attached.

File Number 5938-879-7

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *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*

ADVENTIST HEALTH SYSTEM/SUNBELT, INC., INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* MARCH *A.D.* 2025 .

Authentication #: 2507005214 verifiable until 03/11/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

ATTACHMENT 1

35

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

Attachment 1

The University of Chicago Medical Center is an Illinois not-for-profit corporation. A copy of a Certificate of Good Standing is attached.

File Number 5439-757-7

To all to whom these Presents Shall Come, Greeting:

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

THE UNIVERSITY OF CHICAGO MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* MARCH *A.D.* 2025 .

Authentication #: 2507005265 verifiable until 03/11/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Need ("CON") application, the applicants attest that the AdventHealth Hinsdale site, that being 120 North Oak Street in Hinsdale, Illinois, is owned by Adventist Midwest Health.

ATTACHMENT 2

File Number 0940-715-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *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*

ADVENTIST MIDWEST HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* MARCH ***A.D.*** 2025 .

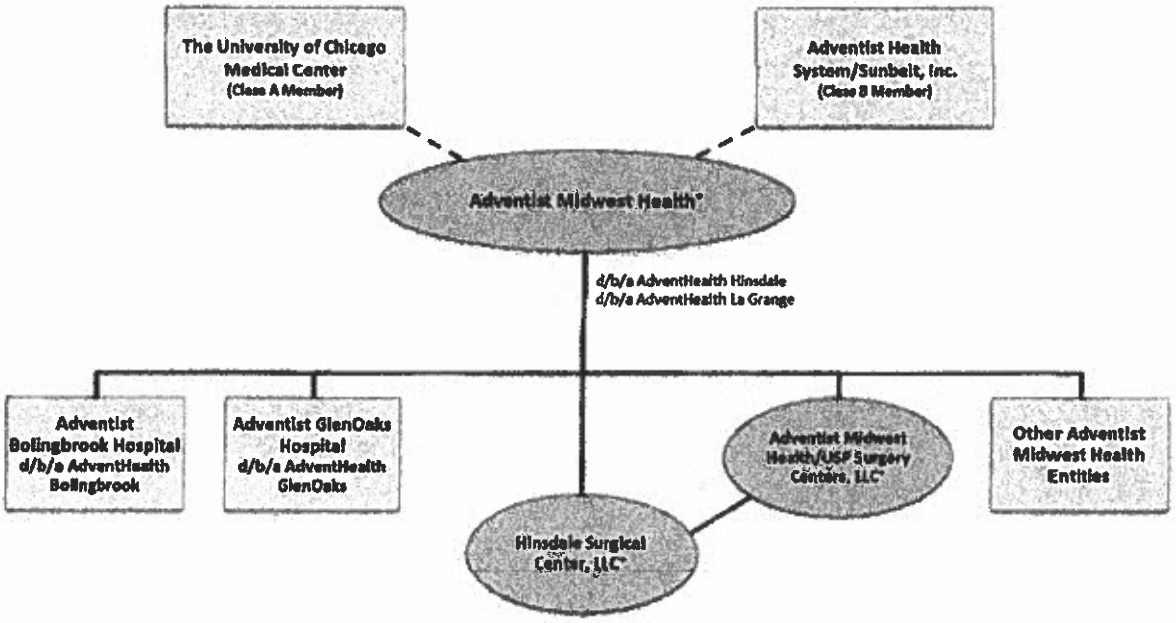
SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2507302004 verifiable until 03/14/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

ATTACHMENT 3

Adventist Midwest Health



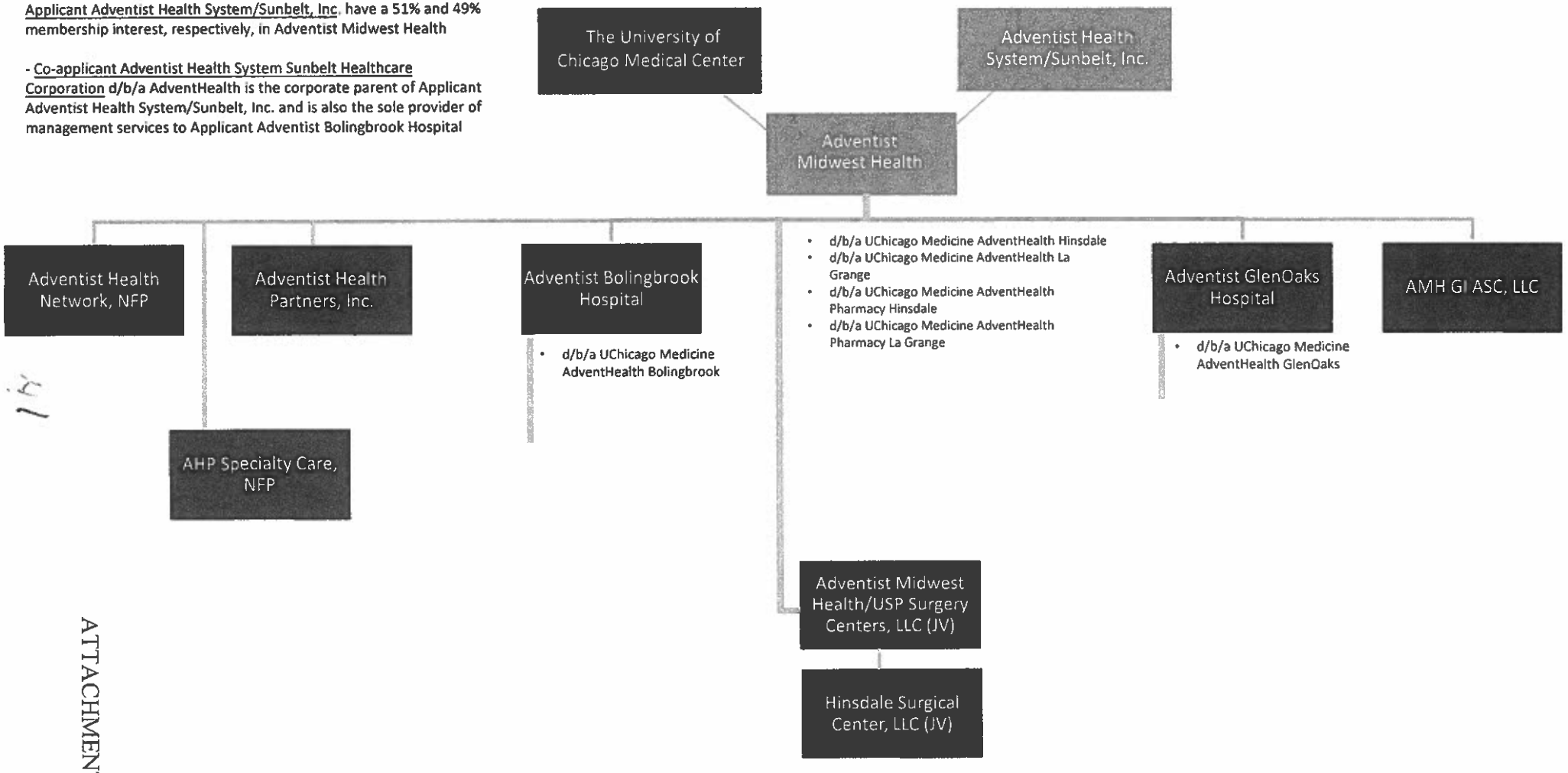
* Joint venture between The University of Chicago Medical Center (Class A Member with controlling interest) and Adventist Health System/Sunbelt, Inc. (Class B Member)

^ designates joint venture in which Adventist Midwest Health holds a non-controlling interest

- UChicago Medicine AdventHealth Hinsdale is a division of and assumed name of Applicant Adventist Midwest Health.

- Co-applicant The University of Chicago Medical Center and Co-Applicant Adventist Health System/Sunbelt, Inc. have a 51% and 49% membership interest, respectively, in Adventist Midwest Health

- Co-applicant Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth is the corporate parent of Applicant Adventist Health System/Sunbelt, Inc. and is also the sole provider of management services to Applicant Adventist Bolingbrook Hospital



ATTACHMENT 4

ATTACHMENT 4

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF132481

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2025		0000976

General Hospital

Effective: 01/01/2025

Adventist Midwest Health
dba UChicago Medicine AdventHealth Hinsdale
120 North Oak Street

Hinsdale, IL 60521

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4024001 2M 4/24

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2025

Lic Number 0000976

Date Printed 12/20/2024

Adventist Midwest Health
dba UChicago Medicine AdventHealth
120 North Oak Street
Hinsdale, IL 60521

FEE RECEIPT NO.

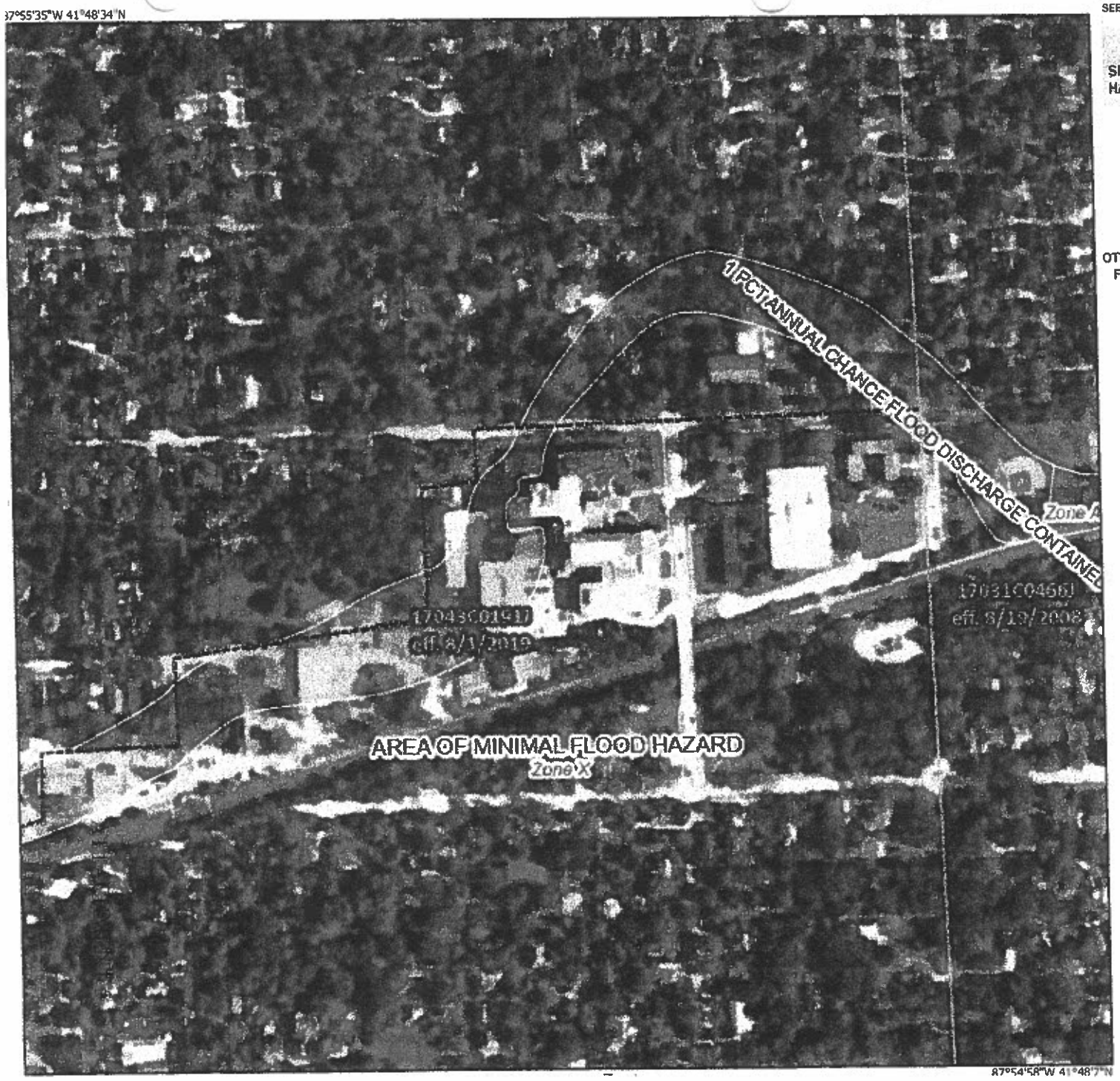
FLOOD PLAIN REQUIREMENTS

With the signatures provided on the Certification pages of this Certificate of Need application, the applicants confirm that the project addressed through this Certificate of Need application, and located at 120 Oak Street in Hinsdale, complies with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.

ATTACHMENT 5

National Flood Hazard Layer FIRMette

FEMA



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX ... 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 / 17.5 Cross Sections with 1% Annual Chance / 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

N

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 4/25/2022 at 4:41 PM 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

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

May 20, 2022

Illinois Dept. of Natural Resources
Illinois State Historic Preservation Office
ATTN: Review and Compliance/Old State Capitol
1 Old State Capitol Plaza
Springfield, IL 62701

RE: Proposed Internal Renovation
AdventHealth Hinsdale

To Whom It May Concern:

I am in the process of developing a Certificate of Need application, to be filed with the Illinois Health Facilities Services and Review Board, and I am in need of a determination of applicability from your agency.

The project involves the renovation of a portion of the fourth floor of AdventHealth Hinsdale (formerly known as Hinsdale Hospital) that appears to have been constructed in the 1990s, there do not appear to be any structures of historical significance near the site, the exterior of the buildings will not be altered, and the project will have no impact on surrounding buildings.

I have enclosed a map of the site, and pictures of the hospital, as well as surrounding buildings.

A letter from your office, confirming that the Preservation Act is not applicable to this project would be greatly appreciated.

Should you have any questions, I may be reached at the phone number below.

Sincerely,

Jacob M. Axel
President

enclosures

ATTACHMENT 6

675 North Court, Suite 210
Palatine, Illinois 60067

Phone (847) 776-7101

PROJECT COSTS and
SOURCES OF FUNDS

PROJECT COSTS

Preplanning Costs			
Evaluation of Alternatives	$	50,000	
Pre-Arch. Functional Plan.	$	45,000	
Internal Approval Process	$	50,000	
Misc./Other	$	75,000	
			$ 220,000
Modernization Contracts			$ 17,069,964
*please see note at end of this ATTACHMENT			
Contingencies (Modernization)			$ 1,536,297
Architectural and Engineering			
Design	$	1,200,000	
Document Preparation	$	65,000	
Interface with Agencies	$	40,000	
Project Monitoring	$	80,000	
Misc./Other	$	100,000	
			$ 1,485,000
Consulting and Other Fees			
Zoning and Local Approvals	$	35,000	
CON-Related	$	110,000	
Project Management	$	280,000	
Interior Design	$	40,000	
Equipment Planning	$	85,000	
Misc./Other	$	50,000	
			$ 600,000
Movable Equipment			
Level III & Level II Stations	$	1,310,000	
Level I Stations	$	200,000	
Nursing Suite	$	30,000	
OB Triage & Observation	$	80,000	
Elevator Lobby	$	10,000	
Prayer Room	$	15,000	
Administrative Office	$	15,000	
Neonatologists' Office	$	20,000	
Staff Areas	$	15,000	
Family Area	$	20,000	

PROJECT COSTS and
SOURCES OF FUNDS

		$ 1,715,000
TOTAL USES OF FUNDS		$ 22,626,261
SOURCES OF FUNDS		
Cash from AdventHealth	$ 22,626,261	
TOTAL SOURCES OF FUNDS		$ 22,626,261

ATTACHMENT 7

NOTE ON ANTICIPATED MODERNIZATION COST

The estimated modernization cost for this project was developed by Jacobs Engineering Group, Inc, ("Jacobs") one of the nation's largest engineering and construction management firms, with health care projects comprising a major portion of its portfolio. Jacobs developed early-stage project cost estimates shortly after planning for the project was initiated in November 2021. Since that time, and as a result to significant changes in the global economy caused by such issues as supply chain delays, rapidly increasing costs for construction materials, rising salaries within the construction industry, and tariffs; the applicants have seen their modernization cost estimates increase significantly. This, as the Board is aware, is an issue that has plagued numerous applicants over the past year.

In addition to the issues identified above, the estimated modernization cost incorporates three factors that, while not unique to this project, cannot necessarily be considered commonplace to all hospital modernization projects, with all three contributing to the overall modernization cost. Those factors are: 1) the need to maintain an "operational" specialty care nursery during the entirety of the project, eliminating/limiting disruptions to patient care to the greatest extent possible, 2) the need to "phase" the project over a longer period of time that would be normally required for a project addressing 19,000 DGSF of modernization, and 3) the age and construction of the existing building, increasing the cost of modernization beyond that experienced with many other hospital modernization projects.

Cost Space Requirements

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Square Feet			
					That is:		
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable/Clinical							
Level III & Level II Stations	$ 16,469,597		11,350		11,350		
Level I (well baby)	$ 1,029,350		1,585		1,585		
Nursing Suite	$ 1,235,220		1,145		1,145		
Triage and Observation	$ 1,852,830		1,585		1,585		
	$ 20,586,996		15,665		15,665		
Non-Reviewable							
Elevator Lobby	$ 346,675		538		538		
Prayer Room	$ 122,356		160		160		
Adminitrative	$ 224,319		320		320		
Neonatologist's Office	$ 244,712		360		360		
Staff Area	$ 203,927		290		290		
Family Area	$ 163,141		300		300		
Storage and IT	$ 469,031		968		968		
Nursing Office	$ 101,963		159		159		
Shafts & Ducts	$ 163,141		430		430		
	$ 2,039,265		3,525		3,525		
Project Total	**$ 22,626,261**		**19,190**		**19,190**		

ATTACHMENT 9

BACKGROUND

Section 1110.230, Background, Purpose of the Project and Alternatives

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

   Co-Applicants The University of Chicago Medical Center ("UCMC") and Adventist Health System/Sunbelt, Inc. ("Adventist Health") are parties to a joint venture. That joint venture entity, Adventist Midwest Heath, either directly operates or is the sole corporate member of the following four Illinois hospitals, which are each separately accredited by The Joint Commission:

   - Adventist Midwest Health d/b/a UChicago Medicine AdventHealth Hinsdale (IDPH Hospital License #0000976).
   - Adventist Midwest Health d/b/a UChicago Medicine AdventHeath La Grange (IDPH Hospital License #0000976).
   - Adventist Bolingbrook Hospital d/b/a UChicago Medicine AdventHealth Bolingbrook (IDPH Hospital License #00005496).
   - Adventist GlenOaks Hospital d/b/a UChicago Medicine AdventHealth GlenOaks (IDPH Hospital License #00003814).

   UCMC owns and operates its medical center in Chicago with IDPH license number 00003897. UCMC also owns and operates Ingalls Memorial Hospital with license number 00001099 and Ingalls Same Day Surgery Center, license number 0001043.

   In addition, Co-Applicant Adventist Health System Sunbelt Healthcare Corporation (d/b/a AdventHealth is the corporate parent of Co-Applicant Adventist Health System/Sunbelt, Inc. and maintains ultimate control of 51 hospitals in 8 other states.

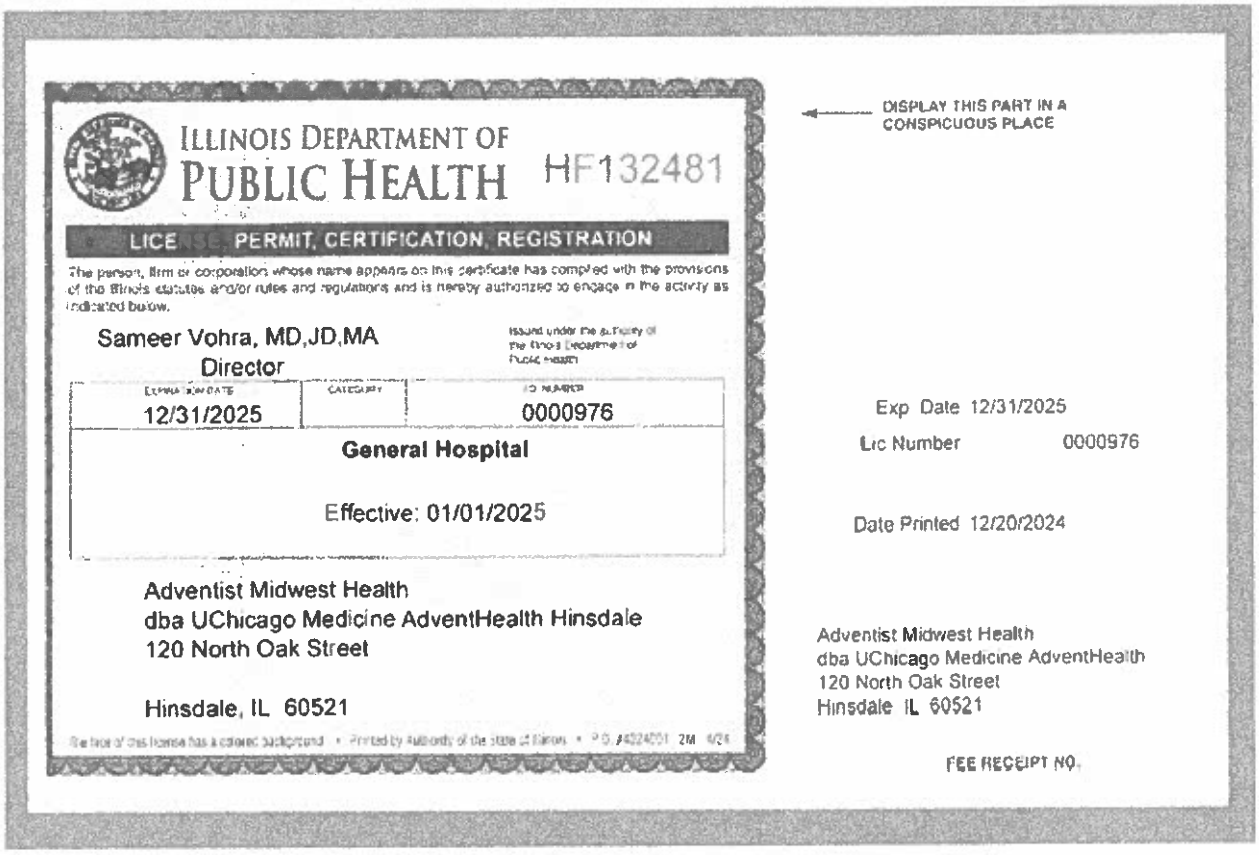
2. **A certified listing of any adverse action taken against any facility owned and/or operated by applicant during the three years prior to the filing of the application.**

   With the signatures on the Certification pages of this Certificate of Need Application, each of the applicants attests that, to the best of ITS knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by it during the three years

prior to the filing of this CON Application. Further, with the signatures provided on the Certification pages of this CON application, each of the applicants authorizes the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted, including but not limited to official records of IDPH or other State agencies and records of nationally recognized accreditation organizations.

3. **Authorization permitting HFSRB and IDPH access to documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states; when applicable; and the records of nationally recognized accreditation organizations.**

   By its signature on this permit application each of the Applicants hereby grants the Review Board and IDPH access to information to verify information in this application.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF132481

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/2025		0000976

General Hospital

Effective: 01/01/2025

Adventist Midwest Health
dba UChicago Medicine AdventHealth Hinsdale
120 North Oak Street

Hinsdale, IL 60521

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4524001 2M 4/24

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp Date 12/31/2025

Lic Number 0000976

Date Printed 12/20/2024

Adventist Midwest Health
dba UChicago Medicine AdventHealth
120 North Oak Street
Hinsdale IL 60521

FEE RECEIPT NO.

ILLINOIS DEPARTMENT OF
PUBLIC HEALTH

HF132377

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
1/10/2026		0005496

General Hospital

Effective: 01/11/2025

Adventist Bolingbrook Hospital
dba UChicago Medicine AdventHealth Bolingbrook
500 Remington Blvd

Bolingbrook, IL 60440

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #IDPH001 2M 4/24

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/10/2026

Lic Number 0005496

Date Printed 12/6/2024

Adventist Bolingbrook Hospital
dba UChicago Medicine AdventHealth
500 Remington Blvd
Bolingbrook, IL 60440

FEE RECEIPT NO.

ATTACHMENT 11

ILLINOIS DEPARTMENT OF
PUBLIC HEALTH

HF132482

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued Under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
1/31/2026		0005967

General Hospital

Effective: 02/01/2025

Adventist Midwest Health
dba UChicago Medicine AdventHealth La Grange
5101 South Willow Springs Road

La Grange, IL 60525

The face of this license has a colored background. • Printed by Authority of the State of Illinois • FO #4994001 2M 4/24

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp Date 1/31/2026

Lic Number 0005967

Date Printed 12/20/2024

Adventist Midwest Health
dba UChicago Medicine AdventHealth
5101 South Willow Springs Road
La Grange IL 60525

FEE RECEIPT NO.

4-5

ATTACHMENT 11

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF130438

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LO NUMBER
6/30/2025		0003814

General Hospital

Effective: 07/01/2024

Adventist GlenOaks Hospital
dba UChicago Medicine AdventHealth GlenOaks
701 Winthrop Ave

Glendale Heights, IL 60139

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2025

Lic Number 0003814

Date Printed 3/27/2024

Adventist GlenOaks Hospital
dba UChicago Medicine AdventHealth
701 Winthrop Ave
Glendale Heights, IL 60139

FEE RECEIPT NO.

٥٣

ATTACHMENT 11

The Joint Commission

April 29, 2024

Adam Maycock
CEO
Adventist Midwest Health
120 North Oak Street
Hinsdale, IL 60521-3890

Joint Commission ID #: 7359
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 4/17/2024

Dear Mr. Maycock:

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

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning February 10, 2024 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

ATTACHMENT 11

The Joint Commission

April 17, 2023

Herbert Buchanan
VP Chief Executive Officer
Adventist Bolingbrook Hospital
500 Remington Boulevard
Bolingbrook, IL 60440

Joint Commission ID #: 454359
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 3/29/2023

Dear Mr. Buchanan:

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

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning January 21, 2023 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.
Please note, if your survey was conducted off-site (virtually): Your organization may be required to undergo an on-site survey once The Joint Commission has determined that conditions are appropriate to conduct on-site survey activity.

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

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

Congratulations on your achievement.

Sincerely,

Deborah A. Ryan, MS, RN
Executive Vice President
Division of Accreditation and Certification Operations

ATTACHMENT 11

57

The Joint Commission

May 6, 2024

Adam Maycock
CEO
Adventist Midwest Health
5101 South Willow Springs Road
La Grange, IL 60525

Joint Commission ID #: 7370
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 5/1/2024

Dear Mr. Maycock:

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

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning February 24, 2024 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

ATTACHMENT 11

5 of

The Joint Commission

October 26, 2023

Vladimir Radivojevic
VP, CEO
AdventHealth GlenOaks Hospital
701 Winthrop Avenue
Glendale Heights, IL 60139

Joint Commission ID #: 5192
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 10/13/2023

Dear Mr. Radivojevic:

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

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning August 12, 2023 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

ATTACHMENT 11

PURPOSE OF THE PROJECT

The proposed project is limited in scope to address the replacement on of the hospital's nurseries, with the focus of the project being the replacement of the hospital's Level II and Level III nurseries. The replacement will be accomplished through the reconfiguration and renovation of the existing special care nursery and a limited amount of adjacent vacant space on the hospital's fourth and fifth floors; and will greatly improve patient/family privacy and staff flow. As such, the project will improve the healthcare and well-being of the market area population traditionally looking to the hospital for obstetrics/newborn care.

The proposed project does not involve the addition of any HFSRB-designated Level III (NICU) stations.

The applicant hospital is located in DuPage County, and therefore, per the HFSRB's definition of geographic service areas, the geographic service area for the proposed project consists of those ZIP Code areas located within ten miles of the hospital, and identified in the table on the following page. The population of this area, which consists of sixty-three ZIP Codes, is estimated by SearchBug to be approximately 1.1 million.

ZIP CODE	City
60558	WESTERN SPRINGS
60521	HINSDALE
60522	HINSDALE
60526	LA GRANGE PARK
60514	CLARENDON HILLS
60154	WESTCHESTER
60513	BROOKFIELD
60523	OAK BROOK
60525	LA GRANGE
60559	WESTMONT
60162	HILLSIDE
60155	BROADVIEW
60534	LYONS
60546	RIVERSIDE
60501	SUMMIT ARGO
60527	WILLOWBROOK
60141	HINES
60104	BELLWOOD
60458	JUSTICE
60163	BERKELEY
60153	MAYWOOD
60126	ELMHURST
60682	CHICAGO
60402	BERWYN
60130	FOREST PARK
60181	VILLA PARK
60480	WILLOW SPRINGS
60561	DARIEN

ATTACHMENT 12

60515	DOWNERS GROVE
60165	STONE PARK
60161	MELROSE PARK
60638	CHICAGO
60160	MELROSE PARK
60457	HICKORY HILLS
60455	BRIDGEVIEW
60516	DOWNERS GROVE
60305	RIVER FOREST
60304	OAK PARK
60599	FOX VALLEY
60164	MELROSE PARK
60148	LOMBARD
60301	OAK PARK
60804	CICERO
60303	OAK PARK
60459	BURBANK
60302	OAK PARK
60465	PALOS HILLS
60171	RIVER GROVE
60131	FRANKLIN PARK
60137	GLEN ELLYN
60517	WOODRIDGE
60644	CHICAGO
60707	ELMWOOD PARK
60532	LISLE
60415	CHICAGO RIDGE
60439	LEMONT
60138	GLEN ELLYN

ATTACHMENT 12

60499	BEDFORD PARK
60454	OAK LAWN
60632	CHICAGO
60464	PALOS PARK
60623	CHICAGO
60482	WORTH

Historically, the hospital's NICU patients have come from a broad area, with no more than 6.11% of its admissions coming from any one ZIP Code area during a recent 3-year sample period, and as identified in the patient origin table on the following page. During the that period, newborns having mothers residing in a total of 155 ZIP Code areas were admitted to the NICU, with 28 of the ZIP Code areas cumulatively accounting for 60.25% of the babies, and 127 of the ZIP Code areas accounting for less than 1.00% of the admissions, each.

ZIP Code	Community	Admissions	%	Cumulative %
60525	La Grange	53	6.11%	6.11%
60440	Bolingbrook	34	3.92%	10.02%
60559	Westmont	32	3.69%	13.71%
60638	Bedford Park	29	3.34%	17.05%
60521	Hinsdale	27	3.11%	20.16%
60517	Woodridge	26	3.00%	23.16%
60446	Romeoville	22	2.53%	25.69%
60516	Downers Grove	22	2.53%	28.23%
60513	Brookfield	22	2.53%	30.76%
60527	Willowbrook	21	2.42%	33.18%
60435	Joliet	19	2.19%	35.37%
60181	Villa Park	17	1.96%	37.33%
60558	Western Springs	16	1.84%	39.17%
60561	Darien	16	1.84%	41.01%
60439	Lemont	15	1.73%	42.74%
60526	La Grange Park	14	1.61%	44.35%
60515	Downers Grove	14	1.61%	45.97%
60458	Justice	14	1.61%	47.58%
60402	Berwyn	13	1.50%	49.08%
60532	Lisle	13	1.50%	50.58%
60586	Plainfield	13	1.50%	52.07%
60491	Homer Glen	11	1.27%	53.34%
60514	Clarendon Hills	11	1.27%	54.61%
60154	Westchester	11	1.27%	55.88%
60534	Lyons	10	1.15%	57.03%
60501	Summit Argo	10	1.15%	58.18%
60540	Naperville	9	1.04%	59.22%
60441	Lockport	9	1.04%	60.25%
	other, <1%	345	39.75%	100.00%

ALTERNATIVES

Given that the primary purpose of the proposed project is the establishment of a contemporary special care nursery, combining Level II and Level III services, aside from the alternative of "doing nothing", only one alternative holds potential. That alternative is to relocate the entire special care nursery to another location in the hospital. The sole advantage of doing so, if an appropriate location could be identified, would be the elimination of the "phasing" costs (estimated at approximately $1.0M) resulting from the need to keep the special care nursery operational during the proposed modernization. This alternative is deemed inferior to the proposed project because it would not provide the desired proximity relationship with the other obstetrics and newborn services afforded by the current/proposed location.

Had the alternative identified above been selected, accessibility, quality of care and operational costs would be similar to that of the proposed project, while renovation-related capital costs could differ, depending on the site to be used.

UTILIZATION

As discussed throughout this application, it is the applicants' intent to operate a contemporary special care nursery.

Approximately twenty years ago the HFSRB very significantly altered the manner in which it reviews the establishment or modernization of Level III nurseries. Specifically, with the adopted change, establishment or modernization projects could and have been addressed through the Certificate of Exemption ("COE") process, with no requirement that utilization, or the ability to "support" the proposed number of stations, be addressed. And, as a COE application, that HFSRB approval is assured, as long as the required (minimal) information is provided. The HFSRB's NICU-specific information required through the COE process is limited to:1) an identification of the NICU's location within the hospital, 2) an identification of the number of "beds" to be provided, 3) verification that a final cost report will be filed with the HFSRB, and 4) verification that completion of the project within 24 months will invalidate the COE. There is no requirement that the proposed number of stations be "justified".

The proposed project is required to be addressed through the CON process (as opposed to the COE process) solely because the projected project cost exceeds the current review threshold.

Contemporary special care nurseries, providing Level III and Level II/II+ do so with a seamless delivery of care between the levels, with a fully cross-trained staff, and with as little disruption as possible to the patient and his/her parents. The American Academy of Pediatrics and the American Academy of Obstetricians and Gynecologists has defined both the various levels of neonatal care and the required clinical capabilities to be present in each setting. Separate billing

codes have been established for each level of care, with clinical conditions that must be present for a patient to meet the various care classifications and reimbursement qualifications. Each patient is evaluated every midnight, with the patient's classification (Level II, Level III, etc.) often changing from day-to-day, either up or down. Through this type of delivery of system, the need to physically move a patient as its care classification level changes (either up or down), is eliminated, maximized continuity in staffing is maintained, and the important relationship that is developed between the care team and that parents remains in place. As a result, the process of changing a patient's care/reimbursement level is transformed from one of physically relocating the patient (and parents) from one location to another, to a simple "paperwork" process. The overall focus shifts from the type of station (with most equipment now being portable), to one that is based on clinical factors. Further, recent discussions with the State Perinatal Network have revealed that when the Network evaluates a "need" for stations, they combine the utilization of existing Levell II, Level II+, and Level III stations.

Please refer to the attached article for a more detailed discussion of the delivery system addressed above.

The proposed project is scheduled to be completed in late 2025, with the second full year following completion being 2027. The table below identifies the hospital's historical (Level II and Level III) utilization, in terms oof average daily census ("ADC").

2022: 13.5
2023: 12.4
2024: 11.4
average: 12.4

As noted above, the HFSRB does not (and has not) have/had a target utilization level for Level II stations. It's target utilization level for Level III stations, per Section 1110 APPENDIX B, is 75%. For planning purposes, and anticipating no significant changes to local obstetricians'

practice patterns or the area's demographics impacting birth volume, the special care nursery's average daily census is projected to remain constant, in the 12-13 patient range.

PacificSource

Neonatal Levels of Care and Inpatient Management

State(s):
☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:

LOB(s):
☒ Commercial ☒ Medicare ☒ Medicaid

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The American Academy of Pediatrics (AAP) and American College of Obstetricians, and Gynecologists (ACOG) has defined both the levels of neonatal care (Level I Newborn Observation Unit to Level IV Regional Neonatal Intensive Care Unit) and capabilities required of facilities to provide each level of care. Facilities offering neonatal intensive care must meet healthcare standards through federal/state licensing or certification. It is the hospital's responsibility to know their NICU level certification. The American Hospital Association has delineated 4 billing codes that correspond to varying degrees of intensity of clinical care provided to neonates at each level. These 4 codes are widely accepted as billing designations and focus on the quantity and intensity of medical care and services the newborn needs on a given day.

Criteria

Commercial

PacificSource considers admission to and continued stay in appropriate neonatal levels of care medically necessary for appropriate care of the neonatal (up to 28 days old) member.

- PacificSource considers neonates to be a newborn up to 28 days old.
- Newly admitted infants over 28 days old may not qualify for NICU level of care.
- NICU billing levels may be reviewed daily and are based on the infant's intensity of care needs at 2400 hours on the day being reviewed.
- Approved codes may fluctuate during the NICU admission.
- Transition periods between levels, defined as 4 hours or fewer in the NICU, will be approved for the lowest appropriate level care regardless of interventions completed during the transition time.

ATTACHMENT 15

69

- Facilities will be reimbursed based on their NICU level credentialing only (i.e., facility must be credentialed to provide NICU level 3 care to be reimbursed NICU level 3).
- Revenue code 0171 (NICU level 1) is the lowest accepted billing level for NICU.
- Revenue code 0179 is not an accepted billing level.

Facilities with a Level I and Level II Nursery only: Revenue Code 0173 or 0174 may be used when:

- Providing mechanical ventilation for brief duration (<24 hours) or Nasal/Mask CPAP;
- Stabilizing infants born before 32 weeks gestation and weighing less than 1500 grams until a transfer to a Level III or IV NICU.

NICU Level I: Revenue Code 0171

This level of care is for infants who are physiologically stable, receiving routine evaluation, care, and observation in the immediate post-partum period. This billing code can be utilized by facilities approved to provide Level I, II, III and IV care. PacificSource considers the coverage of infants for Level I medically necessary when **ONE** of the following conditions is met:

- Oral (nipple) feedings for asymptomatic hypoglycemia not requiring subsequent Intravenous (IV) therapy;
- Routine tests, examples include, but are not limited to, bilirubin, blood glucose, blood type and Coombs, direct antiglobulin test (DAT), complete blood count (CBC) or oximetry;
- Diagnostic work-up/surveillance, on an otherwise stable neonate where no therapy is initiated;
- Hyperbilirubinemia requiring phototherapy (single bank only) or bili blanket;
- Infants transferred from a higher level of care who are physiologically stable, breathing room air, in an open crib, and taking either no medications or on a stable or declining dose of oral medications and requiring observation to document successful nipple feeding;
- Initial sepsis evaluation (CBC, blood culture for an asymptomatic neonate) until transfer to higher level of care;
- Services rendered to growing premature infant without supplemental oxygen or IV fluid needs or environmental control needs (other than blankets, cap, swaddling, etc.);
- Services to improve poor breast or bottle feeding that is advancing to full volume feeds;
- Temperature instability surveillance requiring use of isolette or warmer until transfer to higher level of care.

NICU Level II: Revenue Code: 0172

This billing code can be utilized by Level II, III and IV facilities. PacificSource considers the coverage of infants for NICU Level II medically necessary when **ONE** of the following conditions is met:

- Apnea/Bradycardia episode requiring mild stimulation;
- Oral pharmacologic treatment for apnea and/or bradycardic episodes;
- Evaluation of apnea of prematurity;

ATTACHMENT 15

-10

- Feeding via an orally or nasally inserted tube, for example nasogastric, nasojejunal, or gastrostomy tube;
- Services rendered for Neonatal Abstinence Syndrome (withdrawal) scores less than 8;
- Hyperbilirubinemia requiring phototherapy more than single bank or bili blanket;
- Documented need for environmental control via an incubator/warmer for thermoregulation in an otherwise physiologically stable infant;
- Physiologically stable infants in the process of being weaned from an incubator/warmer to an open crib;
- Initial medical or surgical sub-specialty consultation;
- IV fluids, IV medications or IV treatment of hypoglycemia;
- High-flow nasal cannula (HFNC) with flow less than or equal to 3 liters per minute;
- Supplemental oxygen via oxygen hood or low flow nasal cannula;
- Vapotherm up to 8L/min;
- Initial sepsis evaluation (CBC, blood culture, and other blood tests or cultures) for an asymptomatic neonate and antibiotic treatment pending laboratory and/or culture results;
- Sepsis suspected or documented with treatment (IV/IM therapies) beyond the initial 48 hours of treatment;
- Evaluation of temperature instability requiring isolette or warmer to maintain body temperature;

NICU Level III: Revenue Code: 0173

This level of care is directed at those neonates that require invasive therapies and/or are critically ill with respiratory, circulatory, metabolic or hematologic instabilities and/or require surgical intervention with general anesthesia. This billing code can be utilized by Level III and IV facilities. PacificSource considers the coverage of infants for NICU Level III medically necessary when **ONE** of the following conditions is met:

- Infants less than 32 weeks gestational age or less than 1500 grams;
- IV pharmacologic treatment for apnea and/or bradycardic episodes;
- Blood or blood product transfusion;
- Services rendered for Neonatal Abstinence Syndrome (NAS) when the score is greater than or equal to 8;
- Chest tube;
- Exchange transfusion, partial or complete and up to 48 hours after exchange transfusion;
- Inborn error of metabolism requiring IV therapy (e.g., blood glucose less than 30 mg/dl at least twice within 12 hour period);
- IV therapy for severe physiologic/metabolic instability (including blood thinners);
- Metabolic acidosis, alkalosis, or electrolyte imbalance requiring IV therapy;
- Seizures requiring IV therapy;

- Short bowel or "dumping" syndrome requiring total parenteral nutrition (TPN) at 50 or greater ml/kg/day;
- High-flow nasal cannula (HFNC) with flow greater than 3 liters per minute;
- CPAP providing regulated and measured pressure via mask, nasal or bubble devices;
- Positive pressure ventilator assistance with intubation and 24 hours post-ventilator care;
- Conditions requiring invasive intervention for airway protection (i.e., repogle);
- Surgical conditions requiring general anesthesia up to two days post-op;
- Surgical intervention or therapies for retinopathy of prematurity (ROP);
- Umbilical Artery Catheters (UACs), Peripheral Artery Catheters (PACs), Umbilical Vein Catheters (UVCs) and/or Central Vein Catheters (CVCs);
- Peritoneal Dialysis;
- Withdrawal of life support; end of life care; palliative care.

Note: Immediate post-delivery intubation in the delivery room [DR] (when the endotracheal tube is removed prior to leaving the DR), brief intubation for administration of surfactant, or deep tracheal suctioning does not meet level III criteria for intubation.

NICU Level IV: Revenue Code: 0174

This level of care covers critically ill neonates with respiratory, circulatory, metabolic or hemolytic instabilities as well as conditions that require surgical intervention. This billing code can be utilized by Level IV facilities only. PacificSource considers the coverage of infants for NICU Level IV medically necessary when **ONE** of the following conditions is met:

- Invasive hemodynamic monitoring and CNS pressure monitoring;
- High Frequency Ventilation: oscillator or jet;
- Extracorporeal Membrane Oxygenation (ECMO) / Nitric Oxide (NO);
- Hypothermia therapy for anoxic damage, including selective head cooling;
- Hemodialysis;
- Encephalopathy, coma, or other acute neurologic abnormality;
- Pre- and post-surgical care for severe congenital malformations or acquired conditions (e.g., gastroschisis, ventricular septal defect (VSD) or bowel perforation, that require the use of advanced technology and support); May move to lower level post-op day 1-2;
- CPR in the last 24 hours;
- Continuous IV infusion or IV medication requiring close monitoring or dose adjustment including **one (1) or more** of the following:
    - Antiarrhythmic agents;
    - Neuromuscular blocking agents (e.g., pancuronium, vecuronium);
    - Beta-blockers;
    - Calcium channel blocking agents;
    - Inotropic or chronotropic drugs;

- Facilities will be reimbursed based on their NICU level credentialing only (i.e., facility must be credentialed to provide NICU level 3 care to be reimbursed NICU level 3).
- Revenue code 0171 (NICU level 1) is the lowest accepted billing level for NICU.
- Revenue code 0179 is not an accepted billing level.

Facilities with a Level I and Level II Nursery only: Revenue Code 0173 or 0174 may be used when:

- Providing mechanical ventilation for brief duration (<24 hours) or Nasal/Mask CPAP;
- Stabilizing infants born before 32 weeks gestation and weighing less than 1500 grams until a transfer to a Level III or IV NICU.

NICU Level I: Revenue Code 0171

This level of care is for infants who are physiologically stable, receiving routine evaluation, care, and observation in the immediate post-partum period. This billing code can be utilized by facilities approved to provide Level I, II, III and IV care. PacificSource considers the coverage of infants for Level I medically necessary when **ONE** of the following conditions is met:

- Oral (nipple) feedings for asymptomatic hypoglycemia not requiring subsequent Intravenous (IV) therapy;
- Routine tests, examples include, but are not limited to, bilirubin, blood glucose, blood type and Coombs, direct antiglobulin test (DAT), complete blood count (CBC) or oximetry;
- Diagnostic work-up/surveillance, on an otherwise stable neonate where no therapy is initiated;
- Hyperbilirubinemia requiring phototherapy (single bank only) or bili blanket;
- Infants transferred from a higher level of care who are physiologically stable, breathing room air, in an open crib, and taking either no medications or on a stable or declining dose of oral medications and requiring observation to document successful nipple feeding;
- Initial sepsis evaluation (CBC, blood culture for an asymptomatic neonate) until transfer to higher level of care;
- Services rendered to growing premature infant without supplemental oxygen or IV fluid needs or environmental control needs (other than blankets, cap, swaddling, etc.);
- Services to improve poor breast or bottle feeding that is advancing to full volume feeds;
- Temperature instability surveillance requiring use of isolette or warmer until transfer to higher level of care.

NICU Level II: Revenue Code: 0172

This billing code can be utilized by Level II, III and IV facilities. PacificSource considers the coverage of infants for NICU Level II medically necessary when **ONE** of the following conditions is met:

- Apnea/Bradycardia episode requiring mild stimulation;
- Oral pharmacologic treatment for apnea and/or bradycardic episodes;
- Evaluation of apnea of prematurity;

- IV prostaglandin therapy.

Medicaid

PacificSource Community Solutions follows Oregon Administrative Rules (OAR) 410-125-0000 to 2080 and MCG Care Guidelines 26th edition for coverage of Neonatal Levels of Care and Inpatient Management.

Medicare

PacificSource Medicare follows this policy for coverage of Neonatal Levels of Care and Inpatient Management.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

0170 Room and Board Nursery

0171 Newborn Level I

0172 Newborn Level II

0173 Newborn Level III

0174 Newborn Level IV

Definitions

Apnea of Prematurity (AOP) - A condition in which premature infants stop breathing for 15 to 20 seconds during sleep and apnea spells require medical management such as Aminophylline, theophylline, or caffeine.

Bubble CPAP - A CPAP that uses nasal prongs or a nasal mask as the delivery device and creates positive pressure by immersing the expiratory limb of the circuit into a fluid column to the desired depth (cmH2O) to achieve the desired end-expiratory pressure.

Continuous Positive Airway Pressure (CPAP) - A treatment modality used to maintain continuous positive pressure during both inspiratory and expiratory phases when the infant is breathing spontaneously.

Exchange Transfusion - A potentially life-saving procedure that is done to counteract the effects of serious jaundice or changes in the blood due to diseases such as sickle cell anemia or Hemolytic Disease of the Newborn (HDN). The procedure involves slowly removing the patient's blood and replacing it with fresh donor blood or plasma. In most cases, this involves placing one or more thin tubes, called catheters, into a blood vessel.

(ECMO) Extracorporeal membrane oxygenation - A treatment that uses a pump to circulate blood through an artificial lung back into the bloodstream of a very ill baby. This system provides heart-lung bypass support outside of the baby's body. The purpose of ECMO is to provide enough oxygen to the baby while allowing time for the lungs and heart to rest or heal.

ATTACHMENT 15

Gastroschisis - A herniation (displacement) of the intestines through an abdominal wall defect, usually on the right side of the umbilical cord.

Neonatal Abstinence Syndrome - group of problems that occur when a pregnant woman takes addictive illicit or prescription drugs such as: Amphetamines, Barbiturates, Benzodiazepines (diazepam, clonazepam), Cocaine, Marijuana, Opiates/Narcotics (heroin, methadone, and codeine). These and other substances pass through the placenta to the baby during pregnancy. The placenta is the organ that connects the baby to its mother in the womb. The baby becomes addicted along with the mother. At birth, the baby is still dependent on the drug. Because the baby is no longer getting the drug after birth, symptoms of withdrawal may occur.

Respiratory Distress Syndrome (RDS) - The disease is mainly caused by a lack of a slippery substance in the lungs called surfactant. This substance helps the lungs fill with air and keeps the air sacs from deflating. Surfactant is present when the lungs are fully developed. Neonatal RDS can also be due to genetic problems with lung development. Most cases of RDS occur in babies born before 37 weeks. The less the lungs are developed, the higher the chance of RDS after birth. The problem is uncommon in babies born full-term (at 40 weeks).

Transition Period - A stay of four hours or less in the NICU.

Related Policies

Enteral Nutrition and Pumps

References

American Academy of Pediatrics (AAP). Committee on Fetus and Newborn, Levels of neonatal care. Pediatrics 2012; 130(3): 587-597. Accessed on January 16, 2014, August 25, 2017, May 23, 2018, August 15, 2019, June 23, 2020. http://pediatrics.aappublications.org/content/130/3/587.full.pdf

ACOG COMMITTEE OPINION Number 712, August 2017

American Academy of Pediatrics (AAP). Committee on Fetus and Newborn, Neonatal Drug Withdrawal. Pediatrics 2012; 129(2): e540-e560. Accessed August 25, 2017, May 23, 2018, August 15, 2019, June 23, 2020. http://pediatrics.aappublications.org/content/129/2/e540.full

Barfield WD et al Late preterm infants. Aug 24, 2020. UpToDate, Wolters Kluwer, 2020 https://www.uptodate.com/contents/late-preterm-infants?search=late%20preterm%20infants'&source=search_result&selectedTitle=1~78&usage_type=default&display_rank=1

Engle WA, Tomashek KM, Wallman C; Committee on Fetus and Newborn, American Academy of Pediatrics. "Late-preterm" infants: a population at risk. Pediatrics. 2007; 120(6): 1390-1401. Accessed on January 16, 2014, August 25, 2017, May 23, 2018, August 15, 2019, June 23, 2020 http://pediatrics.aappublications.org/content/120/6/1390.full.pdf+html

National Institutes of Health (NIH). Preterm Labor and Birth. 1/31/2017. Accessed on August 25, 2017, May 23, 2018, August 15, 2019, June 23, 2020 https://www.nichd.nih.gov/health/topics/preterm/conditioninfo/default

Specification Manual for Joint Commission National Quality Measures (v2019A), Admission to NICU, 2019, Accessed June 23, 2020 https://manual.jointcommission.org/releases/TJC2019A/DataElem0275.html

ATTACHMENT 15

Appendix

Policy Number:

Effective: 8/1/2020 **Next review:** 8/1/2022

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s):

Commercial OPs: 6/2022

Government OPs: 6/2022

ATTACHMENT 15

NEONATAL INTENSIVE CARE

The proposed project seeks to replace AdventHealth Hinsdale's Level II, Level 2+ and Level III nursery stations. Upon the project's completion, a total of 28 stations will be provided, 14 of which will be designated as Level III by the HFSRB.

The special care nursery will be located on the fourth floor of the hospital, with the project including the renovation of the space occupied by the hospital's Level II, Level II+ and Level III nurseries, and expanding into adjacent currently vacant space.

With the signatures on this Certificate of Need application, the applicants verify that: 1) the project's final cost report will be submitted to the HFSRB within ninety days of the project's completion date; and 2) failure to complete the proposed project within 24 months of the Board's approval of the proposed project will invalidate the project's Permit.

ATTACHMENT NICU

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed project includes four clinical services areas that are not HFSRB-designated categories of service: Level I nursery, Level II nursery, a nursing suite, and an obstetrics triage and observation area.

The HFSRB does not have utilization standards for any of the above-identified areas. The space allocated to each of the areas is provided in ATTACHMENT 37C.

The Level II nursery, which currently has fourteen stations, will be combined with the hospital's Level III nursery, with fourteen stations continuing to be allocated to Level II care. The two Level I nurseries will have a total of eighteen "set up" bassinets, and the hospital maintains approximately eighty additional bassinets in storage. Last, the nursing suite and the obstetrics triage and observation area will each contain four stations.

It should be noted that the Level I nursery is rarely used, with the vast majority of post partem patients electing to "room in". Consistent with licensure requirements Level I nurseries are located on the fourth and fifth floors, in close proximity to the obstetrics units. The original Level I nursery had to be relocated to allow the development of the specialty care nursery.

Attachment 33

Availability of Funds

The Project will be funded entirely from cash on hand. As the UChicago Medicine AdventHealth Joint Venture is owned at 51% by UChicago Medicine, the financials consolidate into UChicago Medicine's financials. UChicago Medicine's most recently audited financials are attached.

UChicago Medicine holds a strong AA- bond rating from Fitch while AdventHealth holds a strong AA rating. Both ratings affirmations are attached.

Fitch Ratings

RATING ACTION COMMENTARY

Fitch Affirms University of Chicago Medicine (IL) at 'AA-'; Outlook Stable

Fri 24 Jan, 2025 - 11:56 AM ET

Fitch Ratings - Chicago - 24 Jan 2025: Fitch Ratings has affirmed University of Chicago Medicine's (UCM) Issuer Default Rating (IDR) at 'AA-'. Fitch has also affirmed the ratings assigned to revenue bonds issued by the Illinois Finance Authority (IFA) on behalf of UCM at 'AA-'.

The Rating Outlook is Stable.

RATING ACTIONS

ENTITY / DEBT	RATING			PRIOR
University of Chicago Medical Center (IL)	LT IDR	AA- Rating Outlook Stable	Affirmed	AA- Rating Outlook Stable
University of Chicago Medical Center (IL) /General Revenues/1 LT	LT	AA- Rating Outlook Stable	Affirmed	AA- Rating Outlook Stable

VIEW ADDITIONAL RATING DETAILS

The 'AA-' reflects UChicago Medicine's strong financial profile in the context of the system's broad and growing reach for high-acuity services throughout the Chicago metro area and into northwest Indiana. While UCM's cash-to-adjusted debt percentage is relatively

ATTACHMENT 33

modest for a 'AA-' health system, the ratio should improve in the coming years, even under Fitch's forward-looking stress case. UCM's operating margins rebounded in FY 2024 after a soft FY 2023.

The Stable Outlook reflects Fitch's expectation that margins will continue to improve in the coming years to levels more consistent with a strong operating profile assessment, despite UCM's recent track record of more modest operating results. The system continues to benefit considerably from its high degree of integration with the University of Chicago (UChicago).

SECURITY

Debt payments are secured by a pledge of unrestricted receivables of the UCM obligated group, which includes the majority of UCM activities. The obligated group was amended in June 2019 to include the majority of Ingalls Health System operations (including Ingalls Memorial Hospital). Ingalls is now the core of UCM's Community Health and Hospital Division (CHHD). UChicago (IDR: AA+) is not obligated on UCMC bonds. UChicago Medicine is the d/b/a of the entire health system.

KEY RATING DRIVERS

Revenue Defensibility - 'bbb'

Broad Reach for High-Acuity Services in Competitive Market; Strong Link with UChicago

UChicago Medicine achieves a midrange revenue defensibility despite the degree of competition from other AMCs and high-acuity providers in the Chicago area. The UCMC flagship is the leading provider for certain quaternary services, particularly in UCM's primary service area that covers the southside of Chicago, the south and southwestern suburbs, and northwest Indiana. This reach is bolstered by UCM's AdventHealth assets in the western suburbs. UCM's revenue defensibility is enhanced by its strong relationship with UChicago.

While UCM's payor mix is somewhat modest, this is common for an AMC, especially those like UCM whose operations include a large children's hospital. The broader service area economy is considered to be generally stable, and the inclusion of the AdventHealth assets should improve UCM's payor mix over time given its higher levels of commercial and Medicare patients in the western suburbs.

Operating Risk - 'a'

Track-Record of Good Operations, Improved Results in FY 2024 After Compressed Margins in FY 2023

UCM's operating risk profile remains strong. UCM has a track-record of sound operating EBITDA margins, which averaged 6.3% between FY 2019 and FY 2024 treating transfers to the University as an operating expense (8.7% without the transfers) (the transfer to the University has been essentially flat at about $71.8 million for years). More recently, the operating EBITDA margin compressed to 4.6% in FY 2023 (6.5% excluding the transfer), but rebounded to 5.9% in FY 2024 (7.4% excluding the transfer).

Improved results in FY 2024 were driven by: volume gains in key areas, including admissions (up 3.7% over FY 2023, and up 3.6% including observations), surgeries (up 5.1%), and outpatient visits (up 3.5%), due in part to the AdventHealth joint venture; a decline in average length of stay (ALOS) from 6.8 days in FY 2023 to 6.5 days in FY 2024; and continued efforts to flex expenses to revenue despite macro labor and inflationary pressures that lingered into FY 2024.

Expense management efforts have included per unit supply cost savings, reducing overhead, position controls, and continued limited use of contract labor. Management also notes that operating margins at the Ingalls affiliate are now in-line with the rest of the system, after years of focused improvements. FY 2024 also benefited from $58 million of 340B settlement funds.

Fitch expects that UCM should sustain operating margins, with the potential to improve in the coming years. Performance improvements include continued ramp up of the Northwest Indiana market, enhanced use of artificial intelligence in revenue cycle, reduced Medicare Advantage denials, and continued focus on LOS. Through unaudited Q1FY25 the obligated group recorded an operating EBITDA margin of 7.1% (treating transfers to UChicago as an operating expense) (compared to 5.0% in Q1FY24).

Capital Spending

Capex plans are manageable in the context of UCM's cash flow generation, balance sheet, and fundraising. Continued outpatient/ambulatory investments are expected. The highlighted ongoing project is construction of a major $815 million cancer center on the UCMC main campus, which is to be financed in part with fundraising (UCM and the University have a track-record of strong philanthropy) among other sources.

ATTACHMENT 33

62

The cancer center project has received certificate of need (CON) approval and the majority of the build is expected by FY 2026. Recent capital expenditures were highlighted by a large outpatient center in Crown Pointe, IN that opened in April 2024. The system does not have new money debt plans in the near term.

Financial Profile - 'aa'

Capital-Related Ratios Should Remain Strong through a Stress Case

UCM's financial profile is strong and capital-related ratios should remain reasonably strong even in a forward-looking stress case.

At FYE 2024 UCM had nearly $1.7 billion of unrestricted cash and investments and debt measured just over $1.4 billion (including operating leases), translating to cash-to-total debt of about 115%. Cash on hand exceeded 135 days at FYE 2024 and is not an asymmetric risk to UCM's financial profile.

UCM participates in the University's defined benefit (DB) pension. The DB plan was 99% funded at FYE 2024 compared to a projected benefit obligation of about $662 million (UCM accounts for roughly 40% of the DB plan). Because the DB is more than 80% funded it is not included in adjusted debt and therefore cash-to-adjusted debt is the same as cash-to-total debt.

Based on FY 2024 results, UCM's net adjusted debt-to-adjusted EBITDA was favorably negative at -0.7x and cash-to-adjusted debt was 115%. In Fitch's forward-looking scenario analysis stress case, net adjusted debt-to-adjusted EBITDA returns favorably negative by year three and cash-to-adjusted debt exceeds 120% by year four.

Asymmetric Additional Risk Considerations

There are no asymmetric risks associated with UCM's rating.

UCM has $325 million of variable rate demand obligation (VRDO) bonds and approximately $48 million of commercial paper (CP). The VRDOs are supported by letters of credit (LOC) from five banks with staggered expiration dates between May 2025 and May 2029. Maximum annual debt service (MADS) is $76.8 million, and MADS coverage based on FY 2024 results was 4.1x and does not pose an asymmetric risk.

RATING SENSITIVITIES

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

--Failure to sustain operating results such that the operating EBITDA margin is expected to remain below 6% for an extended period (treating transfers to the University as an operating expense, or below 7%-8% without the transfers);

--Expectation that cash-to-adjusted debt will remain below 120% in the out years of Fitch's forward-looking stress case.

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

--Expectation that UCM's operating EBITDA is sustained at 9% or better (treating transfers to UChicago as an operating expense);

--Material growth in unrestricted liquidity levels leading to much stronger cash-to-adjusted debt in excess of 200% even in a stress scenario.

PROFILE

UCM is a major AMC whose flagship UCMC is located on the campus of UChicago. While UChicago is not obligated on UCM's bonds, UCM is a component unit of the University and there is very tight alignment between the two (UChicago would be required to assume certain UCMC debt only if the University terminated its affiliation agreement or lease with the medical center). UCM's total operating revenue exceeded $4.6 billion in FY 2024.

Sources of Information

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

FITCH RATINGS ANALYSTS

Mark Pascaris
Senior Director
Primary Rating Analyst
+1 312 368 3135
mark.pascaris@fitchratings.com
Fitch Ratings, Inc.
One North Wacker Drive Chicago, IL 60606

Gregory Dziubinski
Associate Director
Secondary Rating Analyst
+1 312 606 2347
gregory.dziubinski@fitchratings.com

Kevin Holloran
Senior Director
Committee Chairperson
+1 512 813 5700
kevin.holloran@fitchratings.com

MEDIA CONTACTS

Sandro Scenga
New York
+1 212 908 0278
sandro.scenga@thefitchgroup.com

Additional information is available on www.fitchratings.com

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.

ATTACHMENT 33

55

APPLICABLE CRITERIA

U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria (pub. 12 Nov 2024) (including rating assumption sensitivity)

U.S. Public Sector, Revenue-Supported Entities Rating Criteria (pub. 10 Jan 2025) (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

Illinois Finance Authority (IL)	EU Endorsed, UK Endorsed

DISCLAIMER & DISCLOSURES

All Fitch Ratings (Fitch) credit ratings are subject to certain limitations and disclaimers. Please read these limitations and disclaimers by following this link: https://www.fitchratings.com/understandingcreditratings. In addition, the following https://www.fitchratings.com/rating-definitions-document details Fitch's rating definitions for each rating scale and rating categories, including definitions relating to default. ESMA and the FCA are required to publish historical default rates in a central repository in accordance with Articles 11(2) of Regulation (EC) No 1060/2009 of the European Parliament and of the Council of 16 September 2009 and The Credit Rating Agencies (Amendment etc.) (EU Exit) Regulations 2019 respectively.

Published ratings, criteria, and methodologies are available from this site at all times. Fitch's code of conduct, confidentiality, conflicts of interest, affiliate firewall, compliance, and other relevant policies and procedures are also available from the Code of Conduct section of this site. Directors and shareholders' relevant interests are available at

ATTACHMENT 33

SL

https://www.fitchratings.com/site/regulatory. Fitch may have provided another permissible or ancillary service to the rated entity or its related third parties. Details of permissible or ancillary service(s) for which the lead analyst is based in an ESMA- or FCA-registered Fitch Ratings company (or branch of such a company) can be found on the entity summary page for this issuer on the Fitch Ratings website.

In issuing and maintaining its ratings and in making other reports (including forecast information), Fitch relies on factual information it receives from issuers and underwriters and from other sources Fitch believes to be credible. Fitch conducts a reasonable investigation of the factual information relied upon by it in accordance with its ratings methodology, and obtains reasonable verification of that information from independent sources, to the extent such sources are available for a given security or in a given jurisdiction. The manner of Fitch's factual investigation and the scope of the third-party verification it obtains will vary depending on the nature of the rated security and its issuer, the requirements and practices in the jurisdiction in which the rated security is offered and sold and/or the issuer is located, the availability and nature of relevant public information, access to the management of the issuer and its advisers, the availability of pre-existing third-party verifications such as audit reports, agreed-upon procedures letters, appraisals, actuarial reports, engineering reports, legal opinions and other reports provided by third parties, the availability of independent and competent third- party verification sources with respect to the particular security or in the particular jurisdiction of the issuer, and a variety of other factors. Users of Fitch's ratings and reports should understand that neither an enhanced factual investigation nor any third-party verification can ensure that all of the information Fitch relies on in connection with a rating or a report will be accurate and complete. Ultimately, the issuer and its advisers are responsible for the accuracy of the information they provide to Fitch and to the market in offering documents and other reports. In issuing its ratings and its reports, Fitch must rely on the work of experts, including independent auditors with respect to financial statements and attorneys with respect to legal and tax matters. Further, ratings and forecasts of financial and other information are inherently forward-looking and embody assumptions and predictions about future events that by their nature cannot be verified as facts. As a result, despite any verification of current facts, ratings and forecasts can be affected by future events or conditions that were not anticipated at the time a rating or forecast was issued or affirmed. Fitch Ratings makes routine, commonly-accepted adjustments to reported financial data in accordance with the relevant criteria and/or industry standards to provide financial metric consistency for entities in the same sector or asset class.

ATTACHMENT 33

87

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. For more details on sector-specific best- and worst-case scenario credit ratings, please see Best- and Worst-Case Measures under the Rating Performance page on Fitch's website.

ATTACHMENT 33

88

distribution. Fitch research may be available to electronic subscribers up to three days earlier than to print subscribers.

For Australia, New Zealand, Taiwan and South Korea only: Fitch Australia Pty Ltd holds an Australian financial services license (AFS license no. 337123) which authorizes it to provide credit ratings to wholesale clients only. Credit ratings information published by Fitch is not intended to be used by persons who are retail clients within the meaning of the Corporations Act 2001.Fitch Ratings, Inc. is registered with the U.S. Securities and Exchange Commission as a Nationally Recognized Statistical Rating Organization (the "NRSRO"). While certain of the NRSRO's credit rating subsidiaries are listed on Item 3 of Form NRSRO and as such are authorized to issue credit ratings on behalf of the NRSRO (see https://www.fitchratings.com/site/regulatory), other credit rating subsidiaries are not listed on Form NRSRO (the "non-NRSROs") and therefore credit ratings issued by those subsidiaries are not issued on behalf of the NRSRO. However, non-NRSRO personnel may participate in determining credit ratings issued by or on behalf of the NRSRO.

dv01, a Fitch Solutions company, and an affiliate of Fitch Ratings, may from time to time serve as loan data agent on certain structured finance transactions rated by Fitch Ratings.

READ LESS

SOLICITATION STATUS

The ratings above were solicited and assigned or maintained by Fitch at the request of the rated entity/issuer or a related third party. Any exceptions follow below.

ENDORSEMENT POLICY

Fitch's international credit ratings produced outside the EU or the UK, as the case may be, are endorsed for use by regulated entities within the EU or the UK, respectively, for regulatory purposes, pursuant to the terms of the EU CRA Regulation or the UK Credit Rating Agencies (Amendment etc.) (EU Exit) Regulations 2019, as the case may be. Fitch's approach to endorsement in the EU and the UK can be found on Fitch's Regulatory Affairs page on Fitch's website. The endorsement status of international credit ratings is provided within the entity summary page for each rated entity and in the transaction detail pages for

ATTACHMENT 33

89

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

ATTACHMENT 33

90

Fitch Ratings

RATING ACTION COMMENTARY

Fitch Rates AdventHealth, FL Series 2024A, B and C bonds 'AA'; Affirms IDR; Outlook Stable

Fri 24 May, 2024 - 3:55 PM ET

Fitch Ratings - New York - 24 May 2024: Fitch Ratings has assigned a 'AA' rating to approximately $250 million tax exempt fixed-rate hospital revenue bonds consisting of series 2024A and 2024B issued by Colorado Health Facilities Authority and the series 2024 C issued by the Highlands County Health Facilities Authority on behalf of the AdventHealth Obligated Group (FL).

Fitch has also affirmed the Issuer Default Rating (IDR) and the rating on various series of bonds issued by and on behalf of AdventHealth at 'AA'. Fitch additionally affirmed the short-term rating supported by AdventHealth's self-liquidity at 'F1+', which is mapped to AdventHealth's long-term 'AA' rating and supported by the system's sufficient liquidity reserves.

The Rating Outlook is Stable.

The bonds will be issued as fixed rate. Bond proceeds will fund capital projects and refund debt. Bonds are expected to price the week of June 3 via negotiation.

RATING ACTIONS

ENTITY / DEBT	RATING		PRIOR
AdventHealth (FL)	LT IDR Affirmed	AA Rating Outlook Stable	AA Rating Outlook Stable

ATTACHMENT 33

AdventHealth (FL) /General Revenues/1 LT	LT	AA Rating Outlook Stable	Affirmed		AA Rating Outlook Stable
AdventHealth (FL) /Self-Liquidity/1 ST	ST	F1+	Affirmed		F1+

VIEW ADDITIONAL RATING DETAILS

The 'AA' rating is based on AdventHealth's competitive market position, especially in its core Florida markets, and its financial profile, characterized by a long history of strong operating EBITDA margins, adequate levels of liquidity, and a manageable debt burden. The financial performance improved materially in FY23 with an 11.7% operating EBITDA margin up from 7.7% in FY22, and that performance has carried over into 2024, with a 12.6% operating EBITDA margin in Q1.

The lower performance in FY22 was driven by the sector's staffing challenges and inflationary pressures. The improved performance in FY23 reflects the easing of some of these pressures, a robust $300 million margin recovery plan implemented by AdventHealth, and the affiliation with the University of Chicago Medicine, which removed the results of AdventHealth's greater Chicagoland operations, composed of four hospitals and related facilities, from the operating income statement. The operating results of this affiliation are now accounted for under the equity method.

Fitch's forward look shows AdventHealth maintaining the improved operating performance while absorbing the additional 2024 debt. Capital spending is expected to remain above depreciation. Key adjusted leverage metrics show resiliency through Fitch's moderate stress scenario, supporting the Stable Outlook.

SECURITY

The bonds are secured by a pledge of the obligated group's (OG) gross revenues and notes under the 2014 MTI.

KEY RATING DRIVERS

Revenue Defensibility - 'bbb'

Strong Presence in Growing Markets; Good Payor Mix

ATTACHMENT 33

The midrange revenue defensibility is based on AdventHealth's geographic diversity, its growing presence in several markets with highly favorable demographics, and a good payor mix, with Medicaid and self-pay accounting for a relatively modest 17% of FY23 gross revenues. AdventHealth has a market presence in nine states: Florida, Colorado, Kansas, Texas, Illinois, Wisconsin, Kentucky, North Carolina and Georgia. Within these service areas, AdventHealth's hospitals are generally located in areas with favorable demographics, particularly in Florida, Kansas, Colorado and Texas, with projected population growth in these markets ranging from 5% to 7% over the next five years.

Florida continues to account for a significant portion of revenue (78.6% in FY23), and in FY23 accounted for almost all of the system's operating EBITDA. AdventHealth operates in three distinct regions in Florida, which allows for a measure of geographic diversity helping to offset concerns about the concentration of operations in the state. Central Florida centered on the greater Orlando area, with eight hospitals, covers areas north and east of Orlando in Flagler, Lake and Volusia counties, with six hospitals.

The region also includes Tampa and includes Polk, Highlands and Marion counties, with 13 hospitals. The multistate division, which includes four hospitals in Kansas, five hospitals in Colorado and five hospitals in the Southeast account for the remaining revenues, with the Colorado Rocky Mountain region generating 8.9% of revenues and about 1% of operating EBITDA of the consolidated system.

In Central Florida AdventHealth holds a leading 43.3% market share, trailed by Orlando Health at 36.8%, and 12.3% held by HCA and is anchored by AdventHealth Orlando (AHO) with 1,400 staffed beds. AHO provides high-end tertiary and quaternity care, including transplants, and operates the largest cancer center in the state, as well as a women's and children's hospital. AdventHealth opened a 120-bed hospital on the Winter Garden campus in 2022, and constructed a 100-bed hospital in Flagler County, both of which have deepened AdventHealth's market presence, along with its interest in Health First.

The West Florida market is the system's fastest growing market, generating 20.5% of the system revenues, up from 18% in 2022. Its 23.6% inpatient market share trails BayCare's 25.9%, but leads with 28.1% of ED visits. The West Florida strategy is focused on expansion of existing acute care and ambulatory and ED (both hospital based and freestanding) coverage, and the current plan calls for a $252 million project to build a hospital in South Hillsborough County, slated to open in 4Q24.

Operating Risk - 'aa'

ATTACHMENT 33

Strong and Stable Operating Performance; Robust Capital Spending

AdventHealth's operating risk has historically been very strong, with operating EBITDA margins averaging 12.5% and EBITDA margins averaging 13.7% in the four years preceding 2022. In FY22 (year-end December 31, audited) operating EBITDA margin declined as the system faced various headwinds, including higher use of agency staffing, heightened turnover and general industry inflationary pressures. The $283.7 million operating income in FY22 included $384 million spent of Epic implementation in several markets and the effect on Florida operations from two hurricanes; excluding the Epic expense, the operating EBITDA margin would have been 10.2%.

In FY23, management focused on returning the organization to performance more in line with the historical trend, launching a $300 million improvement plan partially aimed at supply costs and overhead. The success of that plan along with good growth in patient volumes (total admissions, surgeries, outpatient emergency room visits were all up), a drop in the length of stay, and the EPIC instillation, completed in Q4 2023, pushed the operating EBITDA up to 11.7%, which exceeded AdventHealth's 2023 budget.

The good performance was maintained in Q1 2024, with operating income of $341.4 million compared to operating income of $172 million in Q1 2023. Management is also focusing on balance sheet recovery, with the target of returning the system to minimum 200% cash to debt by 2024, which will be aided by the improved operating performance, as well as the strategic adjustments to the system's portfolio, including the sale of eight skilled nursing facilities in Florida that was completed in 2023. Cash-to-adjusted debt was at 197.1% at March 31, 2024.

Capital spending averaged a robust 161% of depreciation over the last five years and the system's average age of plant is a low 9.3 years; the system invested more than $5.8 billion in capex between 2019 and 2023. The system has been able to fund this level of capital largely through cash flow, as evidenced by Debt to EBITDA averaging 2.3x over this five-year period. A major information technology conversion to EPIC begun in 2021 was finished in 2023 and that contributed to the capex spending, as well as to one-time operating expenses ($156 million in 2023).

AdventHealth has a formulaic approach to capital spending, using adherence to a capital model tied to 75% of operating EBITDA. In 2023, AdventHealth scaled that back to 60%, but spending according to the formula will resume thereafter. As such, Fitch expects the level of capital spending to remain consistent with historical levels, especially given the system's continued growth. As part of the capital spending over the next three to four

ATTACHMENT 33

94

years, new hospitals are expected to be built in Riverview, Lenexa City Center, Lake Nona, Minneola, and hospital expansions are expected in Wesley Chapel, Littleton, and Winter Garden.

Financial Profile - 'aa'

Financial Profile Resilient Through Fitch's Stress Scenario

Fitch's forward-look shows AdventHealth's financial metrics remaining consistent with a strong financial profile assessment, reflecting a sustained operating performance, adequate liquidity and a moderate debt burden, even after applying Fitch's revenue and liquidity stresses. Key adjusted leverage metrics remain above the 'aa' thresholds through Fitch's stress case scenario.

At YE 2023, AdventHealth reported unrestricted cash and investments of $8.2 billion. This liquidity position (as calculated by Fitch) translated to 189% cash-to-adjusted debt, up from 156.2% in the prior fiscal year, and days cash on hand of 201 days, also up from 166 days at YE 2022. The consolidated system's net adjusted debt to adjusted EBITDA (NADAE) stayed negative over the last five years and was at a negative 1.9x in 2023 (the negative NADAE indicates AdventHealth could pay down all its debt within a year). Debt service coverage (as calculated by Fitch) was very strong at 9x in FY24, and Fitch notes that coverage remained very good in FY22 at 5.8x despite the challenging operating environment, which further highlights AdventHealth's manageable debt burden, even as it continued to invest in growth.

Fitch's forward-look assumes operating EBITDA margins maintained above 10%, consistent with the strong operating risk assessment, incorporates the additional 2024 debt, and assumes capital spending remaining above depreciation. For the stress scenario, Fitch applied the standard operating and investment stresses in the early years. AdventHealth's relatively conservative asset allocation results in a very modest 5.4% decline in liquidity reserves initially for the investment stress.

Fitch's moderate stress scenario, show that AdventHealth's key adjusted leverage metrics (cash-to-adjusted debt and NADAE) remain consistent with the 'aa' financial profile, within the context of AdventHealth's midrange revenue defensibility and strong operating risk assessments.

Asymmetric Additional Risk Considerations

ATTACHMENT 33

95

No asymmetric risks informed the rating assessment outcomes.

RATING SENSITIVITIES

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

--A prolonged decline in financial performance, such that operating EBITDA margins stabilize in the 8% to 9% range;

--Declines in unrestricted liquidity such that cash-to-adjusted debt is expected to remain well below 190%.

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

--Given the 'AA' rating, an upgrade is not anticipated in the near term.

PROFILE

AdventHealth is a large, multistate healthcare organization with 50 hospitals, operates 8,600 beds, 56 urgent care centers, 22 offsite emergency departments, 16 home health and hospice agencies, and various health-related businesses located in nine states: Florida, Colorado, Kansas, Texas, Illinois, Wisconsin, Kentucky, North Carolina and Georgia.

The system is structured into four operating divisions: Central Florida, West Florida, the Multi State Division, and the Primary Health Division, with each division having its own management structure but a number of services provided on a centralized basis. The consolidated system had total operating revenues of $16.8 billion in FY23, a 41.2% increase in five years with a significant portion of the increase from organic growth. The OG represented 96.5% of the consolidated system's revenues and 87.8% of assets in FY23. Fitch analyzes the performance of the consolidated system.

The Multi-State division includes a number of partnerships that were entered into both to support AdventHealth's own facilities in competitive markets and to participate in high growth markets. Under the system's continuous strategic evaluation of its markets, effective April 1, 2022, AdventHealth dissolved the joint operating company (JOC) AMITA Health in Illinois, which combined four of AdventHealth's Chicago-area hospitals with hospitals operated by Ascension Health. Recognizing that AdventHealth needs a partner for its Chicago presence, the system entered into an affiliation with UChicago Medicine (UCM) on a 49%/51% ownership basis, but 50%/50% governance structure. Fiscal 2024 was the first full year of the affiliation.

ATTACHMENT 33

Similarly, AdventHealth and CommonSpirit Health have opted to terminate their 27-year old JOC, Centura Health, in June 2023. AdventHealth now operates its five hospitals under its own governance and plans to continue to build its Denver market presence. Following the initial acquisition of a minority interest in Health First, in 2020, AdventHealth has made an additional payment of $125 million in 2021 and made the last payment of $100 million in June 2023, for a total investment of $350 million, equal to a 27% ownership of the four hospitals in Brevard County, a market adjacent to its Orlando presence.

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.

FITCH RATINGS ANALYSTS

Gary Sokolow
Director
Primary Rating Analyst
+1 212 908 9186
gary.sokolow@fitchratings.com
Fitch Ratings, Inc.
Hearst Tower 300 W. 57th Street New York, NY 10019

Eva Thein
Senior Director
Secondary Rating Analyst
+1 212 908 0674
eva.thein@fitchratings.com

Margaret Johnson, CFA
Senior Director
Committee Chairperson
+1 212 908 0545
margaret.johnson@fitchratings.com

ATTACHMENT 33

97

MEDIA CONTACTS

Sandro Scenga
New York
+1 212 908 0278
sandro.scenga@thefitchgroup.com

Additional information is available on www.fitchratings.com

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 - Effective Nov. 20, 2020 to Nov. 12, 2024 (pub. 18 Nov 2020) (including rating assumption sensitivity)

U.S. Public Sector, Revenue-Supported Entities Rating Criteria – Effective from January 12, 2024 to January 10, 2025 (pub. 12 Jan 2024) (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

AdventHealth Obligated Group (FL)	EU Endorsed, UK Endorsed

DISCLAIMER & DISCLOSURES

ATTACHMENT 33

98

All Fitch Ratings (Fitch) credit ratings are subject to certain limitations and disclaimers. Please read these limitations and disclaimers by following this link: https://www.fitchratings.com/understandingcreditratings. In addition, the following https://www.fitchratings.com/rating-definitions-document details Fitch's rating definitions for each rating scale and rating categories, including definitions relating to default. ESMA and the FCA are required to publish historical default rates in a central repository in accordance with Articles 11(2) of Regulation (EC) No 1060/2009 of the European Parliament and of the Council of 16 September 2009 and The Credit Rating Agencies (Amendment etc.) (EU Exit) Regulations 2019 respectively.

Published ratings, criteria, and methodologies are available from this site at all times. Fitch's code of conduct, confidentiality, conflicts of interest, affiliate firewall, compliance, and other relevant policies and procedures are also available from the Code of Conduct section of this site. Directors and shareholders' relevant interests are available at https://www.fitchratings.com/site/regulatory. Fitch may have provided another permissible or ancillary service to the rated entity or its related third parties. Details of permissible or ancillary service(s) for which the lead analyst is based in an ESMA- or FCA-registered Fitch Ratings company (or branch of such a company) can be found on the entity summary page for this issuer on the Fitch Ratings website.

In issuing and maintaining its ratings and in making other reports (including forecast information), Fitch relies on factual information it receives from issuers and underwriters and from other sources Fitch believes to be credible. Fitch conducts a reasonable investigation of the factual information relied upon by it in accordance with its ratings methodology, and obtains reasonable verification of that information from independent sources, to the extent such sources are available for a given security or in a given jurisdiction. The manner of Fitch's factual investigation and the scope of the third-party verification it obtains will vary depending on the nature of the rated security and its issuer, the requirements and practices in the jurisdiction in which the rated security is offered and sold and/or the issuer is located, the availability and nature of relevant public information, access to the management of the issuer and its advisers, the availability of pre-existing third-party verifications such as audit reports, agreed-upon procedures letters, appraisals, actuarial reports, engineering reports, legal opinions and other reports provided by third parties, the availability of independent and competent third- party verification sources with respect to the particular security or in the particular jurisdiction of the issuer, and a variety of other factors. Users of Fitch's ratings and reports should understand that neither an enhanced factual investigation nor any third-party verification can ensure that all of the information Fitch relies on in connection with a rating or a report will be accurate and

ATTACHMENT 33

complete. Ultimately, the issuer and its advisers are responsible for the accuracy of the information they provide to Fitch and to the market in offering documents and other reports. In issuing its ratings and its reports, Fitch must rely on the work of experts, including independent auditors with respect to financial statements and attorneys with respect to legal and tax matters. Further, ratings and forecasts of financial and other information are inherently forward-looking and embody assumptions and predictions about future events that by their nature cannot be verified as facts. As a result, despite any verification of current facts, ratings and forecasts can be affected by future events or conditions that were not anticipated at the time a rating or forecast was issued or affirmed. Fitch Ratings makes routine, commonly-accepted adjustments to reported financial data in accordance with the relevant criteria and/or industry standards to provide financial metric consistency for entities in the same sector or asset class.

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. For more details on sector-specific best- and worst-case scenario credit ratings, please see Best- and Worst-Case Measures under the Rating Performance page on Fitch's website.

The information in this report is provided "as is" without any representation or warranty of any kind, and Fitch does not represent or warrant that the report or any of its contents will meet any of the requirements of a recipient of the report. A Fitch rating is an opinion as to the creditworthiness of a security. This opinion and reports made by Fitch are based on established criteria and methodologies that Fitch is continuously evaluating and updating. Therefore, ratings and reports are the collective work product of Fitch and no individual, or group of individuals, is solely responsible for a rating or a report. The rating does not address the risk of loss due to risks other than credit risk, unless such risk is specifically mentioned. Fitch is not engaged in the offer or sale of any security. All Fitch reports have shared authorship. Individuals identified in a Fitch report were involved in, but are not solely responsible for, the opinions stated therein. The individuals are named for contact purposes only. A report providing a Fitch rating is neither a prospectus nor a substitute for the information assembled, verified and presented to investors by the issuer and its agents in connection with the sale of the securities. Ratings may be changed or withdrawn at any time for any reason in the sole discretion of Fitch. Fitch does not provide investment advice of any sort. Ratings are not a recommendation to buy, sell, or hold any security. Ratings do

ATTACHMENT 33

100

not comment on the adequacy of market price, the suitability of any security for a particular investor, or the tax-exempt nature or taxability of payments made in respect to any security. Fitch receives fees from issuers, insurers, guarantors, other obligors, and underwriters for rating securities. Such fees generally vary from US$1,000 to US$750,000 (or the applicable currency equivalent) per issue. In certain cases, Fitch will rate all or a number of issues issued by a particular issuer, or insured or guaranteed by a particular insurer or guarantor, for a single annual fee. Such fees are expected to vary from US$10,000 to US$1,500,000 (or the applicable currency equivalent). The assignment, publication, or dissemination of a rating by Fitch shall not constitute a consent by Fitch to use its name as an expert in connection with any registration statement filed under the United States securities laws, the Financial Services and Markets Act of 2000 of the United Kingdom, or the securities laws of any particular jurisdiction. Due to the relative efficiency of electronic publishing and distribution, Fitch research may be available to electronic subscribers up to three days earlier than to print subscribers.

For Australia, New Zealand, Taiwan and South Korea only: Fitch Australia Pty Ltd holds an Australian financial services license (AFS license no. 337123) which authorizes it to provide credit ratings to wholesale clients only. Credit ratings information published by Fitch is not intended to be used by persons who are retail clients within the meaning of the Corporations Act 2001.Fitch Ratings, Inc. is registered with the U.S. Securities and Exchange Commission as a Nationally Recognized Statistical Rating Organization (the "NRSRO"). While certain of the NRSRO's credit rating subsidiaries are listed on Item 3 of Form NRSRO and as such are authorized to issue credit ratings on behalf of the NRSRO (see https://www.fitchratings.com/site/regulatory), other credit rating subsidiaries are not listed on Form NRSRO (the "non-NRSROs") and therefore credit ratings issued by those subsidiaries are not issued on behalf of the NRSRO. However, non-NRSRO personnel may participate in determining credit ratings issued by or on behalf of the NRSRO.

dv01, a Fitch Solutions company, and an affiliate of Fitch Ratings, may from time to time serve as loan data agent on certain structured finance transactions rated by Fitch Ratings.

READ LESS

SOLICITATION STATUS

ATTACHMENT 33

101

The ratings above were solicited and assigned or maintained by Fitch at the request of the rated entity/issuer or a related third party. Any exceptions follow below.

ENDORSEMENT POLICY

Fitch's international credit ratings produced outside the EU or the UK, as the case may be, are endorsed for use by regulated entities within the EU or the UK, respectively, for regulatory purposes, pursuant to the terms of the EU CRA Regulation or the UK Credit Rating Agencies (Amendment etc.) (EU Exit) Regulations 2019, as the case may be. Fitch's approach to endorsement in the EU and the UK can be found on Fitch's Regulatory Affairs page on Fitch's website. The endorsement status of international credit ratings is provided within the entity summary page for each rated entity and in the transaction detail pages for structured finance transactions on the Fitch website. These disclosures are updated on a daily basis.

ATTACHMENT 33

102

Section VIII, 1120.130 – Financial Viability

Attachment 35

Because all of the capital expenditures for this Project are funded through internal sources, this Section is not applicable.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	Cost/Sq. Ft.		DGSF		DGSF				
	New	Mod.	New	Circ.	Mod.	Circ.	New Const. $	Modernization $	Total Cost
Reviewable									
Level III & Level II Stations		$ 870.00			11,350				$ 11,927,297
Level I (well baby) stations		$ 498.42			1,585				$ 790,000
Nursing Suite		$ 485.00			1,145				$ 1,150,426
Triage and Observation		$ 477.00			1,585				$ 1,643,465
									$ 15,511,189
contingency		$ 89.12							$ 1,396,007
					15,665				$ 16,907,196
Non-Reviewable									
Elevator Lobby		$ 500.00			538				$ 269,000
Prayer Room		$ 475.00			160				$ 76,000
Administrative		$ 475.00			320				$ 152,000
Neonatologist's Office		$ 475.00			360				$ 171,000
Staff Areas		$ 475.00			290				$ 137,750
Family Area		$ 475.00			300				$ 142,500
Storage and IT		$ 375.00			968				$ 363,000
Nursing Office		$ 475.00			159				$ 75,525
Shafts & Ducts		$ 400.00			430				$ 172,000
									$ 1,558,775
contingency		$ 39.80							$ 140,290
					3,525				$ 1,699,065
		$ 969.58			19,190				$ 18,606,260

104

ATTACHMENT 37C

PROJECTED OPERATING COSTS
and
TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

AdventHealth Hinsdale Level III Nursery

2026 Projected Patient Days: 2,507

Year 2 OPERATING COST per PATIENT DAY

Salaries & Benefits		$3,981,442
Medical Supplies		$1,021,828
		$5,003,270
per Adjusted Patient Day:	$	1,995.72

YEAR 2 CAPITAL COST per PATIENT DAY

Interest, Dep. & Amort	$	78,745
per Patient Day:	$	31.41

ATTACHMENTS 37D & 37E

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	30
2	Site Ownership	38
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	40
5	Flood Plain Requirements	43
6	Historic Preservation Act Requirements	45
7	Project and Sources of Funds Itemization	46
8	Financial Commitment Document if required	
9	Cost Space Requirements	49
10	Discontinuation	
11	Background of the Applicant	50
12	Purpose of the Project	60
13	Alternatives to the Project	65
14	Size of the Project	
15	Project Service Utilization	66
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	78
31	Freestanding Emergency Center Medical Services	
	NICU	77
	Financial and Economic Feasibility:	
33	Availability of Funds	79
34	Financial Waiver	
35	Financial Viability	103
36	Economic Feasibility	
37	Safety Net Impact Statement	105
38	Charity Care Information	28
39	Flood Plain Information	29