

E-001-25

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FEB 05 2025

HEALTH FACILITIES & SERVICES REVIEW BOARD

HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Northwest Community Hospital AMI Program		
Street Address: 800 West Central Road		
City and Zip Code: Arlington Heights 60005		
County: Cook	Health Service Area: 7	Health Planning Area: A-07

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

Exact Legal Name: Northwest Community Hospital	
Street Address: 800 West Central Road	
City and Zip Code: Arlington Heights 60005	
Name of Registered Agent: Shivani Bautista	
Registered Agent Street Address: 1301 Central Avenue	
Registered Agent City and Zip Code: Evanston 60201	
Name of Chief Executive Officer: Michael Hartke	
CEO Street Address: 800 West Central Road	
CEO City and Zip Code: Arlington Heights 60005	
CEO Telephone Number: 847-618-5007	

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 N. Riverside Plaza, Ste. 3000, Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

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

Name: Shivani Bautista
Title: Chief Legal Officer
Company Name: Endeavor Health
Address: 1301 Central Street
Telephone Number: 847-570-5230
E-mail Address: sbautista@northshore.org
Fax Number:

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

Exact Legal Name: Endeavor Health
Street Address: 1301 Central Avenue
City and Zip Code: Evanston 60201
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address: 1301 Central Avenue
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Gerald P. Gallagher
CEO Street Address: 1301 Central Avenue
CEO City and Zip Code: Evanston 60201
CEO Telephone Number: 847-570-2000

Type of Ownership of Applicants

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

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- 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.

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Title: Chief Legal Officer
Company Name: Endeavor Health
Address: 1301 Central Street
Telephone Number: 847-570-5230
E-mail Address: sbautista@northshore.org
Fax Number:

Post Exemption Contact

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

Name: Cheryl Eck
Title: Vice President, Strategy, Community & Government Relations
Company Name: Endeavor Health
Address: 4201 Winfield Road; Warrenville, IL 60555
Telephone Number: 331-221-3478
E-mail Address: Cheryl.Eck@eehealth.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Northwest Community Hospital
Address of Site Owner: 800 West Central; Arlington Heights, IL 60005
Street Address or Legal Description of the Site: 901 W. Kirchoff Road; Arlington Heights, IL 60005
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: Northwest Community Hospital
Address: 800 West Central; Arlington Heights, IL 60005
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

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

Organizational Relationships

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

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

Narrative Description

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

Northwest Community Hospital (NCH) will discontinue its 52 bed Acute Mental Illness (AMI) category of service. The closure of this service is anticipated to take effect by April 11, 2025, contingent upon completion of the Certificate of Exemption process.

This Certificate of Exemption application is limited to the discontinuation of these AMI beds.

Project Status and Completion Schedules

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

Project #21-016: NorthShore University Health System, Glenbrook Hospital. Project expected to be closed on within 90 days of its completion date, December 31, 2024

Project #22-010: Northwest Community Hospital Outpatient Care Center, expected completion date March 31, 2025

Project #23-029: Cardiovascular Institute Outpatient Center, expected completion date March 31, 2025

Project #23-040: Cardiovascular Institute Ambulatory Surgery Center, expected completion date June 30, 2025

Anticipated exemption completion date (refer to Part 1130.570): April 11, 2025

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

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

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


This Application is filed on the behalf of Endeavor Health

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


SIGNATURE

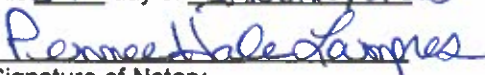
Doug Welday
PRINTED NAME

Chief Financial Officer
PRINTED TITLE


SIGNATURE

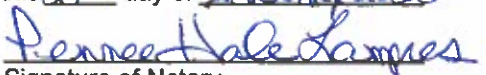
Shivani Bautista
PRINTED NAME

Chief Legal Officer
PRINTED TITLE

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

Signature of Notary

Seal



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

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

CERTIFICATION

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- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
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This Application is filed on the behalf of Northwest Community Hospital

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Sean O'Grady
SIGNATURE

Sean O'Grady
PRINTED NAME

President, Acute and Ambulatory Operations
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27th day of JANUARY

Kristine Stojek
Signature of Notary

Seal



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

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

SIGNATURE

Shivani Bautista

PRINTED NAME

Chief Legal Officer

PRINTED TITLE

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

Pennee Hale Lampres

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

SECTION III. BACKGROUND

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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [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 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 9.

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

SECTION V. CHARITY CARE INFORMATION

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

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

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	18-20
2	Site Ownership	21-22
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	23
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	24
5	Discontinuation General Information Requirements	25-26
6	Reasons for Discontinuation	27-28
7	Impact on Access	29-38
8	Background of the Applicant	39-40
9	Safety Net Impact Statement	41-42
10	Charity Care Information	43

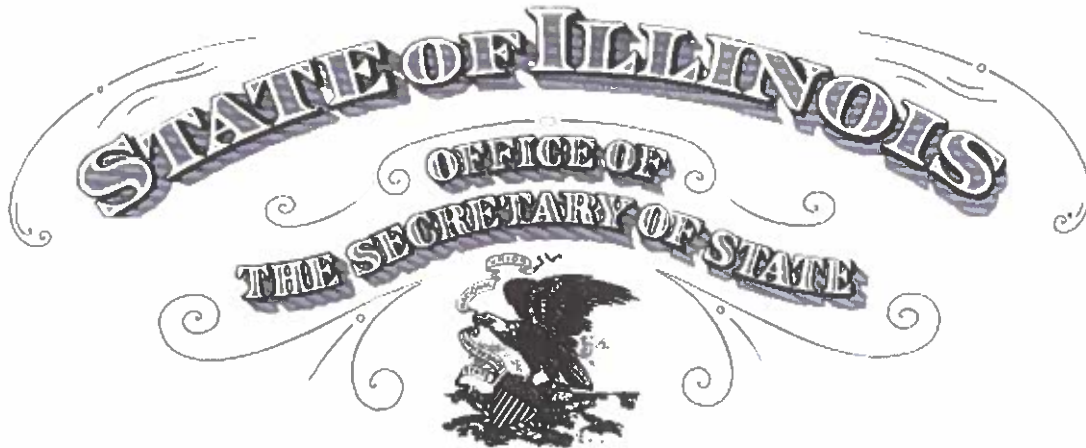
Attachment 1
Certificates of Good Standing

Included with this attachment are the following:

1. Certificate of Good Standing for Endeavor Health
2. Certificate of Good Standing for Northwest Community Hospital

File Number

7305-903-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

ENDEAVOR HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE. AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2433200612 verifiable until 11/27/2025
Authenticate at: <https://www.il.sos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of NOVEMBER A.D. 2024 .

Alexi Giannoulis
SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

NORTHWEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1953, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2433200634 verifiable until 11/27/2025
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of NOVEMBER A.D. 2024 .

Alexi Giannoulis
SECRETARY OF STATE

**Attachment 2
Site Ownership**

A notarized statement attesting to NCH's ownership of the real estate associated with the AMI program is on the following page.

January 23, 2025

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

Re: Northwest Community Hospital Site Ownership

Dear Chair Savage,

I am writing to attest the Northwest Community Hospital owns that property located at 801 West Kirchhoff Road in Arlington Heights, which houses Northwest Community Hospital's behavioral health services.


Sincerely,



Sean O'Grady
President, Acute and Ambulatory Operations

Subscribed and sworn to me

this 23rd day of JANUARY, 2025



Notary Public

My commission expires on:

6/28/2025



**Attachment 3
Operating Identity**

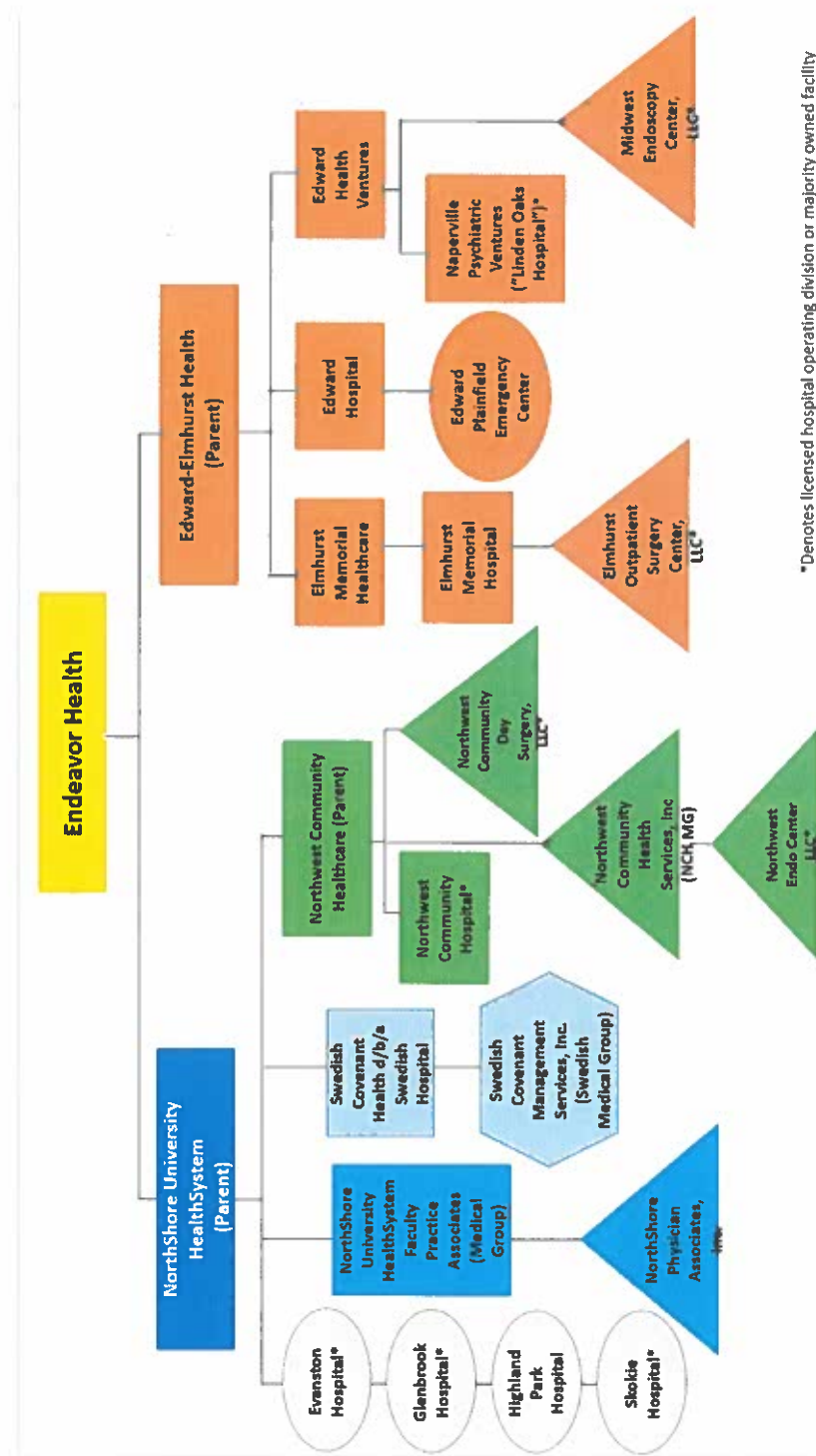
← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

 ILLINOIS DEPARTMENT OF PUBLIC HEALTH		HF132107	
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
<small>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</small>			
Sameer Vohra, MD, JD, MA Director		<small>Issued under the authority of the Illinois Department of Public Health</small>	
<small>EXPIRATION DATE</small> 12/31/2025	<small>CATEGORY</small> General Hospital	<small>IG NUMBER</small> 0001701	<small>Exp. Date</small> 12/31/2025 <small>Lic Number</small> 0001701
Effective: 01/01/2025		Date Printed 11/17/2024	
Northwest Community Hospital 800 W Central Road Arlington Heights, IL 60005			
<small>The face of this license has a colored background • Printed by authority of the State of Illinois • P.O. #402-0001 2M 4/24</small>			

Northwest Community Hospital
800 W Central Road
Arlington Heights, IL 60005

FEE RECEIPT NO.

Attachment 4 Organizational Relationships



*Denotes licensed hospital operating division or majority owned facility

Attachment 5
Discontinuation General Information

1. Identify the category of service and the number of beds, if any, that are to be discontinued.

This application is for the discontinuation of Northwest Community Hospital's (NCH) Acute Mental Illness (AMI) category of service has 52 authorized beds. Outpatient behavioral health services and crisis stabilization will continue to be offered and Endeavor Health will continue to provide AMI services at other locations which are accessible to patients in the NCH geographical service area who may require hospitalization for their behavioral health needs.

2. Identify all of the other clinical services that are to be discontinued.

The clinical services that will be discontinued is limited to the 52 Acute Mental Illness inpatient beds.

3. Provide the anticipated date of discontinuation for each identified service.

The Acute Mental Illness category of service will be discontinued on April 11, 2025, pending approval. If the COE process extends beyond this date, the program will temporarily suspend services before its permanent closure. With the announcement of the closure in connection with this filing, NCH does not anticipate that it will be able to maintain staff at the ratios necessary beyond April 11, 2025.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

Northwest Community Hospital is currently evaluating space needs to plan for the best use of the vacated space.

5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

The applicants provided a notice of the planned discontinuation to the local media on January 30, 2025. A copy of the publication and certification is attached on the following page.

PUBLIC NOTICE
 Endeavor Health Northwest Community Hospital (NCH), 800 W Central Rd, Arlington Heights, 60005, intends to discontinue the Inpatient Acute Mental Illness (AMI) category of service at NCH, effective April 11, 2025, pending approval from the Illinois Health Facilities and Services Review Board (HFSRB). It is anticipated that the discontinuation of this service will not impact patient care due to a sustained decrease in demand for inpatient AMI services and excess capacity in the NCH planning area and Endeavor Health system, including a dedicated psychiatric hospital and three (3) Endeavor Health acute care hospitals with dedicated inpatient psychiatric units.
 There is no change to outpatient psychiatric services at NCH. NCH will continue to offer a comprehensive range of outpatient services, including screenings, specialized programming, counseling, support groups and provider clinics to ensure ongoing care. Behavioral health specialists will also be embedded in primary care offices, helping to identify and address behavioral health concerns early, promoting integrated care and reducing barriers to access for those who need it most.
 NCH plans to submit a Certificate of Exemption to the HFSRB with the targeted consideration date of March 18, 2025. A copy of the application will be posted on the HFSRB website at <https://www.hfsrb.com/submitting-applications>.
 Published in Daily Herald Jan. 30, 2025 (277334)

CERTIFICATE OF PUBLICATION
Paddock Publications, Inc.

Northwest Suburbs
Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the Northwest Suburbs DAILY HERALD. That said Northwest Suburbs DAILY HERALD is a secular newspaper, published in Arlington Heights, Cook County, State of Illinois, and has been in general circulation daily throughout Cook County, continuously for more than 50 weeks prior to the first Publication of the attached notice, and a newspaper as defined by 715 ILCS 5/5.

I further certify that the Northwest Suburbs DAILY HERALD is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published 01/30/2025 in said Northwest Suburbs DAILY HERALD. This notice was also placed on a statewide public notice website as required by 5 ILCS 5/2.1.

BY *Daula Baltz*
 Designee of the Publisher of the Daily Herald

Control # 277334



Attachment 6 Reasons for Discontinuation

The decision to discontinue the Acute Mental Illness (AMI) inpatient beds at Northwest Community Hospital (NCH) is driven by a combination of evolving market trends, operational challenges, and a commitment to providing the highest standard of patient care. A primary factor influencing this proposal is the substantial and sustained decline in demand for inpatient AMI services. Between 2019 and 2022, NCH's Health Planning Area A-07 saw a 9.2% drop in patient volume and hospitals across Illinois experienced a 15% decrease in inpatient AMI admissions. Experts for organizations focused on the care of individuals suffering from mental illness, including the American Psychiatric Association and National Association of Psychiatric Health Systems, as well as the Advisory Board, predict a further decline in demand for inpatient behavioral health services over the next decade, reinforcing the need for healthcare systems to adapt to these shifting patient volumes.

At NCH, the decrease in patient volumes has been even more pronounced, with a 25% drop in AMI admissions from 2019 to 2022 and a 34% reduction in census due to shorter lengths of stay. This decline has created significant staffing challenges, as lower patient volumes make it more difficult to retain experienced staff, leading to higher turnover and increased operational costs. The competitive healthcare labor market further complicates efforts to recruit qualified personnel. With a growing reliance on less experienced staff, concerns have arisen about the ability to maintain the high level of care required for AMI patients, whose complex needs demand skilled, experienced teams.

Government policies have increasingly emphasized outpatient and community-based care over inpatient treatment. Further, the rise in telehealth, particularly telepsychiatry and the option for virtual psychotherapy sessions has provided some alternatives to inpatient care. Also specific to Illinois, including the area served by NCH, the Illinois Department of Health and Family Services (HFS) has implemented several initiatives to improve access to outpatient behavioral health services, particularly through the Certified Community Behavioral Health Clinic (CCBHC) program and other community-based strategies. Illinois is participating in this Medicaid Demonstration Program, which aims to enhance access to coordinated mental health care and substance use services. This program allows for sustainable funding and higher reimbursement rates for services provided by CCBHCs. CCBHCs, which provide care to individuals regardless of their ability to pay, are designed to provide comprehensive outpatient behavioral health treatment, including crisis services available 24/7.

Further, HFS, in collaboration with other state agencies and Google Public Sector, launched the Behavioral Health Care and Ongoing Navigation (BEACON) portal in 2024. This online platform helps to: (i) streamline family access to youth behavioral and mental health resources, (ii) allow families to upload required documentation and learn about eligible resources and (iii) enable families to request resource navigators for support and (iv) connect multiple state departments and agencies to coordinate services.

The most recent state bed inventory need assessment for Health Planning Area A-07 is consistent with the decision to discontinue these beds. The assessment revealed an excess of 71 AMI beds in the region, indicating that there is sufficient capacity to meet the needs of the population. Based on the State's bed need calculation, Health Planning Area A-07 will continue to maintain a surplus of beds even after NCH's AMI beds are discontinued. This analysis, which takes into account projected population growth and historical bed utilization, confirms that discontinuing these beds will not negatively impact access to care in the region.

NCH is a part of the Endeavor Health system, which includes a psychiatric hospital and four acute care hospitals in metropolitan Chicago that have dedicated inpatient psychiatric units. All five of these Endeavor Health system AMI programs are currently operating below the target occupancy rate of 85%, as there is insufficient patient volume within the market to fill these units. This underutilization not only impacts operational efficiency but also strains resources that could be better allocated elsewhere within the system. Given the lack of demand for inpatient psychiatric services at NCH, it is no longer justifiable to continue operating the program at this location. As a result, the proposal to close the NCH inpatient psychiatric program is a strategic decision aimed at aligning the system's resources with current market realities, ensuring that care is provided in the most effective and efficient manner possible. By consolidating services within the Endeavor Health network, we can optimize patient care, reduce inefficiencies, and better meet the needs of the community.

**Attachment 7
Impact on Access**

The proposed discontinuation of inpatient Acute Mental Illness services at NCH will not disrupt access to care for residents of Planning Area A-07.

There are four other hospitals within Planning Area A-07 that offer the AMI category of services. The chart below outlines the occupancy rate for each of these hospitals, demonstrating that the majority of these programs are operating below the 85% target utilization.

	Licensed Beds	2022 Occupancy Rate
Streamwood Hospital	178	67.5%
Chicago Behavioral Hospital	147	90.6%
Alexian Brothers Behavioral Health Hospital	141	74.9%
Advocate Lutheran General Hospital	55	43.6%

Source: 2022 IDPH Survey

Additionally, the 2023 state bed need assessment shows an excess of 71 AMI beds in the region, demonstrating more than enough capacity to meet demand even after NCH’s discontinuation of 52 AMI beds. According to the State’s bed need calculation, Health Planning Area A-07 will retain a surplus of 19 beds after NCH’s discontinuation.

NCH is a part of the Endeavor Health system, which includes a psychiatric hospital (Linden Oaks Hospital in Naperville) and three acute care hospitals that have a dedicated inpatient psychiatric unit (Evanston Hospital, Highland Park Hospital, and Swedish Hospital in Chicago). All of these Endeavor AMI programs have been operating below the target occupancy rate of 85%. With the proposed discontinuation of AMI beds at NCH, the system will have 183 AMI beds remaining, positioning Endeavor Health to continue providing timely, high-quality care without disruption. The four remaining units offer a supportive and therapeutic milieu, ensuring patients receive consistent, compassionate care in a safe and structured environment. The robust bed capacity within Endeavor Health allows for smooth patient transitions between facilities, ensuring continued access to both medical and mental health services. Notably, in the emergency department of NCH and other Endeavor Health hospitals, patients are always medically cleared and receive initial treatment in the ED prior to transfer when admission is indicated. This means that patients may be admitted to NCH to a medical/surgical bed for medically stabilizing care before transfer. This includes services like:

- Treatment of acute medical conditions related to substance use, such as overdose, withdrawal symptoms, or complications like infections
- Administration of medications to manage withdrawal, including opioid agonist therapies like buprenorphine or methadone for opioid use disorder
- Management of pain
- Treatment of co-occurring medical conditions

NCH and the Endeavor Health system have a well-established access team embedded in the community and emergency department. This team is responsible for stabilizing patients, assessing their care needs, and facilitating timely transfers to appropriate care settings—whether within the Endeavor Health

system or to local providers. This coordinated transfer process guarantees that patients receive uninterrupted care and access to critical services across the region.

Endeavor Health is fully committed to addressing our community's behavioral health needs by ensuring seamless access to care. The dedicated access team will remain embedded in both the community and our emergency room, providing immediate support to individuals in crisis. Furthermore, NCH will continue to offer a comprehensive range of outpatient services, including screenings, specialized programming, counseling, support groups, and provider clinics, to ensure ongoing care. Our behavioral health specialists are also embedded in primary care offices, helping to identify and address behavioral health concerns early, promoting integrated care, and reducing barriers to access for those who need it most.

Notices of the proposed discontinuation were sent to the four other hospitals with ten miles of NCH that operate an AMI category of services as outlined in 77 Ill. Adm. Code 1100.510(d). Copies of these letters are provided in Attachment 7, Exhibit 1.

Attachment 7
Exhibit 1



800 W. Central Road
Arlington Heights, IL 60005

Clayton Ciha
President and CEO, Alexian Brothers Behavioral Health Hospital
1650 Moon Lake Boulevard
Hoffman Estates, IL 60169

VIA CERTIFIED MAIL

January 30, 2025

Dear Mr. Ciha,

This letter serves to inform you that Northwest Community Hospital (NCH) is seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue its Acute Mental Illness (AMI) inpatient services, inclusive of 52 licensed AMI inpatient beds, effective April 11, 2025.

This change is driven a sustained decrease in demand for inpatient behavioral health services, as we have seen an increased emphasis on outpatient and community-based care and telehealth services, and the opportunity and need to align our expertise and resources to provide safe, high-quality patient care. Over the past five years, inpatient AMI volume at NCH has declined and remained below target occupancy, including a 25% decrease in AMI admissions from 2019-2022. In 2023, there were 1,581 discharges, and in 2024, there were approximately 1,346.

We do not believe this change will negatively impact access to care in the region. According to the most recent State Bed Need Assessment, Health Planning Area A-07 has a surplus of 71 AMI beds. Additionally, within the Endeavor Health system, there will be one dedicated psychiatric hospital and three acute care hospitals that will have the capacity to accommodate the majority of NCH's AMI admissions following discontinuation.

In accordance with 77 Ill. Admin. 1110.290, we are notifying you of our application and providing an opportunity to submit an impact statement. If you wish to submit a statement, please indicate whether your hospital has any admission restrictions or limitations that would prevent it from serving residents in the Northwest Community Hospital service area. Any impact statement received will be forwarded to the IHFSRB. If no response is received, we will assume that the discontinuation will not affect your hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Hartke", with a stylized flourish at the end.

Michael Hartke
President, Northwest Community Hospital

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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Clayton Cha, President and CEO
 Alexian Brothers Behavioral Health
 Hospital
 1650 Moon Lake Boulevard
 Hoffman Estates, IL 60169



9590 9402 7593 2098 0993 02

7589 0710 5270 0602 7581 39

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 Addressee

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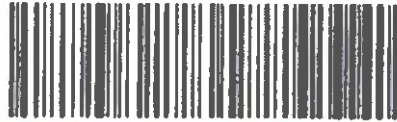
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Clayton Cha, President and CEO
 Alexian Brothers Behavioral Health Hospital
 1650 Moon Lake Boulevard
 Hoffman Estates, IL 60169

Gerald Cholewa
President and CEO, Chicago Behavioral Health Hospital
555 Wilson Lane
Des Plaines, IL 60018

VIA CERTIFIED MAIL

January 30, 2025

Dear Mr. Cholewa,

This letter serves to inform you that Northwest Community Hospital (NCH) is seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue its Acute Mental Illness (AMI) inpatient services, inclusive of 52 licensed AMI inpatient beds, effective April 11, 2025.

This change is driven a sustained decrease in demand for inpatient behavioral health services, as we have seen an increased emphasis on outpatient and community-based care and telehealth services, and the opportunity and need to align our expertise and resources to provide safe, high-quality patient care. Over the past five years, inpatient AMI volume at NCH has declined and remained below target occupancy, including a 25% decrease in AMI admissions from 2019-2022. In 2023, there were 1,581 discharges, and in 2024, there were approximately 1,346.

We do not believe this change will negatively impact access to care in the region. According to the most recent State Bed Need Assessment, Health Planning Area A-07 has a surplus of 71 AMI beds. Additionally, within the Endeavor Health system, there will be one dedicated psychiatric hospital and three acute care hospitals that will have the capacity to accommodate the majority of NCH's AMI admissions following discontinuation.

In accordance with 77 Ill. Admin. 1110.290, we are notifying you of our application and providing an opportunity to submit an impact statement. If you wish to submit a statement, please indicate whether your hospital has any admission restrictions or limitations that would prevent it from serving residents in the Northwest Community Hospital service area. Any impact statement received will be forwarded to the IHFSRB. If no response is received, we will assume that the discontinuation will not affect your hospital.

Sincerely,



Michael Hartke
President, Northwest Community Hospital

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Gerald Cholewa, President and CEO
Chicago Behavioral Health Hospital
555 Wilson Lane
Des Plaines, IL 60018



9590 9402 7583 2098 0992 96

9589 0710 5270 0602 7581 4b

PS Form 3811, July 2020 PSN 7530-02-000-9033

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3. Signature (Print name and address of sender. Sign in blue ink.)

4. Signature (Print name and address of recipient. Sign in blue ink.)

5. Postmark (Print name and address of sender. Sign in blue ink.)

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Gerald Cholewa, President and CEO
Chicago Behavioral Health Hospital
555 Wilson Lane
Des Plaines, IL 60018



800 W. Central Road
Arlington Heights, IL 60005

Allison Wyler
President and CEO, Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

VIA CERTIFIED MAIL

January 30, 2025

Dear Ms. Wyler,

This letter serves to inform you that Northwest Community Hospital (NCH) is seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue its Acute Mental Illness (AMI) inpatient services, inclusive of 52 licensed AMI inpatient beds, effective April 11, 2025.

This change is driven a sustained decrease in demand for inpatient behavioral health services, as we have seen an increased emphasis on outpatient and community-based care and telehealth services, and the opportunity and need to align our expertise and resources to provide safe, high-quality patient care. Over the past five years, inpatient AMI volume at NCH has declined and remained below target occupancy, including a 25% decrease in AMI admissions from 2019-2022. In 2023, there were 1,581 discharges, and in 2024, there were approximately 1,346.

We do not believe this change will negatively impact access to care in the region. According to the most recent State Bed Need Assessment, Health Planning Area A 07 has a surplus of 71 AMI beds. Additionally, within the Endeavor Health system, there will be one dedicated psychiatric hospital and three acute care hospitals that will have the capacity to accommodate the majority of NCH's AMI admissions following discontinuation.

In accordance with 77 Ill. Admin. 1110.290, we are notifying you of our application and providing an opportunity to submit an impact statement. If you wish to submit a statement, please indicate whether your hospital has any admission restrictions or limitations that would prevent it from serving residents in the Northwest Community Hospital service area. Any impact statement received will be forwarded to the IHFSRB. If no response is received, we will assume that the discontinuation will not affect your hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Hartke", written over a horizontal line.

Michael Hartke
President, Northwest Community Hospital

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Allison Wyler, President and CEO
Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068**

2. Article Number (Transfer from service label)
9589 0710 5270 0602 7581 53

PS Form 3811, July 2020 PSN 7530-02-000-9053

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Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

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800 W. Central Road
Arlington Heights, IL 60005

Ronald Weglarz
President and CEO, Streamwood Hospital
1400 E. Irving Park Road
Streamwood, IL 60107

VIA CERTIFIED MAIL

January 30, 2025

Dear Mr. Weglarz,

This letter serves to inform you that Northwest Community Hospital (NCH) is seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue its Acute Mental Illness (AMI) inpatient services, inclusive of 52 licensed AMI inpatient beds, effective April 11, 2025.

This change is driven a sustained decrease in demand for inpatient behavioral health services, as we have seen an increased emphasis on outpatient and community-based care and telehealth services, and the opportunity and need to align our expertise and resources to provide safe, high-quality patient care. Over the past five years, inpatient AMI volume at NCH has declined and remained below target occupancy, including a 25% decrease in AMI admissions from 2019-2022. In 2023, there were 1,581 discharges, and in 2024, there were approximately 1,346.

We do not believe this change will negatively impact access to care in the region. According to the most recent State Bed Need Assessment, Health Planning Area A-07 has a surplus of 71 AMI beds. Additionally, within the Endeavor Health system, there will be one dedicated psychiatric hospital and three acute care hospitals that will have the capacity to accommodate the majority of NCH's AMI admissions following discontinuation.

In accordance with 77 Ill. Admin. 1110.290, we are notifying you of our application and providing an opportunity to submit an impact statement. If you wish to submit a statement, please indicate whether your hospital has any admission restrictions or limitations that would prevent it from serving residents in the Northwest Community Hospital service area. Any impact statement received will be forwarded to the IHFSRB. If no response is received, we will assume that the discontinuation will not affect your hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Hartke", written in a cursive style.

Michael Hartke
President, Northwest Community Hospital

**Attachment 8
Background**

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

Endeavor Health			
Name	Address	License No.	Accreditation Identification No.
NorthShore Evanston Hospital	2650 Ridge Avenue Evanston, IL 60201	0000646	7343
NorthShore Glenbrook Hospital	2100 Pfingsten Road Glenview, IL 60225	0003483	7343
NorthShore Highland Park Hospital	777 Park Avenue West Highland Park, IL 60035	0005066	7343
NorthShore Skokie Hospital	9600 Gross Point Road Skokie, IL 60076	0005587	7343
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, IL 60625	0002717	7343
Northwest Community Hospital	800 West Central Road Arlington Heights, IL 60005	0001701	4656
Edward Hospital	801 South Washington Street Naperville, IL 60540	0003905	7394
Elmhurst Memorial Hospital	155 East Brush Hill Street Elmhurst, IL 60126	0005751	7341
Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital	852 South West Street Naperville, IL 60540	0005058	4973
Edward Plainfield Emergency Center	24600 West 127 th Street Plainfield, IL 60585	22003	257710
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, IL 60005	7001209	558537
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, IL 60005	7003210	117454

2. 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.

By signature on the Certification page of this application, the Applicants attest that no adverse action has been taken against any facility owned and/or operated by the Applicants during the three years prior to the filing of this application. For purpose of this certification, the term "adverse action" is defined in the Illinois Administrative Code, Title 77, Section 1130.140.

3. 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.

By signature on this application, the applicants grant the IHFSRB and IDPH access to information to verify information in this application.

- 4. 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.**

Attachment 9 Safety Net Impact

The proposed discontinuation of the AMI category of service at NCH will not negatively impact essential behavioral health care in the community. Behavioral health care is increasingly shifting to the outpatient setting, and NCH remains committed to supporting this transition by maintaining and expanding its outpatient services. NCH is committed to sustaining its outpatient behavioral health services, such as day programs, counseling, provider clinics, and ED crisis stabilization. In addition, our behavioral health specialists are integrated into primary care offices, where they work to identify and address behavioral health issues early, foster integrated care, and eliminate barriers to access for those who need support the most. NCH will continue to provide services through the Assessment and Referral Center, which provides easy access to behavioral health services for patients. Comprehensive assessments are conducted by master's level clinicians and are offered at no cost to patients. A licensed clinician performs the assessment, and the recommended level of care is reviewed with a psychiatrist.

Additionally, NCH has established a partnership with Haymarket Center to offer peer support and recovery coaching services. This collaboration helps patients navigate their journey by offering emotional support, practical guidance, and a connection to resources, ultimately improving long-term outcomes and fostering stronger support network throughout the healing process. The Endeavor Health system also partners with the National Alliance on Mental Illness (NAMI) to enhance mental health care through a variety of initiatives, including providing education and training for staff, supporting family members of patients with NAMI's Family Support Groups, and offering peer support services. Endeavor Health also collaborates with NAMI to reduce stigma around mental illness, promote public awareness campaigns, and ensure a compassionate, integrated approach to mental health care.

For individuals still requiring inpatient care, NCH will continue to provide critical crisis services through the Emergency Department, with a robust access team stabilizing patients, assessing patients for the most appropriate level of care, and facilitating timely transfers to an Endeavor Health hospital or other community facilities as needed. This approach ensures seamless access to the appropriate level of care, preserving the quality and continuity of behavioral health services in the region.

A recent state bed need assessment confirms a surplus of 71 AMI beds in Health Planning Area A-07, ensuring sufficient capacity to meet the region's mental health needs even without NCH's AMI beds. Additionally, with the proposed discontinuation, NCH would still have access to 183 AMI beds across the Endeavor Health system, allowing for smooth patient transfers within the system via the system's access team. This infrastructure, along with available beds in the system, vacancies in other community facilities, and a decline in demand, ensures that the community's mental health needs will continue to be met without disruption. Furthermore, the closure will not impact other healthcare providers' ability to cross-subsidize safety net services, nor will it disrupt other safety net providers.

NCH has a long-standing commitment to serving the medically underserved in its northwest suburban Chicago service area, which serves over 670,000 residents. NCH, together with the Endeavor Health system and local partners, routinely identifies and addresses unmet health needs to improve community health. By leveraging these resources, NCH ensures vulnerable populations have access to care while empowering individuals to make healthier life choices.

NCH is deeply committed to community well-being through charitable and community benefit initiatives. The hospital supports the Community Resource Center (CRC) in Palatine, which offers

services such as health and wellness, education, food and clothing assistance, employment services, and counseling. The CRC, which hosts 16 nonprofit organizations, serves about 150,000 community members annually in collaboration with Partners for Our Communities.

Additionally, NCH runs the Mobile Dental Clinic (MDC), which has provided dental care to low-income residents in the northwest suburbs since 2003. The MDC focuses on overall oral health, offering routine cleanings, exams, extractions, and restorative procedures. The clinic partners with local dental schools and township agencies to maintain service continuity.

NCH employs bilingual, full-time Community Health Workers (CHWs) to support uninsured and underinsured Spanish-speaking patients. They assist with discharge plans, education, and overcoming barriers to care, while linking patients to community clinics and social services. CHWs also help patients establish a medical home and collaborate with local clinics to ensure important discharge information is communicated.

Through the Endeavor Health Community Investment Fund (CIF), NCH supports sustainable programs addressing health equity, social determinants of health, and economic security. Recent CIF-funded projects include Partners for Our Communities, which helped increase access to vital resources for over 1,000 new immigrants and low-income residents monthly, the Kenneth Young Center, which enhanced mobile behavioral health crisis response services, and Northwest Center Against Sexual Assault, which will expand emergency response services for sexual assault victims to include 24/7 crisis response, counseling, and legal support.

Over the past three fiscal years, NCH has provided substantial charity care and has shown a strong commitment to serving Medicaid patients. This care is detailed below:

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2021	2022	2023
Inpatient	734	401	390
Outpatient	5,536	5,735	6,097
Total	6,170	6,136	6,487
Charity (cost in dollars)			
Inpatient	\$2,883,677	\$1,552,576	\$2,768,901
Outpatient	\$2,830,995	\$2,556,316	\$3,889,082
Total	\$5,714,672	\$4,108,892	\$6,657,983
MEDICAID			
Medicaid (# of patients)	2021	2022	2023
Inpatient	2,600	2,780	2,937
Outpatient	40,265	47,980	53,570
Total	42,865	50,760	56,507
Medicaid (revenue)			
Inpatient	\$21,173,278	\$22,435,530	\$26,277,753
Outpatient	\$27,454,525	\$29,749,666	\$39,343,152
Total	\$48,627,803	\$52,185,196	\$65,620,905

**Attachment 10
Charity Care**

CHARITY CARE			
	2021	2022	2023
Net Patient Revenue	\$509,958,860	\$546,980,596	\$603,228,885
Amount of Charity Care (charges)	\$20,556,377	\$16,240,679	\$25,950,777
Cost of Charity Care	\$5,714,672	\$4,108,892	\$6,657,983