

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
NICU APPLICATION FOR EXEMPTION

E-007-25  
**RECEIVED**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAY 28 2025

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Facility/Project Identification**

Facility Name:	St. Alexius Medical Center	NICU project
Street Address:	1555 Barrington Road	
City and Zip Code:	Hoffman Estates, IL 60169	
County:	Cook	Health Service Area VII Health Planning Area: A-07

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

Exact Legal Name:	St. Alexius Medical Center
Street Address:	1555 Barrington Road
City and Zip Code:	Hoffman Estates, IL 60169
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle St. Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Roxann Barber
CEO Street Address:	1555 Barrington Road
CEO City and Zip Code:	Hoffman Estates, IL 60169
CEO Telephone Number:	847/490-4148

**Type of Ownership of Applicants**

- ☒ Non-profit Corporation  
☐ For-profit Corporation  
☐ Limited Liability Company  
Other

- ☐ Partnership  
☐ Governmental  
☐ Sole Proprietorship

☐

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

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

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

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
NICU APPLICATION FOR EXEMPTION**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name:	St. Alexius Medical Center	NICU project
Street Address:	1555 Barrington Road	
City and Zip Code:	Hoffman Estates, IL 60169	
County:	Cook	Health Service Area VII Health Planning Area: A-07

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

Exact Legal Name:	Ascension Health
Street Address:	4600 Edmunson Road
City and Zip Code:	St. Louis, MO 63134
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Joseph R. Impiccicchio
CEO Street Address:	4600 Edmunson Road
CEO City and Zip Code:	St. Louis, MO 63134
CEO Telephone Number:	314/733-8000

**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	

- 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.

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Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
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:	Julie Roknich
Title:	Associate General Counsel, Illinois and Michigan
Company Name:	Ascension Health
Address:	200 South Wacker Drive Floor 12 Chicago, IL 60606
Telephone Number:	847/815-1041
E-mail Address:	julie.roknich@ascension.org
Fax Number:	

**Site Ownership after the Project is Complete**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	St. Alexius Medical Center
Address of Site Owner:	1555 Barrington Road Hoffman Estates, IL 60169
Street Address or Legal Description of the Site:	1555 Barrington Road Hoffman Estates, IL 60169
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee after the Project is Complete**

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

Exact Legal Name:	St. Alexius Medical Center		
Address:	1555 Barrington Road Hoffman Estates, IL 60169		
<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"/>	
<input type="checkbox"/> Other			
<ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li><li><b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

### **Organizational Relationships**

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

**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.

St. Alexius Medical Center's special care nursery consists of 16 stations designated as Level III ("NICU") stations and 14 stations designated as Level II stations. Consistent with the practices of many contemporary NICUs, Levels II, II+, III and IV babies are all cared for in the 30-station nursery, utilizing a common staff.

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 information is provided. There is no requirement that the proposed number of stations be "justified", and the HFSRB does not have an area-wide need methodology for Level III stations.

Currently, the hospital's Level II and Level III nursery stations (a total of thirty) are all located on the hospital's fourth floor. Upon the completion of the proposed project, all thirty stations will be designated as Level III stations. In addition, the hospital currently maintains an 8-bed PICU (categorized as ICU beds) on its second floor. The space occupied by the PICU, along with four adjacent medical/surgical beds will be transformed into a 12-station Level II nursery.

The hospital's Level III utilization (16 beds) has experienced steady growth in recent years, with the average daily ("ADC") census increasing from 13.0 patients during FY 2020 to 15.7 patients during FY 2023, an average annual increase of .9 patients, with the occupancy rate exceeding 100% during each of the last three years. As a result, and, consistent with the practices of other high-volume Level III nurseries, Level II stations have been used as "overflow" for patients receiving Level III care during demand surges. Additionally, and importantly, is the need to be able to accommodate newborns born at the hospital and in need of Level III care during times of high utilization. As a result, the demand for the service has exceeded the unit's ability to accommodate patients, even when Level II stations are in use, requiring the turning away of approximately 25 babies born at other hospitals a year.

The hospital's 2024 Level III average daily census ("ADC") was 22.78 patients, in terms of patients in need of Level III care being treated. For planning purposes, utilization is projected to remain at that level through the project's 2026 completion, increasing by one patient in 2027 and one patient in 2028, resulting in an ADC of 24.78 patients in 2028, and an occupancy rate of 82.6%, compared to the HFSRB target of 75%.

This project is designated as “non-substantive”, as it does not propose the establishment or discontinuation of a category of service or licensed facility, and it is well below the HFSRB’s capital cost threshold.

A letter from Loyola University Medical Center’s Administrative Perinatal Center, urging the hospital to “consider increasing (its) number of IDPH licensed NICU beds...to avoid overflow and transferring out of (its) neonatal patients” is attached.

## Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$47,000	\$13,000	\$60,000
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	\$124,000	\$36,000	\$160,000
Movable or Other Equipment (not in construction contracts)	\$1,815,000	\$510,000	\$2,325,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$1,986,000</b>	<b>\$559,000</b>	<b>\$2,545,000</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,986,000	\$559,000	\$2,545,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$1,986,000</b>	<b>\$559,000</b>	<b>\$2,545,000</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			



**Loyola  
University  
Medical  
Center**

To Whom It May Concern:

It is evident through past and current reporting to the Loyola University Medical Center (LUMC) Administrative Perinatal Center (APC) and the Illinois Department of Public Health (IDPH) that St. Alexius' Neonatal Intensive Care Unit (NICU) is consistently at capacity.

Currently, St. Alexius has 16 licensed NICU beds through the State of Illinois. As reported in CY21, the Average Daily Census for NICU was 15 for a 16-bed NICU and in CY22; the reported Average Daily Census was 15.22 for a 16 bed NICU. When exceeding the licensed bed capacity beyond a short-term surge in census in the NICU, transferring of neonatal patients to another organization with licensed NICU beds is required. Licensed beds are representative of meeting community needs to access the appropriate level of care based on appreciated volume and resources available at the organization, St. Alexius.

I am aware that geographically, there continues to be housing developments in your service area that would directly contribute to an increased NICU census. In addition, as your delivery numbers are increasing, admissions to the NICU will also increase. In several studies, term neonates admitted to the NICU range from 6.5% to 10%. Gestational weeks of viability are now at the threshold of 22-23 weeks gestation that will create an increase in utilization of resources and increase the Average Daily Census for NICU. In the IDPH database, between CY21 and CY22, St. Alexius experienced a 118% increase in inbound neonatal transfers to the NICU and remained at an increased neonatal inbound transfer to NICU between CY21 and CY23 of 90%.

Based on these factors, I would urge you to consider increasing your number of IDPH licensed NICU beds at St. Alexius to avoid overflow and transporting out of your neonatal patients.

Roma Allen, DNP, MSN ed., RNC-OB  
Perinatal Network Administrator  
Loyola University Medical Center

[roma.allen@luhs.org](mailto:roma.allen@luhs.org)



## 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 St. Alexis 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.

Loxann Barber

SIGNATURE

Loxann Barber

PRINTED NAME

Ascension President Saint Alexis Hospital

PRINTED TITLE

Julie P. Roknich

SIGNATURE

Julie P. Roknich

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

Notarization:

Subscribed and sworn to before me  
this 22 day of May 2025

Antoinette Cannone

Signature of Notary

Seal

Official Seal  
Antoinette Cannone  
Notary Public State of Illinois  
My Commission Expires 8/15/2026

\*Insert the EXACT legal name of the applicant

Carmen Lillian Phillips

Signature of Notary

Seal

OFFICIAL SEAL  
CARMEN LILLIAN PHILLIPS  
Notary Public - State of Illinois  
Commission No. 1007400  
My Commission Expires 03/27/2029

## 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 Ascension 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

Eduardo Conrado  
PRINTED NAME

President  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 21<sup>st</sup> day of may



Signature of Notary

Seal

Christine K. McCoy  
SIGNATURE

Christine K. McCoy  
PRINTED NAME

Secretary/Treasurer  
PRINTED TITLE

Notarization:

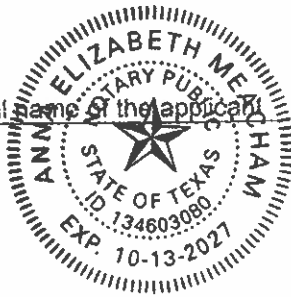
Subscribed and sworn to before me  
this 21<sup>st</sup> day of may



Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant



### Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: \$ \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_

### 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 \_\_\_ 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.

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**Anticipated exemption completion date** (refer to Part 1130.570): \_\_\_24 months following receipt of the requested COE \_\_\_\_\_

### State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

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

## **SECTION II. 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 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 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 7.**

### SECTION III. SERVICE SPECIFIC REVIEW CRITERIA

#### **Criterion 1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds**

This Section is applicable to all projects proposing the establishment, or expansion of Neonatal Intensive Care Service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements, as well as charts for the service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization).

#### **A. Criterion 1130.531 - Neonatal Intensive Care Services**

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

Category of Service	# Existing Beds	# Proposed Beds
Neonatal Intensive Care	16	30

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

APPLICABLE REVIEW CRITERIA	Establish	Expand
1130.531(a) - A description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed;	X	X
1130.531(b) - Verification that a final cost report will be submitted to the Agency no later than 90 days following the anticipated project completion date;	X	X
1130.531(c) - Verification that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption.	X	X

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

## SECTION IV. SAFETY NET IMPACT STATEMENT

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS [20 ILCS 3960/5.4]:**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant 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.

**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 8.**

### St. Alexius Medical Center

Safety Net Information			
CHARITY CARE			
Charity (# of patients)	2022	2023	2024
Inpatient	315	228	118
Outpatient	6781	5530	2365
<b>Total</b>	<b>7096</b>	<b>5758</b>	<b>2483</b>
Charity (cost in dollars)			
Inpatient	\$3,432,517	\$2,828,428	\$2,753,647
Outpatient	\$5,680,773	\$5,024,456	\$5,363,132
<b>Total</b>	<b>\$9,113,290</b>	<b>\$7,852,884</b>	<b>\$8,116,779</b>
MEDICAID			
Medicaid (# of patients)	2022	2023	2024
Inpatient	4393	3716	5460
Outpatient	41908	50797	46422
<b>Total</b>	<b>46301</b>	<b>54513</b>	<b>51882</b>
Medicaid (revenue)			
Inpatient	\$45,124,470	\$62,565,268	\$54,844,777
Outpatient	\$31,388,265	\$36,389,422	\$33,262,400
<b>Total</b>	<b>\$76,512,735</b>	<b>\$98,954,690</b>	<b>\$88,107,177</b>

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

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## SECTION V. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** substantive projects.

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 9.

CHARITY CARE			
	2022	2023	2024
Net Patient Revenue	\$346,301,113	\$375,069,920	\$368,627,666
Amount of Charity Care (charges)	\$10,935,948	\$9,423,608	\$9,740,348
Cost of Charity Care	\$9,113,290	\$7,852,884	\$8,116,779

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

File Number

6009-640-6



***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***

ST. ALEXIUS MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1998, 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 8TH day of MAY A.D. 2025 .***

Authentication #: 2512803018 verifiable until 05/08/2026  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*

SECRETARY OF STATE

ATTACHMENT 1

16





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

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

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 2011, 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 8TH day of MAY A.D. 2025 .***

## SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Exemption ("COE") application, the applicants attest that the St. Alexius Medical Center site is owned by St. Alexius Medical Center.



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

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

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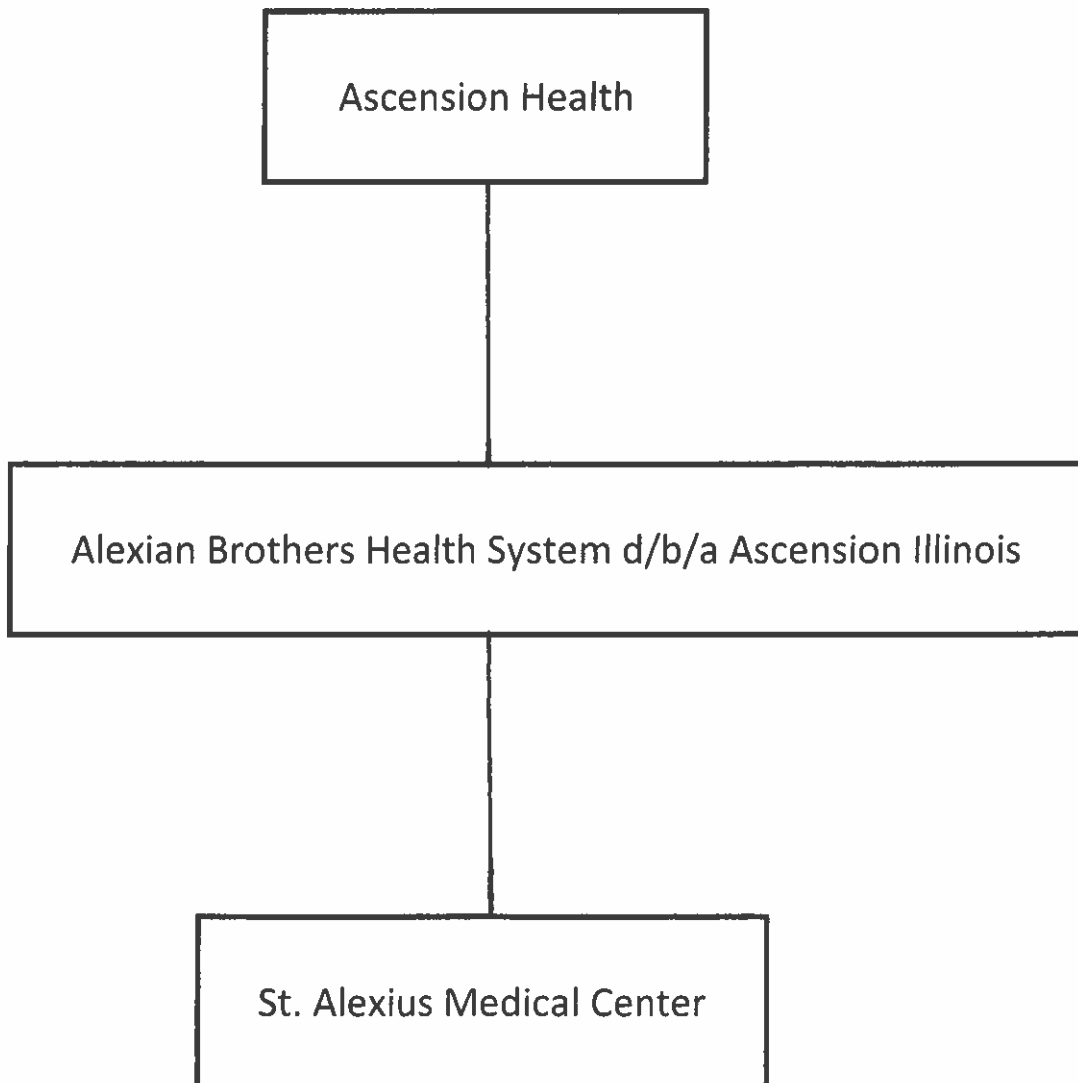
**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 8TH*  
*day of MAY A.D. 2025 .*

Authentication #: 2512803018 verifiable until 05/08/2026  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

ATTACHMENT 3

ORGANIZATIONAL CHART



PROJECT COSTS and SOURCES OF FUNDS

**Project Costs**

Modernization		
Minor Renovation		\$ 60,000
Consulting and Other Costs		
Local Approvals	\$ 20,000	
COE-Related	\$ 35,000	
Equipment Planning	\$ 25,000	
Eval. Of Alternative	\$ 30,000	
Misc./Other	<u>\$ 50,000</u>	
		\$ 160,000
Movable Equipment		
Misc. Clinical	\$ 1,815,000	
Misc. Non-Clinical	<u>\$ 510,000</u>	
		<u>\$ 2,325,000</u>

**Total Project Cost** **\$ 2,545,000**

**Sources of Funds**

Cash-Ascension Health \$ 2,545,000

**Total Sources of Funds** **\$ 2,545,000**

## BACKGROUND

Applicant Ascension Health owns, operates and/or ultimately controls the following licensed Illinois acute health care facilities:

Ascension Alexian Brothers in Elk Grove Village  
Elk Grove Village, IL

Ascension St. Alexius in Hoffman Estates  
Hoffman Estates, IL

Ascension Alexian Brothers Behavioral Health Hospital in Hoffman  
Estates  
Hoffman Estates, IL

Ascension Saint Joseph-Chicago  
Chicago, IL

Lincoln Park Gastroenterology Center  
Chicago, IL

Hoffman Estates Surgery Center  
Hoffman Estates

Additionally, Ascension Living, an affiliate of Ascension Health, operates and/or controls the following Illinois long term care facilities:

Presence Villa Scalabrini Nursing and Rehabilitation Center  
a/k/a Ascension Living Casa Scalabrini Village  
Northlake, IL

Presence Saint Joseph Center  
a/k/a Ascension Living Village  
Freeport, IL

Presence Saint Anne Center  
a/k/s Ascension Living Saint Anne Place  
Rockford, IL

Presence Resurrection Nursing and Rehabilitation Center  
a/k/a Ascension Living Resurrection Village  
Park Ridge, IL

Presence Resurrection Life Center  
a/k/a Ascension Living Resurrection Village-Life Center  
Chicago, IL

Presence Nazarethville a/k/a Ascension Living Nazarethville Place  
Des Plaines, IL

Presence Bethlehem Woods Retirement Community  
a/k/a Ascension Living Bethlehem Woods Village  
LaGrange Park, IL

With the signatures provided on the Certification pages of this Certificate of Exemption ("COE") application, the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this COE application. Further, with the signatures provided on the Certification pages of this COE application, each of the applicants authorize 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 the records of nationally recognized accreditation organization.

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**ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH****HF132130****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	LIC. NUMBER
1/31/2026		0004994
<b>General Hospital</b>		
<b>Effective: 02/01/2025</b>		

**St Alexius Medical Center**  
**1555 Barrington Rd**  
**Hoffman Estates, IL 60169**

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4024001 266 4/24

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 1/31/2026

Lic Number 0004994

Date Printed 11/13/2024

St Alexius Medical Center

1555 Barrington Rd  
Hoffman Estates, IL 60169

FEE RECEIPT NO.





March 10, 2023

Roxann Barber  
CEO  
St. Alexius Medical Center  
1555 Barrington Road  
Hoffman Estates, IL 60169

Joint Commission ID #: 5173  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 2/22/2023

Dear Ms. Barber:

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 November 18, 2022 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,

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



July 31, 2023

Roxann Barber  
CEO  
St. Alexius Medical Center  
1555 Barrington Road  
Hoffman Estates, IL 60169

Re: # 5173  
CCN: # 140290  
Deemed Program: Hospital  
Accreditation Expiration Date: November 18, 2025

Dear Ms. Barber:

This letter confirms that your July 21, 2023 unannounced extension survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

The services at your hospital were found to be in substantial compliance with the Medicare Conditions. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of July 22, 2023.

The Joint Commission is also recommending your organization for continued Medicare certification effective July 22, 2023. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

St. Alexius Medical Center  
1555 Barrington Road, Hoffman Estates, IL, 60169

St. Alexius Outpatient Center  
347 Golf Road, Schaumburg, IL, 60194

AMITA Health Immediate Medical Care Bartlett  
d/b/a AMITA Health Bartlett  
1041 West Stearns Road, Bartlett, IL, 60103

Cardiovascular Imaging Center  
d/b/a Saint Alexius Medical Center-Cardiovascular Imaging Center  
1555 Barrington Road, Suite 4100, Hoffman Estates, IL, 60169



Saint Alexius Medical Center  
d/b/a Maternal Fetal Medicine Clinic  
1555 Barrington Road, DOB 1 Suite 505 Hoffman Estates, IL, Hoffman Estates, IL, 60169

Saint Alexius Medical Center  
d/b/a Ascension Illinois Infusion Services Elk Grove Village  
800 W Biesterfield Road Elk Grove Village, Elk Grove Village, IL, 60007

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

Sincerely,

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

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

## NEONATAL INTENSIVE CARE SERVICES

With the signatures provided on the Certification pages of this Certificate of Exemption application, the applicants attest to the following:

- Upon the completion of the proposed project, the hospital's neonatal intensive care unit will consist of thirty Level III stations and be located on the fourth floor of the hospital.
- The final cost report for the project addressed in this application will be submitted to the Health Facilities and Services Review Board within ninety days of the anticipated project completion date.
- The applicants acknowledge that a failure to complete the proposed project within 24 months of the Board's approval will invalidate the Certificate of Exemption.

## SAFETY NET STATEMENT

St. Alexius Medical Center (“SAMC”) takes pride in being one of the major safety net providers in Chicago’s northwest suburbs; and the expanded NICU capacity being proposed in this application will enhance its ability to provide NICU-related services. Among the general hospitals located in HFSRB-designated Health Planning Area A-07, SAMC’s 2022 charity expense as a percentage of net revenue (2.6%), and number of Medicaid recipients as a percentage of total admissions (28.5%), were the highest in the area; and from a racial perspective, 26.2% of the patients admitted to the hospital identified as being non-white.

In addition, the hospital directly provides or sponsors a wide variety of health care-related programs, such as a variety of disease prevention, food and housing assistance programs, student practicums, a neighborhood resource directory. These services are provided both in the hospital, as well as remotely in the community.

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		16
2	Site Ownership		18
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		19
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		20
5	Project and Sources of Funds Itemization		21
6	Background of the Applicant		22
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9	Charity Care Information		15