

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
NICU APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

JUN 15 2020

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: SwedishAmerican NICU Exemption		
Street Address: 1401 East State street		
City and Zip Code: Rockford, IL 61104		
County: Winnebago	Health Service Area 1	Health Planning Area: B-01

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

Exact Legal Name: SwedishAmerican Hospital	
Street Address: 1401 East State Street	
City and Zip Code: Rockford, Illinois 61104	
Name of Registered Agent: N/A	
Registered Agent Street Address: N/A	
Registered Agent City and Zip Code: N/A	
Name of Chief Executive Officer: Jennifer Maher, Interim CEO	
CEO Street Address: 1401 East State Street	
CEO City and Zip Code: Rockford, Illinois 61104	
CEO Telephone Number: (779)696-4003	

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.

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: Jedediah L. Cantrell, FACHE, MBA
Title: Vice President of Operations
Company Name: SwedishAmerican Health System Corporation
Address: 1401 East State Street, Rockford, IL 61104
Telephone Number: (779) 696-4005
E-mail Address: jcantrell@swedishamerican.org
Fax Number: (779) 696-2463

**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: SwedishAmerican NICU Exemption		
Street Address: 1401 East State street		
City and Zip Code: Rockford, IL 61104		
County: Winnebago	Health Service Area 1	Health Planning Area: B-01

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

Exact Legal Name: SwedishAmerican Health System Corporation
Street Address: 1313 East State Street
City and Zip Code: Rockford, Illinois 61104
Name of Registered Agent: N/A
Registered Agent Street Address: N/A
Registered Agent City and Zip Code: N/A
Name of Chief Executive Officer: Jennifer Maher, Interim CEO
CEO Street Address: 1313 East State Street
CEO City and Zip Code: Rockford, Illinois 61104
CEO Telephone Number: (779)696-4003

Type of Ownership of Applicants

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NICU APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: SwedishAmerican NICU Exemption		
Street Address: 1401 East State street		
City and Zip Code: Rockford, IL 61104		
County: Winnebago	Health Service Area 1	Health Planning Area: B-01

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

Exact Legal Name: University of Wisconsin Hospitals and Clinics Authority
Street Address: 600 Highland Avenue, H4/828
City and Zip Code: Madison, WI 53792-8360
Name of Registered Agent: N/A
Registered Agent Street Address: N/A
Registered Agent City and Zip Code: N/A
Name of Chief Executive Officer: Alan S. Kaplan, M.D.
CEO Street Address: 600 Highland Avenue, H4/828
CEO City and Zip Code: Madison, WI 53792-8360
CEO Telephone Number: (608)263-8025

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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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Jedediah L. Cantrell, FACHE, MBA
Title: Vice President of Operations
Company Name: SwedishAmerican Health System Corporation
Address: 1401 East State Street, Rockford, IL 61104
Telephone Number: (779) 696-4005
E-mail Address: jcantrell@swedishamerican.org
Fax Number: (779) 696-2463

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

Name: Dan J. Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Chicago, IL
Telephone Number: (312) 214-4861
E-mail Address: dlawler@btlaw.com
Fax Number: (312) 759-5646

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: Jedediah L. Cantrell, FACHE, MBA
Title: Vice President of Operations
Company Name: SwedishAmerican Health System Corporation
Address: 1401 East State Street
Telephone Number: (779) 696-4005
E-mail Address: jcantrell@swedishamerican.org
Fax Number: (779) 696-2463

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: SwedishAmerican Hospital
Address of Site Owner: 1401 East Street, Rockford, IL 61104
Street Address or Legal Description of the Site: 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 after the Project is Complete

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

Exact Legal Name: SwedishAmerican Hospital
Address: 1401 E. State Street, Rockford, IL 61104
<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.

SwedishAmerican Hospital proposes to expand its existing 10-bed Level III Neonatal Intensive Care Unit to a 24 bed Level III Neonatal Intensive Care Unit at its existing facility located at 1401 East State Street, Rockford, Illinois. SwedishAmerican currently operates a 14 station nursing unit designated as a Level II with Extended Neonatal Capabilities and a 10-bed Level III Neonatal Intensive Care Unit. SwedishAmerican proposes to convert the 14 Level II stations to 14 Level III beds.

The project is non-substantive under Section 1110.20 of the Review Board's rules.

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			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	2,500		2,500
Movable or Other Equipment (not in construction contracts)	219,042		219,042
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)			
TOTAL USES OF FUNDS	221,542		221,542
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	221,542		221,542
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	221,542		
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 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 #17-019 SwedishAmerican Hospital –

On February 27, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit to complete a major new construction and modernization project on the campus of SwedishAmerican Hospital, Rockford. A project alteration was approved on April 30, 2019. Project #17-019 completion date is November 30, 2022.

Anticipated exemption completion date (refer to Part 1130.570): June 30, 2022

State Agency Submittals

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

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

- 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 SwedishAmerican Hospital *
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.

Jennifer Maher

SIGNATURE

Jennifer Maher
PRINTED NAME

Interim President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of June 2020

Don F. Daniels

SIGNATURE

Don F. Daniels
PRINTED NAME

COO, SwedishAmerican Hospital
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of June 2020

Gina Boettcher

Signature of Notary

Seal



Gina Boettcher

Signature of Notary

Seal



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- 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 SwedishAmerican Health System Corporation * 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

Jennifer Maher
PRINTED NAME

Interim President and CEO
PRINTED TITLE


SIGNATURE

Don F. Daniels
PRINTED NAME

COO, SwedishAmerican Hospital
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of June 2020

Notarization:
Subscribed and sworn to before me
this 12th day of June 2020


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant


Signature of Notary

Seal



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 University of Wisconsin Hospital and Clinic Authority 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.

Elizabeth Bolt
SIGNATURE

Elizabeth Bolt
PRINTED NAME: Elizabeth Bolt

COO
PRINTED TITLE: SVP/Chief Operating Officer

Alan S. Kaplan
SIGNATURE

Alan S. Kaplan
PRINTED NAME: Alan S. Kaplan, MD

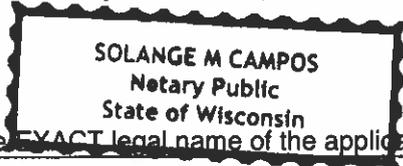
CEO
PRINTED TITLE: Chief Executive Officer

Notarization:
Subscribed and sworn to before me
this 12 day of June, 2020

Notarization:
Subscribed and sworn to before me
this 12 day of June, 2020

Solange M. Campos
Signature of Notary

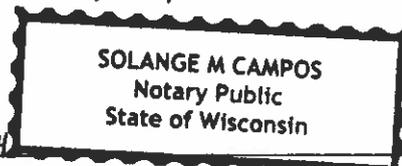
Seal



*Insert the EXACT legal name of the applicant Exp date: 5/4/2024

Solange M. Campos
Signature of Notary

Seal



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
<input checked="" type="checkbox"/> Neonatal Intensive Care	10	24

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.

Safety Net Information			
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)	Year	Year	Year
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE

APPLICATION FORM.

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

APPEND DOCUMENTATION AS **ATTACHMENT 9**, 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	17-25
2	Site Ownership	26-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30-31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32-33
5	Project and Sources of Funds Itemization	34
6	Background of the Applicant	35-54
7	Neonatal Intensive Care Services	55-56
8	Safety Net Impact Statement	57
9	Charity Care Information	58
10	Additional Requirements: Flood Plain Statement	59
11	Additional Requirements: Historic Preservation Statement	60

Type of Ownership of Applicants

SwedishAmerican Hospital and SwedishAmerican Health System Corporation are Illinois not-for-profit corporations. Their Certificates of Good Standing are attached.

University of Wisconsin Hospitals and Clinics Authority (UWHCA) was originally operated as a unit of the Board of Regents of the University of Wisconsin System, an agency of the State of Wisconsin and the governing body of UW-Madison. In 1995, UWHCA was created as a public body corporate and politic by legislation in the State of Wisconsin, and UWHCA took over the operation of the existing UW Hospital and Clinics on June 29, 1996. UWHCA operates an acute care hospitals with over 640 acute care beds, numerous specialty clinics, and ambulatory facilities, and a home health program for the following purposes; (i) delivering high-quality health care to patients using the hospitals and to those seeking care from its programs, including a commitment to provide such care for the medically indigent; (ii) providing an environment suitable for instructing medical and other health professions students, physicians, nurses and members of other health-related disciplines; (iii) sponsoring and supporting research in the delivery of health care to further the welfare of the patients treated and applying the advances in health knowledge to alleviate human suffering, promote health and prevent disease; and (iv) assisting health programs and personnel throughout the State of Wisconsin and region in the delivery of health care.

The Wisconsin statutes creating UWHCA and describing its powers and duties are included with this Attachment.

File Number 5269-562-7



To all to whom these Presents Shall Come, Greeting:

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

SWEDISHAMERICAN HEALTH SYSTEM CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 1982, 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 JUNE A.D. 2020 .



Authentication #: 2016001232 verifiable until 06/08/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

File Number 1167-170-5



To all to whom these Presents Shall Come, Greeting:

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

SWEDISHAMERICAN HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 06, 1911, 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 5TH day of JUNE A.D. 2020 .



Authentication # 2015702882 verifiable until 06/05/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

CHAPTER 233

UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

233.01	Definitions.	233.17	Liability limited.
233.02	University of Wisconsin Hospitals and Clinics Authority: creation, organization of board of directors.	233.20	Issuance of bonds.
233.03	Powers of authority.	233.21	Bond security.
233.04	Duties of authority.	233.22	Bonds not public debt.
233.05	Lease and affiliation agreements.	233.23	State pledge.
233.10	Appointment of employees; employee compensation and benefits.	233.26	Refunding bonds.
233.12	Maintenance of records.	233.40	Hospitals charges.
233.13	Closed records.	233.41	Soldiers preferred patients.
		233.42	Subject to ch. 150.

233.01 Definitions. In this chapter:

(1) “Authority” means the University of Wisconsin Hospitals and Clinics Authority.

(2) “Board of directors” means the governing board of the authority.

(3) “Board of regents” means the board of regents of the University of Wisconsin System.

(4) “Bond” means a bond, note or other obligation of the authority issued under this chapter, including any refunding bond, other than the lease agreement or indebtedness described under s. 233.03 (12).

(5) “Bond resolution” means a resolution of the board of directors authorizing the issuance of, or providing terms and conditions related to, bonds and includes, where appropriate, any trust agreement, trust indenture, indenture of mortgage or deed of trust providing terms and conditions for bonds.

(6) “Lease agreement” means the lease agreement that is required to be entered into between the board of directors and the board of regents under s. 233.04 (7) or a lease agreement that is entered into between the board of directors and the board of regents under s. 233.04 (7g).

(7) “On-campus facilities” means facilities that are located on land owned by the state, that are under the control of the board of regents and that are primarily related to the operation of the University of Wisconsin Hospitals and Clinics and its related services.

History: 1995 a. 27.

233.02 University of Wisconsin Hospitals and Clinics Authority: creation; organization of board of directors.

(1) There is created a public body corporate and politic to be known as the “University of Wisconsin Hospitals and Clinics Authority”. The board of directors shall consist of the following members:

(a) Six members nominated by the governor, and with the advice and consent of the senate appointed, for 5-year terms.

(am) Each cochairperson of the joint committee on finance or a member of the legislature designated by that cochairperson.

(b) Three members of the board of regents appointed by the president of the board of regents.

(c) The chancellor of the University of Wisconsin–Madison or his or her designee.

(d) The dean of the University of Wisconsin–Madison Medical School.

(e) A chairperson of a department at the University of Wisconsin–Madison Medical School, appointed by the chancellor of the University of Wisconsin–Madison.

(f) A faculty member of a University of Wisconsin–Madison health professions school, other than the University of Wisconsin–Madison Medical School, appointed by the chancellor of the University of Wisconsin–Madison.

(g) The secretary of administration or his or her designee.

(2) A vacancy on the board of directors shall be filled in the same manner as the original appointment to the board of directors for the remainder of the unexpired term, if any.

(3) A member of the board of directors may not be compensated for his or her services but shall be reimbursed for actual and necessary expenses, including travel expenses, incurred in the performance of his or her duties.

(4) No cause of action of any nature may arise against and no civil liability may be imposed upon a member of the board of directors for any act or omission in the performance of his or her powers and duties under this chapter, unless the person asserting liability proves that the act or omission constitutes willful misconduct.

(8) The members of the board of directors shall annually elect a chairperson and may elect other officers as they consider appropriate. Eight members of the board of directors constitute a quorum for the purpose of conducting the business and exercising the powers of the authority, notwithstanding the existence of any vacancy. The members of the board of directors specified under sub. (1) (c) and (g) may not be the chairperson of the board of directors for purposes of 1995 Wisconsin Act 27, section 9159 (2). The board of directors may take action upon a vote of a majority of the members present, unless the bylaws of the authority require a larger number.

(9) The board of directors shall appoint a chief executive officer who shall not be a member of the board of directors and who shall serve at the pleasure of the board of directors. The chief executive officer shall receive such compensation as the board of directors fixes. The chief executive officer or other person designated by resolution of the board of directors shall keep a record of the proceedings of the authority and shall be custodian of all books, documents and papers filed with the authority, the minute book or journal of the authority and its official seal. The chief executive officer or other person may cause copies to be made of all minutes and other records and documents of the authority and may give certificates under the official seal of the authority to the effect that such copies are true copies, and all persons dealing with the authority may rely upon such certificates.

History: 1995 a. 27, 216; 2007 a. 109; 2011 a. 10.

233.03 Powers of authority. The authority shall have all the powers necessary or convenient to carry out the purposes and provisions of this chapter. In addition to all other powers granted by this chapter, the authority may:

(1) Adopt bylaws and policies and procedures for the regulation of its affairs and the conduct of its business.

(2) Sue and be sued; have a seal and alter the seal at pleasure; have perpetual existence; maintain an office; negotiate and enter into leases; accept gifts or grants, but not including research grants in which the grant investigator is an employee of the board of regents; accept bequests or loans; accept and comply with any lawful conditions attached to federal financial assistance; and

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make and execute other instruments necessary or convenient to the exercise of the powers of the authority.

(5) Procure insurance on its debt obligations.

(7) Subject to s. 233.10 and ch. 40 and 1995 Wisconsin Act 27, section 9159 (4), employ any agent, employee or special advisor that the authority finds necessary and fix his or her compensation and provide any employee benefits, including an employee pension plan.

(8) Appoint any technical or professional advisory committee that the authority finds necessary and define the duties, and provide reimbursement for the expenses, of the committee.

(9) (a) With any other person, establish, govern and participate in the operation and financing of any corporation or partnership that provides health-related services, if the articles of incorporation of any such corporation conform with par. (b) and if the corporation or partnership provides the secretary of administration, the legislative fiscal bureau and the legislative audit bureau access to examine any books, records or other documents maintained by the corporation or partnership and relating to its expenditures, revenues, operations or structure. The authority may provide administrative and financial services to any such corporation or partnership.

(b) The articles of incorporation of any corporation under par. (a) shall provide that the secretary of administration, the legislative fiscal bureau and the legislative audit bureau have the access required under par. (a).

(10) Enter into procurement contracts with the board of regents or joint contracts with the board of regents for procurements from 3rd parties and may enter into other contracts, rental agreements and cooperative agreements and other necessary arrangements with the board of regents which may be necessary and convenient for the missions, purposes, objects and uses of the authority authorized by law.

(11) Issue bonds in accordance with ss. 233.20 to 233.26.

(12) Seek financing from, and incur indebtedness to, the Wisconsin Health and Educational Facilities Authority.

(13) Construct or improve facilities that are on state-owned land, if approval requirements under s. 16.85 (14) are met and if the state agency having authority to approve construction or improvement projects on the land approves the project.

(15) Acquire, design, construct or improve any facility that is not located on state-owned land.

(16) Buy, sell and lease real estate.

History: 1995 a. 27; 2007 a. 109; 2011 a. 10.

The Authority is a private entity without sovereign immunity. *Takle v. University of Wisconsin Hospital and Clinics Authority*, 402 F.3d 768 (2005).

233.04 Duties of authority. The authority shall do all of the following:

(1) By October 1, 1997, and annually thereafter, submit to the chief clerk of each house of the legislature under s. 13.172 (2), the president of the board of regents, the secretary of administration and the governor a report on the patient care, education, research and community service activities and accomplishments of the authority and an audited financial statement, certified by an independent auditor, of the authority's operations.

(2) Subject to s. 233.10, develop and implement a personnel structure and other employment policies for employees of the authority.

(3) Contract for any legal services required for the authority.

(3b) (a) Except as provided in par. (b), maintain, control and supervise the use of the University of Wisconsin Hospitals and Clinics, for the purposes of:

1. Delivering high-quality health care to patients using the hospitals and to those seeking care from its programs, including a commitment to provide such care for the medically indigent.

2. Providing an environment suitable for instructing medical and other health professions students, physicians, nurses and members of other health-related disciplines.

3. Sponsoring and supporting research in the delivery of health care to further the welfare of the patients treated and applying the advances in health knowledge to alleviate human suffering, promote health and prevent disease.

4. Assisting health programs and personnel throughout the state and region in the delivery of health care.

(b) Paragraph (a) does not apply unless a lease agreement under sub. (7) or (7g) and an affiliation agreement under sub. (7m) or (7p) are in effect that comply with all applicable requirements of those provisions. In the event either of these agreements are not in effect, the on-campus facilities and any improvements, modifications or other facilities specified in sub. (7) (c) shall transfer to the board of regents.

(5) Establish the authority's annual budget and monitor the fiscal management of the authority.

(6) Procure liability insurance covering its officers, employees and agents and procure insurance against any loss in connection with its property and other assets.

(7) Subject to s. 233.05 (1) and 1995 Wisconsin Act 27, section 9159 (2) (k), negotiate and enter into a lease agreement with the board of regents to lease the on-campus facilities beginning on June 29, 1996, for an initial period of not more than 30 years. The lease agreement shall include all of the following:

(a) A provision that requires the authority to pay the state an amount determined under this paragraph for the lease of the on-campus facilities that are leased under the agreement. The amount of the rental payment for the on-campus facilities may not be less than the greater of the following:

1. An amount equal to the debt service accruing during the term of the lease agreement on all outstanding bonds issued by the state for the purpose of financing the acquisition, construction or improvement of on-campus facilities that are leased under the agreement, regardless of whether these bonds are issued before or after the lease agreement is entered into. The definition of "bond" under s. 233.01 (4) does not apply to this subdivision.

2. A nominal amount determined by the parties to be necessary to prevent the lease agreement from being unenforceable because of a lack of consideration.

(b) A provision that requires the authority to conduct its operations in such a way so that it will not adversely affect the exclusion of interest on bonds issued by the state from gross income under 26 USC 103 for federal income tax purposes.

(c) A provision that gives the state ownership of all of the following:

1. Any improvements or modifications made by the authority to on-campus facilities that are leased to the authority under the lease agreement.

2. Any facility that the authority constructs on state-owned land.

(d) A provision that specifies an amount and that exempts any construction or improvement project on state-owned land that costs less than the amount from review and approval under s. 16.85 (14).

(e) Any provision necessary to ensure that the general management and operation of the on-campus facilities are consistent with the mission and responsibilities of the University of Wisconsin System specified in ss. 36.01 and 36.09.

(g) A provision that protects the board of regents from all liability associated with the management, operation, use or maintenance of the on-campus facilities. No such provision shall make the authority liable for the acts or omissions of any officer, employee or agent of the board of regents, including any student who is enrolled at an institution within the University of Wisconsin System, unless the officer, employee or agent acts at the direction of the authority.

(h) A provision on a mechanism for the resolution of disputes.

(7g) (a) Submit any modification, extension or renewal of the lease agreement under sub. (7) to the joint committee on finance.

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No extension or renewal of the lease agreement may be for a period of more than 30 years. Modification, extension or renewal of the agreement may be made as proposed by the authority and the board of regents only upon approval of the committee.

(b) If the committee does not approve an extension or renewal of the agreement, the on-campus facilities and any improvements, modifications or other facilities specified in sub. (7) (c) shall transfer to the board of regents.

(c) This subsection does not apply to an automatic extension of the lease agreement under s. 233.05 (1).

(7m) Subject to 1995 Wisconsin Act 27, section 9159 (2) (k), negotiate and enter into an affiliation agreement with the board of regents. The affiliation agreement shall take effect on June 29, 1996. The initial period of the affiliation agreement shall run concurrently with the initial period of the lease agreement under sub. (7), and the affiliation agreement shall include all of the following:

(a) A provision that ensures the authority retains cash reserves at a level not lower than the level recommended by the independent auditor specified under sub. (1).

(b) Provisions that ensure support of the educational, research and clinical activities of the University of Wisconsin–Madison by the authority.

(c) A provision that requires the development of standards relating to the selection and financing by the authority of any corporation or partnership that provides health-related services. The standards shall be consistent with the missions of the authority and the board of regents.

(d) A provision that requires the board of regents to make reasonable charges for any services provided by the board of regents to the authority.

(e) A provision establishing a mechanism for the resolution of disputes.

(7p) (a) Submit any modification, extension or renewal of the affiliation agreement under sub. (7m) to the joint committee on finance. No extension or renewal of the affiliation agreement may be for a period of more than 30 years. Modification, extension or renewal of the agreement may be made as proposed by the authority and the board of regents only upon approval of the committee.

(b) If the committee does not approve an extension or renewal of the agreement, the on-campus facilities and any improvements, modifications or other facilities specified in sub. (7) (c) shall transfer to the board of regents.

(c) This subsection does not apply to an automatic extension of the affiliation agreement under s. 233.05 (2).

(9) Provide, on a monthly basis, the secretary of administration with such financial and statistical information as is required by the secretary of administration.

(10) If Children's Hospital and Health System ceases to operate a poison control center under s. 255.35, administer a statewide poison control program.

History: 1995 a. 27 ss. 1770g, 6301; 1995 a. 216; 1997 a. 35, 237; 2001 a. 105; 2007 a. 109, 130; 2009 a. 180; 2011 a. 10.

233.05 Lease and affiliation agreements. (1) (a) Beginning on July 1, 1997, and any July 1 thereafter, a lease agreement under s. 233.04 (7) and an affiliation agreement under s. 233.04 (7m) are automatically extended for one year unless all of the following occur in the one-year period immediately preceding such date:

1. The board of directors or the board of regents adopts a resolution opposing the automatic extensions or the joint committee on finance takes action opposing the automatic extensions.

2. The party opposing the automatic extensions under subd. 1. provides written notice of its opposition to the other parties specified in subd. 1.

(b) If a lease agreement and an affiliation agreement are not automatically extended on any July 1 under par. (a), the lease and affiliation agreements are not automatically extended on any subsequent July 1 unless in the one-year period immediately preced-

ing such date each party that opposed the automatic extensions withdraws its opposition and notifies the other parties specified in par. (a) 1. of such withdrawal.

(2) (a) Beginning on July 1, 1997, and any July 1 thereafter, a lease agreement under s. 233.04 (7g) or an affiliation agreement under s. 233.04 (7p) is automatically extended for one year unless all of the following occur in the one-year period immediately preceding such date:

1. The board of directors or the board of regents adopts a resolution opposing the automatic extension or the joint committee on finance takes action opposing the automatic extension.

2. The party opposing the automatic extension under subd. 1. provides written notice of its opposition to the other parties specified in subd. 1.

(b) If a lease or affiliation agreement is not automatically extended on any July 1 under par. (a), the lease or affiliation agreement is not automatically extended on any subsequent July 1 unless in the one-year period immediately preceding such date each party that opposed the automatic extension withdraws its opposition and notifies the other parties specified in par. (a) 1. of such withdrawal.

History: 1995 a. 216; 2007 a. 109.

233.10 Appointment of employees; employee compensation and benefits. (1) The authority shall employ such employees as it may require and shall determine the qualifications and duties of its employees. Appointments to and promotions in the authority shall be made according to merit and fitness.

(2) Subject to subs. (3), (3r) and (3t) and ch. 40, the authority shall establish any of the following:

(a) The compensation of the employees of the authority.

(b) The kinds of leave to which an employee of the authority is entitled, including paid annual leave of absence, paid sick leave, and unpaid leave of absence, except that unused sick leave accumulated prior to July 1, 1997, shall be carried over and made available for the employee's use for appropriate sick leave purposes or for conversion as provided under s. 40.05 (4) (b), (bc), (bm), or (bp).

(c) Any other employment benefits to which an employee of the authority is entitled.

(3) (a) In this subsection and sub. (4), "carry-over employee" means an employee of the authority who satisfies all of the following:

1. The employee is offered employment by the authority on or before June 29, 1996.

2. Immediately prior to beginning employment with the authority, the employee was employed by the state other than in an academic staff appointment.

3. The position in which the employee was employed under subd. 2. was at the University of Wisconsin Hospitals and Clinics.

(c) If an employee of the authority is a carry-over employee, the authority shall, when setting the terms of the carry-over employee's employment during the period beginning on June 29, 1996, and ending on June 30, 1997, do all of the following:

1. Pay to the carry-over employee the same compensation that the employee would have received if he or she were employed by the state in the position at the University of Wisconsin Hospitals and Clinics on June 29, 1996.

2. Grant to the carry-over employee, except when he or she is on an unpaid leave of absence, a paid holiday on each of the days specified in s. 230.35 (4) (a) as of the last day of the employee's employment as a state employee and holiday compensatory time off as specified in s. 230.35 (4) (b) as of the last day of the employee's employment as a state employee if the employee was entitled to those benefits on that day.

3. Grant to the carry-over employee the same paid annual leave of absence, paid sick leave and unpaid leave of absence that the employee received as of the last day of his or her employment as a state employee.

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4. Grant to the carry-over employee military leave, treatment of military leave, jury service leave and voting leave in accordance with s. 230.35 (3) and (4) (e) and, to the extent applicable, rules of the division of personnel management in the department of administration governing such leaves for employees in the classified service as of the last day of the employee's employment as a state employee if the employee was entitled to those benefits on that day.

5. Grant to the carry-over employee the same opportunity for employee training provided under s. 230.046 as of the last day of his or her employment as a state employee if the employee was entitled to those benefits on that day.

(d) If an employee of the authority is not a carry-over employee, the authority shall, from June 29, 1996, to June 30, 1997, provide that employee the same rights, benefits and compensation provided to a carry-over employee under par. (c) who holds a position at the authority with similar duties.

(3r) (a) In this subsection and sub. (3t), "carry-over employee" means an employee of the authority who satisfies all of the following:

1. The employee is offered employment by the authority on or before June 29, 1996.

2. Immediately prior to beginning employment with the authority, the employee was employed in an academic staff appointment.

3. The position in which the employee was employed under subd. 2. was at the University of Wisconsin Hospitals and Clinics.

(b) If an employee of the authority is a carry-over employee, the authority shall, when setting the terms of the carry-over employee's employment for the period beginning on June 29, 1996, and ending on June 30, 1997, do all of the following:

1. Enter into an employment contract for such period with the carry-over employee. For such period, the contract shall provide the carry-over employee with the same procedural guarantees provided to persons having academic staff appointments under s. 36.15 on June 29, 1996.

2. Pay to the carry-over employee the same compensation that the employee would have received if he or she were employed by the state in his or her academic staff appointment at the University of Wisconsin Hospitals and Clinics on June 29, 1996.

3. Grant to the carry-over employee, except when he or she is on an unpaid leave of absence, a paid holiday on each of the days specified as a holiday in policies and procedures established by the board of regents under s. 36.15 (2) as of the last day of the employee's employment as a state employee and any holiday compensatory time off that may be specified in policies and procedures established by the board of regents under s. 36.15 (2) as of the last day of the employee's employment in the academic staff appointment.

4. Grant to the carry-over employee the same paid annual leave of absence, paid sick leave and unpaid leave of absence that the employee received as of the last day of his or her employment in the academic staff appointment.

5. Grant to the carry-over employee military leave, treatment of military leave, jury service leave and voting leave in accordance with policies and procedures established by the board of regents under s. 36.15 (2) and, as of the last day of the employee's employment in the academic staff appointment.

6. Grant to the carry-over employee the same opportunity for any employee training that may be provided under policies and procedures established by the board of regents under s. 36.15 (2) as of the last day of his or her employment in the academic staff appointment.

(3t) Unless expressly prohibited under ch. 40 or under federal law, the authority shall, from June 29, 1996, to June 30, 1997, not change to the detriment of a carry-over employee any employee benefit plan provided to the carry-over employee as of the last day of the employee's employment in the academic staff appointment.

(4) Notwithstanding the requirement that an employee be a state employee, a carry-over employee of the authority who was employed in a position in the classified service immediately prior to beginning employment with the authority shall, from June 29, 1996, to June 30, 1997, have the same transfer rights under s. 230.29 and the rules of the division of personnel management in the department of administration governing transfers as a person who holds a position in the classified service.

History: 1995 a. 27; 1997 a. 252; 2001 a. 16, 103; 2003 a. 33 ss. 2441, 2442, 9160; 2007 a. 109; 2011 a. 10; 2015 a. 55.

233.12 Maintenance of records. (1) (a) Subject to rules promulgated by the department of administration under s. 16.611, the authority may transfer to or maintain in optical disc or electronic format any record in its custody and retain the record in that format only.

(b) Subject to rules promulgated by the department of administration under s. 16.611, the authority shall maintain procedures to ensure the authenticity, accuracy, reliability, and accessibility of records transferred to or maintained in optical disc or electronic format under par. (a).

(c) Subject to rules promulgated by the department of administration under s. 16.611, if the authority transfers to or maintains in optical disc or electronic format any records in its custody, the authority shall ensure that the records stored in that format are protected from unauthorized destruction.

(2) (a) Any microfilm reproduction of an original record of the authority, or a copy generated from an original record stored in optical disc or electronic format, is considered an original record if all of the following conditions are met:

1. Any device used to reproduce the record on film or to transfer the record to optical disc or electronic format and generate a copy of the record from optical disc or electronic format accurately reproduces the content of the original.

2. The reproduction is on film which complies with the minimum standards of quality for microfilm reproductions, as established by rule of the public records board, or the optical disc or electronic copy and the copy generated from optical disc or electronic format comply with the minimum standards of quality for such copies, as established by rule of the department of administration under s. 16.611.

3. The film is processed and developed in accordance with the minimum standards established by the public records board.

4. The record is arranged, identified, and indexed so that any individual document or component of the record can be located with the use of proper equipment.

5. The custodian of the record designated by the authority executes a statement of intent and purpose describing the record to be reproduced or transferred to optical disc or electronic format and the disposition of the original record, and executes a certificate verifying that the record was received or created and microfilmed or transferred to optical disc or electronic format in the normal course of business and files the statement in the offices of the authority.

(b) The statement of intent and purpose executed under par. (a) is presumptive evidence of compliance with all conditions and standards prescribed by this subsection.

(3) (a) Any microfilm reproduction of a record of the authority meeting the requirements of sub. (2) or copy of a record of the authority generated from an original record stored in optical disc or electronic format in compliance with this section shall be taken as, stand in lieu of, and have all the effect of the original document and shall be admissible in evidence in all courts and all other tribunals or agencies, administrative or otherwise, in all cases where the original document is admissible.

(b) Any enlarged copy of a microfilm reproduction of a record of the authority made as provided by this section or any enlarged copy of a record of the authority generated from an original record stored in optical disc or electronic format in compliance with this

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section that is certified by the custodian as provided in s. 889.08 shall have the same force as an actual-size copy.

History: 1995 a. 216; 2015 a. 196.

233.13 Closed records. Except as provided in ss. 19.36 (10) and (11) and 103.13, the authority may keep records of the following personnel matters closed to the public:

- (1) Examination scores and ranks and other evaluations of applicants.
- (2) Dismissals, demotions and other disciplinary actions.
- (3) Addresses and home telephone numbers of employees.
- (4) Pay survey data obtained from identifiable nonpublic employers.
- (5) Names of nonpublic employers contributing pay survey data.

History: 1995 a. 27; 2003 a. 47; 2017 a. 59.

NOTE: 2003 Wis. Act 47, which affects this section, contains extensive explanatory notes.

233.17 Liability limited. (1) Neither the state, any political subdivision of the state nor any officer, employee or agent of the state or a political subdivision who is acting within the scope of employment or agency is liable for any debt, obligation, act or omission of the authority.

(2) (a) No officer, employee or agent of the board of regents, including any student who is enrolled at an institution within the University of Wisconsin System, is an agent of the authority unless the officer, employee or agent acts at the express written direction of the authority.

(b) Notwithstanding par. (a), no member of the faculty or academic staff of the University of Wisconsin System, acting within the scope of his or her employment, may be considered, for liability purposes, as an agent of the authority.

History: 1995 a. 27; 1997 a. 237.

A member of the faculty is also a state employee and thus not an agent of UWHC within the meaning of sub. (2) (b). The statute unambiguously encompasses all forms of agency, which necessarily includes actual, apparent, or ostensible agency. *Suchomel v. University of Wisconsin Hospital & Clinics*, 2005 WI App 234, 288 Wis. 2d 188, 708 N.W.2d 13, 04-0363.

233.20 Issuance of bonds. (1) The authority may issue bonds for any corporate purpose. All bonds are negotiable for all purposes, notwithstanding their payment from a limited source.

(1m) The authority may issue bonds only if a majority of the board of directors determines that, to the extent possible without having an adverse impact on the ability of the authority to sell bonds at a given interest rate, the terms on which the bonds are to be offered are structured in such a way as to accommodate the possibility of the early termination of the lease or affiliation agreement, or both. The board shall base a determination under this subsection on the best information available to the board at the time the determination is made.

(2) The bonds of each issue shall be payable from sources specified in the bond resolution under which the bonds are issued or in a related trust agreement, trust indenture, indenture of mortgage or deed of trust.

(3) The authority may not issue bonds unless the issuance is first authorized by a bond resolution. Bonds shall bear the dates, mature at the times not exceeding 30 years from their dates of issue, bear interest at the rates, be payable at the times, be in the denominations, be in the form, carry the registration and conversion privileges, be executed in the manner, be payable in lawful money of the United States at the places, and be subject to the terms of redemption, that the bond resolution provides. The bonds shall be executed by the manual or facsimile signatures of the officers of the authority designated by the board. The bonds may be sold at public or private sale at the price, in the manner and at the time determined by the board. Pending preparation of definitive bonds, the authority may issue interim receipts or certificates that shall be exchanged for the definitive bonds.

(3m) The authority may not issue bonds or incur indebtedness described under s. 233.03 (12) unless one of the following applies:

(a) The bonds or indebtedness are a refinancing of existing bonds or indebtedness.

(b) If the authority has an unenhanced bond rating in the category of A or better from Moody's Investor Service, Inc., or in the category of A or better from Standard & Poor's Corporation, or equivalent ratings from those or comparable rating agencies when such rating systems or rating agencies no longer exist, the authority has provided notice to the joint committee on finance and the secretary of administration of the bond rating of the authority, the amount of the proposed bonds or indebtedness, and the proposed use of the proceeds, and the joint committee on finance has not notified the authority within 30 working days after receipt of the notice that the joint committee on finance has scheduled a meeting to review the proposed bonds or indebtedness and the secretary of administration has not notified the authority within 30 working days after receipt of the notice that the secretary will conduct further review of the proposed bonds or indebtedness.

(c) The joint committee on finance votes to approve the amount of the bonds or indebtedness and the secretary of administration, or his or her designee, has issued written approval of the bonds or indebtedness.

(4) Any bond resolution may contain provisions, which shall be a part of the contract with the holders of the bonds that are authorized by the bond resolution, regarding any of the following:

(a) Pledging or assigning specified assets or revenues of the authority.

(b) Setting aside reserves or sinking funds, and the regulation, investment and disposition of these funds.

(c) Limitations on the purpose to which or the investments in which the proceeds of the sale of any issue of bonds may be applied.

(d) Limitations on the issuance of additional bonds, the terms upon which additional bonds may be issued and secured and the terms upon which additional bonds may rank on a parity with, or be subordinate or superior to, other bonds.

(e) Funding, refunding, advance refunding or purchasing outstanding bonds.

(f) Procedures, if any, by which the terms of any contract with bondholders may be amended, the amount of bonds the holders of which must consent to the amendment and the manner in which this consent may be given.

(g) Defining the acts or omissions to act that constitute a default in the duties of the authority to the bondholders, and providing the rights and remedies of the bondholders in the event of a default.

(h) Other matters relating to the bonds that the board considers desirable.

(5) Neither the members of the board nor any person executing the bonds is liable personally on the bonds or subject to any personal liability or accountability by reason of the issuance of the bonds, unless the personal liability or accountability is the result of willful misconduct.

History: 1995 a. 27, 216; 2007 a. 109.

233.21 Bond security. The authority may secure bonds by a trust agreement, trust indenture, indenture of mortgage or deed of trust by and between the authority and one or more corporate trustees. A bond resolution providing for the issuance of bonds so secured shall mortgage, pledge, assign or grant security interests in some or all of the revenues to be received by, and property of, the authority and may contain those provisions for protecting and enforcing the rights and remedies of the bondholders that are reasonable and proper and not in violation of law. A bond resolution may contain other provisions determined by the board to be reasonable and proper for the security of the bondholders.

History: 1995 a. 27.

233.22 Bonds not public debt. (1) The state is not liable on bonds and the bonds are not a debt of the state. All bonds shall contain a statement to this effect on the face of the bond. A bond

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Updated 17–18 Wis. Stats. 6

issue does not, directly or indirectly or contingently, obligate the state or a political subdivision of the state to levy any tax or make any appropriation for payment of the bonds. Nothing in this section prevents the authority from pledging its full faith and credit to the payment of bonds.

(2) Nothing in this chapter authorizes the authority to create a debt of the state, and all bonds issued by the authority are payable, and shall state that they are payable, solely from the funds pledged for their payment in accordance with the bond resolution authorizing their issuance or in any trust indenture or mortgage or deed of trust executed as security for the bonds. The state is not liable for the payment of the principal of or interest on a bond or for the performance of any pledge, mortgage, obligation or agreement that may be undertaken by the authority. The breach of any pledge, mortgage, obligation or agreement undertaken by the authority does not impose pecuniary liability upon the state or a charge upon its general credit or against its taxing power.

History: 1995 a. 27.

233.23 State pledge. The state pledges to and agrees with the bondholders, and persons that enter into contracts with the authority under this chapter, that the state will not limit or alter the rights vested in the authority by this chapter before the authority has fully met and discharged the bonds, and any interest due on the bonds, and has fully performed its contracts, unless adequate provision is made by law for the protection of the bondholders or those entering into contracts with the authority.

History: 1995 a. 27.

233.26 Refunding bonds. (1) The authority may issue bonds to fund or refund any outstanding bond, including the payment of any redemption premium on the outstanding bond and any interest accrued or to accrue to the earliest or any subsequent date of redemption, purchase or maturity.

(2) The authority may apply the proceeds of any bond issued to fund or refund any outstanding bond to purchase, retire at maturity or redeem any outstanding bond. The authority may, pending application, place the proceeds in escrow to be applied to the purchase, retirement at maturity or redemption of any outstanding bond at any time.

History: 1995 a. 27.

233.40 Hospitals charges. (1) **RATES.** The University of Wisconsin Hospitals and Clinics shall treat patients so admitted at rates computed in the following manner:

(a) **Room rate.** The chief executive officer shall establish with the approval of the board of directors a schedule of room rates for patients which may be adjusted by the chief executive officer with the approval of the board of directors to meet changes in the cost of operation. As used in this section “room rates” includes the charges for meals and for ordinary nursing care.

(c) **Ancillary services.** All services provided except those covered by the room rate shall be charged for in accordance with a schedule established and maintained for public inspection by the University of Wisconsin Hospitals and Clinics Authority.

(3) **INDIAN CHILDREN.** Indian children whose hospital care is to be paid from funds granted the office of Indian affairs, U.S. department of interior, shall be admitted to the University of Wisconsin Hospitals and Clinics at the rates established under sub. (1).

(4) **ADDITIONAL CHARGES FORBIDDEN.** The University of Wisconsin Hospitals and Clinics Authority may not charge any compensation other than the amount provided by the board of directors for any of the following patients:

(c) Any child referred to the hospitals or their clinics by the children’s consultation service of a mental health institute under s. 46.041.

(d) Any pupil referred to the hospitals or their clinics by the state superintendent of public instruction under s. 115.53 (4).

(e) Any American Indian child admitted to the hospitals whose care is being paid under sub. (3).

History: 1971 c. 100 s. 23; 1975 c. 39 ss. 631m, 732 (1); 1977 c. 29; 1977 c. 418 ss. 628, 924 (50); 1977 c. 447 s. 206; 1977 c. 449; 1981 c. 314; 1983 a. 27; 1985 a. 29, 176; 1995 a. 27 ss. 4197 to 4200; Stats. 1995 s. 233.40; 1997 a. 27, 35.

233.41 Soldiers preferred patients. In admitting patients to the University of Wisconsin Hospitals and Clinics, preference shall be given to honorably discharged veterans of any of the wars of the United States or who is otherwise eligible for benefits from the department of veterans affairs. Preference is hereby defined to mean that whenever the chief executive officer of the authority is notified that the applicant is such a veteran, such veteran shall be the next person so admitted to the hospital, except in case of an emergency.

History: 1995 a. 27 s. 4202; Stats. 1995 s. 233.41.

233.42 Subject to ch. 150. The University of Wisconsin Hospitals and Clinics is subject to ch. 150.

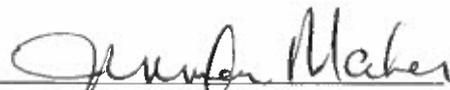
History: 1977 c. 29; 1977 c. 418 s. 924 (50); 1977 c. 477 s. 206; 1995 a. 27 s. 4203; Stats. 1995 s. 233.42.

Site Ownership

The applicant's attestation of site ownership and its Certificate of Liability Insurance for the site are included with this Attachment 2.

Attestation of Site Ownership by SwedishAmerican Health System

The undersigned representative of SwedishAmerican Health System attests that SwedishAmerican Health System owns the real estate located at 1401 State Street, Rockford, Illinois.



Name: Jennifer Maher
Title: Interim President and CEO
SwedishAmerican Health System



Subscribed and sworn to
this 12th day of June, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/08/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc 411 E Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: Healthcare Accounts CSS@marsh.com FAX 212-948-1307	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D : American Guarantee and Liability Insurance Company</td> <td>26247</td> </tr> <tr> <td>INSURER E : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : N/A	N/A	INSURER B : N/A	N/A	INSURER C : N/A	N/A	INSURER D : American Guarantee and Liability Insurance Company	26247	INSURER E : N/A	N/A	INSURER F :
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INSURER E : N/A	N/A														
INSURER F :															
INSURED Swedish American Health System 1401 E. State Street Rockford, IL 61104															

COVERAGES **CERTIFICATE NUMBER:** CHI-007*22154-07 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Eg occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - CCMP/OP AGG \$ _____ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Eg accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE GTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
D	Property-Real & Personal Prop. Replacement Cost, Special Form			ZH-D32214170	07/01/2019	07/01/2020	LIMIT 10,000,000 DEDUCTIBLE \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of coverage

CERTIFICATE HOLDER Swedish American Health System 1401 E. State Street Rockford, IL 61104	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
---	--

AGENCY CUSTOMER ID: CN102045091

LOC #: Milwaukee



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc		NAMED INSURED Swedish American Health System 1401 E. State Street Rockford, IL 61104	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

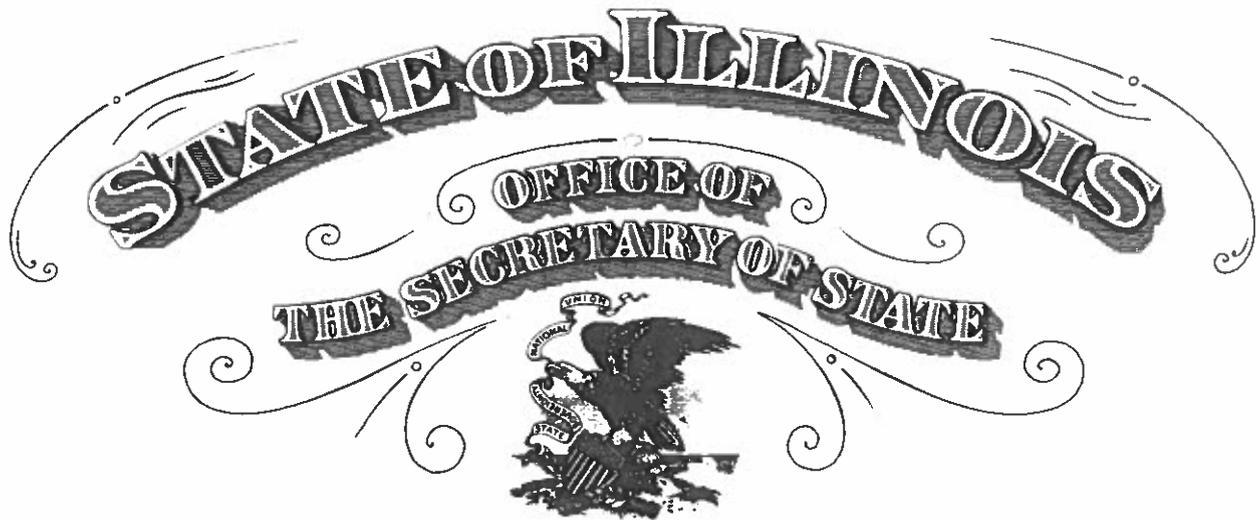
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

REGARDING PROPERTY: OTHER DEDUCTIBLES MAY APPLY AS PER POLICY TERMS AND CONDITIONS

Operating License

SwedishAmerican Hospital is the licensee of the facility. Its Certificate of Good Standing is included with this Attachment 3.

File Number 1167-170-5



To all to whom these Presents Shall Come, Greeting:

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

SWEDISHAMERICAN HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 06, 1911, 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 5TH day of JUNE A.D. 2020 .



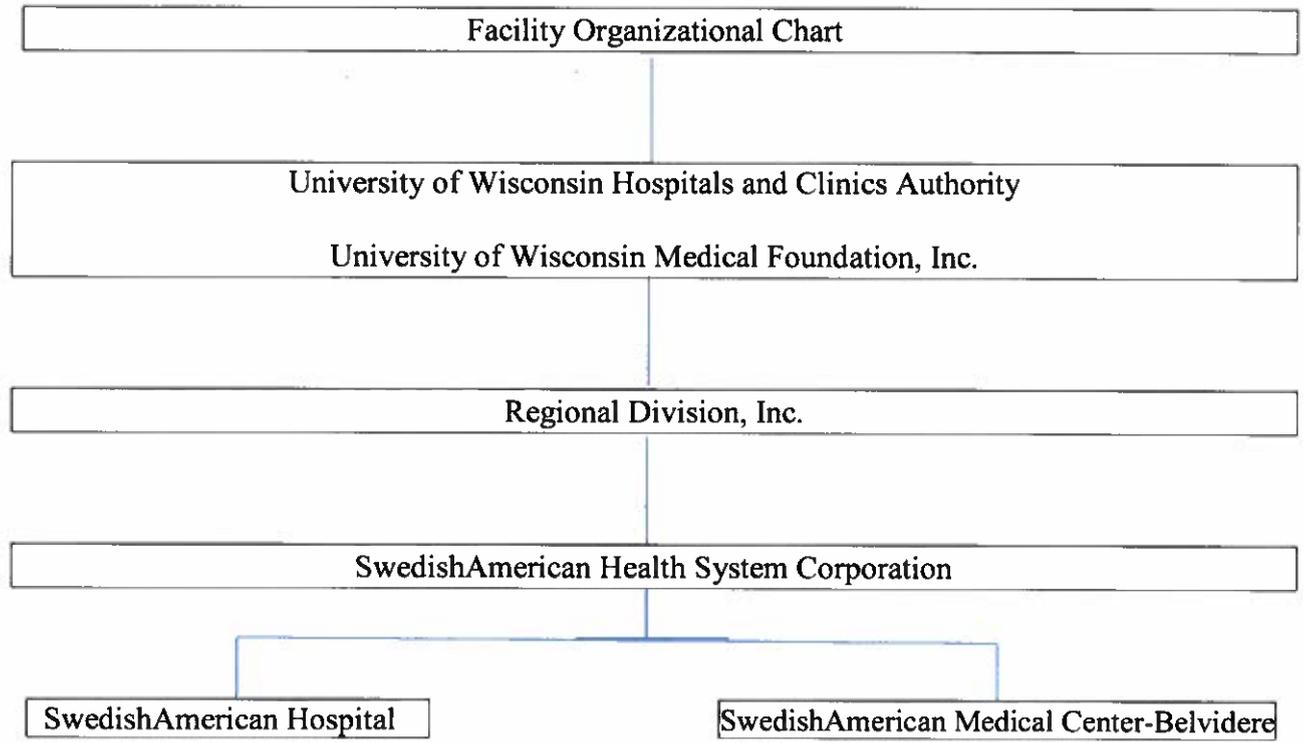
Authentication #: 2015702882 verifiable until 06/05/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Organizational Relationships

The applicant's organizational chart is attached. No entities other than the applicants are participating in the development of funding of the project.



Itemization of Project Costs

Items	Cost
Pre-Planning Costs	
Site Survey	
Site Preparation	
Off-Site Work	
New Construction Contracts	
Modernization Contracts	
Contingencies	
Architectural/Engineering Fees	
Consulting and Other Fees	
COE Application Processing Fee	2,500
Movable or Other Equipment (not in construction contracts)	
NICU Pharmacy Equipment	25,000
NICU Unit Equipment	138,237
Transport Equipment	19,298
Equipment Contingency	36,507
TOTAL PROJECT COST	221,542

Background of the Applicants

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

SwedishAmerican Health System owns the following health care facilities in Illinois:

SwedishAmerican Hospital
1401 E. State Street
Rockford, Illinois 61104
IDPH License #0002725

SwedishAmerican Medical Center – Belvidere
1625 South State Street
Belvidere, Illinois
IDPH License #0005504

Copies of SwedishAmerican’s licenses and Joint Commission certifications are included with this Attachment 6.

University of Wisconsin Hospitals and Clinics Authority operates the following hospital facilities in Wisconsin licensed by the Wisconsin Department of Health Services (WDHS):

University Hospital
600 Highland Ave.
Madison, WI 53792
WDHS License #125

American Family Children’s Hospital
1675 Highland Ave.
Madison, WI 53792
WDHS License #125

UW Health at the American Center
4602 Eastpark Blvd.
Madison, WI 53792
WDHS License #125

UW Rehabilitation
5115 N. Biltmore Lane
Madison, WI 53718
WDHS License #125

Copies of the WDHS licenses for the above facilities are included with this attachment 6. (The first three facilities are operated under a single license.)

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.

Included with this Attachment 6 are the applicant's certifications of no adverse action.

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.

Included with this Attachment 6 are the applicant's authorizations to access documents.

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 applicants have not submitted any applications for permit within the calendar year.

CERTIFICATION AND AUTHORIZATION
of
SWEDISHAMERICAN HEALTH SYSTEM and SWEDISHAMERICAN HOSPITAL

The undersigned representative of SwedishAmerican Health System and SwedishAmerican Hospital in connection with the application submitted herewith hereby states as follows:

I certify that no adverse action has been taken against SwedishAmerican Health System and SwedishAmerican Hospital by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by SwedishAmerican Health System and SwedishAmerican Hospital, directly or indirectly, within three years preceding the filing of this application of change of ownership exemption.

I authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) access to any documents pertaining to SwedishAmerican Health System and SwedishAmerican Hospital to verify the information submitted with this application, including, but not limited to official records of IDPH or other Illinois agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.



Name: Jennifer Maher
Title: Interim President and CEO
SwedishAmerican Health System

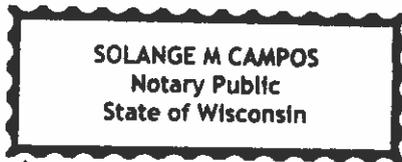
Subscribed and sworn to
this 12th day of June, 2020

CERTIFICATION AND AUTHORIZATION
of
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

The undersigned representative of SwedishAmerican Health System and SwedishAmerican Hospital in connection with the application submitted herewith hereby states as follows:

I certify that no adverse action has been taken against SwedishAmerican Health System and SwedishAmerican Hospital by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by SwedishAmerican Health System and SwedishAmerican Hospital, directly or indirectly, within three years preceding the filing of this application of change of ownership exemption.

I authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) access to any documents pertaining to University of Wisconsin Hospitals and Clinics Authority necessary to verify the information submitted with this application, including, but not limited to official records of IDPH or other Illinois agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.



Solange M. Campos

Exp. 5/4/2024

Subscribed and sworn to
this 12 day of June, 2020

A handwritten signature in cursive script, appearing to read "Elizabeth Bolt".

Name: Elizabeth Bolt
Title: SVP/Chief Operating Officer
University of Wisconsin Hospital

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Illinois Department of PUBLIC HEALTH
HF 119195

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health.

EXPIRATION DATE 12/31/2020	CATEGORY General Hospital	I.D. NUMBER 0002725
--------------------------------------	-------------------------------------	-------------------------------

Effective: 01/01/2020

SwedishAmerican Hospital
1401 E State Street
Rockford, IL 61104

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

Exp. Date 12/31/2020

Lic Number 0002725

Date Printed 10/29/2019

SwedishAmerican Hospital
1401 E State Street
Rockford, IL 61104

FEE RECEIPT NO.



Illinois Department of PUBLIC HEALTH HF 119380

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/13/2021		0005504
General Hospital		
Effective: 01/14/2020		

SwedishAmerican Medical Center Belvidere
1625 South State Street
Belvidere, IL 61008

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/13/2021
Lic Number 0005504

Date Printed 11/26/2019

SwedishAmerican Medical Center Belv
1625 South State Street
Belvidere, IL 61008

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

FEE RECEIPT NO.



The State of Wisconsin

Department of Health Services

Division of Quality Assurance

CERTIFICATE OF APPROVAL

This is to certify that UNIVERSITY OF WI HOSPITALS & CLINICS AUTHORITY
doing business as UNIVERSITY OF WI HOSPITALS & CLINICS AUTHORITY
at the location 600 HIGHLAND AVENUE
MADISON, WI 53792

License Number: 125
Effective Date: 07/30/2018
Initial Date: 01/02/1966

is licensed to operate a GENERAL ACUTE HOSPITAL in DANE COUNTY, WISCONSIN
41 License Type: REGULAR

This license is granted for a maximum of 672 total beds.

General beds:	652	Alcohol beds:	0
Psychiatric beds:	20	Rehab beds:	0

In further accordance with Wisconsin §50.35 the following locations are listed for reimbursement purposes under Wisconsin §49.45(3)(e)10m: Research Park, Univ. Station, West Clinic, East Clinic, Waisman Center, Adolescent Intervention, Middleton Clinic, Oakwood Village Clinic, UWHC Renal Clinic, Hand & Upper Extremity Rehab Clinic, American Center, Digestive Health Center, Yahara Rehab Clinic, Union Corners Physical Therapy, UW Pain Management Clinic, & Advanced Pelvic Surgery Center.

The Facility Profile/Biennial Report is available at this facility for inspection upon request.
This license will remain in effect unless expired, suspended, revoked or voluntarily surrendered. Any and all exceptions, stipulations, or conditions to this license shall be posted next to the license certificate.

Otis Woods, Administrator DQA

Andrea Palm, Secretary DHS

This license is not transferrable or assignable
Post in a conspicuous place on premises

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
SWEDISH AMERICAN HOSPITAL LABORATORY D
1401 E STATE STREET
ROCKFORD, IL 61104

CLIA ID NUMBER
14D0044064

EFFECTIVE DATE
02/28/2019

LABORATORY DIRECTOR
SARA E FLEMING M.D.

EXPIRATION DATE
02/27/2021

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

865 certs2_012919

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/24/1995	ANTIBODY TRANSFUSION (520)	07/24/1995
MYCOBACTERIOLOGY (115)	02/15/2016	ANTIBODY NON-TRANSFUSION (530)	07/24/1995
MYCOLOGY (120)	07/24/1995	ANTIBODY IDENTIFICATION (540)	07/24/1995
PARASITOLOGY (130)	07/24/1995	COMPATIBILITY TESTING (550)	07/24/1995
VIROLOGY (140)	10/10/1996	HISTOPATHOLOGY (610)	07/24/1995
SYPHILIS SEROLOGY (210)	07/24/1995	ORAL PATHOLOGY (620)	07/24/1995
GENERAL IMMUNOLOGY (220)	07/24/1995	CYTOLOGY (630)	06/13/2003
ROUTINE CHEMISTRY (310)	07/24/1995		
URINALYSIS (320)	07/24/1995		
ENDOCRINOLOGY (330)	07/24/1995		
TOXICOLOGY (340)	07/24/1995		
HEMATOLOGY (400)	07/24/1995		
ABO & RH GROUP (510)	07/24/1995		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Attachment 6

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
SWEDISH AMERICAN HOSPITAL LAB POC TEST
1401 E STATE ST
ROCKFORD, IL 61104

CLIA ID NUMBER
14D0699775

EFFECTIVE DATE
01/03/2019

LABORATORY DIRECTOR
SARA FLEMING M.D.

EXPIRATION DATE
01/02/2021

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

831 certs2 120418

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
MYCOLOGY (120)	03/02/2011		
PARASITOLOGY (130)	03/02/2011		
ROUTINE CHEMISTRY (310)	03/29/2001		
TOXICOLOGY (340)	01/15/2015		
HEMATOLOGY (400)	03/29/2001		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

April 22, 2018

Michael Born, MD, MBA, CPE
President and CEO
Swedish American Health System
1401 East State Street
Rockford, IL 61104

Re: Swedish American Health System Level III Perinatal Care Facility Designation and Recommendations

Dear Dr. Born:

I would like to thank you and your staff for the hospitality shown to the site visit team during the Level II Perinatal Designation site visit on October 17, 2018. I am pleased to inform you, effective immediately, Swedish American Health System will be designated as a Level III Perinatal Facility in accordance with the Illinois Regionalized Perinatal Health Care Code (77 Ill. Admin. Code 640). Based on the assessments of the site visit team, the Illinois Department of Public Health would like to make the following recommendations to further enhance the quality of perinatal care planned by Swedish American Health System:

- Strongly encourage multidisciplinary participation of annual drills, such as OB hemorrhage, to include, but not limit; nursing, medical (obstetricians, anesthesia), blood bank and respiratory staff members.
- Consider developing a policy to evacuate high risk neonates.
- Finally, work with your Administrative Perinatal Center to develop a Letter of Agreement to reflect the Level III designation.

Please also note that six (6) months from the effective date of your designation as a Level III Perinatal Facility, you will be required to:

1. Submit a report on the use and outcomes of telehealth with elements of the report to be determined by the Department; and
2. Submit a transport log of maternal and neonatal transports into and out of the facility.

DocuSign Envelope ID: 8EF6F2E2-7A68-46CF-BE4C-DA4D574C942F

Your follow-up site visit will be scheduled for one year from the effective date of your designation as a Level III Perinatal Facility.

The Illinois Department of Public Health looks forward to a continued working relationship with your hospital that will greatly benefit perinatal patients. Please be assured that we stand ready to assist you in the effort to reduce perinatal morbidity and mortality in the communities served by your hospital. Should you have questions regarding your hospital's role or responsibility in the Regionalized Perinatal Health System, please contact Trishna Harris at (312) 814-1093.

Very truly yours,

Ngozi Ezike
Ngozi O. Ezike, MD
Director

cc: Jodi Hoskins, RNC, MSN, DNP
Perinatal Network Administrator
Northwest Illinois Perinatal Network

Trishna Harris, DNP, APN, WHNP-BC, CNM
Perinatal Nurse, Office of Women's Health and Family Services



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

September 7, 2016

William R. Gorski, MD
 President and CEO
 Swedish American Hospital
 1401 E. State St.
 Rockford, IL 61104

Re: Swedish American Hospital Level II-E Perinatal Facility Re-designation

Dear Dr. Gorski:

This letter is to inform you that Swedish American Hospital's re-designation as a Level II with Extended Neonatal Capabilities (II-E) Perinatal Facility in affiliation with the Illinois Regionalized Perinatal Health Program has been approved, effective immediately.

Based on the assessment of the site visit team and pursuant to the Illinois Regionalized Perinatal Health Care Code ("Code"), 77 Ill. Admin. Code 640, the Illinois Department of Public Health ("IDPH") would like to make the following recommendations:

- Review internal staff education requirements regarding S.T.A.B.L.E. Program course to decide how often staff is to attend this program.
- Chair of anesthesia to consider changing the required anesthesia response time from the current 30 minutes to a 20 minute response time. This may help prevent "decision to incision" times from falling outside of 30 minutes.
- Consider using the actual "decision to incision" times versus an average value; this will help to quantify how the under 30 minute goal is being met more specifically.
- Continue improvement measures regarding APORS reporting. Additionally, consider improved attendance at the Regional Nurse Managers meetings.
- Hospital Quality Initiatives should review collected numbers data to determine if or where problems may exist.
- Update NeoAlert algorithm to align with NRP guidelines or use the NRP guideline algorithm in its place.
- Collaborate with your APC to verify all patients receive a consultation with a Maternal-Fetal Medicine physician and Neonatology physician as outlined in your Letter of Agreement with your APC or the patient diagnoses outlined in the Code.
- Consider adding the following criteria to the list of dietary referral triggers:
 - History of bariatric surgery

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- Multiple gestation pregnancies
- Breastfeeding
- Policy/protocol update suggestions:
 - Antihypertensive medication administration
 - Add in contraindications for Labetalol administration.
 - Assisted/Operative Vaginal Delivery
 - Vacuum extraction is not indicated for gestational age XX (add age). Please check insert for vacuum being used and let it reflect the gestational age in your protocol.
 - Under G, add in rupture of membranes.
 - Consider addition of criteria for sequential use, do you allow this practice?
 - Induction of Labor/Cervical Ripening/Augmentation
 - Letter H, make the addition of uterine rupture and greater than 2 cesarean births.
 - Letter V, remove Laminaria.
 - Massive Transfusion Policy
 - Under special considerations, clarify if pregnant mothers under 18 are considered pediatric and are excluded from this treatment. They should not be excluded.
 - Magnesium Sulfate Administration
 - Under IV letter E, remove the need for strict intake and output prior to administration of magnesium sulfate.
 - Consider adopting a standard for magnesium sulfate for neuroprophylaxis.
 - Vaginal Birth After Cesarean (VBAC)
 - Should reflect the new terminology Trial of Labor After Cesarean (TOLAC).
 - Expand protocol to include indications and contraindications.

The site visit team noted that your facility has faced past difficulties in maintaining neonatal consult logs. Section 640.42(f) of the Code requires a consultation occur between a Level II-E attending neonatologist and the attending neonatologist at a Level III or APC for all hospitalized patients < 30 weeks gestation, with a birth weight less than or equal to 1250 grams, or who have any of the conditions listed in 640.42 (c)(3)(C) through (L). Documentation of this consultation should be maintained in the medical record and in a consultation log. Going forward, please maintain a log of this activity and, until the next re-designation, please submit quarterly reports to your Administrative Perinatal Center ("APC"). Please submit the first report by **December 7, 2016** to:

Jodi Hoskins, Perinatal Network Administrator
 2400 North Rockton Ave
 Rockford, IL 61103

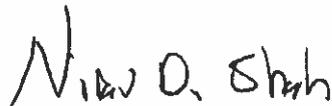
Copies must also be submitted to Trishna.Harris@illinois.gov.

Please note that failure to submit these reports will make it difficult for the Department to determine your compliance with the Code and may result in the loss of your Level II-E designation.

Finally, please note that as a Level II-E facility, Swedish American *is* permitted under the Code to: (i) deliver infants with a gestation age of 30 or more weeks (so long as all other requirements set forth in Section 640.42 are adhered to); and (ii) provide treatment to maternal patients in the 30-32 week gestation period.

I would like to thank you and your staff for the hospitality shown to the site visit team during the perinatal re-designation site visit on July 27, 2016. The visit provided an opportunity for discussion of your perinatal services and to highlight your commitment to providing quality care for perinatal patients of Illinois. IDPH looks forward to a continued working relationship with your hospital that will greatly benefit perinatal patients. Please be assured that we stand ready to assist you in the effort to reduce perinatal morbidity and mortality in the community. Should you have questions regarding your hospital's role or responsibility in the Regionalized Perinatal Health System, please contact Trishna Harris at 312-814-1093.

Very truly yours,



Nirav D. Shah, M.D., J.D.
Director

cc: Jodi Hoskins, RNC, MSN
Perinatal Network Administrator
Rockford Perinatal Network

Trishna Harris, DNP, APN, WHNP-BC, CNM
Perinatal Nurse, Office of Women's Health and Family Services



May 22, 2020

Jennifer Maher
President & CEO
SwedishAmerican A Division of UW Health
1401 E. State Street
Rockford, IL 61104-9863

Joint Commission ID #: 7420
Program: Ambulatory Health Care Accreditation
Accreditation Activity: 45-day Evidence of Standards
Compliance
Accreditation Activity Completed : 5/8/2020

Dear Ms. Maher:

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 Ambulatory Health Care

This accreditation cycle is effective beginning February 29, 2020 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen 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,

A handwritten signature in black ink that reads 'Mark Pelletier'.

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



December 5, 2018

Michael J Born, MD, MBA, CPE
CEO
SwedishAmerican A Division of UW Health
1401 E. State Street
Rockford , IL 61104-9863

Joint Commission ID #: 7420
Program: Advanced Primary Stroke Center
Certification Activity: 60-day Evidence of Standards
Compliance
Certification Activity Completed Date : 12/5/2018

Dear Dr. Born:

The Joint Commission is pleased to grant your organization a Passed Certification decision for all services reviewed under the applicable manual(s) noted below:

- **Disease Specific Care Certification Manual**

This certification cycle is effective beginning October 6, 2018 and is customarily valid for up to 24 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your certification 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 certification decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



February 25, 2019

Michael J Born, MD, MBA, CPE
CEO
SwedishAmerican A Division of UW Health
1401 E. State Street
Rockford , IL 61104-9863

Joint Commission ID #: 7420
Program: Laboratory Accreditation
Accreditation Activity: Unannounced Full Event
Accreditation Activity Completed : 2/22/2019

Dear Dr. Born:

The Joint Commission thanks SwedishAmerican A Division of UW Health for participating in the accreditation process.

Your organization received Requirement(s) for Improvement during its recent review. These Requirement(s) for Improvement and follow-up activities have been summarized in the Accreditation Report that is posted on your secure extranet site, The Joint Commission Connect.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that our 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,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



March 12, 2019

Michael J Born, MD, MBA, CPE
CEO
SwedishAmerican A Division of UW Health
1401 E. State Street
Rockford , IL 61104-9863

Joint Commission ID #: 7420
Program: Lung Cancer
Certification Activity: 60-day Evidence of Standards
Compliance
Certification Activity Completed Date : 3/12/2019

Dear Dr. Born:

The Joint Commission is pleased to grant your organization a Passed Certification decision for all services reviewed under the applicable manual(s) noted below:

- **Disease Specific Care Certification Manual**

This certification cycle is effective beginning January 18, 2019 and is customarily valid for up to 24 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your certification 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 certification decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



April 20, 2020

HCO ID: # 7420

Jennifer Maher
President & CEO
SwedishAmerican A Division of UW Health
1401 E. State Street
Rockford, Illinois 61104-9863

Dear Ms. Maher:

After careful consideration and upon review of your organization's March 30, 2020 validation survey, The Joint Commission has decided to update your organization's accreditation decision to Accreditation with a follow-up Survey. Therefore, your Preliminary Denial of Accreditation Decision has been time-limited (February 29, 2020 to March 30, 2020). This Accreditation decision is effective for all services surveyed under the applicable manual(s) noted listed below:

- Comprehensive Accreditation Manual for Hospital

The Joint Commission will conduct an unannounced Follow-up Survey in approximately four (4) months.

Your organization has the right to request a review of the time-limited (February 29, 2020 to March 30, 2020) Preliminary Denial of Accreditation decision. As outlined in the Official Accreditation Policies and Procedures section of the accreditation manual, if you choose to request review by a Review Hearing Panel, your request must be received by the Joint Commission by 5 pm CDT on April 24, 2020.

Please note that a \$3905 fee will be assessed in order to conduct the Review Hearing Panel. Payment of this fee must accompany your request and is payable to The Joint Commission. In addition, all outstanding invoices from the Joint Commission must be paid in full. If you choose not to request a Review Hearing Panel by 5 pm CDT on April 24, 2020, the time-limited Preliminary Denial of Accreditation decision (February 29, 2020 to March 30, 2020) will remain in your organization's history.

All appeal requests or questions about the review & appeal process should be submitted to the following:

Andrea Coffaro
Senior Associate Director
Division of Accreditation and Certification Operations
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
acoffaro@jointcommission.org
(630)792-5207 - phone

Please be advised that this accreditation decision may be shared with the Centers for Medicare and Medicaid Services (CMS) and appropriate state or regional regulatory agencies.

As provided in the Public Information Policy of The Joint Commission, SwedishAmerican A Division of UW Health's status of a time-limited Preliminary Denial of Accreditation (February 29, 2020 to March 30, 2020) and Accreditation with a follow-up Survey (effective March 31, 2020) is disclosable to the public upon request and is published on The Joint Commission's Web site.

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

Attachment 6

Sincerely,

A handwritten signature in black ink that reads "Mark Pelletier". The signature is written in a cursive, slightly slanted style.

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

cc: Brett Cullen, Senior Account Executive
Andrea Coffaro, Senior Associate Director

APPLICABLE REVIEW CRITERIA

- a. 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.***

The project is for the expansion of 14 NICU beds at SwedishAmerican's existing hospital facility located at 1401 E. State Street in Rockford. The beds will be added to the existing NICU that includes 10 Level III beds that are currently located on the fifth floor of the hospital.

- b. 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.***

Included with this attachment 7 is the applicant's verification that the final cost report will be submitted to the agency no later than 90 days following the anticipated project completion date.

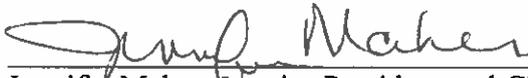
- c. 1130.531(c): *Verification that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption.***

Included with this attachment 7 is the applicant's verification that failure to complete the project within 24 months after the Board approves the exemption will invalidate the exemption, unless the exemption holder obtains an extension in accordance with and as provided by Section 1130.531(b) of the Review Board's regulations (77 Ill. Adm. Code 1130.531(b).)

APPLICANT'S VERIFICATION FOR NICU EXEMPTION

The undersigned representative of the applicants verifies the following:

1. That the final cost report will be submitted to the Agency no later than 90 days following the anticipated project completion date.
2. That the failure to complete the project within the 24 months after the Board approves the exemption will invalidate the exemption, unless the exemption holder obtains an extension in accordance with and as provided by Section 1130.531(b) of the Review Board's regulations (77 Ill. Adm. Code 1130.531(b).)



Jennifer Maher, Interim President and CEO
SwedishAmerican Health System

SAFETY NET IMPACT STATEMENT

Not applicable - This project is classified as non-substantive in accordance with 77 Ill. Adm. Code 1110.20.

CHARITY CARE INFORMATION STATEMENT

Not Applicable - This project is classified as non-substantive in accordance with 77 Ill. Adm. Code 1110.20.

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Not Applicable - There is no construction involved with applicant's exemption application request.

ADDITIONAL REQUIREMENTS

HISTORIC PRESERVATION REQUIREMENTS

Not Applicable - There is no construction involved with applicant's exemption application request.

SWEDISHAMERICAN
A DIVISION OF UW HEALTH



RECEIVED

JUN 15 2020

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Administration Office
1401 East State Street
Rockford, IL 61104
779.696.4002
779.696.2463 Fax

June 12, 2020

VIA OVERNIGHT DELIVERY

Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: SwedishAmerican Hospital, Expansion of NICU Exemption Application

Dear Ms. Avery,

Please find enclosed an original and a copy of SwedishAmerican Hospital's expansion of neonatal intensive care unit exemption application. The application is a request to expand our existing 10 bed Level III NICU located at our existing hospital at 1401 East State Street, Rockford, Illinois to 24 Level III NICU beds.

A \$2,500 check is enclosed for the application filing fee.

Thank you for your consideration. Please contact me with any questions regarding the exemption request. I can be reached at (779) 696-4005.

Sincerely,

Jedediah L. Cantrell, FACHE, MBA
Vice President of Operations