ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

#E-038-19

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Elmhurst Memorial Hospital		
Street Address: 155 E. Brush Hill Road		
City and Zip Code: Elmhurst 60126		
County: DuPage	Health Service Area VII	Health Planning Area: A-05

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

RECEIVED
AUG 8 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

Exact Legal Name: Elmhurst Memorial Hospital
Street Address:155 E. Brush Hill Road
City and Zip Code: Elmhurst 60126
Name of Registered Agent: Chris Mollett
Registered Agent Street Address: 801 S. Washington Street
Registered Agent City and Zip Code: Naperville, IL 60540
Name of Chief Executive Officer: Pamela Dunley
CEO Street Address: 155 E. Brush Hill Road
CEO City and Zip Code: Elmhurst 60126
CEO Telephone Number: 331-221-3790

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Minh Nguyen
Title: Director, Service Line Strategy
Company Name: Edward-Elmhurst Health
Address: 801 S. Washington Street Naperville, IL 60540
Telephone Number: 630-527-5791
E-mail Address: Minh.Nguyen@eehealth.org
Fax Number: 630-527-3963

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

Name: Cheryl Eck
Title: Associate Vice President, Strategy & Business Development
Company Name: Edward-Elmhurst Health
Address: 155 E. Brush Hill Road, Elmhurst, IL 60126
Telephone Number: 331-221-3478
E-mail Address:Cheryl.Eck@eehealth.org
Fax Number: 630-527-3963

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

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Street Address: 155 E. Brush Hill Road		
City and Zip Code: Elmhurst 60126		
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Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

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City and Zip Code: Elmhurst 60126
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E-mail Address: Minh.Nguyen@eehealth.org
Fax Number: 630-527-3963

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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Elmhurst Memorial Hospital		
Street Address: 155 E. Brush Hill Road		
City and Zip Code: Elmhurst 60126		
County: DuPage	Health Service Area VII	Health Planning Area: A-05

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

Exact Legal Name: Edward-Elmhurst Healthcare
Street Address: 801 S. Washington
City and Zip Code: Naperville 60540
Name of Registered Agent: Chris Mollett
Registered Agent Street Address: 801 S. Washington Street
Registered Agent City and Zip Code: Naperville, IL 60540
Name of Chief Executive Officer: Mary Lou Mastro
CEO Street Address: 801 S. Washington
CEO City and Zip Code: Naperville 60540
CEO Telephone Number: 630-527-5350

Type of Ownership of Applicants

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

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

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

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Name: Minh Nguyen
Title: Director, Service Line Strategy
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Address: 155 E. Brush Hill Road, Elmhurst, IL 60126
Telephone Number: 331-221-3478
E-mail Address:Cheryl.Eck@eehealth.org
Fax Number: 630-527-3963

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: Minh Nguyen
Title: Director, Service Line Strategy
Company Name: Edward-Elmhurst Health
Address: 801 S. Washington Street; Naperville, IL 60540
Telephone Number: 630-527-5791
E-mail Address: Minh.Nguyen@eehealth.org
Fax Number: 630-527-3963

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Elmhurst Memorial Healthcare
Address of Site Owner: 155 E. Brush Hill Road Elmhurst, IL 60126
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

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

Exact Legal Name: Elmhurst Memorial Hospital
Address: 155 E. Brush Hill Road Elmhurst, IL 60126

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

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

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

Organizational Relationships

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

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

Narrative Description

#E-038-19

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.

Elmhurst Memorial Hospital is proposing to discontinue its inpatient pediatric category of service. The discontinuance will take effect shortly following the approval from the Illinois Health Facilities and Services Review Board.

There are 6 pediatric beds proposed to be taken out of the hospital inventory. In 2017, 67 patients were admitted to the unit. The hospital will continue to treat pediatric patients through the Emergency Department, a variety of outpatient services and via networks of pediatricians and family medicine physicians.

The proposed project is limited to the discontinuation of inpatient pediatric beds and no other services will be impacted.

Pursuant to the Illinois Administrative Code Section 1110.20, this project is classified as substantive due to discontinuation of a category of service.

Project Status and Completion Schedules

#E-038-19

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes __ No _X_. 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.

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): _____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☐ All reports regarding outstanding permits **None Applicable**

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

CERTIFICATION

#E-038-19

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

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

This Application is filed on the behalf of ___Elmhurst Memorial 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.

SIGNATURE

Pam Dunley
PRINTED NAME

President/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 31 day of July, 2019

Signature of Notary

Seal

KATHLEEN E DONATO
Official Seal
Notary Public – State of Illinois
My Commission Expires Nov 28, 2021

SIGNATURE

Dan Sullivan
PRINTED NAME

Chief Medical Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of July, 2019

Signature of Notary

Seal

KATHLEEN E DONATO
Official Seal
Notary Public – State of Illinois
My Commission Expires Nov 28, 2021

*Insert the EXACT legal name of the applicant

CERTIFICATION

#E-038-19

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

This Application is filed on the behalf of ___Elmhurst Memorial Healthcare_____*

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	SIGNATURE
Pam Dunley	Dan Sullivan
PRINTED NAME	PRINTED NAME
President/CEO	Chief Medical Officer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 31 day of July, 2019	Notarization: Subscribed and sworn to before me this 30th day of July, 2019
Signature of Notary	Signature of Notary
Seal KATHLEEN E DONATO Official Seal Notary Public – State of Illinois My Commission Expires Nov 28. 2021	Seal KATHLEEN E DONATO Official Seal Notary Public – State of Illinois My Commission Expires Nov 28. 2021

*Insert the EXACT legal name of the applicant

CERTIFICATION

#E-038-19

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

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

This Application is filed on the behalf of Edward-Elmhurst Healthcare *

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

Mary Lou Mastro
PRINTED NAME

President/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of July, 2019

Signature of Notary

Seal

KATHLEEN E DONATO
Official Seal
Notary Public – State of Illinois
My Commission Expires Nov 28, 2021

SIGNATURE

Denise Chamberlain
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of July, 2019

Signature of Notary

Seal

KATHLEEN E DONATO
Official Seal
Notary Public – State of Illinois
My Commission Expires Nov 28, 2021

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

#E-038-19

Type of Discontinuation

- ☐ Discontinuation of an Existing Health Care Facility
- ☒ Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

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

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

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

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

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

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

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

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

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

A table in the following format must be provided as part of Attachment 9.

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

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

SECTION V. CHARITY CARE INFORMATION

#E-038-19

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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

#E-038-19

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	16-18
2	Site Ownership	19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	20
5	Discontinuation General Information Requirements	21-22
6	Reasons for Discontinuation	23
7	Impact on Access	24-27
8	Background of the Applicant	28-30
9	Safety Net Impact Statement	31-32
10	Charity Care Information	33

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

ELMHURST MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1934, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication # 1921001074 verifiable until 07/29/2020
Authenticate at http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* JULY *A.D.* 2019 .

Jesse White

SECRETARY OF STATE

Attachment #1

File Number 5836-907-1

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

ELMHURST MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 06, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication # 1921081092 verifiable until 07/29/2020
Authenticate at http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* JULY *A.D.* 2019 .

Jesse White

SECRETARY OF STATE

Attachment #1

#E-038-19

File Number 5464-307-1

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

EDWARD-ELMHURST HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication # 1921001140 verifiable until 07/29/2020
Authenticate at http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* JULY *A.D.* 2019 .

Jesse White

SECRETARY OF STATE

Attachment #1

Edward-Elmhurst HEALTH | Healthy Driven

July 30, 2019

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Elmhurst Memorial Hospital Discontinuation of Pediatric Category of Service

Dear Ms. Avery,

This letter is being submitted to indicate that the applicant Elmhurst Memorial Healthcare owns the Elmhurst Memorial Hospital site.

We trust this attestation complies with the State Agency Proof of Ownership requirement indicated in the permit application.

Sincerely,

Pam Dunley
President and CEO, Elmhurst Memorial Hospital

This instrument was acknowledged before me on July 31, 2019.

Signature of Notary

(Seal of Notary)

KATHLEEN E DONATO
Official Seal
Notary Public – State of Illinois
My Commission Expires Nov 28, 2021

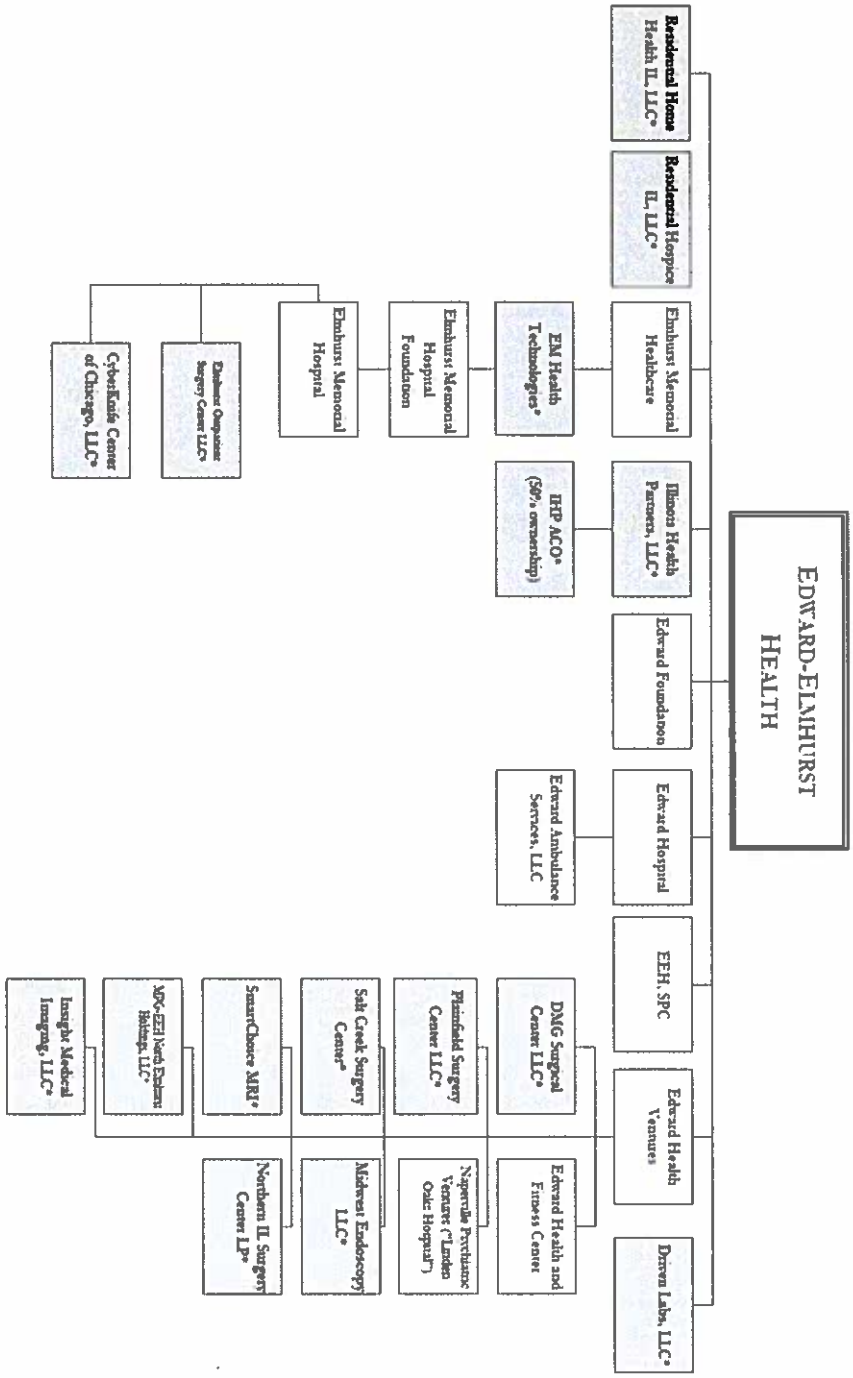
Elmhurst Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126

Attachment #2

Organizational Relationships—*Both Edward-Elmhurst Healthcare and Edward Hospital (co-Applicants) are included on the organizational chart below.*

#E-038-19

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



Attachment #4

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

1. Elmhurst Hospital's inpatient pediatrics category of services, consisting of 6 beds will be discontinued.
2. No other clinical services will be discontinued.
3. Discontinuation, in the form of filing proper documentation with the IHFSRB will occur within 30 days of the COE's approval.
4. The physician plant and equipment will be used for patient support services.
5. Medical records and other pertinent information relating to pediatric inpatient services will be retained at the hospital, consistent with its record retention and maintenance policies.
6. The proposed project is limited to the discontinuation of a single category of services; this criterion is not applicable.
7. See attachment #5 on the next page regarding the required notice that was published in the local newspaper.

Attachment #5

Elmhurst Hospital, 155 E. Brush Hill Rd., Elmhurst, 60126, intends to discontinue the authorized bed category of service for its six (6) bed pediatric inpatient services pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption applications to the HFSRB to be considered by Oct. 22, 2019. Copies of the application will be posted on the HFSRB website at **https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx**. For additional information, contact Keith Hartenberger, (630) 527-3929.

Published in Daily Herald July 17-19, 2019 (4528766)

REASONS FOR DISCONTINUATION

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

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

The primary reason to discontinue the pediatric inpatient category of service at Elmhurst Hospital is low census as demonstrated by the four years' of data below:

Calendar Year	Admissions	Average Daily Census	Occupancy Rate
2014	94	0.5	9.1%
2015	92	1.1	18.7%
2016	90	1.1	17.6%
2017	67	0.7	12.4%

With such low census, challenges have risen around recruiting staff with a desire to work with the pediatric population, difficulties in maintaining staff's competencies and skills sets in the pediatric field, and difficulties in operating the unit efficiently.

Both nationally and locally, pediatric inpatient discharges have declined due to the continued improvements in disease management on the outpatient side. Children that do require inpatient care are often more acute and require specialized services. Thus, inpatient pediatric services are being centralized to a limited number of hospitals that are able to provide that expertise. Within the Edward-Elmhurst Health system, acute pediatric patients requiring inpatient services can be cared for at Edward Hospital, where there is ample staffing and expertise as a result of a larger patient census. Edward Hospital is approximately 17 miles from Elmhurst Hospital.

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

The proposed discontinuation will not have an adverse effect upon access to care for residents within Elmhurst Hospital's market.

Utilizing guidelines from Section 110.510(d)(1), there are 7 hospitals nearby that offer inpatient pediatric care. Those hospitals are listed below and have been made aware of this pending closure.

Hospital Name	Hospital Address	
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale, IL 60521
Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park, IL 60160
Loyola University Medical Center	2160 S. First Avenue	Maywood, IL 60153
MacNeal Hospital	3249 South Oak Park Avenue	Berwyn, IL 60402
Shriners Hospitals for Children	2211 North Oak Park Avenue	Chicago, IL 60707
Westlake	1225 W. Lake St	Chicago, IL 60160
West Suburban Medical Center	3 Erie Ct	Oak Park, IL 60302

Attached is a copy of the notification letter that was sent to the hospitals listed above as well as confirmations of receipt. No responses were received.

Attachment #7

Edward-Elmhurst
HEALTH

July 16, 2019

Certified Mail

<Name>
<Address>
<Address>

RE: Proposed Discontinuation of Pediatric Category of Service at Elmhurst Hospital

Dear Administrator,

This letter is to inform you that Elmhurst Hospital is seeking to discontinue its Pediatric Inpatient category of services from the Illinois Health Facility and Services Review Board and to provide you an opportunity to submit an impact statement, should you choose to do so.

Elmhurst Hospital currently has 6 licensed pediatric inpatient beds. In 2016, Elmhurst Hospital admitted 90 patient to the unit. In 2017, 67 patients were admitted to the unit.

If you choose to provide an impact statement, please indicate whether your hospital has any admission restrictions or limitations which would preclude the hospital from providing services to the residents from Elmhurst Hospital's service area. Any impact statement received will be forward to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Pamela Dunley
President/CEO

Elmhurst Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126

Attachment #7

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

NAPERVILLE IL 60540 JUL 2019 USPS Postmark Here

Sent To: Shriners Hospital
Street, Apt. No.; or PO Box No.: 2211 N. Oak Park avenue
City, State, ZIP+4: Chicago, IL 60707

PS Form 3800, June 2002 — See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)	
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Total Postage & Fees	$

NAPERVILLE IL 60540 JUL 17 2019 USPS Postmark Here

Sent To: Hinsdale Hospital / Steven Provence
Street, Apt. No.; or PO Box No.: 120 N Oak Street
City, State, ZIP+4: Hinsdale, IL 60521

PS Form 3800, June 2002 — See Reverse for Instructions

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Total Postage & Fees	$

NAPERVILLE IL 60540 JUL 2019 USPS Postmark Here

Sent To: MacNeal Hospital
Street, Apt. No.; or PO Box No.: 3249 S. Oak Park Ave
City, State, ZIP+4: Berwyn, IL 60402

PS Form 3800, June 2002 — See Reverse for Instructions

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Total Postage & Fees	$

NAPERVILLE IL 60540 JUL 7 2019 USPS Postmark Here

Sent To: Gottlieb Hospital
Street, Apt. No.; or PO Box No.: 701 W. North avenue
City, State, ZIP+4: Melrose Park, IL 60160

PS Form 3800, June 2002 — See Reverse for Instructions

Attachment #7

#E-038-19

7005 1160 0001 3226 4990

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Total Postage & Fees $

Postmark Here
NAPERVILLE IL 60540
JUL 17 2019
USPS

Sent To: West Suburban Medical Center
Street, Apt. No.; or PO Box No.: 3 Erie Court
City, State, ZIP+4: Oak Park, IL 60302

PS Form 3800, June 2002 — See Reverse for Instructions

7005 1160 0001 3226 4964

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Total Postage & Fees $

Postmark Here
NAPERVILLE IL 60540
JUL 17 2019
USPS

Sent To: Loyola / Chad Whalen
Street, Apt. No.; or PO Box No.: 2160 S. First Avenue
City, State, ZIP+4: Maywood, IL 60153

PS Form 3800, June 2002 — See Reverse for Instructions

7005 1160 0001 3226 4980

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here
NAPERVILLE IL 60540
JUL 17 2019
USPS

Sent To: Westlake Hospital
Street, Apt. No.; or PO Box No.: 1225 W. Lake Street
City, State, ZIP+4: Chicago, IL 60160

PS Form 3800, June 2002 — See Reverse for Instructions

Attachment #7

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

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

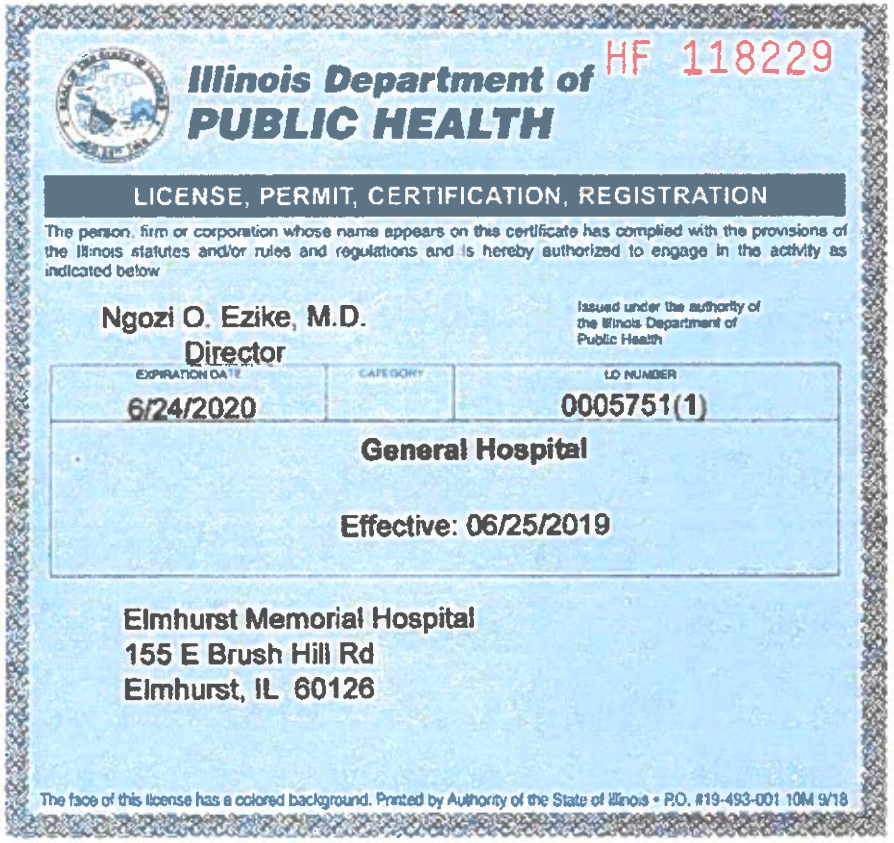
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information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

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

1. The applicant Elmhurst Memorial Hospital owns or operates the following licensed health care facilities:

Facility	Location	IDPH License
Elmhurst Memorial Hospital	Elmhurst, IL	0005751(1)

Attached on the following page is the current state hospital license.



HF 118229

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LO NUMBER
6/24/2020		0005751(1)

General Hospital

Effective: 06/25/2019

Elmhurst Memorial Hospital
155 E Brush Hill Rd
Elmhurst, IL 60126

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/24/2020

Lic Number 0005751(1)

Date Printed 5/13/2019

Elmhurst Memorial Hospital

155 E Brush Hill Rd
Elmhurst, IL 60126

FEE RECEIPT NO.

Edward-Elmhurst HEALTH | Healthy Driven

July 30, 2019

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Elmhurst Memorial Hospital Discontinuation of Pediatric Category of Service

To Whom It May Concern,

In accordance with Review Criteria 1110.230, Background of Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that no adverse actions have been taken against Elmhurst Memorial Hospital or any other facility owned or operated by the co-applicants during the three years prior to filing of this application.

Further, the HFSRB and the DPH is herein given authorization to review any records necessary for the verification of the information provided in this application.

Sincerely,

Pamela J Dunley

Pam Dunley
President and CEO, Elmhurst Memorial Hospital

This instrument was acknowledged before me on July 31, 2019.

Kathleen E Donato

Signature of Notary

(Seal of Notary)

KATHLEEN E DONATO
Official Seal
Notary Public – State of Illinois
My Commission Expires Nov 28, 2021

Elmhurst Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126

Attachment #8

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

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

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

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

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

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

A table in the following format must be provided as part of Attachment 9.

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

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

The proposed discontinuation of inpatient pediatrics category of services will not have material impact on essential safety net services in the communities served by Elmhurst Memorial Hospital.

Pediatric services are shifting away from inpatient care. Inpatient pediatric care this is necessary is moving toward hospitals with more specialized pediatric services. Edward Hospital is a part of Edward-Elmhurst Health, the same system that Elmhurst Memorial Hospital is a part of. Edward Hospital is located less than 20 miles away and offers a broad spectrum of inpatient pediatric care including a level 3 neonatal intensive care unit, a pediatric intensive care unit, a pediatric inpatient unit, pediatric hospitalists, pediatric intensivists and numerous pediatric subspecialists. Edward Hospital operates under the same charity care policies and under the same third party contracts as Elmhurst Memorial Hospital. As a result, community members will not experience any barriers to admission at Edward Hospital as a result of the proposed discontinuation at Elmhurst Memorial Hospital. In addition, there are 7 hospitals located within 10 miles of Elmhurst Memorial Hospital that provide inpatient pediatric care, each with excess capacity.

Due to low number of pediatric admission at Elmhurst Memorial Hospital, it is not anticipated that the proposed discontinuation will result in any substantive impact on any other provider.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2015**	**2016**	**2017**
Inpatient	332	135	259
Outpatient	4,047	4,983	8,651
Total	**4,379**	**5,148**	**8,910**
Charity (cost in dollars)			
Inpatient	$2,840,307	$3,020,168	$2,622,318
Outpatient	$4,032,845	$4,204,132	$6,186,542
Total	**$6,873,152**	**$7,224,300**	**$8,808,860**
MEDICAID			
Medicaid (# of patients)	**2015**	**2016**	**2017**
Inpatient	1,749	1,790	1,868
Outpatient	58,892	62,731	46,935
Total	**61,641**	**62,731**	**49,935**
Medicaid (revenue)			
Inpatient	$17,493,937	$15,317,321	$17,181,897
Outpatient	$17,341,121	$17,211,789	$26,195,506
Total	**$34,835,057**	**$32,529,109**	**$43,377,403**

Attachment #9

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

Elmhurst Memorial Hospital: CHARITY CARE			
	2015	**2016**	**2017**
Net Patient Revenue	**$379,832,414**	**$389,231,156**	**$418,514,781**
Amount of Charity Care (charges)	$32,842,986	$38,437,352	$46,861,371
Cost of Charity Care	$6,873,152	$7,224,300	$8,808,860

#E-038-19

Healthy Driven
Edward-Elmhurst
HEALTH

August 1, 2019

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

To Whom It May Concern:

Enclosed please find Elmhurst Memorial Hospital's COE Application for discontinuation of pediatric inpatient category of service. You will also find the $2,500 check for the initial application fee.

Please contact me at 630-527-5791 if you have any questions about the materials enclosed.

Sincerely,

Minh Nguyen
Director, Service Line Strategy

Edward Hospital
801 S. Washington Street
Naperville, IL 60540

Elmhurst Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126
EEHealth.org