

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR EXEMPTION PERMIT

RECEIVED

AUG 13 2019

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Silver Cross Hospital and Medical Centers (Neonatal Intensive Care Unit)
Street Address: 1900 Silver Cross Boulevard
City and Zip Code: New Lenox, Illinois 60451
County: Will Health Service Area: 009 Health Planning Area: 009

Applicant(s) [Provide for each co-applicant (refer to Part 1130 220)]

Exact Legal Name: Silver Cross Health System
Street Address: 1900 Silver Cross Boulevard
City and Zip Code: New Lenox, Illinois 60451
Name of Registered Agent: Edward J. Green, Esq., c/o Foley & Lardner LLP
Registered Agent Street Address: 321 North Clark Street, Suite 2800
Registered Agent City and Zip Code: Chicago, Illinois 60654
Name of Chief Executive Officer: Ruth Colby
CEO Street Address: 1900 Silver Cross Boulevard
CEO City and Zip Code: New Lenox, Illinois 60451
CEO Telephone Number: (815) 300-7000

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	

- 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.

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: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Exact Legal Name: Silver Cross Health System		
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- 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.

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Name: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

Additional Contact

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

Name: Ruth Colby
Title: President and Chief Executive Officer
Company Name: Silver Cross Hospital & Medical Centers
Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Telephone Number: (815) 300-7000
E-mail Address: rcolby@silvercross.org
Fax Number: 815-300-4965

Additional Contact

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

Name: Mary Bakken
Title: Executive Vice President and Chief Operating Officer
Company Name: Silver Cross Hospital & Medical Centers
Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Telephone Number: (815) 300-7107
E-mail Address: mbakken@silvercross.org
Fax Number: 815-300-7047

Post Exemption Permit Contact

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

Name: Mary Bakken
Title: Executive Vice President and Chief Operating Officer
Company Name: Silver Cross Hospital & Medical Centers
Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Telephone Number: (815) 300-7107
E-mail Address: mbakken@silvercross.org
Fax Number: 815-300-7047

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Silver Cross Hospital and Medical Centers
Address of Site Owner: 1900 Silver Cross Boulevard, New Lenox, Illinois 60451
Street Address or Legal Description of 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: Silver Cross Hospital and Medical Centers	
Address: 1900 Silver Cross Boulevard, New Lenox, Illinois 60654	
<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 co-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

Provide in the space below, 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.

Silver Cross Hospital and Medical Centers, an Illinois not for profit corporation ("Silver Cross"), and Silver Cross Health System, an Illinois for profit corporation ("Silver Cross Health System," collectively with Silver Cross, the "Applicants") hereby seek a Certificate of Exemption ("COE") from the Illinois Health Facilities & Services Review Board (the "Review Board") to establish a Level III neonatal intensive care unit ("NICU") at Silver Cross Hospital and Medical Centers in New Lenox, Illinois ("Silver Cross Hospital") to address the increasing demand (and need) for advanced perinatal care on the Silver Cross Hospital campus (the "Project").

Fiscal Year to Date 2019, Silver Cross Hospital has delivered 2,318 newborns, which is a three percent (3%) increase over the number of newborns delivered for the same time period in 2018. Although the 2018 Annual Hospital Questionnaire ("AHQ") is still not available, the 2017 AHQ data reveals that Silver Cross Hospital had the tenth largest obstetrics program in the State of Illinois and that Silver Cross Hospital is the only hospital within the top 10 that did not have a NICU. The lack of a NICU has forced Silver Cross Hospital's patients (expectant mothers and delivered babies) to travel or to be transferred to other hospitals, thereby putting those patients at risk and resulting in disjointed care. Indeed, the nearest hospital to Silver Cross Hospital with a Level III NICU is more than 20 miles (30+ minutes) away.

In 2018, 19 expectant mothers were transferred directly from Silver Cross Hospital to another hospital due to a high-risk pregnancy and 33 babies were transferred out after being delivered at Silver Cross Hospital. This type of disjointed care can lead to risks to the baby, not to mention the fact that a new mother is now separated from her child. And these numbers do not account for the number of women who leave the service area because they desire to have their child at a hospital with an NICU just in case more critical care is needed. In Calendar Year 2018, 47.7% of babies whose mothers reside in the Silver Cross Hospital's service area left the service area to receive perinatal services. The Applicants firmly believe that this number will continue to grow if Silver Cross Hospital does not establish a NICU on its campus and meet the community need. In 2017, for the first time in a decade, the only age group with growing birth volumes was women over 40. The complexity of patients is increasing due to increased maternal age. See National Vital Statistics Report, Centers for Disease Control and Prevention (2017); and How Do Women Choose Pregnancy Care?, The Advisory Board (2018).

While continuity of care is of utmost importance, the patient experience is fundamental to Silver Cross Hospital and this gap in services presents many issues for the patients served by Silver Cross Hospital. The transfer process, itself, can be stressful. This also causes unnecessary stress on family members who have to travel longer distances. From the patient perspective, they now have had to travel and be introduced to all new providers who are unfamiliar with the patient and their medical history. Many of these patients' have been with their OB/GYN for years and receiving services at another facility where that physician is not on staff interrupts continuity of care. Not to mention, if the mother has delivered at Silver Cross Hospital and her baby needs a transfer to another facility, she is now separated from her newborn child and will need to travel 40+ miles round trip, per day to see her baby. Thus, it is long past the time for Silver Cross Hospital to address the lack of advanced perinatal care on the Silver Cross Hospital campus so it can serve the patients residing in its service area.

Silver Cross Hospital is especially well positioned and has the expertise to provide advanced perinatal services. Silver Cross Hospital currently operates a Level II care nursery (8 beds) and a Level IIE special care nursery (9 beds and established in 2015). 341 babies received care in those nurseries in 2018. It has always been the commitment of the Applicants to bring expertise to the communities served by Silver Cross Hospital, as evidenced by its current programs and through affiliations with "best in breed" organizations to deliver state-of-the-art medicine on its campus in New Lenox. Indeed, Silver Cross Hospital already has a solid foundation to start these services through its existing partnership with Ann and Robert H. Lurie Children's Hospital of Chicago to provide pediatric and neonatal services at Silver Cross Hospital and with physicians from the Fetal and Neonatal Medicine Center at Rush University Children's Hospital who care for high-risk mothers regularly at Silver Cross Hospital. Indeed, many of the Silver Cross Hospital OB/GYN physicians are on staff at other hospitals due to the lack of a NICU at Silver Cross Hospital. These physicians have strongly expressed their support and desire for the Applicants to establish a Level III NICU at Silver Cross Hospital.

Patients at Silver Cross Hospital have repeatedly said the exact same thing: that it is their strong desire to remain at Silver Cross Hospital with the physician of their choice so that their care is not disrupted or provided far away from home. Being able to provide services to high-risk mothers and babies at Silver Cross Hospital rather than transferring patients out of the service area will improve the healthcare and well-being of the communities served by the Applicants. As this Board is well aware, the Applicants built its replacement hospital in New Lenox to better serve its communities, with a vision for expansion and advancement. Recent examples are the addition of the 100-bed Silver Oaks Behavioral Hospital, the new ambulatory surgery center and most recently the addition of an open heart surgery program. It is now the appropriate time to address the need for a Level III NICU for Will County by offering a solution that coordinates care and brings new medical expertise to local residents.

The NICU at Silver Cross Hospital will contain 24 beds and will occupy 13,162 square feet of space. The NICU will be housed on the third floor, as part of an expansion to the third floor at Silver Cross Hospital. In addition, Silver Cross Hospital is proposing to add 11,218 square feet of interstitial space immediately above the NICU to house HVAC and mechanical units to support the NICU.

The total cost of this Project is \$12,830,625 and it is anticipated that this Project will be completed on June 30, 2021.

Pursuant to 77 Il. Admin. §1110.20(c)(1)(B)(i), this Project is considered "Substantive."

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	29,250	20,750	50,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	5,114,800	3,628,450	8,743,250
Modernization Contracts	33,301	377,949	411,250
Contingencies	403,650	286,350	690,000
Architectural/Engineering Fees	393,778	279,347	673,125
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	1,810,400	452,600	2,263,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	7,785,179	5,045,446	12,830,625
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	7,785,179	5,045,446	12,830,625
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	7,785,179	5,045,446	12,830,625
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 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.

On December 4, 2018, the Review Board approved Project No. 18-020 for the establishment of an open heart surgery program at Silver Cross Hospital. Project No. 18-020 has a project completion date of June 30, 2020. Project No. 18-020 should be completed prior to the projected completion date of this COE.

Anticipated exemption completion date (refer to Part 1130.570): **June 30, 2021**

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

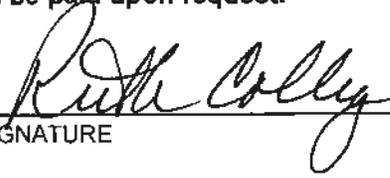
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 Silver Cross Hospital & Medical Centers* 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 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

Ruth Colby
PRINTED NAME

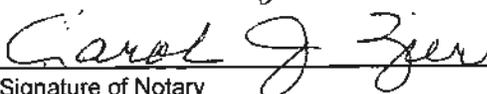
President & CEO
PRINTED TITLE

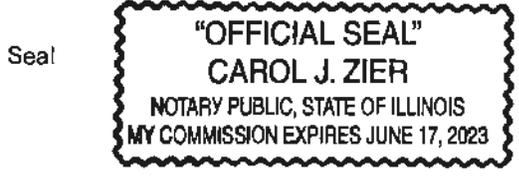

SIGNATURE

Vincent Pryor
PRINTED NAME

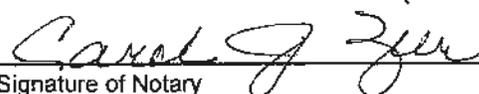
Senior Vice President & CFO
PRINTED TITLE

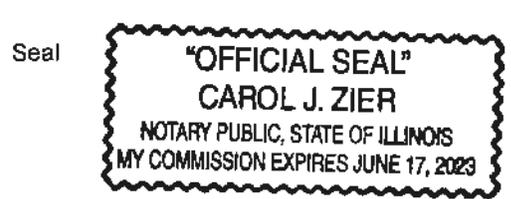
Notarization:
Subscribed and sworn to before me
this 15th day of August 2019


Signature of Notary



Notarization:
Subscribed and sworn to before me
this 15th day of August


Signature of Notary



*Insert EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application is filed on the behalf of Silver Cross Health System* 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.

Ruth Colby
SIGNATURE

Ruth Colby
PRINTED NAME

President & CEO
PRINTED TITLE

Vincent Pryor
SIGNATURE

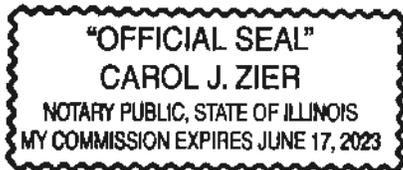
Vincent Pryor
PRINTED NAME

Assistant Treasurer & CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of August.

Carol J Zier
Signature of Notary

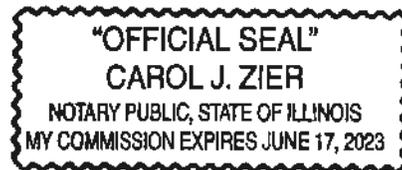
Seal



Notarization:
Subscribed and sworn to before me
this 1st day of August.

Carol J Zier
Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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 6.

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	0	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.

Section I
Attachment 1
Applicant Identification

The Certificates of Good Standing for the Applicants are attached at ATTACHMENT 1.

File Number

0548-203-8



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

SILVER CROSS HOSPITAL AND MEDICAL CENTERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 16, 1891, 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 12TH day of AUGUST A.D. 2019 .



Jesse White

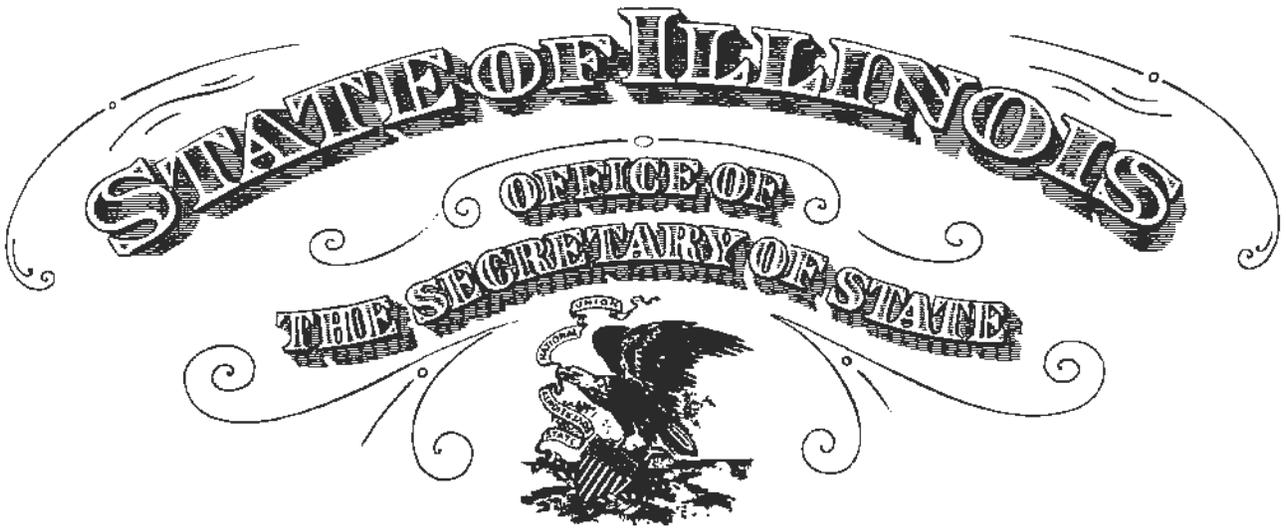
SECRETARY OF STATE

Authentication #: 1922400598 verifiable until 08/12/2020

Authenticate at: <http://www.cyberdriveillinois.com>

File Number

5257-283-5



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

SILVER CROSS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 19, 1981, 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 12TH day of AUGUST A.D. 2019 .



Authentication #: 1922400572 verifiable until 08/12/2020
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Section I
Attachment 2
Site Ownership

Silver Cross owns and operates Silver Cross Hospital. An Affidavit from Ruth Colby, the President and CEO of Silver Cross, in support of this Criterion is attached at ATTACHMENT 2.

August 1, 2019

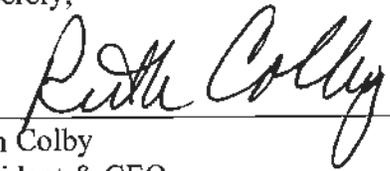
Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Corporate Ownership of Silver Cross Hospital and Medical Centers (NICU Certificate of Exemption)

Dear Mr. Constantino:

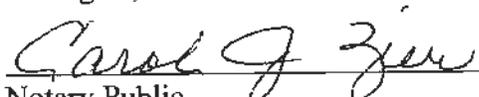
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that Silver Cross Hospital and Medical Centers, an Illinois not-for-profit, owns and operates Silver Cross Hospital and Medical Centers, a general acute care hospital located at 1900 Silver Cross Boulevard, New Lenox, Illinois.

Sincerely,

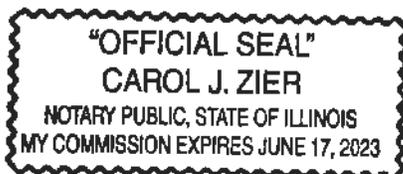


Ruth Colby
President & CEO
Silver Cross Health System
Silver Cross Hospital and Medical Centers

SUBSCRIBED AND SWORN
to before me this 1st day
of August, 2019.



Notary Public



Section I
Attachment 3
Operating Entity/Licensee

Silver Cross owns and operates Silver Cross Hospital. The Certificate of Good Standing for Silver Cross is attached at ATTACHMENT 1.

File Number

0548-203-8



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

SILVER CROSS HOSPITAL AND MEDICAL CENTERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 16, 1891, 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 12TH day of AUGUST A.D. 2019 .



Jesse White

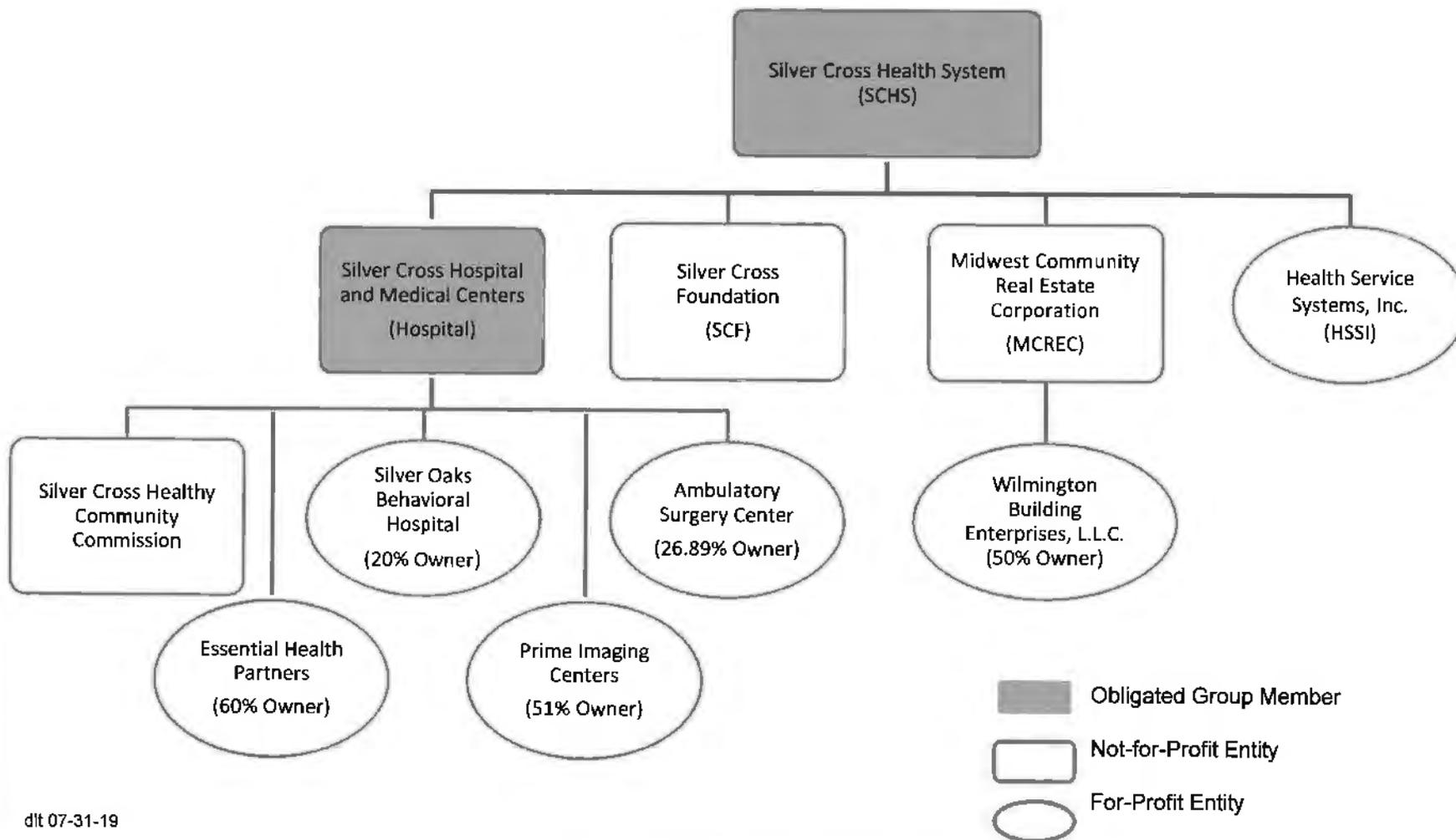
SECRETARY OF STATE

Authentication #: 1922400598 verifiable until 08/12/2020
Authenticate at: <http://www.cyberdriveillinois.com>

Section I
Attachment 4
Organizational Relationships

The organizational chart for the Applicants is attached at ATTACHMENT 4.

Silver Cross Health System & Affiliates



0023

Attachment
4

dlt 07-31-19

#E-039-19

Section I
Attachment 5
Project Costs & Sources of Funds

An equipment listing/summary is attached at ATTACHMENT 5.

NICU FURNITURE AND EQUIPMENT

NICU 24 beds

Equipment	Need to purchase
Omnibed	11
Giraffe	3
IV pump x 2 each room	39
Feeding pump	12
Syringe pump x 2 each room	39
Bili lights on pole	8
Diaper scale	24
Breast pump	24
Floor swing	22
Cardiac Monitors	14
Lounge chair / rocking chair	24/20
Thermometer	20
Neonatal Ventilator	5
Vapotherm (high flow oxygen)	6
Crash carts in SCN	2
Breastmilk refrigerator	3
Breastmilk freezer	1
Medication pyxis	2
O2 blenders/regulators	16
General Furniture	
TOTAL COST	\$2,263,000

7/29/19

Section II
Attachment 6
Background of the Applicants

Silver Cross Hospital and Medical Centers

1. Silver Cross Hospital and Medical Centers, an Illinois not-for-profit corporation, owns and operates Silver Cross Hospital and Medical Centers. Silver Cross Hospital is a fully licensed, Medicare-certified, Joint Commission accredited, 302 bed general acute care hospital, located at 1900 Silver Cross Boulevard, New Lenox, Illinois 60451. Copies of the current license and Joint Commission accreditation for Silver Cross Hospital are attached at ATTACHMENT 6.
2. Silver Cross Hospital has been recognized as a 5 star hospital by the Centers for Medicare and Medicare Services, a Truven Health Analytics 100 Top Hospitals National Award winner for seven consecutive years, a Hospital of Choice by the American Alliance of Healthcare Providers, and was honored with an "A" Hospital Safety GradeSM by The Leapfrog Group for seven consecutive periods.
3. Silver Cross Hospital has forged partnerships with several "best in breed" organizations to deliver state-of-the-art medicine on its campus in New Lenox. Those partners include the Shirley Ryan AbilityLab (formerly the Rehabilitation Institute of Chicago) on rehabilitation, Ann & Robert H. Lurie Children's Hospital of Chicago on pediatrics, and the University of Chicago on cancer care.
4. In 2018, Silver Cross Hospital provided over \$35 million in charity care and other community benefits.
5. Silver Cross Hospital (through a joint venture with USPI and certain physicians) owns an interest in Silver Cross Ambulatory Surgery Center, a fully licensed, Medicare-certified, three operating room, nine recovery room, ambulatory surgery center on the Silver Cross Hospital campus. See Project No. 16-021.
6. Silver Cross Hospital (through a joint venture with US HealthVest and various US Healthvest affiliates) owns an interest in Silver Oaks Hospital, a fully licensed, Medicare-certified, 100 bed behavioral health hospital on the Silver Cross Hospital Campus. See Project No. 17-009.
7. There have been no adverse actions taken against any facility owned or operated by Silver Cross Hospital during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 6.
8. An authorization letter granting access to the Board and the Illinois Department of Public Health ("IDPH") to verify information about Silver Cross Hospital is attached at ATTACHMENT 6.

Silver Cross Health System

1. Silver Cross Health System, an Illinois not-for-profit corporation, is the sole member of Silver Cross Hospital and Medical Centers.

2. There have been no adverse actions taken against any facility owned or operated by Silver Cross Health System during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 6.

3. An authorization letter granting access to the Board and IDPH to verify information about Silver Cross Health System is attached at ATTACHMENT 6.



**Illinois Department of
PUBLIC HEALTH**

HF117369

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.

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

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
2/25/2020		0005827
General Hospital		
Effective: 02/26/2019		

Silver Cross Hospital and Medical Centers
1900 Silver Cross Blvd
New Lenox, IL 60451

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 10/16



Silv
190
New

Silver Cross Hospital

New Lenox, IL

has been Accredited by



The Joint Commission

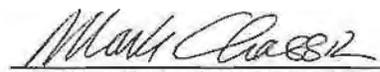
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

January 28, 2017

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #7365
Print/Reprint Date: 04/04/2017


Mark R. Classin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



August 1, 2019

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: No Adverse Actions Certification (NICU Certificate of Exemption)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. There have been no adverse actions taken against any facility owned or operated by Silver Cross Health System during the three (3) years prior to the filing of this Certificate of Exemption Application.

2. There have been no adverse actions taken against any facility owned or operated by Silver Cross Hospital and Medical Centers during the three (3) years prior to the filing of this Certificate of Exemption Application.

Sincerely,

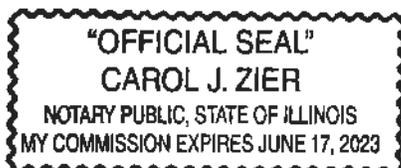


Ruth Colby
President & CEO
Silver Cross Health System
Silver Cross Hospital and Medical Centers

Subscribed and Sworn to before me
this 1st day of August, 2019.



Notary Public



Attachment
6

August 1, 2019

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Authorization to Access Information (NICU Certificate of Exemption)

Dear Mr. Constantino:

I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Silver Cross Health System and Silver Cross Hospital and Medical Centers with this Certificate of Exemption Application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this Certificate of Exemption Application.

Sincerely,

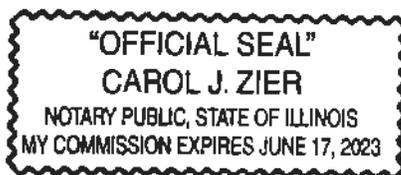


Ruth Colby
President & CEO
Silver Cross Health System
Silver Cross Hospital and Medical Centers

Subscribed and Sworn to before me
this 1st day of August, 2019.



Notary Public



Attachment
6

Section III
Attachment 7
Criterion 1130.531
Neonatal Intensive Care Services

Criterion 1130.531(a), Description of Project

The Applicants are seeking a COE to establish a Level III neonatal intensive care unit ("NICU") at Silver Cross Hospital to address the increasing demand (and need) for advanced perinatal care on the Silver Cross Hospital campus.

The NICU at Silver Cross Hospital will contain 24 beds and will occupy 13,162 square feet. The NICU will be housed on the third floor, as part of an expansion to the third floor at Silver Cross Hospital. In addition, Silver Cross Hospital is proposing to add 11,218 square feet of interstitial space immediately above the NICU to house HVAC and mechanical units to support the NICU.

Floor and space plans for the NICU (third floor) and interstitial space (fourth floor) are attached at ATTACHMENT 7.

The total cost of this Project is \$12,830,625 and it is anticipated that this Project will be completed on June 30, 2021.

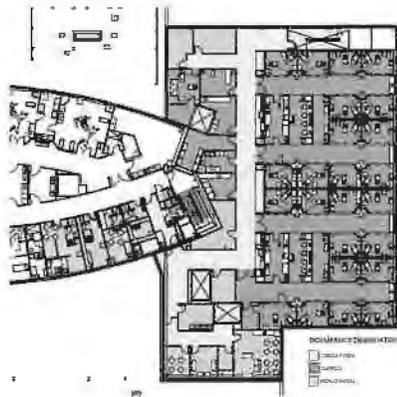
See the Narrative for additional support for this Criterion.

Criterion 1130.531(b), Final Cost Report Verification

An Affidavit from Ruth Colby, the President and CEO of Silver Cross, in support of this Criterion is attached at ATTACHMENT 7.

Criterion 1130.531(c), Completion Date Verification

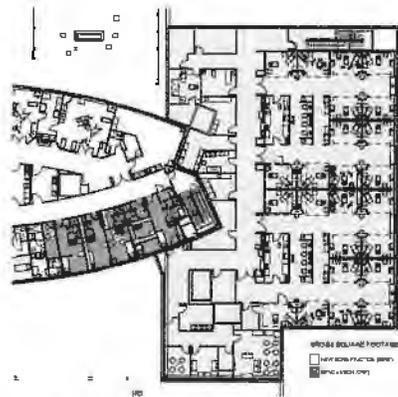
An Affidavit from Ruth Colby, the President and CEO of Silver Cross, in support of this Criterion is attached at ATTACHMENT 7.



NCJ COE - Clinical Non-Clinical

COE - Clinical Designation

Room No.	Room Name	Designation
101	RECEPTION	CLINICAL
102	WAITING AREA	CLINICAL
103	RECEPTION	CLINICAL
104	RECEPTION	CLINICAL
105	RECEPTION	CLINICAL
106	RECEPTION	CLINICAL
107	RECEPTION	CLINICAL
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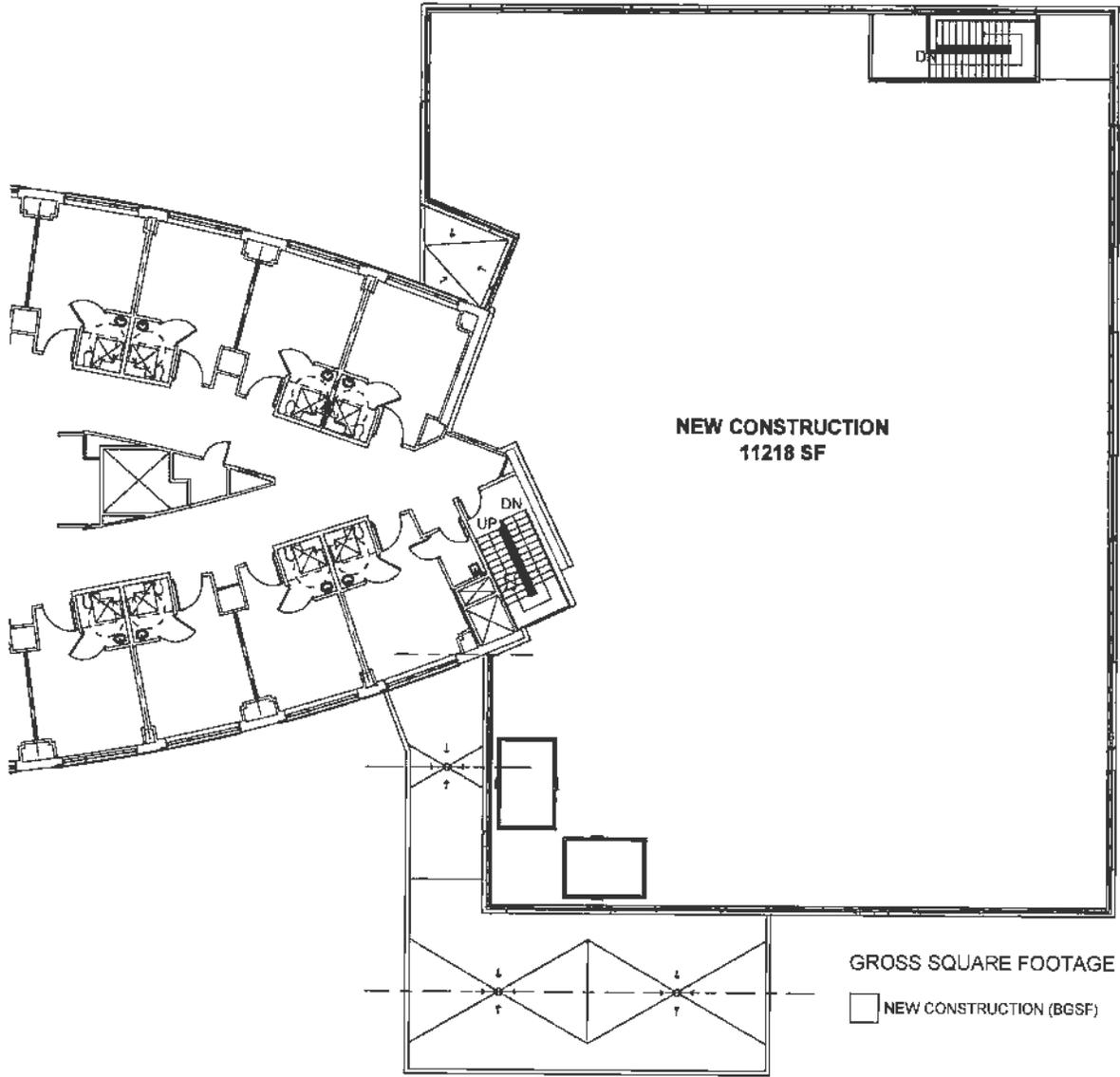
NCJ COE - Renovation

COE - Renovation/New Designation

Room No.	Room Name	Designation
201	RECEPTION	RENOVATION
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ECKENHOFF SAUNDERS ARCHITECTS

COE Square Footages | COE-01
Silver Cross Hospital
 NCJ Expansion



2 NICU COE - Level 4 (BGSF)

1/16" = 1'-0"



August 1, 2019

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Criterion 1130.531, Neonatal Intensive Care Services
(NICU Certificate of Exemption)

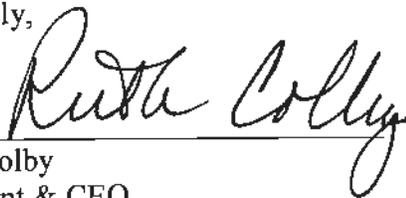
Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code §§ 1130.531(a)(2) and (a)(3), as follows:

1. Silver Cross Hospital and Medical Centers (“Silver Cross Hospital”) and Silver Cross Health System (“Silver Cross Health System”) will submit a final cost report to the Illinois Health Facilities & Services Review Board (the “Board”) no later than ninety (90) days following the anticipated project completion date (i.e., June 30, 2021) of the NICU project identified in their Certificate of Exemption (“COE”) Application.

2. Silver Cross Hospital and Silver Cross Health System acknowledge and agree that the failure to complete the project identified in their COE Application within twenty four (24) months after the Board approves the COE will invalidate the COE, unless otherwise extended in accordance with 77 Ill. Admin. Code § 1130.531(b).

Sincerely,

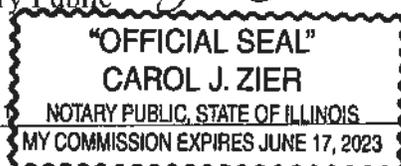


Ruth Colby
President & CEO
Silver Cross Health System
Silver Cross Hospital and Medical Centers

Subscribed and Sworn to before me
this 1st day of August, 2019.



Notary Public



Section IV
Attachment 8
Safety Net Impact Statement

1. The proposed NICU will have no negative impact on essential safety net services. Indeed, the proposed NICU will improve essential safety net services in Silver Cross Hospital's service area by providing needed advanced perinatal on the Silver Cross Hospital campus and decreasing travel and transfer times for Silver Cross Hospital's patients.

2. The following chart sets forth the amount of charity care provided by Silver Cross Hospital in the last three fiscal years (as reported by Silver Cross Hospital on its Annual Hospital Questionnaires.)

Silver Cross Hospital Charity Care			
	FY 2016	FY 2017	FY 2018
Number of Inpatient Charity Care Patients	971	1,113	1,779
Number of Outpatient Charity Care Patients	3,584	3,658	4,938
Total Number of Charity Care Patients	4,555	4,771	6,717
Inpatient Charity Care Charges	\$10,806,000	\$7,962,000	\$12,637,720
Outpatient Charity Care Charges	\$6,909,000	\$10,073,000	\$15,854,280
Total Charity Care Charges	\$17,715,000	\$17,765,000	\$28,492,000
Inpatient Cost of Charity Care	\$3,065,000	\$2,251,000	\$3,425,000
Outpatient Cost of Charity Care	\$1,959,000	\$2,865,000	\$4,187,000
Total Cost of Charity Care	\$5,024,000	\$5,116,000	\$7,612,000

3. The following chart sets forth the amount of care provided to Medicaid patients by Silver Cross Hospital in the last three fiscal years (as reported by Silver Cross Hospital on its Annual Hospital Questionnaires).

Silver Cross Hospital Medicaid			
	FY 2016	FY 2017	FY 2018
Number of Inpatient Medicaid Patients	2,948	2,479	2,398
Number of Outpatient Medicaid Patients	32,400	26,480	25,975
Total Number of Medicaid Patients	35,348	28,959	28,373
Net Inpatient Medicaid Revenues	\$20,015,000	\$19,854,000	\$19,711,000
Net Outpatient Medicaid Revenues	\$24,553,000	\$24,027,000	\$25,230,000
Total Net Medicaid Revenues	\$44,568,000	\$43,881,000	\$44,941,000

4. The following chart sets forth the amount of care provided to self-pay patients by Silver Cross Hospital in the last three fiscal years.

Silver Cross Hospital Self-Pay			
	FY 2016	FY 2017	FY 2018
Number of Inpatient Self-Pay Patients	358	220	507
Number of Outpatient Self-Pay Patients	6,789	6,013	7,390
Total Number of Self-Pay Patients	7,147	6,223	7,897
Inpatient Self-Pay Revenues	\$573,000	\$632,000	\$191,000
Outpatient Self-Pay Revenues	\$2,439,000	\$1,028,000	\$1,610,000
Total Self-Pay Revenues	\$3,012,000	\$1,660,000	\$1,801,000

Section V
Attachment 9
Charity Care Information

Silver Cross Hospital's charity care for the last three audited fiscal years is set forth below:

Silver Cross Hospital Charity Care			
	FY 2016	FY 2017	FY 2018
Total Net Patient Revenue	\$351,053,000	\$367,152,051	\$378,810,000
Amount of Charity Care (Charges)	\$17,715,000	\$17,765,000	\$28,492,000
Cost of Charity Care	\$5,024,000	\$5,116,000	\$7,612,000
Cost of Charity Care/Total Net Patient Ratio	1.43%	1.39%	2.01%

In total, Silver Cross Hospital provided over \$35 million in charity care and other community benefits in FY 2018. Relevant pages from Silver Cross Hospital's Community Benefit Report for FY 2018 are attached at ATTACHMENT 9.

Silver Cross Hospital

Community Benefit Report

FY2018: October 1, 2017 to September 30, 2018



1900 Silver Cross Boulevard
New Lenox, IL 60451

www.silvercross.org



Introduction – Continuing the Tradition of Caring for the Community

History

Founded by the Will County Union of King’s Daughters and Sons and created by and for the community, over the past 123 years, Silver Cross Hospital has evolved into a 302-bed not-for-profit, independent, non-denominational acute-care hospital in New Lenox serving the residents of the southwest suburbs.

Silver Cross has had a long-standing tradition of caring for the community and meeting the needs of our patients by treating them the way they should be treated. To some, this might mean being regarded with respect and dignity. To others, it might mean expert, high-quality care and attention. At Silver Cross, we recognize each of our patients as individuals with their own sets of wants and concerns. And, we have made it our goal to address them all. It’s what we call the Silver Cross Experience.

At Silver Cross, we have made a promise that extends not only to the outstanding quality of our personal service, but also our commitment to clinical quality, our attention to patient safety, and even to how we respond to the expanding needs of our community. Silver Cross has been named one of the 100 Top Hospitals in the nation for seven consecutive years by Truven Health Analytics, a leading source of healthcare intelligence; received a 5-Star rating for high quality and patient satisfaction by the Center for Medicare & Medicaid Services (CMS), and has been honored with an “A” Hospital Safety ScoreSM by The Leapfrog Group eight times in a row.

In the following pages, you will see how Silver Cross is living the promise to treat all patients the way they should be treated while providing added benefit to the communities we serve.

Mission *(see Silver Cross Hospital Values Statement Attachment #1)*

As a not-for-profit organization, we are dedicated to meeting the healthcare needs of all people we serve. We promise to care for patients with competence and compassion, by providing quality services with a personal touch.

Vision

We, the Silver Cross Family, are committed to our culture of excellence, and will deliver an unrivaled healthcare experience for our patients, their families and the community.

Core Values

We, as members of Silver Cross Hospital team, are dedicated to meeting the needs of the people we serve by living our Core Values of:

- Safety — do no harm
- Integrity — always demonstrate expected behaviors
- Leadership — take initiative and be accountable
- Virtue — treat others as you would have them treat you
- Excellence — provide quality and service that exceeds standards
- Reliability — consistently deliver the best for our patients.

In addition, our employees are held to specific standards of conduct and behaviors.

Standards of Conduct

- Promote quality healthcare and ethical behavior
- Ensure compliance with the law
- Demonstrate respect, fairness and courtesy in the workplace
- Understand, avoid and disclose conflicts of interest
- Maintain confidentiality of information
- Ensure safety and security

Seven Behaviors

1. Speak up for patient safety
2. Always introduce yourself
3. Wear your name badge appropriately
4. Always give explanation of processes
5. Escort patients and visitors
6. Keep the environment clean and safe
7. Always greet patients, visitors, physicians and colleagues

Defining Who We Serve

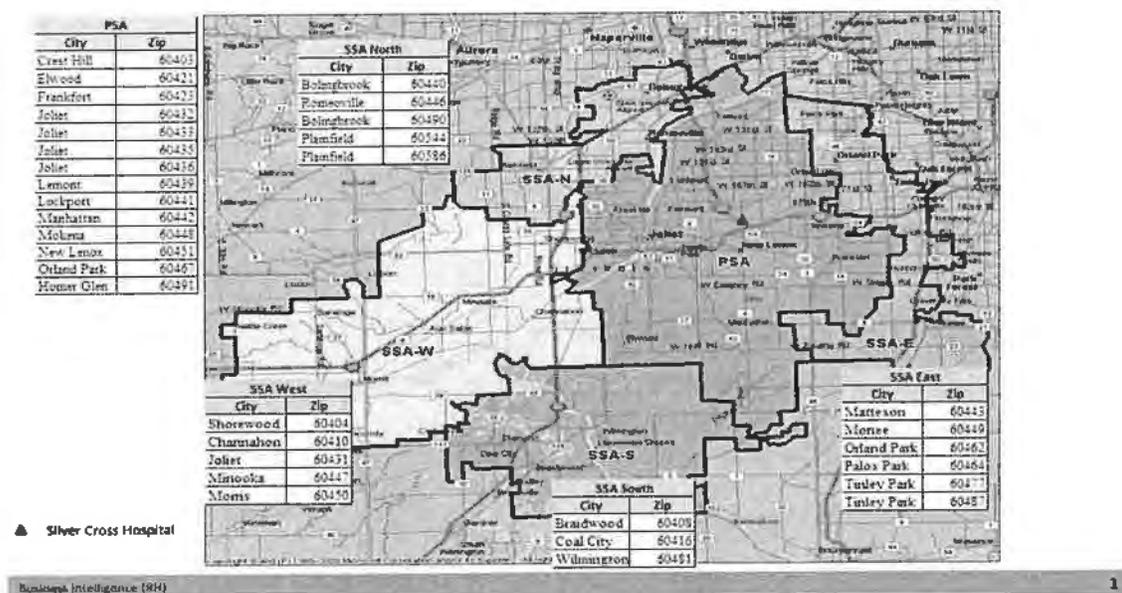
Community Health Needs Assessment (CHNA): Community Definition and Population Served

Silver Cross Hospital's Primary Service Area (PSA), as defined for the purposes of the Community Health Needs Assessment, is defined as the following residential ZIP Codes in portions of Will and southwestern Cook counties, Illinois: 60403; 60421; 60423; 60432; 60433; 60435; 60436; 60439; 60441; 60442; 60448; 60451; 60467; and 60491. Silver Cross' Secondary Service Area (SSA) includes: 60440; 60446; 60490; 60544; 60586; 60404; 60410; 60431; 60447; 60450; 60408; 60416; 60481; 60487, 60443; 60449; 60462; 60464; and 60477.

Our service area is composed of widely diverse cross sections of the population. Large sections of our community are more established suburban areas and are rapidly growing. There are also segments that are becoming more racially and ethnically diverse and that are more densely populated. Median incomes range broadly throughout the community – with distinct pockets that have very low incomes, with other areas that are significantly more affluent. Other sections of the community could be considered more rural in nature and are much smaller in terms of population size but growing and are less ethnically and racially diverse. A geographic description is illustrated in the following map.



Silver Cross Service Area Definitions



Defining How Much We Provide

Financial Assistance Program

Silver Cross Hospital has a policy and defined guidelines for identifying and assisting low-income, uninsured individuals who reside in our community, who do not have the ability to pay full charges, and for providing financial assistance to patients who have exhausted their insurance benefits.

Silver Cross Hospital provides quality healthcare and services to all individuals, regardless of race, creed, sex, national origin, income level, sexual orientation, handicap or age.

In accordance with our mission, we care for the sick that are medically or financially indigent and assist patients who cannot pay for part or all of the care they receive.

Silver Cross Hospital provides charity care assistance to patients who maintain a household income up to 300% above the federal poverty level (*see Charity Care Policy Attachment #2*). In addition, the hospital provides a 50% discount off of hospital charges to all uninsured patients (*see Self-Pay Discount Program Policy Attachment #3*).

Patient eligibility of assistance is based on completion of the Determination of Eligibility Application Form and proof of family income. Silver Cross accepts all applications for determination. Eligibility is examined on a case-by-case basis. We have bilingual financial counselors available to help patients obtain and apply for government assistance programs, such as Medicare, Medicaid, AllKids, FamilyCare, and Get Covered Illinois.

Notice of the hospital's financial assistance policy is clearly posted and available in the Emergency Department in English and Spanish, at all registration areas, in the Patient Handbook and on the hospital's website (www.silvercross.org).

Defining How Much We Provide

Community Benefits Data Summary

Silver Cross Hospital is dedicated to caring and serving our community that extends beyond our walls.

In 2018, Silver Cross provided over \$35 million in charity care and other community benefits. The numbers reported below are all reported at cost.

Charity Care (at cost)	\$8,244,000
Government-sponsored indigent Healthcare (unreimbursed Medicaid at cost)	\$821,000
Subtotal Uncompensated Care (Charity Care & Medicaid)	\$9,065,000
Additional Community Benefit:	
Language Assistance	\$162,000
Donations	\$253,000
Volunteer Services	\$3,481,000
Education	\$1,971,000
Government-sponsored program services (unreimbursed Medicare at cost)	\$15,301,000
Subsidized Health Services	\$988,000
**Bad Debts (at cost)	\$4,587,000
Other Community Benefits	\$49,000
Total Community Benefit	\$35,857,000

Items to Note:

**40% of bad debt patients are uninsured = \$1,834,000 (at cost)

Reporting at cost gives a more accurate picture of true community benefit. Therefore, Silver Cross Hospital has chosen to present the data in this fashion.

Additional Documents
Attachment 10
Flood Plain Compliance

As set forth in ATTACHMENT 10, Silver Cross Hospital is not in a designated flood plain. An Affidavit from Ruth Colby, the President and CEO of Silver Cross Hospital, attesting to the fact that the Applicants will comply with Executive Order #5 (2006), to the extent Executive Order #5 (2006) is applicable, is also attached at ATTACHMENT 10.



Illinois State Water Survey

Main Office • 2204 Griffith Drive • Champaign, IL 61820-7495 • Tel (217) 333-2210 • Fax (217) 333-6540
Peoria Office • P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3196 • Fax (309) 671-3106



Special Flood Hazard Area Determination pursuant to Governor's Executive Order 5 (2006) (supersedes Governor's Executive Order 4 (1979))

Requester: Sara Jackson, Director, Planning
Address: Silver Cross Hospital, 1200 Maple Road
City, state, zip: Joliet, IL 60432 Telephone: (815) 740-1234 x7544

Site description of determination:

Site address: SE corner Maple Rd. (US 6) & Clinton St.
City, state, zip: New Lenox, IL 60451
County: Will Sec $\frac{1}{4}$: W $\frac{1}{2}$ of SW $\frac{1}{4}$ Section: 4 T. 35 N. R. 11 E. PM: 3rd
Subject area: Parcel IDs 15-08-04-300-008-0000, 15-08-04-300-011-0000, & 15-08-04-300-012-0000, which comprise the W $\frac{1}{2}$ SW $\frac{1}{4}$ Sec. 4, T. 35 N., R. 11 E., 3rd P.M., Will County IL, except the S 250 ft thereof, and except U.S. 6 and Clinton St. rights-of-way.

The property described above IS NOT located in a Special Flood Hazard Area or a shaded Zone X floodzone.
Floodway mapped: N/A Floodway on property: No
Sources used: FEMA Flood Insurance Rate Map (FIRM - copy attached); Will Co. tax parcel map 08-04-C-W (9/15/2006)
Community name: Village of New Lenox, IL Community number: 170706
Panel/map number: 17197C0190 E Effective Date: September 6, 1995
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

- N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP). NFIP flood insurance is not available; certain State and Federal assistance may not be available.
- N/A b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or unshaded X).
- N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:

- N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.
- N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.
- X f. Is not located in a Special Flood Hazard Area or a 500-year floodplain. (Flood insurance may still be available.)
- N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.
- N/A h. Exact structure location is not available or was not provided for this determination.

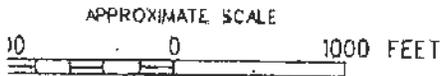
Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination. This letter does not exempt the project from local stormwater management regulations.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 5 (2006), or State floodplain regulations, may be directed to John Lentz (847/608-3100) at the IDNR Office of Water Resources.

William Saylor
William Saylor, CFM IL-03-00101, Illinois State Water Survey

Title: ISWS Surface Water & Floodplain Information Date: 11/9/2006

Post-it® Fax Note	7671	Date	11/9/2006	# of pages	3
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- LEGEND ON REVERSE -

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

WILL COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 190 OF 585

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS:

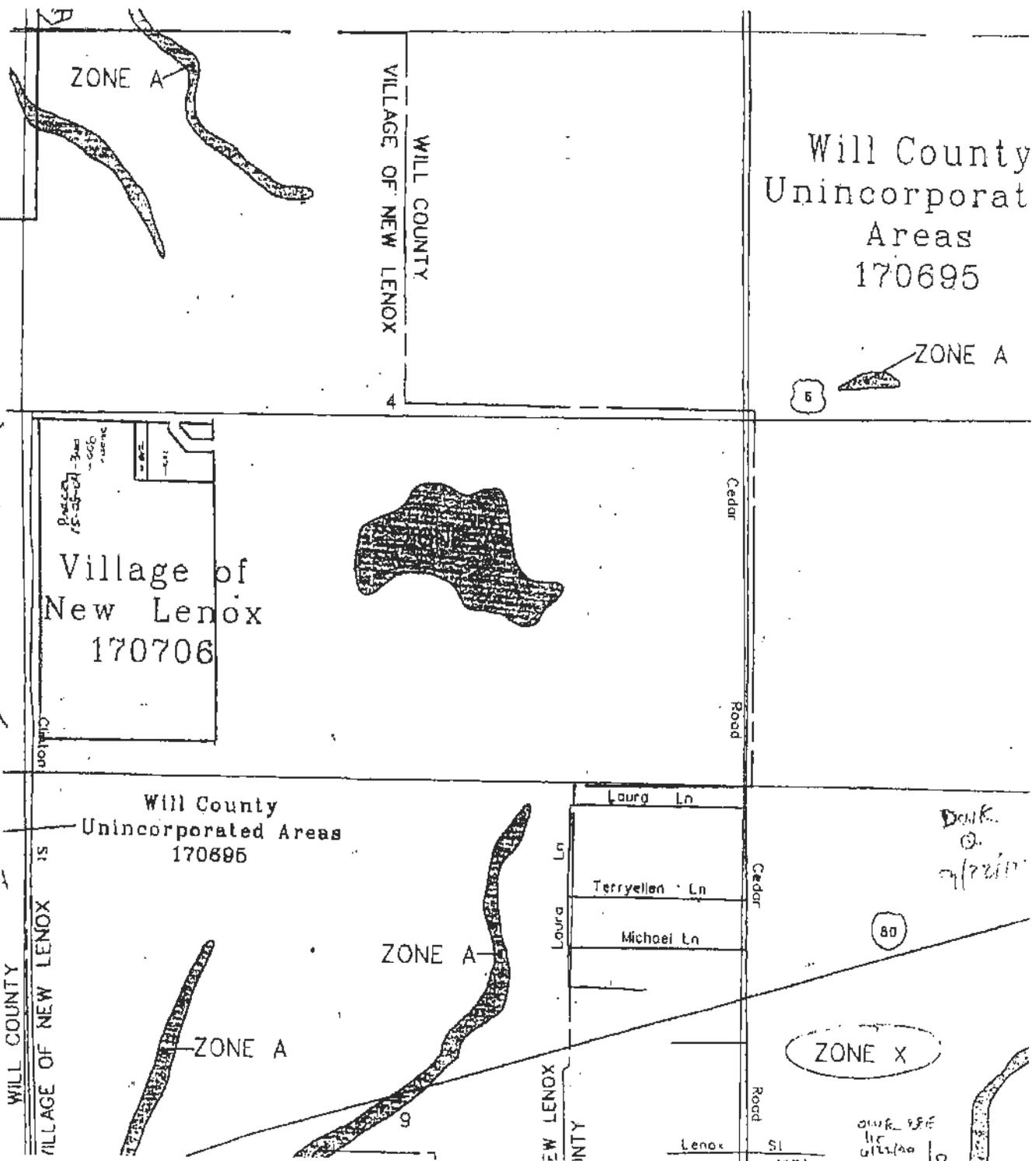
COMMUNITY	NUMBER	PANEL	SHEET
WILL COUNTY	17197	190	1
UNINCORPORATED AREAS	170695	190	1

DWR 2 10-22-94
DWR 2 9-22-94
DWR 2 8-7-1977

MAP NUMBER
17197C0190 E

EFFECTIVE DATE:
SEPTEMBER 6, 1995

Federal Emergency Management Agency



Will County
Unincorporated
Areas
170695

Village of
New Lenox
170706

Will County
Unincorporated Areas
170695

ZONE X

0047

ATTACHMENT
10

- WS/RS/US 11/9/2006

#E-039-19

LEGEND

 SPECIAL FLOOD HAZARD AREAS INUNDATED BY 100-YEAR FLOOD

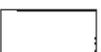
- ZONE A No base flood elevations determined
- ZONE AE Base flood elevations determined
- ZONE AH Flood depths of 1 to 3 feet (usually areas of ponding); base flood elevations determined
- ZONE AO Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE A99 To be protected from 100-year flood by Federal flood protection system under construction, no base flood elevations determined.
- ZONE V Coastal flood with velocity hazard (wave action); no base flood elevations determined.
- ZONE VE Coastal flood with velocity hazard (wave action); base flood elevations determined.

 FLOODWAY AREAS IN ZONE AE

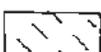
OTHER FLOOD AREAS

-  ZONE X Areas of 500-year flood; areas of 100-year flood with average depths of less than 1 foot or with drainage areas less than 1 square mile, and areas protected by levees from 100-year flood.

OTHER AREAS

-  ZONE X Areas determined to be outside 500-year floodplain.
- ZONE D Areas in which flood hazards are undetermined

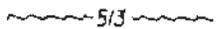
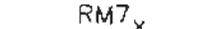
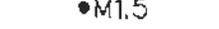
UNDEVELOPED COASTAL BARRIERS*

-  Identified 1983
-  Identified 1990
-  Otherwise Protected Areas

* Coastal barrier areas are normally located within or adjacent to Special Flood

0048

ATTACHMENT 10

-  Floodplain Boundary
-  Floodway Boundary
-  Zone D Boundary
-  Boundary Dividing Special Flood Hazard Zones, and Boundary Dividing Areas of Different Coastal Base Flood Elevations Within Special Flood Hazard Zones
-  Base Flood Elevation Line: Elevation in Feet**
-  Cross Section Line
-  Base Flood Elevation in Feet Where Uniform Within Zone**
-  Elevation Reference Mark
-  River Mile

**Referenced to the National Geodetic Vertical Datum of 1929

MAP REPOSITORY

Refer to Repository Listing on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
SEPTEMBER 6, 1995

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

Refer to the FLOOD INSURANCE RATE MAP effective date shown on this map, determine when actuarial rates apply to structures in the zones where elevations or depths have been established.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at (800) 638-6868.



APPROXIMATE SCALE

#E-039-19

August 1, 2019

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification Re: Compliance with Illinois Executive Order #5
(NICU Certificate of Exemption)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

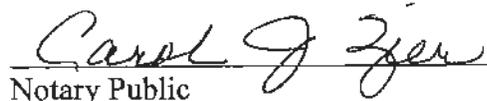
1. Silver Cross Hospital and Medical Centers, (“Silver Cross Hospital”), a general acute care hospital located at 1900 Silver Cross Boulevard, New Lenox, Illinois, is owned and operated by Silver Cross Hospital and Medical Centers, an Illinois not-for-profit corporation (“Silver Cross”).
2. Silver Cross Hospital is not located within a flood plain area.
3. Silver Cross has reviewed and will comply with the development requirements of Illinois Executive Order #5 (2006), to the extent Illinois Executive Order #5 (2006) is applicable.

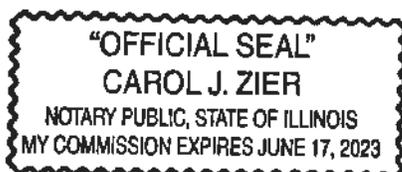
Sincerely,



Ruth Colby
President & CEO
Silver Cross Health System
Silver Cross Hospital and Medical Centers

Subscribed and Sworn to before me
this 1st day of August, 2019.


Notary Public



Additional Documents
Attachment 11
Historic Resources Preservation Act Compliance

The Applicants are proposing an expansion of Silver Cross Hospital. By way of background, Silver Cross Hospital (at its New Lenox location) opened in 2012, and stands on what was formerly farmland. In 2006, the Illinois State Historic Preservation Office (the "Historic Preservation Office") determined that the construction of Silver Cross Hospital (in New Lenox) presented no issues. See ATTACHMENT 11.



Illinois Historic
Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Will County
New Lenox

CON - New Construction for Freestanding Health Care Facility
Maple Road (Route 6) and Clinton St., 790, 850 W. Maple Road (Route 6)
IHPA Log #052111306

December 6, 2006

Sara Jackson
Silver Cross Hospital
1200 Maple Rd.
Joliet, IL 60432

Dear Ms. Jackson:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Andrew Heckenkamp, Manager, 1 Old State Capitol Plaza, Springfield, IL 62701, 217/782-8168.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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	15-17
2	Site Ownership	18-19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	20-21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22-23
5	Project and Sources of Funds Itemization	24-25
6	Background of the Applicant	26-31
7	Neonatal Intensive Care Services	32-35
8	Safety Net Impact Statement	36-37
9	Charity Care Information	38-44
	Additional Information	
10	Flood Plain Compliance	45-49
11	Historical Preservation Compliance	50-51