AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2024

This is a formal request by IDPH for full, complete and accurate information as stated herein. This request is made under the authority of the Health Facilities Planning Act [20 ILCS 3960/]. Failure to respond may result in sanctions including the following:
"A person subject to this Act who fails to provide information requested by the State Board or State Agency within 30 days of a formal, written request shall be fined an amount not to exceed $1,000 for each 30-day period, or fraction thereof, that the information is not received by the State Board or State Agency." [20 ILCS 3960/14.1(b)(6)]

This questionnaire is divided into 2 sections:

Section I
Collects information on your facility and facility utilization.
This part must be reported for CALENDAR YEAR 2024.

Section II
Collects Financial and Capital Expenditure information for your facility.
This part must be reported for the MOST RECENT FISCAL YEAR AVAILABLE.

This survey must be completed and submitted by April 1, 2025.
No exceptions or extensions will be allowed.

Facilities failing to submit this questionnaire within the required time frame will be reported to the Illinois Health Facilities and Services Review Board for its consideration of the imposition of sanctions mandated by the Act.

If you have problems or questions concerning the survey, please contact this office via e-mail to DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

Please enter the following information on for your facility:

ASTC License	7003188			
ASTC Name	Hawthorn Place Outpatient Surgery Center, L.P.			
ASTC Address	240 Center Drive			
ASTC City	Vernon Hills	**IL**	**Zip Code**	60061

Federal Employer Identification Number (FEIN) 582065044

Instructions for Completing and Submitting this Questionnaire
Fill in the questionnaire information.
Download and complete Patient Origin spreadsheet (optional).

Save completed questionnaire (and spreadsheet, if used) to your computer for your records and future reference, if follow-up is required.

Send Email, with completed file(s) attached, to DPH.FacilitySurvey@illinois.gov.
Please put "ASTC Questionnaire" in the subject line.

If you have any questions, please call 217/782-3516, or send email to DPH.FacilitySurvey@illinois.gov

Thank you

Section I - Facility Data

1. FACILITY OWNERSHIP INFORMATION

A. Indicate the type of ownership for your ASTC (Choose only one):

FOR PROFIT	NOT FOR PROFIT
○ **Sole Proprietorship**	○ **Church Related**
○ **Corporation (*RA)**	○ **State**
○ **Partnership (registered with county)**	○ **County**
◉ **Limited Partnership (*RA)**	○ **City**
○ **Limited Liability Partnership (*RA)**	○ **Township**
○ **Limited Liability Company (*RA)**	○ **Other Not for Profit (Specify below)**
○ **Other For Profit (specify below)**	

Other Ownership Type

*RA - Registered Agent Required

B. If your facility ownership requires a Registered Agent with the Illinois Secretary of State (marked *RA above), indicate the name, address and telephone number of this person or company (must be an Illinois resident or company).

Name of Registered Agent:	CT Corporation
Address:	208 Lasalle
City. State and Zip Code (plus Four):	Chicago, IL 60604
Telephone Number:	(312) 263-1414

C. Provide the name and relational interest of all organizations or entities that are legally, financially or otherwise related to the licensee (e.g., parent, subsidiary, affiliate, management agreement, etc.)

	Name	Relationship	Type of Interest
1	SHC Hawthorn, Inc.	General Partner	20%
2	Ortho-Pod, LLC	Limited Partners	80%
3			
4			
5			

D. Indicate the name, address and telephone number of the legal owners/operators of the facility.
If you have more than 25 owners to report, please enter the information into an Excel spreadsheet using the format below and email with completed questionnaire to DPH.FacilitySurvey@illinois.gov

	Owner Name	Address	City, State Zip Code-Plus 4	Telephone Number (xxx) xxx-xxxx.xxxx)
1	SHC Hawthorn, Inc.	569 Brookwood Village, Suite 907	Birmingham, AL 35209	
2	Ortho-POD, LLC	350 S Greenleaf CT, Suite 405	Gurnee, IL 60031	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

2. PROPERTY OWNERSHIP INFORMATION

If the facility property is not owned by the facility legal owner/operator, indicate the name, address (including Zip Code plus Four) and telephone number of the property owner:

	Property Owner	Address	City, State Zip Code-plus 4	Telephone (xxx) xxx-xxxx.xxxx)
1	Mae Center, LLC &	3121 Michelson Drive, Suite 500	Irvine, CA 92612-7673	(949) 390-9557

3. CONTRACTUAL MANAGEMENT

If management of this facility is performed by independent contractor(s), not by an employee of the facility, list the individual name(s) and address(es) of each independent contractor. If management is NOT done by independent contractor(s), indicate by checking the box provided.

✔ **No Contractual Management**

	Contractor Name	Full Address
1		
2		
3		
4		
5		

4. FACILITY STAFFING

A. Indicate the number of hours in a work week for a full-time employee of your facility:

B. Staffing Patterns

Please indicate the number of Full-Time Equivalent employees (FTEs), paid directly by the facility, working at your facility during the first pay period of December, 2024.

The figure for TOTAL FACILITY PERSONNEL in green is automatically calculated. You cannot change this total.

Personnel	Full-Time Equivalents
Administrators	1.00
Physicians	88.00
Nurse Anesthetists	0.00
Director of Nursing	1.00
Registered Nurses	28.00
Certified Aides	0.00
Other Health Professionals	10.00
Other Non-Health Professionals	5.00
TOTAL FACILITY PERSONNEL	133.00

INFORMATION CONCERNING PATIENTS SERVED - CALENDAR YEAR 2024

5. Patients by Age Groups

Please indicate the number of patients during the calendar year 2024 by age and sex. If the patient was seen more than once, he/she should be counted for each new incident. Figures in green on the TOTAL line are automatically calculated and must match the green calculated figures in Question 6.

	Male	Female	
0-14 Years	171	167	
15-44 Years	647	478	
45-64 Years	932	919	
65-74 Years	423	444	TOTAL PATIENTS SERVED
75+ Years	132	195	
TOTALS	2,305	2,203	4,508

6. Source of Payment

Please indicate the numbers of patients your ASTC saw during calendar year 2024, by sex and PRIMARY PAYMENT SOURCE. If the patient was seen more than once, he/she should be counted for each new incident. Figures in green on the TOTAL line are automatically calculated and must match the corresponding green calculated totals in Question 5 above.

	Male	Female	
Medicaid	2	2	
Medicare	452	553	
Other Public*	186	84	
Private Insurance	1,639	1,558	
Private Payment	26	8	TOTAL PATIENTS SERVED
Charity Care*	0	0	
TOTALS	2,305	2,205	4,510

***Other Public** payment includes individuals whose primary payment source is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excluding Medicare and Medicaid.

"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, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

7. Patients by Place of Origin - Calendar Year 2024

Optional Reporting Method:

For your ease of reporting, we have supplied a Microsoft Excel worksheet for the entry of Patient Origin Data:

1. **CLICK HERE to ACCESS THE WORKSHEET**.
2. Save the worksheet to your computer.
3. Follow the directions on the worksheet to enter your data.
4. Email the completed spreadsheet to DPH.FacilitySurvey@illinois.gov
5. Retain a copy of the worksheet in case follow-up is required.

If you do not wish to use the Patient Origin worksheet, please use the spaces below to report the place of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county name.

	Zip Code Area	County Name	Number of Patients
1	28762	McDowell	1
2	29929	Beaufort	1
3	32541	Okaloosa	1
4	32725	Volusia	1
5	32967	Indian River	1
6	33025	Broward	1
7	34103	Collier	1
8	34108	Collier	2
9	34109	Collier	1
10	34113-8818	Collier	1
11	34134	Bonita Springs	1
12	34142-5333	Collier	1
13	34145	Collier	1
14	34211	Manatee	1
15	35018		1
16	37064	Williamson	1
17	37331	McMinn	1
18	37774	Louden	2
19	46303	Lake	1
20	46323	Lake	1
21	46356	Lake	1
22	46385	Porter	1
23	49408	Allagan	1
24	49935	Iron	1
25	52807	Scott	1

	Zip Code Area	County Name	Number of Patients
26	53104	Kenosha	13
27	53105	Racine	6
28	53115	Walworth	2
29	53125	Walworth	3
30	53126	Racine	1
31	53128	Walworth	9
32	53139	Racine	1
33	53140	Kenosha	7
34	53142	Kenosha	21
35	53143	Kenosha	6
36	53144	Kenosha	4
37	53147	Walworth	1
38	53158	Kenosha	19
39	53168	Kenosha	5
40	53170	Kenosha	3
41	53177	Rachine	1
42	53179	Kenosha	8
43	53181	Kenosha	8
44	53182	Rachine	1
45	53185	Rachine	1
46	53192	Kenosha	3
47	53211	Milwaukee	1
48	53217	Milwaukee	1
49	53403	Rachine	1
50	53406	Rachine	1

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
51	02067	Norfolk	2
52	02668	Barnstable	1
53	02818	Kent	1
54	06798	Litchfield	1
55	07828	Morris	1
56	13413	Oneida	1
57	14850	Tompkins	1
58	27587	Wake	3
59	53589	Dane	2
60	54235	Door	1
61	54302	Brown	1
62	54501	Oneida	1
63	54521	Vilas	1
64	55415	Hennepin	2
65	57104	Central	1
66	600002	Chennai	1
67	60002	Lake	176
68	60004	Cook	39
69	60005	Cook	8
70	60005-4046	Cook	1
71	60007	Cook	7
72	60008	Cook	8
73	60010	Lake	49
74	60012	McHenry	8
75	60013	McHenry	18

	Zip Code Area	County Name	Number of Patients
76	60014	McHenry	19
77	60015	Lake	70
78	60016	Cook	8
79	60018	Cook	2
80	60020	Lake	35
81	60021	McHenry	8
82	60022	Cook	16
83	60025	Cook	17
84	60026	Cook	9
85	60030	Lake	311
86	60031	Lake	277
87	60031-7011	Lake	1
88	60033	McHenry	5
89	60035	Lake	78
90	60040	Lake	9
91	60041	Lake	45
92	60042	McHenry	10
93	60042-8487	Mchenry	1
94	60043	Cook	2
95	60044	Lake	88
96	60045	Lake	191
97	60046	Lake	268
98	60046-9096	Lake	1
99	60047	Lake	113
100	60048	Lake	362

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
101	60050	McHenry	27
102	60051	McHenry	48
103	60053	Cook	6
104	60056	Cook	19
105	60057	Cook	1
106	60060	Lake	256
107	60060-4523	Lake	1
108	60061	Lake	167
109	60062	Cook	50
110	60064	Lake	29
111	60067	Cook	28
112	60068	Cook	21
113	60069	Lake	22
114	60070	Cook	11
115	60071	McHenry	9
116	60072	McHenry	6
117	60073	Lake	267
118	60073-2254	Lake	1
119	60074	Cook	23
120	60076	Cook	3
121	60077	Cook	4
122	60081	McHenry	37
123	60083	Lake	67
124	60084	Lake	74
125	60085	Lake	163

	Zip Code Area	County Name	Number of Patients
126	60087	Lake	122
127	60087-4545	Lake	1
128	60088	Lake	4
129	60089	Lake	65
130	60090	Cook	28
131	60091	Cook	14
132	60093	Cook	14
133	60096	Lake	35
134	60097	McHenry	4
135	60098	McHenry	11
136	60099	Lake	110
137	60101	DuPage	1
138	60102	McHenry	5
139	60103	DuPage	4
140	60107	Cook	2
141	60108	DuPage	3
142	60120	Cook	5
143	60123	Kane	1
144	60137	DuPage	1
145	60139	DuPage	1
146	60142	McHenry	5
147	60143	DuPage	1
148	60148	DuPage	1
149	60152	McHenry	2
150	60156	McHenry	6

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
151	60164	Cook	2
152	60169	Cook	3
153	60171	Cook	2
154	60172	DuPage	2
155	60173	Cook	3
156	60175	Kane	1
157	60176	Cook	1
158	60178	DeKalb	1
159	60181	DuPage	3
160	60187	DuPage	1
161	60188	DuPage	2
162	60189	DuPage	1
163	60192	Cook	11
164	60193	Cook	9
165	60194	Cook	3
166	60195	Cook	1
167	60201	Cook	8
168	60202	Cook	4
169	60302	Cook	1
170	60304	Cook	2
171	60402	Cook	3
172	60439	Cook	1
173	60440	Will	3
174	60448	Will	1
175	60450	Grundy	1

	Zip Code Area	County Name	Number of Patients
176	60452	Cook	1
177	60453	Cook	1
178	60457	Cook	1
179	60460	Livingston	1
180	60462	Cook	1
181	60463	Cook	1
182	60465	Cook	1
183	60467	Cook	1
184	60477	Cook	2
185	60491	Will	2
186	60501	Cook	1
187	60502	DuPage	1
188	60503	Will	1
189	60510	Kane	2
190	60513	Cook	1
191	60515	DuPage	2
192	60521	Dupage	1
193	60526	Cook	1
194	60527	DuPage	1
195	60542	Kane	1
196	60558	Cook	1
197	60561	DuPage	1
198	60563	DuPage	1
199	60565	DuPage	3
200	60585	Will	1

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
201	60586	Will	2
202	60601	Cook	2
203	60604	Cook	1
204	60605	Cook	4
205	60607	Cook	4
206	60611	Cook	4
207	60613	Cook	3
208	60614	Cook	13
209	60616	Cook	1
210	60618	Cook	10
211	60619	Cook	1
212	60620	Cook	1
213	60622	Cook	2
214	60625	Cook	5
215	60626	Cook	5
216	60628	Cook	2
217	60630	Cook	2
218	60631	Cook	13
219	60632	Cook	2
220	60634	Cook	6
221	60639	Cook	1
222	60640	Cook	6
223	60641	Cook	2
224	60645	Cook	3
225	60646	Cook	10

	Zip Code Area	County Name	Number of Patients
226	60647	Cook	4
227	60654	Cook	1
228	60656	Cook	1
229	60657	Cook	5
230	60680	Cook	1
231	60706	Cook	1
232	60707	Cook	3
233	60707-3833	Cook	1
234	60712	Cook	3
235	60714	Cook	5
236	60805	Cook	1
237	60914	Kankakee	1
238	61008	Boone	1
239	61036	Jo Daviess	1
240	61065	Boone	1
241	61080	Winnebago	1
242	61101	Winnebago	1
243	61111	Winnebago	1
244	61354	LaSalle	2
245	61356	Bureau	1
246	61440	McDonough	2
247	61604	Peoria	2
248	61611	Tazewell	1
249	61701	McLean	1
250	61729	Woodford	1

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
251	61755	Tazewell	1
252	61821	Champaign	1
253	62049	Montgomery	1
254	62091	Montgomery	1
255	62249	Madison	1
256	62522	Macon	1
257	76028	Johnson	1
258	77018	Harris	2
259	77077	Harris	1
260	78705	Travis	1
261	85138-2304	Pinal	1
262	85383	Manicopa	1
263	85614	Pima	1
264	92234	Riverside	1
265	94954	Sonoma	1
266	96712	Honolulu	1
267	98023	King	1
268	98027	King	1
269	98116	King	1
270			
271			
272			
273			
274			
275			

	Zip Code Area	County Name	Number of Patients
276			
277			
278			
279			
280			
281			
282			
283			
284			
285			
286			
287			
288			
289			
290			
291			
292			
293			
294			
295			
296			
297			
298			
299			
300			

If you had patients from more than 300 areas, please use the Microsoft Excel Patient Origin Spreadsheet, or record the extra information in your own Excel spreadsheet, using the format above, and email to DPH.FacilitySurvey@illinois.gov
Please enter "ASTC Patient Origin Data" into the subject line of the message.

FACILITY OPERATIONS

8. Please indicate the number of hours your ASTC is in operation on each day of the week: (for example, if the ASTC is open from 8 a.m. to 6 p.m., that is 10 hours of operation.) REPORT NUMBER OF HOURS, NOT OPENING AND/OR CLOSING TIMES.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL HOURS
Hours Open	11	11	11	11	11	11	11	77

9. Treatment Rooms by Type

Please indicate the number of rooms and stations in use at your ASTC for each category listed below:

	Rooms/ Stations
a. Operating Rooms (Class C)*	5
b. Procedure (not operating) Rooms (Class B)*	0
c. Examination Rooms	0
d. Stage 1 - Post-Anesthesia Recovery Stations	10
e. Stage 2 - Step-down Ambulatory Recovery Stations	4

*Operating Room (Class C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

10. Hospital Relationships

List all hospitals with which your ASTC has a contractual relationship, including transfer agreements.

	Hospital Name and City	Patient Transfers
1	Advocate Condell Medical Center, Libertyville	10
2	Lake Forest Hospital, Lake Forest	0
3		
4		
5		

11. SURGICAL UTILIZATION FOR CALENDAR YEAR 2024 - OPERATING ROOMS - CLASS C*

For each listed surgical category, indicate the number of surgical cases, the number of hours spent in setting up the surgery rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the surgery was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

	Number of Cases	Surgery Room Set-Up Time (in Hours)	Actual Surgery Time (in Hours)	Surgery Room Clean-Up Time (in Hours)
Cardiovascular				
Dermatology				
General Surgery	151	17.00	64.00	17.00
Gastroenterology				
Neurological	36	4.00	50.00	4.00
OB/Gynecology	79	9.00	29.00	9.00
Oral/Maxillofacial				
Ophthalmology				
Laser Eye Surgery				
Orthopedic	3,368	393.00	2,472.00	393.00
Otolaryngology	449	52.00	233.00	52.00
Pain Management	170	20.00	86.00	20.00
Plastic				
Podiatry	13	1.50	13.00	1.50
Thoracic				
Urology	239	28.00	128.00	28.00
TOTALS	4,505	524.50	3,075.00	524.50

***Operating Room (Class C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.**
(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

12. SURGICAL UTILIZATION FOR CALENDAR YEAR 2024 - PROCEDURE ROOMS (Class B)*

For each listed surgical procedure category, indicate the number of dedicated procedure (non-operating) rooms, the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

If your facility performs other, unlisted non-operating room procedures, use lines e. - h. to report these procedures. Indicate the type(s) of procedure(s), the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Total multi-purpose procedure rooms are to be reported in the line below the table.

NOTE - For reporting purposes, a case is defined as a **PATIENT TREATED**. If a patient has 3 procedures performed, that is counted as **1 CASE**. **TOTAL PROCEDURE ROOMS** must equal Procedure Rooms reported on line b., Question 9. Total Procedure Room Cases shown here plus Total Operating Room Cases from Question 11 on Page 9 must equal Total Patients Served reported in Questions 5 and 6.

The green figures on the last three lines are automatically calculated. You cannot change these figures.

Dedicated Procedure Rooms (Class B)*	Rooms	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
a. Dedicated Gastro-Intestinal Procedures	0				
b. Dedicated Laser Eye Procedures	0				
c. Dedicated Pain Management Procedures	0				
d. Cardiac Catheterization Procedures	0				

	Multipurpose Rooms (Specify Procedure)	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
e.	Other Surgeries	3	1.00	2.00	1.00
f.					
g.					
h.					
	Total Multi-Purpose Procedure Rooms				
	TOTALS - PROCEDURE ROOMS 0	3	1.00	2.00	1.00

TOTAL CASES Questions 11 and 12 TOTAL	4,508	These two figures must match.
PATIENTS Reported on Page 6	4,508	

*Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Section II - Fiscal Year Financial and Capital Expenditures Data

The data requested in this questionnaire are authorized
pursuant to the Illinois Health Facilities Planning Act [20 ILCS 3960/5.3]

This information must be taken from your MOST RECENT ANNUAL FINANCIAL STATEMENTS, which include your INCOME STATEMENT and BALANCE SHEET. Allowable sources of financial information include AUDITED FINANCIAL STATEMENTS, REVIEW OR COMPILATION FINANCIAL STATEMENTS, or TAX RETURN for the MOST RECENT FISCAL YEAR AVAILABLE.
This part of the survey collects Financial and Capital Expenditure information for your facility. This part MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE.

If you have problems providing the information requested, contact this office via email at DPH.FacilitySurvey@illinois.gov or by telephone at 217-782-3516.

Indicate the Starting and Ending Dates of Your MOST RECENT FISCAL YEAR (mm/dd/yyyy)

Starting Date	01/01/2024
Ending Date	12/31/2024

Use this drop-down list to select the source of the Financial Information Reported in this Section:

Audited Financial Statements

A. CAPITAL EXPENDITURES

Report the TOTAL of ALL CAPITAL EXPENDITURES for your reported Fiscal Year:

TOTAL CAPITAL EXPENDITURES FOR YOUR REPORTED FISCAL YEAR $ 23,137

Provide the following information for ONLY projects/capital expenditures in excess of $350,000 obligated by or on behalf of the health care facility for your reported Fiscal Year (click the link below the table for definitions of terms):

	Description of Project/ Capital Expenditure	Amount Obligated	Method of Financing	CON Project Number (if reviewed)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

B. NET REVENUE BY PAYMENT SOURCE - REPORTED FISCAL YEAR

Please indicate your Net Revenue during your reported Fiscal Year, by payment source. If you reported any patients for a given payment source in Question 6 on Page 6, but do not have matching Net Revenue to report for that payment source, please provide a brief explanation in the Comments box on Page 14.

	Net Revenue (in Dollars)
Medicaid	-$ 31,228
Medicare	$ 4,257,696
Other Public*	$ 3,042,236
Private Insurance	$ 17,732,775
Private Payment	$ 212,692
Total Revenue	$ 25,214,171

***Other Public** payment includes individuals whose primary payment source is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excluding Medicare and Medicaid.

C. TOTAL ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE* CASES DURING THE REPORTED FISCAL YEAR

	Amount (in Dollars)
Total Actual Cost of Services Provided to Charity Care* Cases	$ 0

**"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, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.*

Term	Definition	Reference
Adult cardiac catheterization	Cardiac catheterization of patients 15 years of age and older	According to Administrative rule 1110.1320
By or On Behalf of a Health Care facility	Any transactions undertaken by the facility or by any other entity other than the facility which results in construction or modification of the facility and directly or indirectly results in the facility billing or receiving reimbursement, or in participating or assuming responsibility for the retirement of debt or the provision of any services associated with the transaction.	
Case	Case is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 case is counted.	
Cardiac Catheterization Labs	Includes labs that are dedicated as well as non dedicated cardiac labs for diagnostic, interventional and electrophysiology procedures. Total cardiac labs will be more than or equal to the sum of dedicated cardiac labs.	
Cardiovascular Intervention or Treatment	All interventional cardiac procedures performed on a patient during one session in the laboratory (one patient visit equals one intervention regardless of number of procedures performed).	
Capital Expenditure	Any expenditure: (A) made by or on behalf of a health care facility . . . and (B) which under generally accepted accounting principles is not properly chargeable as an expense of operation and maintenance, or is made to obtain by lease or comparable arrangement any facility or part thereof or any equipment for a facility or part . . . and includes the cost of any studies, surveys, designs, plans, working drawings, specification and other activities essential to the acquisition, improvement, expansion or replacement of any plant or equipment with respect to which an expenditure is made . . . and includes donations of equipment or facilities or a transfer of equipment or facilities at fair market value.	
Charity Care	Care for which the provider does not expect to receive payment from the patient or a third party payor. Charity care does not include bad debt or the un-reimbursed cost of Medicare, Medicaid, and other Federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (see Reference), and not the actual charges for the services.	CMS 2552-96 Worksheet C, Part 1 PPS, Inpatient Ratios

Term	Definition	Reference
Construction or Modification	The establishment, erection, building, alteration, reconstruction, modernization, improvement, extension, discontinuation, change of ownership, of or by a health care facility, or the purchase or acquisition by or through a health care facility of equipment or service for diagnostic or therapeutic purpose or for facility administration or operation, or any capital expenditures made by or on behalf of a health care facility….	
Diagnostic Cardiac Catheterization (DCC)	Performance of Catheterization procedures associated with determining the blockage of blood vessels and the diagnosis of cardiac diseases that are performed in a cardiac catheterization lab or special procedures lab with cardiac catheterization capabilities.	
Full Time Equivalent	A unit of measurement which is equal to one filled, full time, annual-salaried position.	
Interventional Cardiac Catheterization (ICC)	Treatment of cardiac diseases associated with the blockage or narrowing of the blood vessels and diseases of the heart by the performance of percutaneous coronary intervention or similar procedures in a cardiac catheterization lab or special procedures lab with cardiac catheterization capabilities. Cardiovascular interventions include but not limited to Percutaneous Transluminal Coronary Angioplasty (PTCA), rotational atherectomy, directional atherectomy, extraction atherectomy, laser angioplasty, implantation of intracoronary stents and other catheter devices for treating coronary atherosclerosis.	
Method of Financing	The source of funds required to undertake the project or capital expenditure. Forms of financing include equity (cash and securities), lease, mortgages, general obligation bonds, revenue bonds, appropriations and gifts/donations/bequests.	
Net Revenue	Net Revenue is the result of gross revenue less provision for contractual adjustments from third party payers.	American Institute of Certified Public Accountants (AICPA)
Other Public Payment	Includes all forms of direct public payment excluding Medicare and Medicaid. DMH/DD and Veterans' Administration funds and other funds paid directly to a facility.	
Operating Room (Class C)	A setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions	Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Term	Definition	Reference
Obligation	The commitment of funds directly or indirectly through the execution of construction or other contracts, purchase order, lease agreements of other means for any construction or modification project. NOTE: Funds obligated in a given year should not be carried forward to subsequent years due to phased or periodic payouts. For example, a facility signs a $2 million contract in 2019 for construction of a new bed wing. Construction takes approximately three years with payments being made to the contractor during 2020, 2021 and 2024. The entire $2 million would be listed once as an obligation for 2019 and would not be listed in subsequent years.	
Patients Served by payment source	Include number of inpatients and outpatients served by their payment type.	Payment sources are defined within the questionnaire.
Project	Any proposed construction or modification of a health care facility or any proposed acquisition of equipment undertaken by or on behalf of a health care facility regardless of whether or not the transaction required a certificate of need. Components of construction or modification, which are interdependent, must be grouped together for reporting purposes. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one or more of the components compels the other components to be undertaken. If components of construction or modification are undertaken by means of a single construction contract, those components must be grouped together. Projects involving acquisition of equipment, which are linked with construction for the provision of a service cannot be segmented. When a project or any component of a project is to be accomplished by lease, donation, gift or any other means, the fair market value or dollar value, which would have been required for purchase, construction or acquisition, is considered a capital expenditure.	
Pediatric cardiac Catheterization	Cardiac Catheterization of patients 0-14 years.	According to Administrative rule 1110.1320
Private Pay	Private pay includes money from a private account (for example, a medical savings account) and any government funding made out and paid to the resident which is then transferred to the facility to pay for services. It also includes all the Self pay payments.	
Revenue by payment source	Revenue by payment source: Include the amount of net revenue of the facility during the fiscal year for the patients served by the payment type.	

Term	Definition	Reference
Stage 1 and Stage 2 Recovery Stations	Stations/units within the room providing post operative/post anesthetic care soon after surgery. Stage 1 recovery is used for patients who received intensive anesthesia for major surgical procedures which would take more time to recuperate, while Stage 2 are used for less intensive procedures which involve less anesthesia there by need less time to recuperate.	American College of Anesthesiologists (ACOA).
Surgical Procedure Room (Class B)	Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.	Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)