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	7003136			
ASTC Name	RSC Illinois LLC			
ASTC Address	545 Valley View Dr			
ASTC City	Moline	**IL**	**Zip Code**	61265

Federal Employer Identification Number (FEIN) 26-1363389

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

- ○ **Sole Proprietorship**
- ○ **Corporation (*RA)**
- ○ **Partnership (registered with county)**
- ○ **Limited Partnership (*RA)**
- ○ **Limited Liability Partnership (*RA)**
- ◉ **Limited Liability Company (*RA)**
- ○ **Other For Profit (specify below)**

NOT FOR PROFIT

- ○ **Church Related**
- ○ **State**
- ○ **County**
- ○ **City**
- ○ **Township**
- ○ **Other Not 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:	National Registered Agents, Inc.
Address:	208 S La Salle St, Ste 814
City. State and Zip Code (plus Four):	Chicago, IL 60604
Telephone Number:	(855) 685-3513

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	Moline Anesthesia, LLC	Affiliate	Anesthesia Services
2	Covenant Valley Management, LLC	Management Services	Management Services
3	Consolidated Pathology, LLC	Affiliate	Lab Services Agreement
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	Covenant Surgical Partner	601 11th Ave N, Suite 800	Nashville, TN 37203	(615) 345-6900
2	QCE Holding Company, LL	545 Valley View Dr	Moline, IL 61265	(309) 762-5560
3	DDS Endoscopy Holdings	525 Valley View Dr	Moline, IL 61265	(309) 601-2800
4	Dr. Amit Patel PLLC	545 Valley View Dr	Moline, IL 61265	(309) 762-5560
5	Dr. Linda Tong	545 Valley View Dr	Moline, IL 61265	(309) 762-5560
6				
7				
8				
9				
10				
11				
12				
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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	GMR Moline, LLC	2 Bethesda Metro Center, Ste 440	Bethesda, MD 20814	(309) 762-5560

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	Covenant Valley Management LLC	545 Valley View Dr, Moline, IL 61265
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: 40.0

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	
Nurse Anesthetists	1.00
Director of Nursing	1.00
Registered Nurses	13.80
Certified Aides	
Other Health Professionals	11.30
Other Non-Health Professionals	

TOTAL FACILITY PERSONNEL 28.10

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	124	86	
15-44 Years	624	1,046	
45-64 Years	1,886	2,346	TOTAL PATIENTS SERVED
65-74 Years	1,225	1,586	
75+ Years	625	835	
TOTALS	4,484	5,899	10,383

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	543	880	
Medicare	1,762	2,429	
Other Public*	159	61	
Private Insurance	2,004	2,513	
Private Payment	16	16	TOTAL PATIENTS SERVED
Charity Care*	0	0	
TOTALS	4,484	5,899	10,383

***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	30141	Paulding	1
2	33908	Lee	1
3	34211	Manatee	2
4	34223	Sarasota	2
5	34293	Sarasota	1
6	37129	Rutherford	1
7	40379	Scott	1
8	50010	Story	1
9	50613	Black Hawk	1
10	51201	O'Brien	1
11	52001	Dubuque	1
12	52002	Dubuque	2
13	52003	Dubuque	2
14	52032	Dubuque	1
15	52307	Clinton	1
16	52052	Clayton	1
17	52060	Jackson	7
18	52068	Dubuque	1
19	52069	Jackson	3
20	52079	Jackson	1
21	52216	Cedar	1
22	52254	Clinton	1
23	52255	Cedar	3
24	52301	Iowa	1
25	52327	Washington	1

	Zip Code Area	County Name	Number of Patients
26	52358	Cedar	1
27	52404	Linn	1
28	52601	Des Moines	3
29	52627	Lee	1
30	52632	Lee	1
31	52639	Lee	1
32	52655	Des Moines	3
33	52721	Cedar	2
34	52722	Scott	306
35	52726	Scott	41
36	52728	Scott	6
37	52730	Clinton	8
38	52731	Clinton	1
39	52732	Clinton	36
40	52742	Clinton	7
41	52745	Scott	2
42	52746	Scott	6
43	52747	Cedar	5
44	52748	Scott	33
45	52749	Muscatine	1
46	52750	Clinton	1
47	52751	Clinton	2
48	52753	Scott	65
49	52754	Louisa	1
50	52756	Scott	10

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	52758	Scott	3
52	52759	Muscatine	1
53	52761	Muscatine	61
54	52765	Scott	2
55	52766	Muscatine	1
56	52767	Scott	2
57	52768	Scott	4
58	52772	Cedar	1
59	52773	Scott	9
60	52777	Clinton	6
61	52778	Muscatine	3
62	52801	Scott	8
63	52802	Scott	48
64	52803	Scott	91
65	52804	Scott	114
66	52806	Scott	113
67	52807	Scott	97
68	52808	Scott	1
69	52809	Scott	9
70	53032	Dodge	1
71	53574	Green	1
72	56329	Benton	1
73	60115	DeKalb	2
74	60422	Cook	1
75	60518	Lasalle	1

	Zip Code Area	County Name	Number of Patients
76	60616	Cook	1
77	60655	Cook	1
78	61014	Carroll	1
79	61036	Jo Daviess	1
80	61053	Carroll	3
81	61071	Whiteside	5
82	61074	Carroll	4
83	61081	Whiteside	20
84	61085	Joe Daviess	1
85	61201	Rock Island	1,747
86	61204	Rock Island	5
87	61230	Whiteside	9
88	61231	Mercer	142
89	61232	Rock Island	92
90	61233	Henry	15
91	61234	Henry	38
92	61235	Henry	39
93	61236	Rock Island	3
94	61238	Henry	100
95	61239	Rock Island	33
96	61240	Rock Island	375
97	61241	Henry	315
98	61242	Rock Island	41
99	61243	Whiteside	1
100	61244	Rock Island	982

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	61250	Whiteside	80
102	61251	Whiteside	5
103	61252	Whiteside	28
104	61254	Henry	416
105	61256	Rock Island	89
106	61257	Rock Island	47
107	61258	Henry	5
108	61259	Rock Island	41
109	61260	Mercer	16
110	61261	Whiteside	4
111	61262	Henry	38
112	61263	Mercer	21
113	61264	Rock Island	642
114	61265	Rock Island	2,090
115	61266	Rock Island	6
116	61270	Whiteside	9
117	61272	Mercer	23
118	61273	Henry	193
119	61274	Henry	9
120	51275	Rock Island	187
121	61276	Mercer	13
122	61277	Whiteside	31
123	61278	Rock Island	21
124	61279	Rock Island	50
125	61281	Mercer	166

	Zip Code Area	County Name	Number of Patients
126	61282	Rock Island	362
127	61283	Whiteside	5
128	61284	Rock Island	148
129	61285	Carroll	6
130	61314	Bureau	1
131	61337	Bureau	1
132	61338	Bureau	1
133	61344	Bureau	6
134	61345	Bureau	5
135	61346	Bureau	1
136	61356	Bureau	4
137	61361	Bureau	2
138	61364	Lasalle	1
139	61376	Bureau	1
140	61401	Knox	75
141	61410	Knox	8
142	61412	Warren	22
143	61413	Henry	30
144	61414	Knox	3
145	61415	Fulton	1
146	61418	Henderson	1
147	61419	Henry	1
148	61423	Warren	5
149	61428	Knox	6
150	61430	Knox	2

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	61431	Fulton	1
152	61434	Henry	19
153	61435	Warren	1
154	61437	Henderson	1
155	61439	Knox	3
156	61442	Mercer	12
157	61443	Henry	65
158	61447	Warren	2
159	61448	Knox	6
160	61449	Stark	1
161	61453	Warren	7
162	61455	McDonough	2
163	61462	Warren	21
164	61465	Mercer	38
165	61466	Mercer	6
166	61467	Knox	2
167	61468	Henry	3
168	61469	Henderson	3
169	61472	Knox	2
170	61473	Warren	1
171	61475	McDonough	4
172	61476	Mercer	8
173	61480	Henderson	4
174	61483	Stark	1
175	61485	Knox	2

	Zip Code Area	County Name	Number of Patients
176	61486	Mercer	68
177	61488	Knox	1
178	61489	Knox	1
179	61490	Henry	23
180	61530	Woodford	1
181	61614	Peoria	2
182	61615	Peoria	3
183	61616	Peoria	3
184	62378	Brown	1
185	65026	Miller	1
186	76542	Bell	1
187	80202	Denver	1
188	81504	Mesa	1
189	89413	Douglas	1
190			
191			
192			
193			
194			
195			
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197			
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199			
200			

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			
202			
203			
204			
205			
206			
207			
208			
209			
210			
211			
212			
213			
214			
215			
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221			
222			
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224			
225			

	Zip Code Area	County Name	Number of Patients
226			
227			
228			
229			
230			
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238			
239			
240			
241			
242			
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250			

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			
252			
253			
254			
255			
256			
257			
258			
259			
260			
261			
262			
263			
264			
265			
266			
267			
268			
269			
270			
271			
272			
273			
274			
275			

	Zip Code Area	County Name	Number of Patients
276			
277			
278			
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282			
283			
284			
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287			
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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	10	10	10	10	10	0	0	50

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)*	3
b. Procedure (not operating) Rooms (Class B)*	4
c. Examination Rooms	1
d. Stage 1 - Post-Anesthesia Recovery Stations	2
e. Stage 2 - Step-down Ambulatory Recovery Stations	18

*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	Unity Point Health	12
2		
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				
Gastroenterology	3,556	316.75	1,034.75	316.75
Neurological				
OB/Gynecology				
Oral/Maxillofacial				
Ophthalmology				
Laser Eye Surgery				
Orthopedic				
Otolaryngology				
Pain Management				
Plastic				
Podiatry				
Thoracic				
Urology				
TOTALS	3,556	316.75	1,034.75	316.75

***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	4	6,827	550.00	1,845.00	550.00
b. Dedicated Laser Eye Procedures					
c. Dedicated Pain Management Procedures					
d. Cardiac Catheterization Procedures					

	Multipurpose Rooms (Specify Procedure)	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
e.					
f.					
g.					
h.					

Total Multi-Purpose Procedure Rooms					
TOTALS - PROCEDURE ROOMS	4	6,827	550.00	1,845.00	550.00

TOTAL CASES Questions 11 and 12 TOTAL	10,383	These two figures must match.
PATIENTS Reported on Page 6	10,383	

*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:

Review or Compilation Financial Statemen

A. CAPITAL EXPENDITURES

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

TOTAL CAPITAL EXPENDITURES FOR YOUR REPORTED FISCAL YEAR $ 0

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	None in 2024			
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	$ 553,077
Medicare	$ 2,368,288
Other Public*	$ 67,941
Private Insurance	$ 6,358,284
Private Payment	$ 187,151
Total Revenue	$ 9,534,741

***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)