

E-065-16

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

NOV 15 2016

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: Trinity Rock Island - Discontinuation of the Pediatric Category of Service			
Street Address: 2701 17th Street			
City and Zip Code: Rock Island, IL 61201			
County: Rock Island	Health Service Area	10	Health Planning Area: C-05

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Trinity Medical Center	
Address: 2701 17th Street, Rock Island, Illinois 61201	
Name of Registered Agent: Steven J. Gross	
Name of Chief Executive Officer: Richard Seidler	
CEO Address: 2701 17th Street, Rock Island, Illinois 61201	
Telephone Number: 309-779-2200	

Type of Ownership of Applicant/Co-Applicant

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

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

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: Ginger Renkiewicz
Title: Chief Clinical Officer, Chief Nurse Executive, Chief Quality Officer
Company Name: Trinity Medical Center
Address: 2701 17th Street, Rock Island, Illinois 61201
Telephone Number: (309) 779-5020
E-mail Address: virginia.renkiewicz@unitypoint.org
Fax Number: (309) 779-2206

Additional Contact

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

Name: Janet Scheuerman
Title: Senior Consultant
Company Name: PRISM Healthcare Consulting
Address: 1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number: (219) 464-0027
E-mail Address: prismjanet@aol.com
Fax Number: (219) 464-0027

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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City and Zip Code: Rock Island, IL 61201			
County: Rock Island	Health Service Area	10	Health Planning Area: C-05

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Trinity Regional Health System	
Address: 2701 17th Street, Rock Island, Illinois 61201	
Name of Registered Agent: Tamara Byram	
Name of Chief Executive Officer: Richard Seidler	
CEO Address: 2701 17th Street, Rock Island, Illinois 61201	
Telephone Number: 309-779-2200	

Type of Ownership of Applicant/Co-Applicant

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☐ For-profit Corporation	☐ Governmental
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Facility/Project Identification

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Street Address: 2701 17th Street			
City and Zip Code: Rock Island, IL 61201			
County: Rock Island	Health Service Area	10	Health Planning Area: C-05

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Iowa Health System	
Address: 1776 West Lakes Parkway, Suite 400, West Des Moines, Iowa 50266	
Name of Registered Agent: A. Anthony Ashenurst	
Name of Chief Executive Officer: Kevin Vermeer	
CEO Address: 1776 West Lakes Parkway, Suite 400, West Des Moines, Iowa 50266	
Telephone Number: 515-241-8215	

Type of Ownership of Applicant/Co-Applicant

☒ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ 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.		
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Primary Contact

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Additional Contact

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

Name: Janet Scheuerman
Title: Senior Consultant
Company Name: PRISM Healthcare Consulting
Address: 1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number: (219) 464-3969
E-mail Address: prismjanet@aol.com
Fax Number: (219) 464-0027

Post 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:	Ginger Renkiewicz
Title:	Chief Clinical Officer, Chief Nurse Executive, Chief Quality Officer
Company Name:	Trinity Medical Center
Address:	2701 17th Street, Rock Island, Illinois 61201
Telephone Number:	(309) 779-5020
E-mail Address:	virginia.renkiewicz@unitypoint.org
Fax Number:	(309) 779-2206

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Trinity Medical Center
Address of Site Owner:	2701 17th Street, Rock Island, Illinois 61201
Street Address or Legal Description of Site:	2701 17th Street, Rock Island, Illinois 61201
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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:		Trinity Medical Center d/b/a Trinity Rock Island	
Address:		2701 17th Street, Rock Island, Illinois, 61201	
☒	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship
		☐	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. - 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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. 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.

The applicants, Iowa Health System, Trinity Regional Health System and Trinity Medical Center d/b/a Trinity Rock Island, currently provides a pediatric service that included nine (9) authorized pediatric beds on the Trinity Rock Island campus at 2701 - 17th Street, Rock Island, Illinois 61201. Trinity Rock Island is proposing to continue providing pediatric services on an outpatient basis, including emergency services, observation, labs and outpatient surgery, but to discontinue the 9 authorized pediatric beds. Pediatric patients who present at Trinity Rock Island and require inpatient care will be transferred to Trinity Bettendorf (Bettendorf, Iowa) or other hospitals with which we have transfer services arrangements based on their physician's orders or parent or guardian request.

Trinity expects that the space vacated by the 9-bed pediatric inpatient unit will be redistributed to the adult medical surgical category of service as soon as the pediatric beds are discontinued. As a result of this redistribution, the total bed capacity of Trinity Rock Island will not change. Trinity Rock Island currently has 193 authorized medical surgical beds; with the addition of the 9 discontinued pediatric beds, the hospital will have 202 authorized medical surgical beds. This change is consistent with Section 1130.240 f); it is less than 20 beds and less than 10 percent of the hospital's total capacity of 327 beds. The hospital has not changed its bed capacity within the last 2 years. This redistribution will help Trinity better support adult inpatient and observation bed need. There are no associated modernization costs.

After approval of this certificate of exemption application by the Health Facilities and Services Review Board, the pediatric beds will be discontinued.

In accordance with the Illinois Administrative Code, Chapter II, Section 1110.40 (b), the

Project Costs and Sources of Funds NOT APPLICABLE - NO PROJECT COSTS

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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
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			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

NOT APPLICABLE - NO 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	☐ Yes	☒ No
Purchase Price: \$	0.00	
Fair Market Value: \$	0.00	

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
☒ None or not applicable	☐ Preliminary
☐ Schematics	☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>Upon approval by the HFSRB</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): NOT APPLICABLE	
☐ Purchase orders, leases or contracts pertaining to the project have been executed.	
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
☐ Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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.

Cost Space Requirements NOT APPLICABLE - NO PROJECT COSTS

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

FACILITY NAME: Trinity Rock Island		CITY: Rock Island, Illinois			
REPORTING PERIOD DATES: From: Jan. 1, 2015 to: Dec. 31, 2015					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	193	8551	41498	+9	202
Obstetrics	-	-	-	-	-
Pediatrics	9	191	770	-9	0
Intensive Care	20	1124	5073	-	20
Comprehensive Physical Rehabilitation	22	240	3378	-	22
Acute/Chronic Mental Illness	54	2276	13760	-	54
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care	29	447	6388	-	29
Dedicated Observation	12		376	-	12
Other ((identify))					
TOTALS:	327	12829	71243	-	327

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 for Permit is filed on the behalf of Trinity Medical Center *
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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Richard A. Seidler

PRINTED NAME

President and CEO

PRINTED TITLE

SIGNATURE

Tamara Byram

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of November

Notarization:

Subscribed and sworn to before me
this 14th day of November

Signature of Notary

Seal

OFFICIAL SEAL
TULISA M BOLLINGER
Notary Public - State of Illinois
My Commission Expires Mar 17, 2018

*Insert EXACT legal name of the applicant.

Signature of Notary

Seal

OFFICIAL SEAL
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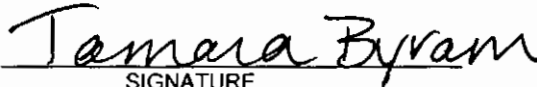

SIGNATURE

Richard A. Seidler

PRINTED NAME

President and CEO

PRINTED TITLE


SIGNATURE

Tamara Byram

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

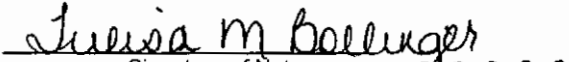
Subscribed and sworn to before me
this 14th day of November

Notarization:

Subscribed and sworn to before me
this 14th day of November


Signature of Notary
OFFICIAL SEAL
TULISA M BOLLINGER
Notary Public - State of Illinois
My Commission Expires Mar 17, 2018

*Insert EXACT legal name of the applicant


Signature of Notary
OFFICIAL SEAL
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- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Iowa 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



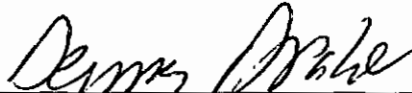
SIGNATURE

Kevin E. Vermeer

PRINTED NAME

IHS President/CEO

PRINTED TITLE



SIGNATURE

Dennis W. Drake

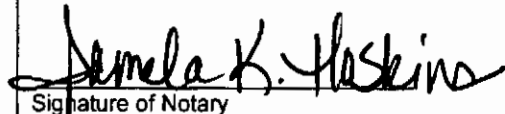
PRINTED NAME

IHS VP/General Counsel

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
 this 11th day of November, 2016



Signature of Notary

Seal

Notarization:

Subscribed and sworn to before me
 this 11th day of November, 2016



Signature of Notary

Seal

*Insert EXA (Legal Name of the applicant)



SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

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

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, 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 the information has been 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** 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 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	19-22
2	Site Ownership	23-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29-31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32-34
5	Flood Plain Requirements	35-36
6	Historic Preservation Act Requirements	37-38
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	39-51
11	Background of the Applicant	52-58
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	
40	Safety Net Impact Statement	59-64
41	Charity Care Information	65-77

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Applicant/Co-Applicant Identification

(Provide for each co-applicant (refer to Part 1113.220))

Exact Legal Name: Trinity Medical Center
Address: 2701 17th Street, Rock Island, Illinois 61201
Name of Registered Agent: Steven J. Gross
Name of Chief Executive Officer: Richard Seidler
CEO Address: 2701 17th Street, Rock Island, Illinois 61201
Telephone Number: 309-779-2200

Exact Legal Name: Trinity Regional Health System
Address: 2701 17th Street, Rock Island, Illinois 61201
Name of Registered Agent: Tamara Byram
Name of Chief Executive Officer: Richard Seidler
CEO Address: 2701 17th Street, Rock Island, Illinois 61201
Telephone Number: 309-779-2200

Exact Legal Name: Iowa Health System
Address: 1776 West Lakes Parkway, Suite 400, West Des Moines, Iowa 50266
Name of Registered Agent: A. Anthony Ashenhurst
Name of Chief Executive Officer: Kevin Vermeer
CEO Address: 1776 West Lakes Parkway, Suite 400, West Des Moines, Iowa 50266
Telephone Number: 515-241-8215



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

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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 7TH
day of NOVEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Applicant Information

Exhibit 1

Authentication #: 1631201050 verifiable until 11/07/2017

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



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

TRINITY REGIONAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1631201066 verifiable until 11/07/2017
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of NOVEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE



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

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 7TH
day of NOVEMBER A.D. 2016 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1631201028 verifiable until 11/07/2017
Authenticate at: <http://www.cyberdriveillinois.com>

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Site Ownership

(Provide this information for each applicable site.)

Exact Legal Name of Site Owner: Trinity Medical Center
Address of Site Owner: 2701 17th Street, Rock Island, Illinois 61201
Street Address or Legal Description of Site: 2701 17th Street, Rock Island, Illinois 61201
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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 <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The appended documentation is proof of site ownership by Trinity Medical Center. Attachment 2, Exhibit 1 is the Commitment for Title Insurance issued by First American Title Insurance Company from April 2, 2008. Attachment 2, Exhibit 2 is the Rock Island County Abstract & Title Guaranty's invoice for the Trinity West Campus (Trinity Rock Island) dated April 14, 2008.

The full invoice document is included in Appendix A.

ATTACHMENT 2
Site Ownership

TO:
Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph: 309-786-8497
Fx: 309-786-0453



COMMITMENT FOR TITLE INSURANCE

ISSUED BY

First American Title Insurance Company

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

The Provisions in Schedule A.
The Exceptions in Schedule B.
The Conditions, Requirements and Standard Exceptions
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.



First American Title Insurance Company

BY *Parker S. Kennedy* PRESIDENT

ATTEST *Mark A. Anderson* SECRETARY

BY *[Signature]* COUNTERSIGNED

(UNDERSIGNER - FIRST AMERICAN TITLE INSURANCE COMPANY)
1. Printing Agency: Rock Island County Abstract & Title Guaranty Company, 311 - 1st Street, Suite 100, Rock Island, Illinois 61201 Phone: 309-786-9478

ATTACHMENT 2
Site Ownership
Exhibit 1

CONDITIONS

1. **DEFINITIONS**
(a) "Mortgage" means mortgage, deed of trust or other security instrument. (b) "Public Record" means title records that give constructive notice of matters affecting the title according to the state law where the land is located.
2. **LATER DEFECTS**
The Exceptions in Schedule B may be amended to show any defects, liens or encumbrances that appear from the first time in the public records or are created or attached between the Commitment Date and the date on which all of the Requirements (a) and (c) shown below are met. We shall have no liability to you because of this amendment.
3. **EXISTING DEFECTS**
If any defects, liens or encumbrances existing at Commitment Date are not shown in Schedule B, we may amend schedule B to show them. If we do amend Schedule B to show these defects, liens or encumbrances, we shall be liable to you according to Paragraph 4 below unless you knew of this information and did not tell us about it in writing.
4. **LIMITATION OF OUR LIABILITY**
Our only obligation is to issue to you the Policy referred to in this Commitment, when you have met its Requirements. If we have any liability to you for any loss you incur because of an error in this Commitment, our liability will be limited to your actual loss caused by your relying on this Commitment when you acted in good faith to:

comply with the Requirements shown below
or
eliminate with our written consent any Exceptions shown
in Schedule B or the Standard Exceptions noted below.

We shall not be liable for more than the Policy Amount shown in Schedule A of this Commitment and our liability is subject to the terms of the Policy form to be issued to you.

5. **CLAIMS MUST BE BASED ON THIS COMMITMENT**
Any claim, whether or not based on negligence, which you may have against us concerning the title to the land must be based on this Commitment and is subject to its terms.

REQUIREMENTS

The following requirements must be met:

- (a) Pay the agreed amounts for the interest in the land and/or the mortgage to be insured.
- (b) Pay us the premiums, fees and charges for the policy.
- (c) Documents satisfactory to us creating the interest in the land and/or the mortgage to be insured must be signed, delivered and recorded.
- (d) You must tell us in writing the name of anyone not referred to in this Commitment who will get an interest in the land or who will make a loan on the land. We may then make additional requirements or exceptions.
- (e) Proper documentation to dispose of such exceptions as you wish deleted from Schedule B or the Standard Exceptions noted below.

STANDARD EXCEPTIONS

The following Standard Exceptions will be shown on your policy:

- (1) Rights or claims of parties in possession not shown by the public records.
- (2) Easements, or claims of easements, not shown by the public records.
- (3) Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey or inspection of the premises.
- (4) Any Lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records.
- (5) Taxes, or special assessments which are not shown as existing liens by the public records.

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY
1. Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-396-3476

ALTA COMMITMENT

SCHEDULE A

COMMITMENT NO. F88-110-L

1. Commitment Date: April 2, 2008 at 8:00 a.m.

2. Policy (or policies) to be issued:

(a) ALTA Owner's Policy
Proposed Insured:

Policy Amount \$TDB

TBD

(b) ALTA Loan Policy
Proposed Insured:

Policy Amount \$TDB

TBD

3. The estate or interest in the land deposited or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:

Trinity Medical Center

4. The land referred to in this Commitment is described as follows:

See Schedule A, No. 4 - continued, attached.

1 UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY
1 Acting Agency First National County Agency & Title Company Group, 111 - 17th Street, Suite 200, East Lansing, Michigan 48821 Phone 517-336-5476

ATTACHMENT 2
Site Ownership
Exhibit 1

Rock Island County Abstract & Title Guaranty Co.

Representative For
Lawyers Title Insurance Corporation
and
First American Title Insurance Company
Title Insurance - Abstracts - Escrow Service

211 - 18th Street, Suite 300
Rock Island, Illinois 61201

email - wsharp@ricatitle.com

Phone (309) 788-6470
Fax
(309)
788-8535
Fax (309) 788-2608

P.O. Box 3308
Rock Island, Illinois 61204-3308

Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-788-8497
Fx.: 309-788-0463

Date: April 14, 2008
FED ID # 36-169-4210

INVOICE

File No. F88-110-L

RE: TRINITY WEST CAMPUS

<u>Date</u>	<u>Services Description</u>	<u>Amount</u>
April 11, 2008	Owners & Lenders Title Insurance - Commitment Fee	\$250.00
	Additional Tract Searches (2 @ 100.00 each)	\$200.00
	Owner's Policy Premium (liberty: TBD)	TBD

Note: Billing does not include escrows, future updates, endorsement(s), additional policies, premiums, recording fees, document copies, document preparation, overnight deliveries, closing fees nor revenue stamps...as may be applicable.

TOTAL	\$450.00
--------------	-----------------

Description: Commitment and invoice to above VIA EMAIL

ATTACHMENT 2
Site Ownership
Exhibit 2

TO:
Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463



COMMITMENT FOR TITLE INSURANCE

ISSUED BY

First American Title Insurance Company

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

- The Provisions in Schedule A.
- The Exceptions in Schedule B.
- The Conditions, Requirements and Standard Exceptions
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.



First American Title Insurance Company

BY *Paul S. Kennedy* PRESIDENT
ATTEST *Mary A. Adams* SECRETARY
BY *[Signature]* COUNTERSIGNED

1 UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY
1 Notary Agency: Rock Island County, Illinois & Title Guaranty Company, 211 - 16th Street, Suite 200, Rock Island, Illinois 61201 Phone: 309-786-1678

ATTACHMENT 2
Site Ownership
Exhibit 2



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

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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 7TH
day of NOVEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 3
Operating Identity
Exhibit 1

Authentication #: 1631201050 verifiable until 11/07/2017
Authenticate at: <http://www.cyberdriveillinois.com>



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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

TRINITY REGIONAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1631201066 verifiable until 11/07/2017
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day of NOVEMBER A.D. 2016 .***

Jesse White

SECRETARY OF STATE



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

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 1631201028 verifiable until 11/07/2017
Authenticate at: <http://www.cyberdriveillinois.com>

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the State of Illinois, this 7TH
day of NOVEMBER A.D. 2016 .***

Jesse White

SECRETARY OF STATE

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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.

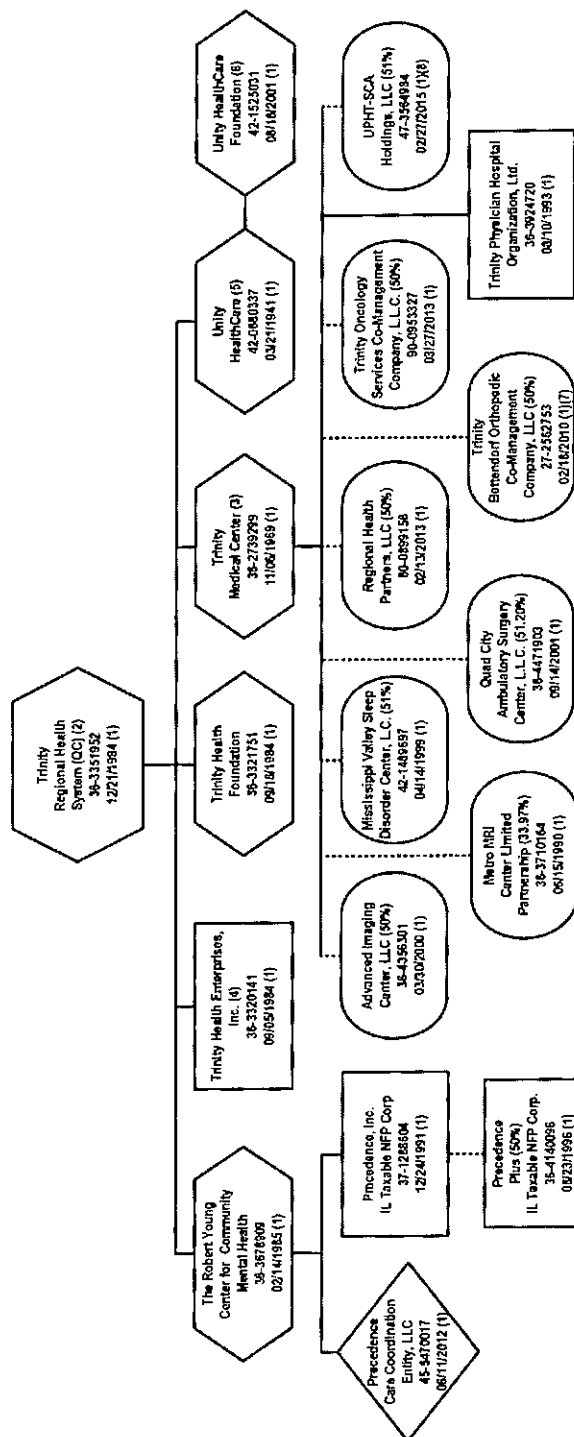
APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

This application has three co-applicants; they are Iowa Health System, Trinity Regional Health System, and Trinity Medical Center. Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center.

Trinity Medical Center operates three hospitals, two of which are in Illinois – Trinity Moline and Trinity Rock Island. The third hospital, Trinity Bettendorf, is in Iowa. See Attachment 4, Exhibits 1 and 2.

Trinity Rock Island is an assumed name (often known as “d/b/a”); Trinity Rock Island is an acute general hospital. The proposed discontinuation of pediatric inpatient beds will be on the Trinity Rock Island campus.

ATTACHMENT 4
Organizational Relationships



NOTES:

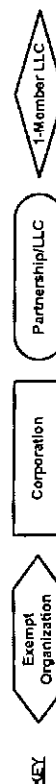
- (1) Date of Incorporation/Organization.
- (2) Joint ventures and others as of 12/31/2014:
Iowa Health System Contracting Services, L.C. (9.08%)
- (3) Trinity Medical Center d/b/a Trinity Rock Island, Trinity Moline, Trinity Bettendorf.
Joint ventures and others as of 12/31/2014:
HealthNet connect, L.C. (3.57%)
UnityPoint at Work, L.C. (1.00%)
- (4) Joint ventures and others as of 12/31/2014:
Quad City Community Healthcare, L.L.C. (3.50%)
- (5) Unity Healthcare d/b/a Trinity Muscatine. Joined System 07/01/2009.
- (6) Unity Healthcare Foundation d/b/a Trinity Muscatine Foundation. Joined System 07/01/2009.
- (7) Administratively Dissolved with the Iowa Secretary of State – final distribution and
- (8) Joint ventures and others as of 12/31/2015:
Mississippi Medical Plaza, L.C. (28.05%)

CHANGES FROM PRIOR YEAR:

- | Added: | Removed: | Change in Investment or affiliation presentation: |
|--|----------|---|
| (1) UPHI, SCA Holdings, LLC | (1) | (1) Quad City Ambulatory Surgery Center, L.L.C. |
| (2) Mississippi Medical Plaza, L.C. (Note 8) | (2) | (2) |
| (3) | (3) | (3) |
| (4) | (4) | (4) |

(7) Administratively Dissolved with the Iowa Secretary of State – final distribution and return to be filed.

(8) Joint ventures and others as of 12/31/2015:
Mississippi Medical Plaza, L.C. (28.05%)



SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Flood Plain Requirements

(Refer to application instructions.)

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

By the notarized signatures of the Certification pages of this application, the authorized representatives of Trinity Medical Center attest that the site shown on Attachment 5, Exhibit 1 as identified as the most recent FEMA Flood Insurance Rate Map complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2005-5, "Construction Activities in the Special Flood Hazard Area." Trinity Medical Center is not location in a flood plain. The project complies with requirements of Illinois Executive Order #2005-5.

ATTACHMENT 5
Flood Plain Requirements

NOTES TO USERS

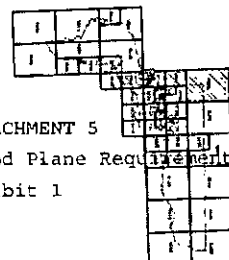
The Flood Insurance Rate Map (FIRM) is a map that shows the areas of a community that are subject to flooding. It is used by the Federal Emergency Management Agency (FEMA) to determine the flood insurance rates for properties in the community. The FIRM is a map that shows the areas of a community that are subject to flooding. It is used by the Federal Emergency Management Agency (FEMA) to determine the flood insurance rates for properties in the community.

Trinity Rock Island Pediatric Discontinuation
1/4/2018

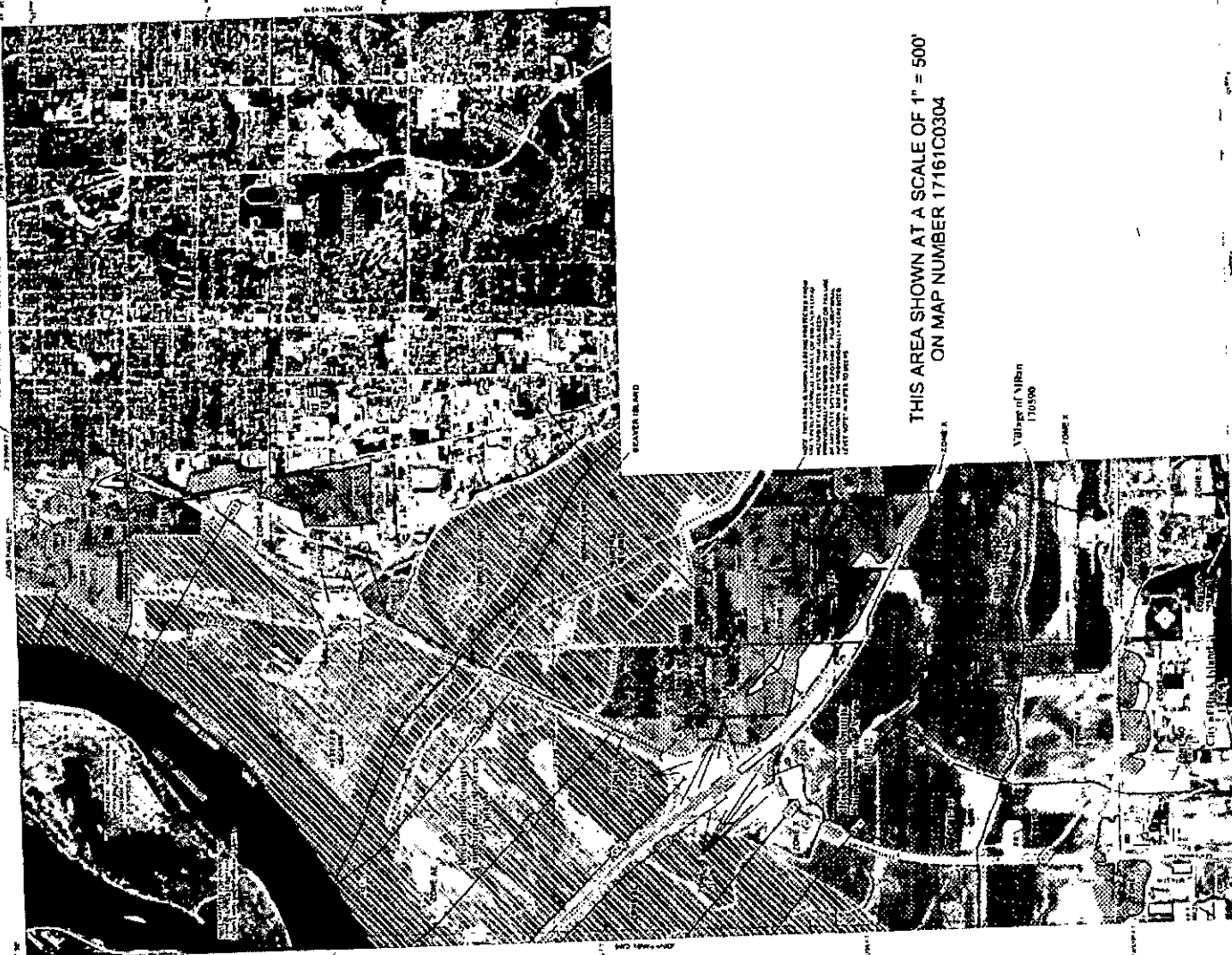
Page 36

PANEL INDEX

ATTACHMENT 5
Flood Plane Requirements
Exhibit 1



THIS AREA SHOWN AT A SCALE OF 1" = 500'
ON MAP NUMBER 17161C0304



THIS AREA IS SHOWN AT A SCALE OF 1" = 500'
ON MAP NUMBER 17161C0304

17161C0304

17161C0304

NOTES TO USERS

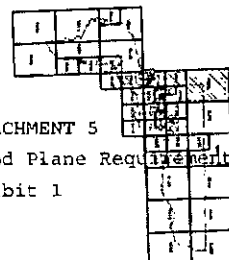
The Flood Insurance Rate Map (FIRM) is a map that shows the areas of a community that are subject to flooding. It is used by the Federal Emergency Management Agency (FEMA) to determine the flood insurance rates for properties in the community. The FIRM is a map that shows the areas of a community that are subject to flooding. It is used by the Federal Emergency Management Agency (FEMA) to determine the flood insurance rates for properties in the community.

Trinity Rock Island Pediatric Discontinuation
1/4/2018

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PANEL INDEX

ATTACHMENT 5
Flood Plane Requirements
Exhibit 1



LEGEND

OFFICIAL FLOOD INSURANCE RATE MAP
FIRM 17161C0304

Legend
FIRM 17161C0304
FIRM 17161C0304
FIRM 17161C0304

Legend
FIRM 17161C0304
FIRM 17161C0304
FIRM 17161C0304

Legend
FIRM 17161C0304
FIRM 17161C0304
FIRM 17161C0304

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FIRM 17161C0304
FIRM 17161C0304
FIRM 17161C0304

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FIRM 17161C0304

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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Historic Resources Preservation Act Requirements

(Refer to application instructions.)

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.
--

APPEND DOCUMENTATION AS <u>ATTACHMENT-6</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
--

Attachment 6, Exhibit 1 is a letter from the Illinois Historic Preservation Agency that documents our compliance with the requirements of the Historic Resources Preservation Act to confirm that no historic, architectural, or archaeological sites exist with the discontinuation project at Trinity Rock Island as there are no renovations required.

ATTACHMENT 6
Historic Resources Preservation Act



**Illinois Historic
Preservation Agency**

FAX (217) 524-7525

1 Old State Capitol Plaza • Springfield, Illinois 62701-1507 • (217) 782-4836 • TTY (217) 524-7128

Rock Island County

Rock Island

CON - Discontinue 9 Pediatric Beds and Change Service from Pediatrics to Medical/Surgical Beds, Trinity
Medical Center

2701 17th St.

IHPA Log #005111016

November 14, 2016

Pamela Samuelson
UnityPoint Health - Trinity
4500 Utica Ridge Rd.
Bettendorf, IA 52722

Dear Ms. Samuelson:

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 David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

Section II. DISCONTINUATION

1110.130 Discontinuation of Authorized Pediatric Inpatient Beds

GENERAL INFORMATION REQUIREMENTS

1. *Identify the categories of service and the number of beds, if any that is to be discontinued.*

The applicants, UnityPoint Health, Trinity Regional Health System and Trinity Medical Center d/b/a Trinity Rock Island ("Trinity"), currently provide a pediatric service that includes nine (9) authorized pediatric beds. Trinity is proposing to continue providing pediatric services on an outpatient basis, including emergency, lab and diagnostic services; observation care, inpatient and outpatient behavioral health, and outpatient surgery, but to discontinue the 9 authorized pediatric beds. Trinity has been experiencing declining volumes of pediatric inpatient admissions over the last several years.

2. *Identify all the other clinical services that are to be de discontinued.*

None

3. *Provide the anticipated date of discontinuation for each identified service of for the entire facility.*

The pediatric beds will be discontinued at the time that this certificate of exemption is approved by the Health Facilities and Services Review Board.

4. *Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.*

Trinity expects that the space vacated by the 9-bed pediatric inpatient unit will be redistributed to the adult medical surgical category of service as soon as the pediatric beds are discontinued. As a result of this redistribution, the total bed capacity of Trinity Rock Island will not change. Trinity Rock Island currently has 193 authorized medical surgical beds; with the addition of the 9 discontinued pediatric beds, the hospital will have 202 authorized medical surgical beds. This change is consistent with Section 1130.240 f); it is less than 20 beds and less than 10 percent of the hospital's total capacity of 327 beds. The hospital has not changed its bed capacity within the last 2 years. There are no associated modernization costs.

5. *Provide the anticipated disposition and location of all medical records pertaining to pediatric inpatient utilization.*

Trinity complies with all applicable federal and state laws to assure proper storage, retention and destruction of health system records. All pediatric inpatient legal health records will reside in the Electronic Health Record with the retention of; longer of 10 years from last date of service or until minor reaches 22 years of age.

6. *For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DBH (e.g. annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.*

Not Applicable.

REASONS FOR DISCONTINUATION

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

The basis for the request to discontinue is low volume/declining need and a desire to consolidate services to a single location.

Trinity currently provides pediatric inpatient care at its Rock Island hospital and at its Bettendorf hospital also located in the Quad-Cities metropolitan area in Scott County, Iowa. For the last several years, Trinity has been seeing declining volumes of pediatric inpatient admissions at its Rock Island hospital.

More patients are being treated on an outpatient basis which is a trend throughout the healthcare industry. In addition, more physicians have been referring patients to children's hospitals including OSF Healthcare System/Children's Hospital of Illinois in Peoria, Ill., and University of Iowa Children's Hospital in Iowa City, Ia. This shift of care to specialized children's hospitals is consistent with national experience.

While Trinity Rock Island has been experiencing declining inpatient pediatric admissions, Trinity Bettendorf has been on the rise. The growth in inpatient pediatric volumes at Bettendorf and declining volumes in Rock Island are reflective of population trends in our community. Rock Island County population is older and declining while Scott County is younger and continues to grow. Bettendorf had a total of 29 pediatric inpatients in 2013 compared to 108 in 2015. Through October 2016, Trinity Bettendorf has had a total of 91 pediatric inpatients.

Bettendorf has also experienced growth in newborn deliveries since the hospital opened in 2004. There were approximately 100 deliveries during the first year compared to 926 deliveries in 2015. Trinity plans to expand its pediatric inpatient program at its

Bettendorf campus in order to complement its growing Women's and Children's Services program in Scott County.

Upon COE approval by the Illinois Health Facilities and Services Review Board, Trinity would like to consolidate its pediatric inpatient services to a single inpatient unit located at Trinity Bettendorf. Located 13 miles from the Rock Island campus, Trinity Bettendorf will have five dedicated pediatric inpatient beds at Bettendorf with additional beds available as needed.

Pediatric patients who present at Trinity Rock Island who require inpatient care will be transferred to Trinity Bettendorf or other area hospitals that provide inpatient pediatric care based on their physicians orders or parent or guardian request. Trinity Rock Island will continue to provide pediatric services including emergency services, laboratory, imaging, observation, inpatient and outpatient behavioral health and outpatient surgery. The Rock Island campus also has a 12-bed dedicated observation unit where pediatric patients may be cared for in observation status.

There are two existing hospitals in the Quad-Cities region within 20 minutes travel time of Trinity Rock Island each with 16 authorized pediatric beds that have excess capacity to serve pediatric patients. Physician practices may choose to refer patients to these hospitals, Trinity Bettendorf or the children's hospitals in Iowa City and Peoria. Trinity has an existing transfer agreement with OSF Healthcare System/Children's Hospital of Illinois in Peoria which is attached.

IMPACT ON ACCESS

1. *Document that the discontinuation of Trinity's authorized pediatric beds will not have an adverse effect upon access to care for the residents of the facility's market area.*

The available pediatric beds in the hospital's market area could support the current annual utilization of 191 admissions at the unit proposed for discontinuation at Trinity.

2. *Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.*

Not applicable.

3. *Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to*

which the applicant's workload will be absorbed without conditions, limitations or discrimination.

Not applicable.

TRANSFER AGREEMENT
between
TRINITY MEDICAL CENTER
and
OSF HEALTHCARE SYSTEM,
OSF SAINT FRANCIS MEDICAL CENTER
and CHILDREN'S HOSPITAL OF ILLINOIS

THIS TRANSFER AGREEMENT ("Agreement") is effective as of January 26, 2013, by and between Trinity Medical Center, located and doing business in Rock Island and Moline, Illinois (collectively, hereinafter referred to as "**Transferring Hospital**") and OSF HEALTHCARE SYSTEM, an Illinois not-for-profit corporation, having its Corporate Office in Peoria, Illinois, owner and operator of OSF Saint Francis Medical Center and Children's Hospital of Illinois, located and doing business in Peoria, Illinois ("**Receiving Facility**").

RECITALS:

A. The Transferring Hospital and the Receiving Facility desire to assure continuity of care and treatment appropriate to the needs of the patients to be transferred hereunder, including but not limited to the needs of pediatric patients.

B. The parties hereto specifically wish to facilitate: (a) the timely transfer of patients and the medical records and other information necessary or useful for the care and treatment of patients transferred; (b) the determination as to whether such patients can be adequately cared for other than by either of the parties hereto; (c) the continuity of care and treatment appropriate to the needs of the transferred patient; and (d) the utilization of knowledge and other resources of both healthcare entities in a coordinated and cooperative manner to improve the professional healthcare of patients.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, and in reliance upon the recitals set forth above and incorporated by reference herein, the parties hereto agree as follows:

I. PATIENT TRANSFER DUTIES AND RESPONSIBILITIES.

1.1 Receiving Facility Responsibilities.

- a. In accordance with the policies and procedures of the Transferring Hospital and upon the recommendation of the patient's attending physician that such a transfer is medically appropriate, such patient shall be transferred from the Transferring Hospital to the Receiving Facility as long as the Receiving Facility has bed availability, staff availability, and is able to provide the services requested by the Transferring Hospital, and pursuant to any other necessary criteria established by the Receiving Facility. Receiving Facility shall designate a person to coordinate with Transferring Hospital in order to establish acceptable and efficient transfer guidelines. If Receiving Facility is unable to accept a referred patient

because of bed unavailability or for any other reason, Receiving Facility will take reasonable steps to assist Transferring Hospital in arranging for admission of the patient to another facility capable of providing the appropriate level of care.

1.2 Transferring Hospital Responsibilities. Transferring Hospital shall request transfers of patients to Receiving Facility pursuant to the criteria set forth in Section 1.1. Further, Transferring Hospital shall:

- a. Be responsible for obtaining any consent(s) required by law for the transfer of patient from Transferring Hospital to Receiving Facility, and provide a copy of any such consent to Receiving Facility.
- b. Provide Receiving Facility's contact information to the guardian of the patient.
- c. Notify Receiving Facility as far in advance as possible of the impending transfer.
- d. In the event a patient has personal effects with him or her at the time of transfer, provide a list to Receiving Facility with appropriate documentation of such personal effects.
- e. Affect the transfer to Receiving Facility through qualified personnel and appropriate transfer equipment and transportation (in accordance with patient acuity level), including the use of necessary and medically appropriate life support measures. Receiving Facility's responsibility for the patient's care shall begin when the patient arrives at the Receiving Facility. Notwithstanding anything to the contrary set forth above, in the event the patient is transferred by Receiving Facility's Air Ambulance program, Receiving Facility's responsibility shall begin when the patient leaves Transferring Hospital's Emergency Department.
- f. Transfer, and supplement as necessary, all relevant medical records, or in the case of an emergency, as promptly as possible, transfer an abstract of the pertinent medical and other records necessary in order to continue the patient's treatment without interruption and to provide identifying and other information, including contact information for referring physician, name of physician(s) at Receiving Facility contacted with regard to the patient (and to whom the patient is to be transferred), medical, social, nursing and other care plans. Such information shall also include, without limitation and if available, current medical and lab findings, history of the illness or injury, diagnoses, advanced medical directives, rehabilitation potential, brief summary of the course of treatment at the Transferring

Hospital, medications administered, known allergies, nursing, dietary information, ambulation status and pertinent administrative, third party billing and social information.

1.3 Joint Responsibilities.

- a. Receiving Facility and Transferring Hospital agree to exercise best efforts to provide for prompt admission of the patient, subject to the transfer criteria set forth in Section 1.1.
- b. Receiving Facility and Transferring Hospital shall comply with all EMTALA requirements with respect to all transfers, if applicable.
- c. With respect to the transfer of pediatric patients, the Receiving Facility and Transferring Hospital agree to each designate a representative, identified in Exhibit A attached hereto, who shall meet periodically, as needed, to review the pediatric patient transfer process, to develop and review policies and procedures in order to improve this transfer process (including efficiency, clinical care and patient safety), and to develop and review specific quality improvement measures as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under the Transfer Agreement to the extent permissible under applicable laws.

1.4 Non Discrimination. The parties hereto acknowledge that nothing in this Agreement shall be construed to permit discrimination by either party in the transfer process set forth herein based on race, color, national origin, handicap, religion, age, sex or any other characteristic protected by Illinois state laws, Title VI of the Civil Rights Act of 1964, as amended or any other applicable state or federal laws. Further, Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act require that no otherwise qualified individual with a handicap shall, solely by reason of the handicap, be excluded from participation in, or denied the benefits of, or be subjected to discrimination in a facility certified under the Medicare or Medicaid programs.

1.5 Name Use. Neither party shall use the name of the other party in any promotional or advertising material unless the other party has reviewed and approved in writing in advance such promotional or advertising material.

1.6 Standards. The parties shall provide care to patients in a manner that will ensure that all duties are performed and services provided in accordance with any standard, ruling or regulation of The Joint Commission, the Department of Health

and Human Services or any other federal, state or local government agency, corporate entity or individual exercising authority with respect to or affecting Receiving Facility or Transferring Hospital. The parties shall perform their duties under this Agreement in conformance with all requirements of the federal and state constitutions and all applicable federal and state statutes and regulations.

- 1.7 Exclusion/Debarment. By entering into this Agreement, the parties hereby certify that they have not been debarred, suspended, or excluded from participation in any state or federal healthcare program, including, but not limited to, Medicaid, Medicare and Tricare. In addition, each party agrees that it will notify the other party immediately if it subsequently becomes debarred, suspended or excluded or proposed for debarment, suspension or exclusion from participation in any state or federal healthcare program.
- 1.8 Confidentiality. Receiving Facility and Transferring Hospital specifically acknowledge that certain material that will come into the parties' possession or knowledge in connection with this Agreement, may include confidential information, disclosure of which to third parties may be damaging to the other party. Each party agrees to hold all such material concerning the other party in confidence, to use it only in connection with performance under this Agreement and to release it only to those persons requiring access thereto for such performance or as may otherwise be required by law and to comply with the Health Insurance Portability and Accountability Act.
- 1.9 Access to Books and Records. Both parties will maintain records relating to their responsibilities under this Agreement for a period of one (1) year from the date of services. During normal working hours and upon prior written and reasonable notice, each party will allow the other party reasonable access to such records for audit purposes and also the right to make photocopies of such records (at requesting party's expense), subject to all applicable state and federal laws and regulations governing the confidentiality of such records.
- 1.10 Non-Exclusivity. This Agreement does not establish an exclusive arrangement between the parties, and both the Transferring Facility and the Receiving Hospital are permitted to enter into similar agreements with other entities. In addition, Transferring Facility's patients shall not be restricted in any way in their choice of emergency care providers.
- 1.11 Referrals. The parties specifically acknowledge and agree that the performance by the parties of their obligations hereunder in no way obligates and is in no way contingent upon, the admission, recommendation, referral, or any other form of arrangement between the parties for utilization by patients or others of any item or service offered by either party or any other entities with which the parties might be affiliated.

II. FINANCIAL ARRANGEMENTS.

- 2.1 Billing and Collection. The patient is primarily responsible for payment for care provided by Transferring Hospital or Receiving Facility. Each party shall bill and collect for services rendered by each party pursuant to all state and federal guidelines and those set by third party payors. Neither the Transferring Hospital nor the Receiving Facility shall have any liability to the other for billing, collection or other financial matters relating to the transfer or transferred patient. Since this Agreement is not intended to induce referrals, there shall be no compensation or anything of value, directly or indirectly, paid between the parties.
- 2.2 Insurance. Each party shall, at its expense, maintain through insurance policies, self-insurance or any combination thereof, such policies of comprehensive general liability and professional liability insurance with coverage limits of at least Two Million Dollars (\$2,000,000.00) per occurrence and Four Million Dollars (\$4,000,000.00) annual aggregate to insure each party and its respective Board, officers, employees and agents acting within the scope of their duties and employment against any claim for damages arising by reason of injuries to property or personal injuries or death occasioned directly or indirectly in connection with services provided by such party and activities performed by such party in connection with this Agreement. Either party shall notify the other party thirty (30) days prior to the termination or modification of such policies.

III. TERM AND TERMINATION.

- 3.1 Term. The promises and obligations contained herein shall commence as of the Effective Date, for a term of one (1) year therefrom, and thereafter shall automatically renew for successive periods of one (1) year, subject, however, to termination under Section 3.2 herein.
- 3.2 Termination. This Agreement may be sooner terminated on the first to occur of the following:
- a. Written agreement by both parties to terminate this Agreement.
 - b. In the event of breach of any of the terms or conditions of this Agreement by either party and the failure of the breaching party to correct such breach within ten (10) business days after written notice of such breach by the non-breaching party, the non-breaching party may terminate this Agreement immediately upon written notice.
 - c. In the event either party to this Agreement shall, with or without cause, at any time give to the other at least thirty (30) days advanced written notice, this Agreement shall terminate on the future date specified in such notice.

- d. Debarment, suspension or exclusion of either party, as set forth in Section 1.7.

3.3 Effects of Termination. Upon termination of this Agreement, as hereinabove provided, no party shall have any further obligations hereunder, except for obligations accruing prior to the date of termination.

IV. MISCELLANEOUS.

- 4.1 Entire Agreement. This Agreement constitutes the entire agreement between the parties and contains all of the terms and conditions between the parties with respect to the subject matter hereunder. Receiving Facility and Transferring Hospital shall be entitled to no benefits or services other than those specified herein. This Agreement supersedes any and all other agreements, either written or oral, between the parties with respect to the subject matter hereof.
- 4.2 Changes or Modifications. No change or modification of this Agreement shall be valid unless the same shall be in writing and signed by Receiving Facility and Transferring Hospital. No waiver of any provision of this Agreement shall be valid unless in writing and signed by the person or party against whom charged.
- 4.3 Governing Law. This Agreement shall be construed and interpreted in accordance with the laws of Illinois. It may only be amended, modified or terminated by an instrument signed by the parties. This Agreement shall inure to the benefit of and be binding upon the parties, their successors, legal representatives and assigns, and neither this Agreement nor any right or interest of Receiving Facility or Transferring Hospital arising herein shall be voluntarily or involuntarily sold, transferred or assigned without written consent of the other party, and any attempt at assignment is void.
- 4.4 Relationship of the Parties. The parties are independent contractors under this Agreement. Nothing in this Agreement is intended nor shall be construed to create an employer/employee relationship or a joint venture relationship between the parties, or to allow any party to exercise control or direction over the manner or method by which any of the parties perform services herein. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions hereof. Notices required herein shall be considered effective when delivered in person, or when sent by United States certified mail, postage prepaid, return receipt requested and addressed to:

Transferring Hospital:

Richard Seidler
Chief Executive Officer
Trinity Medical Center
2701-17th Street
Rock Island, IL 61021

Receiving Facility:

President/CEO
OSF Saint Francis Medical Center
530 N.E. Glen Oak Avenue
Peoria, IL 61637

or to other such address, and to the attention of such other person(s) or officer(s) as a party may designate by written notice.

- 4.5 Limitation of Liability; Rights of Third Parties. It is understood and agreed that neither party to this Agreement shall be legally liable for any negligent or wrongful act, either by commission or omission, chargeable to the other, unless such liability is imposed by law. This Agreement shall not be construed as seeking to either enlarge or diminish any obligations or duty owed by one party against the other or against a third party.
- 4.6 Severability. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.
- 4.7 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.
- 4.8 Interpretation. This Agreement is a result of negotiations between the parties, none of whom have acted under any duress or compulsion, whether legal, economic or otherwise. Accordingly, the parties hereby waive the application of any rule of law that otherwise would be applicable in connection with the construction of this Agreement that ambiguous or conflicting terms or provisions should be construed against the party who (or whose attorney) prepared the executed Agreement or any earlier draft of the same. Unless the context of this Agreement otherwise clearly requires, references to the plural include the singular and the singular, the plural. The words "hereof," "herein," "hereunder" and similar terms in this Agreement refer to this Agreement as a whole and not to any particular provision of this Agreement. The section titles and other headings contained in this Agreement are for reference only and shall not affect in any way the meaning or interpretation of this Agreement.

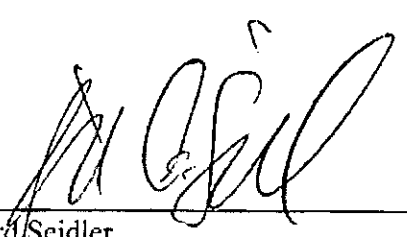
[Signature page follows]

IN WITNESS WHEREOF, the parties have hereto executed this Agreement in multiple originals as of the last date written below.

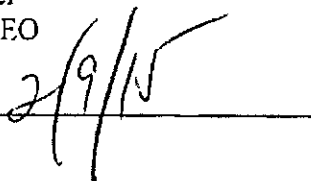
TRANSFERRING HOSPITAL:

Trinity Medical Center

By: _____


Richard Seidler
President & CEO

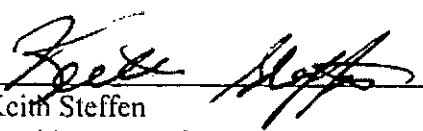
Dated: _____



RECEIVING FACILITY:

OSF HEALTHCARE SYSTEM, an Illinois
not-for-profit corporation, owner and operator
of OSF Saint Francis Medical Center and
Children's Hospital of Illinois

By: _____


Keith Steffen
President & CEO

Dated: _____

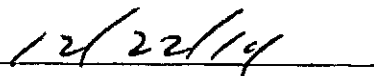


EXHIBIT A

Pediatric Patient Representatives

Transferring Hospital:

Nancy Frederiksen BS, RN
Pediatric Quality Coordinator
Emergency Department
Trinity Medical Center
2701 17th St., Rock Island, IL 61201
P 309-779-3292
F 309-779-2227
Nancy.Frederiksen@unitypoint.org

Receiving Facility:

Carolyn Henricks RN
Pediatric Quality Coordinator
Emergency Department/Clinical Decision Unit
OSF Saint Francis Medical Center
530 NE Glen Oak Avenue | Peoria, IL | 61637
p 309.624.8466/ c 309.635.3695/
f 309.624.8470
Carolyn.Henricks@osfhealthcare.org

SECTION III BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

1110.230 – Background, Purpose of the Project, and Alternatives

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

Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center. Trinity Medical Center is also a member of Quad City Ambulatory Surgery Center, L.L.C., which is an Illinois health facility. Trinity Medical Center operates three hospitals, two of which are in Illinois – Trinity Rock Island and Trinity Moline. Trinity Bettendorf is located in Bettendorf, Ia.

Trinity Rock Island is an "assumed name" (often known as "d/b/a" for doing business as) for the hospital that is subject of this COE application.

The proposed discontinuation will be on the Trinity Rock Island campus.

Licenses and Joint Commission Accreditation Letters for Illinois Facilities Owned and Operated by Iowa Health System in Illinois.

The following is a listing of all health care facilities owned or operated by the applicants with applicable license numbers and Joint Commission accreditation number. Copies of these licenses and Joint Commission letters are included as Attachment 11, Exhibit 1.

Attachment 11, Table 1
Current Licenses and Joint Commission Identification Numbers

Name and Location of Facility	Illinois License Identification Number	Joint Commission Identification Number
Trinity Medical Center Rock island, Illinois	0003244	Joint Commission ID #7421
Trinity Moline Moline, Illinois	0005140	Joint Commission ID #7421
Quad City Ambulatory Surgery Center, LLC Moline, Illinois	7002520	AAAC ID#12794

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.*

Certified Listing of Adverse Action Against Any Facility Owned and Operated by the Applicants in Illinois

ATTACHMENT 11
Background, Purpose, Alternatives

By the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System attest that there have been no adverse actions during the three years prior to filing this application against any facility owned and/or operated by Iowa Health System by any regulatory agency which would affect its ability to operate a license entity.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including but not limited to: official records of IDPH 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.

Authorization Permitting HSFRB and IDPH to Access Necessary Documentation

By the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System hereby authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health to access information in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

4. If, during a calendar year, an applicant submitted more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been 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.

Exception for filing Multiple Certificates of Need in One Year

Not applicable. This is the first certificate of need filed by Trinity Medical Center, Trinity Regional Health System, and Iowa Health System in 2016.

Trinity Medical Center

Rock Island, IL

has been Accredited by

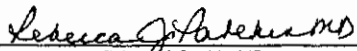


The Joint Commission

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

January 12, 2016

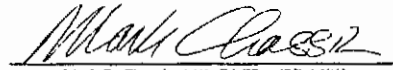
Accreditation is customarily valid for up to 36 months.



Rebecca J. Patchin, MD
Chair, Board of Commissioners

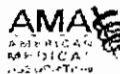
ID #7421

Print/Reprint Date: 01/20/2016



Mark R. Chassin, 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.





**Illinois Department of
PUBLIC HEALTH**

HF110795

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
6/30/2017		0003244
General Hospital		
Effective: 07/01/2016		

Trinity Medical Center (West)
dba Trinity Rock Island
2701 17th Street

Rock Island, IL 61201

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 6/30/2017

Lic Number 0003244

Date Printed 5/3/2016

Trinity Medical Center (West)
dba Trinity Rock Island
2701 17th Street
Rock Island, IL 61201

FEE RECEIPT NO.



**Illinois Department of
PUBLIC HEALTH**

HF109364

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
11/28/2016		0005140
General Hospital		
Effective: 11/29/2015		

Trinity Medical Center - 7th Street Campus
dba Trinity Moline
500 John Deere Road, 7th Street Campus
Moline, IL 61265

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #40123220 10M 3712

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 11/28/2016

Lic Number 0005140

Date Printed 10/6/2015

Validation Num

Trinity Medical Center - 7th Street Ca
dba Trinity Moline
500 John Deere Road, 7th Street Cam
Moline, IL 61265

FEE RECEIPT NO.

ATTACHMENT 11
Background Information
Exhibit 1



ACCREDITATION
ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

grants this

ATTACHMENT 11
Background Information
Exhibit 1

CERTIFICATE OF ACCREDITATION

to

QUAD CITY AMBULATORY SURGERY CENTER, LLC
D/B/A QCASC

520 VALLEY VIEW DR, SUITE 300
MOLINE, IL 61265-6152

*In recognition of its commitment to high quality of care and substantial compliance
with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations*

12794

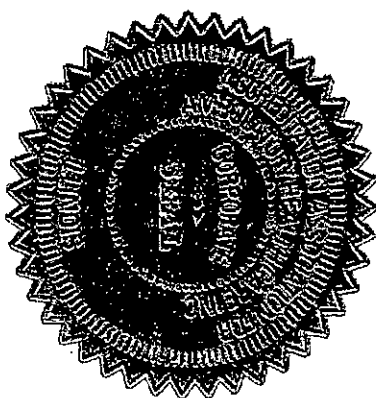
Organization Identification Number

AUGUST 23, 2018

The Award of Accreditation expires on the above date

FRANK J. CHAPMAN, MDA

Chair of the Board



STEPHEN A. MARTIN, JR., PH.D., M.P.H.

President and CEO

ASSOCIATION MEMBERS

ASCA Foundation • American Academy of Cosmetic Surgery • American Academy of Dental Group Practice • American Academy of Dermatology
American Academy of Facial Plastic and Reconstructive Surgery • American Association of Oral and Maxillofacial Surgeons • American College of Gastroenterology
American College Health Association • American College of Mohs Surgery • American Congress of Obstetricians & Gynecologists • American Dental Association
American Gastroenterological Association • American Society of Anesthesiologists • American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy • Association of perOperative Registered Nurses • Society for Ambulatory Anesthesia

5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077
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HE 109324

**Illinois Department of
PUBLIC HEALTH**

LICENSE PERMIT CERTIFICATION REGISTRATION

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

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

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ILD NUMBER
12/2/2016		7002520

Ambulatory Surgery Treatment Center

Effective: 12/03/2015

Quad City Ambulatory Surgery Center, LLC
520 Valley View Drive Suite 300
Moline, IL 61265

The face of this license has a colored background. Printed by: Authority of the State of Illinois • Po. #4912325 10/13/14

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/2/2016

Lic Number 7002520

Date Printed 9/30/2015

Quad City Ambulatory Surgery Center,
520 Valley View Drive Suite 300
Moline, IL 61265

FEE RECEIPT NO.

* Multispecialty licensed in 1992

SECTION XI. SAFETY NET IMPACT STATEMENT

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.*

The discontinuation of the pediatric inpatient service will not impact other area providers as there is excess availability of pediatric inpatient beds in our community as well as access at our Trinity Bettendorf hospital located 13 miles from the Trinity Rock Island campus.

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.*

Trinity has no knowledge regarding cross subsidization of safety net services.

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

The discontinuation of the pediatric inpatient service will have no impact on other area safety net providers in our community.

Trinity Regional Health System has an established history of providing safety net services to its community. In 2015, Trinity provided nearly \$43 Million in total community benefits including more than \$40 Million in charity care and uncompensated Medicaid. In all, 8% of Trinity Regional Health System's total expenses were for community benefit.

At Trinity our community involvement and mission are both priorities for the organization and its leadership team. This commitment served as the motivation behind the creation of our Mission Effectiveness Committee (MEC). The MEC brings together employees, senior members of the organization, and members of our Board of Directors to discuss the effectiveness with which Trinity is serving its community. Trinity also has a senior leader devoted to community advocacy and community health initiatives.

In addition to the MEC, the efforts and dedication of Trinity's community health improvement team and volunteers have been vital in this effort. The team draws on multiple disciplines, and individuals across the organization have gone through great lengths to aid in this effort. Members ranging from the executive level, to parish nurses, clinicians and student volunteers have all been integral in staffing and contributing to community events and planning initiatives.

Trinity is also a founding member of the Quad City Health Initiative (QCHI), established as a joint effort between Trinity and Genesis Health System in 1999 after they agreed that the community needed a single organization fully dedicated to its health needs. Because of QCHI, entities throughout the Quad-City community with similar goals are able to work in conjunction with one another despite their organizational differences and geographic barriers to achieve the same overarching goal. The organization was founded on the core values of coordination, collaboration, and creativity, operating across two states and counties, as well as five urban cities. Rock Island County Health Department, Scott Community Health Department and Community Health Care, a federally qualified health center, are also members of QCHI.

In 2015, QCHI completed its most recent community needs assessment. Trinity's Vice President of Community Impact & Advocacy, was on the steering committee. While there were many

ATTACHMENT 40
Safety Net Information

areas of opportunity identified in this study's findings, some of the most prevalent health issues in the community were identified as mental health, heart disease, and the accessibility of healthcare services in general. This aligns with what Trinity has been experiencing in terms of increased utilization of Emergency Department services, Cardiac and Mental Health services. It also confirms that Trinity has been focusing its efforts appropriately to be a safety net in the community.

Trinity developed a three year Community Health Improvement Plan (CHIP) to guide our organization in meeting these identified needs. The 2016-18 CHIP has five main areas of focus to include the following:

- Diabetes, obesity, and promoting healthy living
- Heart Disease & Stroke
- Mental Health/Behavioral Health
- Cancer
- Access to healthcare services

It is Trinity's goal is to bring awareness to these health risks, and provide education and services to the members of our community, with the end goal of delivering on our mission of "to improve the health of the people and the communities we serve".

In response, Trinity has actively participated in multiple community collaborations to address specific community health needs in the Quad-Cities and Western Illinois counties of Rock Island, Henry, Mercer, and Whiteside. These collaborations are listed below by category.

- I. Health Literacy and Access for Racial and Ethnic Minorities**
 - a. Quad City Alliance of Immigrants and Refugees
 - b. Global Communities
 - c. NAACP – Rock Island
 - d. The Esperanza Center
 - e. League of United Latin American Citizens (LULAC)
 - f. Burmese community churches
 - g. United Neighbors
- II. Nutrition and Wellness**
 - a. River Bend Foodbank
 - b. Heart of Hope Ministries
 - c. Pioneering a Healthy Community
- III. Behavioral Healthcare and Access: Specific Populations**
 - a. Eating Disorders Consortium
 - b. Veterans Service Consortium
 - c. Arrowhead Ranch
 - d. Homeless Shelters
 - e. QC Hearts and Minds
 - f. National Alliance for Mental Illness (NAMI)
- IV. Behavioral Healthcare and Access: Medical**
 - a. Community Health Care – behavioral health integration with local FQHC
 - b. Mercer County Hospital – Emergency Department (tele-psychiatry services)
 - c. Hammond Henry Hospital – Emergency Department (tele-psychiatry services)
 - d. Area Physician Offices – Behavioral health/primary care integration

V. Criminal Justice

- a. Mental Health and Drug Court Planning & Implementation Committee
- b. Rock Island County Jail

VI. Social Support

- a. Gilda's Club
- b. Family Resources
- c. Child Abuse Council
- d. Boys' and Girls' Club

While Trinity's CHIP lays out specific strategies to meet our community health needs, the following examples demonstrate Trinity's commitment to filling healthcare gaps and providing much needed services to the residents of its service area and beyond.

Access

- Trinity provides obstetrical (OB) and neonatal care at its Moline campus. Trinity has 18 dedicated obstetrical beds, an OB Emergency Department, and a level II NSCU with neonatologists and neonatology nurse practitioners on call 24/7. The NSCU offers 11 rooms with the most technologically advanced equipment. Larger rooms also are available to accommodate twins and triplets. Trinity has a transfer agreement with OSF Healthcare/Children's Hospital of Illinois for more advanced neonatal care needs.
- Expand provider access and availability of care within the community through patient and community enrollment in health insurance plans offered through the Healthcare Exchange Marketplace and expanded Medicaid programs. Trinity employs six certified application counselors (CACs) who participate in community events to educate about health care insurance options available through the Exchange and schedule appointments for confidential enrollment. Since 2013, Trinity CACs have enrolled nearly 3,200 people in the Health Exchange Marketplace and expanded Medicaid programs.
- Trinity partners with Genesis Health System to provide financial support for School Health Link by employing one of its health care providers. With two locations in Rock Island and Silvis, School Health Link provides year-round health care and disease prevention for school-aged children and adolescents. School Health Link collaborates with local school districts and the Rock Island County Health Department with a program goal of decreasing school absenteeism and keeping children well by preventing health risk through education. All health care services are billed on a sliding fee scale based on total household income and size.
- Trinity's affiliated physician clinic network, UnityPoint Clinic, has two express care clinics in Rock Island County with extended hours on evenings and weekends. The clinics provide walk-in appointments when a patient's primary care physician is not available or for community members who do not have a physician. Express care clinics are visited often by pediatric patients and families when in need of care for minor injuries and common illnesses that are not life-threatening.
- Trinity has 47 nurses in its Parish Nursing program which reaches a number of individuals in churches and other community forums. They participate in health fairs, provide health education and assist with disease prevention programming.
- Expanded consumer access to specialty medicine, behavioral health and primary care through use of telemedicine.

Trauma Services

Trinity Rock Island is a Level II trauma center for Region 2 in the State of Illinois, as well as a designated Emergency Department Approved for Pediatrics (EDAP). At Trinity, patients seeking emergency care are treated by board certified emergency physicians who believe quality emergency care is a fundamental right and that unobstructed access to emergency services should be available to all patients who perceive the need for emergency services.

At Trinity Rock Island, the Emergency Department's payer mix is comprised of 32% Medicare, 37% Medicaid, 5% self-pay, 1% work comp, and just 25% commercially insured. With 1 in 4 children in Rock Island County living in poverty, Trinity's Emergency Department acts as the safety net that its residents need. Emergency departments are often used by the uninsured or underinsured as an access point for primary care, minor injuries and low acuity illnesses such as ear aches, colds and sore throats. While Trinity Rock Island has experienced growth in emergency department visits since opening its new emergency department in 2015, pediatric inpatient admissions have been on the decline the last four years.

Mental Health

Robert Young Center for Community Mental Health, a subsidiary of Trinity Regional Health System, provides a full continuum of behavioral health services for the greater Quad-Cities region and specifically for the catchment area of Rock Island and Mercer Counties in Illinois. The service continuum includes the Access Center which serves as a central intake site for behavioral health services. The Access Center also provides a 24/7 psychiatric crisis response system that functions as the primary provider of psychiatric crisis service in the Illinois Quad Cities and Eastern Iowa including regional coverage for area hospital emergency departments through the use of telepsychiatry.

The continuum also includes a full range of outpatient behavioral health services for mental health and substance abuse for adult and children. Outpatient behavioral health services are also integrated into primary care practices including the local Federally Qualified Health Center. Behavioral health assessments are available in 19 area schools and Arrowhead Ranch, a residential treatment facility serving at-risk youth aged 12-21 through the use of telemedicine.

Additionally, Robert Young Center provides inpatient behavioral health services with 54 licensed beds serving adults, adolescents and children on the Trinity Rock Island campus. Trinity has six designated pediatric inpatient beds for acute mental illness. In response to the need for more pediatric inpatient beds for behavioral health, Trinity recently added a swing door in its behavioral health unit that would allow for an additional eight beds to accommodate children and adolescents. From January to September 2016, Trinity had 328 pediatric patients in its mental health inpatient unit. Nearly two thirds of these patients are on Medicaid.

Health Outreach and Wellness

In addition to providing free or subsidized care in accordance with Trinity's financial assistance policy, the hospital also offers programs and services that respond to the community's unique healthcare needs. Trinity sponsors outreach efforts including health and disease prevention programs such as health fairs, risk assessments, and free or low-cost screenings. Trinity also provides corporate sponsorships to many health-related events to raise awareness and funds. For instance, Trinity provided more than \$342,880 in sponsorships in 2015 to benefit non-profit organizations and other community programs and events. Many of these sponsorships directly benefited children and families including:

- March of Dimes

- Boys and Girls Club
- Family Resources
- Child Abuse Council
- Big Brothers Big Sisters
- Gilda's Club
- Make a Wish of Illinois
- Junior Achievement
- Two Rivers YMCA
- United Way
- Children's Therapy Center
- Skip-A-Long Child Development Center
- Girl Scouts & Boy Scouts

Trinity's Parish Nurse Program works within a faith community under the direction of a pastor to support community health through an array of activities such as blood pressure checks, flu shot clinics, screenings, support groups, health fairs, etc. By seeing patients in their communities, Trinity is better able to reach at-risk patient populations. Trinity currently has parish nurses in 47 Illinois parishes.

Keeping children healthy and well is essential to fulfilling our organization's mission for a healthy community. UnityPoint Clinic has 27 employed physicians in its family medicine and pediatric clinics throughout the Quad-Cities region. The physicians provide regular preventive care for pediatric patients including well child checks, immunizations and flu shots. Since 2013, all Quad-Cities physicians under the UnityPoint Clinic umbrella participate in a Value-Based Performance Plan and are held accountable for metrics through CMS Meaningful Use. The Value Based Performance Plan is comprised of 10 to 15 quality and care coordination measures, which includes preventative care such as well child checks for pediatric patients.

Health Education

Trinity offers various seminars and educational lectures to both the public and other healthcare professionals. Trinity offers childbirth and parent classes for the community, including breastfeeding, infant care, sibling care and pediatric populations. In-service speaking engagements are available upon request. Trinity also offers health education materials through its web site www.unitypoint.org and *My UnityPoint* patient portal.

Trinity also maintains a medical library to assist any patron seeking to obtain medical information. Consumers can ask the full time librarian for assistance in locating recent articles and publications on their health care topic. The library is a member of many consortiums and organizations providing patrons with access to many other collections across the country.

Summary

Due to the declining need for pediatric inpatient beds in our community, the discontinuation of the pediatric inpatient service will not impact safety net services as pediatric health care services are primarily provided at dedicated children's hospitals or in the outpatient setting. Trinity is committed to meeting the community's needs and expectations as a safety net provider now and into the future.

The following safety net information reflects Trinity Medical Center in Illinois only. By the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System hereby provide the following safety net information which is true and accurate.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of Patients)	2013	2014	2015
Inpatient	1,456	997	1,037
Outpatient	10,125	5,004	5,199
Total	11,581	6,001	6,236
Charity (Cost in dollars)			
Inpatient	\$ 616,000	\$ 87,000	\$ 91,000
Outpatient	\$ 1,559,000	\$ 1,094,000	\$ 1,138,000
Total	\$ 2,175,000	\$ 1,181,000	\$ 1,229,000
MEDICAID			
Medicaid (# of Patients)	2013	2014	2015
Inpatient	1,353	2,196	2,420
Outpatient	71,347	55,828	56,914
Total Patients	72,700	58,024	59,334
Medicaid (revenue) - Gross Charges			
Inpatient	\$ 21,226,000	\$ 28,736,000	\$ 44,807,000
Outpatient	\$ 21,634,000	\$ 35,057,000	\$ 34,827,000
Total	\$ 42,860,000	\$ 63,793,000	\$ 79,634,000

SECTION XII. CHARITY CARE INFORMATION

Charity care for the Trinity Medical Center location in Illinois is as follows:

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$193,010,000	\$217,590,000	\$204,248,000
Amount of Charity Care (charges)	\$ 6,411,000	\$ 4,120,000	\$ 4,416,000
Cost of Charity Care	\$ 2,175,000	\$ 1,181,000	\$ 1,229,000

The Iowa Health System Financial Assistance Policy is included as Attachment 41, Exhibit 1.

ATTACHMENT 41
Charity Care



Title: Financial Assistance – Hospital Facilities

1.BR.34

Effective Date: 09/09/05; Rev: 04/07, 12/07, 10/10, 08/11, 02/12, 01/16

POLICY: Iowa Health System, d/b/a UnityPoint Health (UPH) Hospitals and Hospital Organizations shall fulfill their charitable missions by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. UPH Hospitals and Hospital Organizations shall provide financial assistance to eligible patients.

SCOPE: All UPH Hospitals and Hospital Organizations (referred to collectively as “UPH Hospitals”) that are 501(c)(3) tax-exempt. Schedule C, attached, describes what services and provider practices are covered at UPH Hospitals.

PRINCIPLES: As charitable tax-exempt organizations under Internal Revenue Code (IRC) Section 501(c)(3), UPH Hospitals meet the medically necessary health care needs of all patients who seek care, regardless of their financial abilities to pay for services provided. Similarly, patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and UPH Hospitals have a duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r), in order to remain tax-exempt, each UPH Hospital is required to adopt and widely publicize its financial assistance policy.

The purpose of this policy is to outline the circumstances under which UPH Hospitals will provide discounted care to financially needy patients.

1. Definitions.

- 1.1 Hospital. A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated by a Hospital Organization under a single state license are considered to be a single Hospital.
- 1.2 Hospital Organization. An organization recognized, or seeking to be recognized, as described in Section 501(c)(3) that operates one or more Hospitals. This includes any other organization that has the principal function or purpose of providing Hospital care.
- 1.3 Allowed Amounts. Maximum amount of payment for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.”

1.4 Amounts Generally Billed to Individuals Who Have Insurance (AGB). The following method is used by Hospitals to calculate Amounts Generally Billed to Individuals Who Have Insurance in this policy.

1.4.1 $AGB\% = (\text{Sum of all Allowed Amounts by Medicare Fee For Service} + \text{Sum of all Allowed Amounts by private health insurers during a prior 12-month period}) / (\text{Sum of Gross Charges For the Same Claims})$

1.4.2 $AGB = (\text{Gross Charges for Medically Necessary Care or Emergency Medical Care}) \times (AGB \%)$

1.4.3 The current AGB amounts for each UPH Hospital are attached at Schedule B to this policy. The AGB amounts will be updated annually.

1.5 Medically Necessary Care. Services that are (1) consistent with the diagnosis and treatment of the patient's condition; (2) in accordance with standards of good medical practice; (3) required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient's practitioner or caregiver; and (4) the least costly type of service which would reasonably meet the medical need of the patient.

1.6 Emergency Medical Care. As defined in the Emergency Medical Treatment and Labor Act (EMTALA), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.

1.7 Patient(s). Includes either the patient and/or the patient's responsible party (parent, guardian, guarantor).

1.8 FINA-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.

2. Eligibility for Financial Assistance.

2.1 Financial assistance is available for only Medically Necessary Care and Emergency Medical Care provided to FINA-Eligible Patients. Financial assistance shall be based on the following guidelines, unless subject to conflicting state law requirements that will take precedence as outlined in Schedule A attached to this policy.

2.2 FINA-Eligible Patients who are below 600% of the current Federal Poverty Income Guidelines (FPIG) may be FINA-Eligible. FINA-Eligible Patients will

not be billed more than the Amounts Generally Billed to Patients who have insurance.

- 2.3 Hospital bills will be further reduced by the following amounts for patients in each FPIG category below:

0-200% of FPIG: 100% discount off AGB

201-225% of FPIG: 65% discount off AGB

226-250% of FPIG: 45% discount off AGB

251-300% of FPIG: 25% discount off AGB

301-400% of FPIG: 5% discount off AGB

401-600% of FPIG: AGB only

- 2.4 Household income will be considered in determining whether a Patient is eligible for assistance. Household income includes but is not limited to the following: Traditional married couples, children (biological, step, or adoption) and couples living together. (Married or couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female.)
- 2.5 In addition to household income, the Hospital will consider the extent to which the Patient's household has assets that could be used to meet his or her financial obligation. Assets may include, but are not limited to, cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (IRAs), trust funds, real estate (excluding the Patient's home) and motor vehicles. The Hospital will also take into account any liabilities that are the responsibility of the Patient's household.
- 2.6 Information from a Patient's (or member of Patient's household) prior financial assistance applications may be used to determine current eligibility for assistance. UPH also uses third party agencies to assist with collections. If those agencies provide UPH with a statement regarding a Patient's likely FPIG level, UPH will use that information in determining the FINA-Eligibility status and the level of discount available.
- 2.7 Presumptive Eligibility. Patients who meet presumptive eligibility criteria under this Section may be granted financial assistance without completing the financial assistance application. Documentation supporting the Patient's qualification for or participation in a program listed below at 2.7.1 must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification, or print

screen of web page listing the Patient's eligibility. Unless otherwise noted, a Patient who is presumed eligible under these presumptive criteria will continue to remain eligible for six months following the date of the initial approval, unless Hospital personnel have reason to believe the Patient no longer meets the presumptive criteria.

2.7.1 Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% financial assistance:

2.7.1.1 The U.S. Department of Agriculture Food and Nutrition Service *Food Stamp Program*.

2.7.1.2 Limited eligibility – Illegal undocumented persons/ 3-day emergency window. The Iowa Department of Human Services allows for up to three days of Medicaid benefits to pay for the cost of emergency services for undocumented persons who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a Hospital that can provide the required care after the emergency medical condition has occurred. Presumptive eligibility for this category will be considered valid 6 months from the date of the emergent event.

2.7.1.3 Medicaid program (excluding lock-in and/or spend-down)

2.7.1.4 Women, Infants, and Children (WIC) nutrition assistance

3. Communicating Financial Assistance Information.

3.1 Each Hospital will communicate the availability of financial assistance to all Patients and within the community. Copies of the financial assistance policy (Policy 1.BR.34), financial assistance application and Plain Language Summary will be available by mail, on each Hospital's website, and in person at each Hospital.

3.2 The UPH Central Billing Office is available by phone at (888) 343-4165 to answer questions about the policy, or Patients should go to the cashier's office at the Hospital to obtain this information.

3.3 UPH Hospitals will develop a Plain Language Summary of this policy.

3.3.1 The Plain Language Summary will be available by mail, on each Hospital's website, and in person at each Hospital.

3.3.2 The Plain Language Summary will be offered as part of the Patient intake and/or discharge process.

- 3.3.3 The Plain Language Summary must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. UPH Policy 1.BR.40, Billing and Collections, contains additional detail about billing & collection practices, and may be obtained at each Hospital and on each Hospital's website.
- 3.4 This financial assistance policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (LEP) populations constitute the lesser of 1,000 persons or more than 5% of the community served by the Hospital. These translated documents will be available by mail, on each Hospital's website, and in person at each Hospital.
- 3.5 These notices and documents may be provided electronically.
- 4. Method for Applying for Financial Assistance.
 - 4.1 Patient Applies For Insurance Coverage or Seeks Third-Party Responsibility. In order to be considered for financial assistance, the Patient must also furnish information to identify other financial resources that may be available to pay for the Patient's health care, such as Medicaid, Medicare, third party liability, etc. Patients with valid health care coverage through non-UPH network providers are required to access their primary network before being considered for financial assistance.
 - 4.1.1 This policy does not apply to the portion of a Patient's services that have been, or may be, paid for by a first or third party payer such as an automobile insurance company or worker's compensation. As allowed by the States of Iowa, Illinois, and Wisconsin, when a Patient presents for services following an accident or injury, the Hospital may place a hospital lien against the third party settlement.
 - 4.2 Patient Must Complete the Financial Aid Application. To be considered for financial assistance, the Patient must furnish the Hospital with a completed financial assistance application and required supporting documentation. The application may be completed using information that is collected in writing, orally, or through a combination of both.
 - 4.3 Patient Notified of Eligibility. After receiving the Patient's financial information, the Hospital will notify the Patient of his/her eligibility determination within a reasonable period of time.
 - 4.3.1 If the Patient does not initially qualify for financial assistance, the Patient may reapply if there is a change in income, assets, or family responsibilities.

4.3.2 A Patient who qualifies for financial assistance must cooperate with the Hospital to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.

4.3.2.1 A Patient who qualifies for financial assistance must make a good faith effort to honor the payment plans. The Patient is responsible for communicating any change in his/her financial situation that may impact his/her ability to pay the discounted health care bills or to honor the provisions of any payment plans.

/s/ William B. Leaver

William B. Leaver
UPH President

SCHEDULE A - ILLINOIS LAWS

Hospital Uninsured Patient Discount Act*: In Illinois, the Hospital Uninsured Patient Discount Act requires all Illinois hospitals to provide discounts to uninsured Illinois patients who meet certain eligibility criteria.

Under the law, patients with a family income up to 200% FPL in urban areas and 125% in rural areas (or at critical access hospitals) will receive a 100% discount. Patients with a family income between 201-600% FPL in urban areas and 126-300% FPL in rural areas (or at critical access hospitals) will receive a discount to 135% of the hospital's cost. The act also has a maximum collectible amount of 25% of annual family income for those who meet the eligibility criteria and do not have significant assets.

These discounts only apply to medically necessary health care services that would be covered under Medicare; it does not apply to elective cosmetic surgery or non-medical services such as social and vocational services. The discount does not apply to physician services.

Patients may be required to apply for Medicare, Medicaid, AllKids, SCHIP, or other public programs if they might qualify.

**IL Public Act 95-965*

Fair Patient Billing Act*: In Illinois, the Fair Patient Billing Act also requires Illinois hospitals to provide discounts to uninsured patients who meet certain eligibility criteria.

Uninsured patients with a family income up to 200% FPL in urban areas and up to 125% in rural areas will receive a 100% charitable discount for services exceeding \$300.

Uninsured patients with a family income between 201-600% FPL in urban areas and up to 126-300% in rural areas will receive a discount from charges for services exceeding \$300.

This act also has a maximum collectible amount of 25% of annual family income for those who meet the eligibility criteria.

Patients may be required to apply for insurance and/or assistance in order to qualify for these discounts.

**IL Public Act 94-885*

SCHEDULE B – AMOUNTS GENERALLY BILLED*(Updated 1/27/2016)*

	Amounts Generally Billed (AGB) as a % of Charges	AGB Discount
UnityPoint Health Anamosa - St. Luke's/Jones Regional Medical Center	54%	46%
UnityPoint Health Cedar Rapids - Continuing Care Hospital at St. Luke's L.C.	34%	66%
UnityPoint Health Cedar Rapids - St. Luke's Methodist Hospital	34%	66%
UnityPoint Health Des Moines - John Stoddard Cancer Center	27%	73%
UnityPoint Health Des Moines - Blank Children's Hospital	27%	73%
UnityPoint Health Des Moines - Iowa Lutheran Hospital	29%	71%
UnityPoint Health Des Moines - Iowa Methodist Medical Center	27%	73%
UnityPoint Health Des Moines - Methodist West Hospital	27%	73%
UnityPoint Health Dubuque - Finley Hospital	38%	62%
UnityPoint Health Fort Dodge - Trinity Regional Medical Center	37%	63%
UnityPoint Health Peoria - Methodist Medical Center of Illinois	29%	71%
UnityPoint Health Peoria - Proctor Hospital	24%	76%
UnityPoint Health Quad Cities/Muscatine - Trinity Medical Center – Bettendorf	41%	59%
UnityPoint Health Quad Cities/Muscatine - Trinity Medical Center – Moline	34%	66%
UnityPoint Health Quad Cities/Muscatine - Trinity Medical Center - Rock Island	34%	66%
UnityPoint Health Quad Cities/Muscatine - Trinity Muscatine	42%	58%
UnityPoint Health Sioux City - St. Luke's Regional Medical Center	45%	55%
UnityPoint Health Waterloo - Allen Memorial Hospital	40%	60%
UnityPoint Health Madison, Wisconsin - Meriter Hospital, Inc.	37%	63%

SCHEDULE C – COVERED SERVICES AND PROVIDER PRACTICES BY HOSPITAL

The following UnityPoint Health Hospitals and Hospital Organizations are covered under the UPH Financial Assistance Policy 1.BR.34. Generally, services that patients receive at these Hospitals/Hospital Organizations are covered under the policy; however, please see the separate sections by hospital below for clarification of what services a Patient may receive at a specific Hospital/Hospital Organization that are not covered under this policy. Also, as part of UPH's mission, we want to make our Hospitals/Hospital Organizations available to all providers in our communities who may or not be employed by UnityPoint Health. Providers can be physicians, nurse practitioners, physician assistants, etc. To assist in understanding which of these providers are covered under this policy the comprehensive Provider Practice Listing following the chart below details whether:

- (1) Their professional services are covered under this Financial Assistance Policy 1.BR.34
- (2) Their professional services are covered under separate UPH Policy 1.BR.34(a), Financial Assistance – Non-Hospital Entities, because they are employed by UnityPoint Health Clinic or Trimark Physicians Group.
- (3) Their professional services are not covered under any UnityPoint Health financial assistance policies as they are not employees of Unity Point Health.

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
UnityPoint Health Anamosa - St. Luke's/Jones Regional Medical Center	Anamosa Area Ambulance Service provides services to hospital patients which are not covered under this policy.
UnityPoint Health Cedar Rapids - Continuing Care Hospital at St. Luke's L.C.	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Cedar Rapids - St. Luke's Methodist Hospital	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines - John Stoddard Cancer Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines - Blank Children's Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines - Iowa Lutheran Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines - Iowa Methodist Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines - Methodist West Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Dubuque - Finley Hospital	United Clinical Laboratories is located in our hospital and if you receive services from them they are not covered under our policy unless you are also receiving our hospital services. The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be separately billed.
UnityPoint Health Fort Dodge - Trinity Regional Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Peoria - Greater Peoria Specialty Hospital	No services covered
UnityPoint Health Peoria - Methodist Medical Center of Illinois	
UnityPoint Health Peoria - Proctor Hospital	
UnityPoint Health Quad Cities/Muscatine - Trinity Medical Center – Bettendorf	Metro Lab is located in our hospital and if you receive services from them they are not covered under our policy unless you are also receiving our hospital services. The physician/professional portion of services for pathology and radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities/Muscatine - Trinity Medical Center – Moline	Metro Lab is located in our hospital and if you receive services from them they are not covered under our policy unless you are also receiving our hospital services. The physician/professional portion of services for pathology and radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities/Muscatine - Trinity Medical Center - Rock Island	Metro Lab is located in our hospital and if you receive services from them they are not covered under our policy unless you are also receiving our hospital services. The physician/professional portion of services for pathology and

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities/Muscatine - Trinity Muscatine	
UnityPoint Health Sioux City - St. Luke's Regional Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be separately billed.
UnityPoint Health Waterloo - Allen Memorial Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Madison, Wisconsin - Meriter Hospital, Inc.	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and will be billed separately. Turville Bay is located within our hospital and if you receive services from them they are not covered under our policy.

THE FOLLOWING PROVIDER PRACTICE LISTING IS UPDATED QUARTERLY

Appendix A
Site Ownership Documentation

Appendix A
Site Ownership Documentation

Rock Island County Abstract & Title Guaranty Co.

Representative For
Lawyers Title Insurance Corporation
and
First American Title Insurance Company
Title Insurance - Abstracts - Escrow Service

211 - 18th Street, Suite 300
Rock Island, Illinois 61201

email - wsharp@rockilwa.com

Phone (309) 786-5478
Fax
(309)
786-8039
Fax (309) 786-2596

P.O. Box 3308
Rock Island, Illinois 61204-3308

Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463

Date: April 14, 2008
FED ID # 36-169-4210

INVOICE

File No. F88-110-L

RE: TRINITY WEST CAMPUS

<u>Date</u>	<u>Services Description</u>	<u>Amount</u>
April 11, 2008	Owners & Lenders Title Insurance - Commitment Fee	\$250.00
	Additional Tract Searches (2 @ 100.00 each)	\$200.00
	Owner's Policy Premium (liability: STBD)	STBD

Note: Billing does not include escrows, future updates, endorsement(s), additional policies, premiums, recording fees, document copies, document preparation, overnight deliveries, closing fees nor revenue stamps...as may be applicable.

TOTAL **\$450.00**

Description: Commitment and Invoice to above VIA EMAIL

TRACT 1 - CON - SRI 5014-1
TRACT 2 - HELIPAD - SRI 251
TRACT 3 - WEST CAMPUS - SRI 252

Appendix A
Site Ownership Documentation

TO:
Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463



COMMITMENT FOR TITLE INSURANCE

ISSUED BY

First American Title Insurance Company

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed Insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

- The Provisions in Schedule A.
- The Exceptions in Schedule B.
- The Conditions, Requirements and Standard Exceptions
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.



First American Title Insurance Company

BY *Parker S. Kennedy* PRESIDENT

ATTEST *Mary R. Anderson* SECRETARY

BY *[Signature]* COUNTERSIGNED

1 UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY 1
1 Issuing Agency: Rock Island County Abstract & Title Company Company, 211 - 12th Street, Suite 326, Rock Island, Illinois 61201 Phone: 309-786-3476 1

Appendix A
Site Ownership Documentation

CONDITIONS

1. **DEFINITIONS**
(a) "Mortgage" means mortgage, deed of trust or other security instrument. (b) "Public Record" means title records that give constructive notice of matters affecting the title according to the state law where the land is located.
2. **LATER DEFECTS**
The Exceptions in Schedule B may be amended to show any defects, liens or encumbrances that appear for the first time in the public records or are created for attached between the Commitment Date and the date on which all of the Requirements (a) and (c) shown below are met. We shall have no liability to you because of this amendment.
3. **EXISTING DEFECTS**
If any defects, liens or encumbrances existing at Commitment Date are not shown in Schedule B, we may amend schedule B to show them. If we do amend Schedule B to show these defects, liens or encumbrances, we shall be liable to you according to Paragraph 4 below unless you knew of this information and did not tell us about it in writing.
4. **LIMITATION OF OUR LIABILITY**
Our only obligation is to issue to you the Policy referred to in this Commitment, when you have met its Requirements. If we have any liability to you for any loss you incur because of an error in this Commitment, our liability will be limited to you actual loss caused by your relying on this Commitment when you acted in good faith to:

comply with the Requirements shown below
or
eliminate with our written consent any Exceptions shown
in Schedule B or the Standard Exceptions noted below.

We shall not be liable for more than the Policy Amount shown in Schedule A of this Commitment and our liability is subject to the terms of the Policy form to be issued to you.
5. **CLAIMS MUST BE BASED ON THIS COMMITMENT**
Any claim, whether or not based on negligence, which you may have against us concerning the title to the land must be based on this Commitment and is subject to its terms.

REQUIREMENTS

The following requirements must be met:

- (a) Pay the agreed amounts for the interest in the land and/or the mortgage to be insured.
- (b) Pay us the premiums, fees and charges for the policy.
- (c) Documents satisfactory to us creating the interest in the land and/or the mortgage to be insured must be signed, delivered and recorded.
- (d) You must tell us in writing the name of anyone not referred to in this Commitment who will get an interest in the land or who will make a loan on the land. We may then make additional requirements or exceptions.
- (e) Proper documentation to dispose of such exceptions as you wish deleted from Schedule B or the Standard Exceptions noted below.

STANDARD EXCEPTIONS

The following Standard Exceptions will be shown on your policy:

- (1) Rights or claims of parties in possession not shown by the public records.
- (2) Easements, or claims of easements, not shown by the public records.
- (3) Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey or inspection of the premises.
- (4) Any Lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records.
- (5) Taxes, or special assessments which are not shown as existing liens by the public records.

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY

1. Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 315 - 10th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-386-5476

ALTA COMMITMENT

SCHEDULE A

COMMITMENT NO. F88-110-L

1. Commitment Date: April 2, 2008 at 8:00 a.m.

2. Policy (or policies) to be issued:

(a) ALTA Owner's Policy
Proposed Insured:

Policy Amount \$TDB

TBD

(b) ALTA Loan Policy
Proposed Insured:

Policy Amount \$TDB

TBD

3. The estate or interest in the land described or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:

Trinity Medical Center

4. The land referred to in this Commitment is described as follows:

See Schedule A, No. 4 - continued, attached.

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY
Issuing Agency: Rock Island County Abstract & Title Company, 211 - 11th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-396-1176

Appendix A
Site Ownership Documentation

Schedule A - continued
File No. : F88-110-L

4. TRACT 1

All of Lot 3 in Bailey Addition to the City of Rock Island, Illinois, EXCEPTING the following Tract, more particularly described as follows:
Commencing at the Northwest corner of said Lot 3, said point being the point of beginning;
Thence South 89 degrees 42 minutes 20 seconds East along the North line of said Lot 3, a distance of 33.55 feet;
Thence South 0 degrees 32 minutes 00 seconds West, a distance of 352.25 feet to the South line of said Lot 3;
Thence North 89 degrees 59 minutes 08 seconds West along said South line, a distance of 6.48 feet to the Southwest corner of said Lot 3;
Thence North 0 degrees 02 minutes 56 seconds East along the West line of said Lot 3, a distance of 271.81 feet;
Thence North 16 degrees 35 minutes 44 seconds West along said West line, a distance of 84.10 feet to the point of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 2

Beginning at the Northeast corner of Lot One (1) of White Oak Hill Addition to the City of Rock Island;
thence South along the East line of said Subdivision, 125 feet for a place of beginning;
thence South 45°45'30" East for a distance of 295 feet;
thence South 44°14'30" West, 295 feet, more or less to the East line of White Oak Hill Addition aforesaid;
thence Northerly along the Easterly line of White Oak Hill Addition to the City of Rock Island, 417.19 feet, more or less to the place of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 3

Part of Lots 4, 5, 6, 8 and 9 of the Assessor's Plat of 1870 in the Northeast Quarter (NE 1/4) of Section Eleven (11), Township Saverton North (T 17 N), Range Two (2) West (R 2 W) of the Fourth Principal Meridian (4th P.M.), City of Rock Island, County of Rock Island, State of Illinois, being more particularly described as follows:
Beginning at the Northeast Corner of said Lot 8;
Thence South 0 degrees - 29 minutes - 23 seconds East along the East line of said Lot 8, a distance of 478.64 feet;
Thence South 0 degrees - 48 minutes - 57 seconds East along the East line of said Lots 8 and 9, a distance of 359.97 feet;
Thence South 0 degrees - 10 minutes - 36 seconds East along the East line of said Lot 9, a distance of 421.65 feet to the North Right-of-Way line of 31st Avenue;
Thence South 89 degrees - 57 minutes - 24 seconds West along said North Right-of-Way line, a distance of 80.00 feet;
Thence North 0 degrees - 10 minutes - 38 seconds West, a distance of 313.78 feet;
Thence North 89 degrees - 53 minutes - 2 seconds West, a distance of 589.09 feet;
Thence North 31 degrees - 8 minutes - 33 seconds East, a distance of 300.12 feet;
Thence North 46 degrees - 23 minutes - 57 seconds West, a distance of 75.00 feet;
Thence South 43 degrees - 36 minutes - 3 seconds West, a distance of 295.23 feet;
Thence along the arc of a circle concave to the Northwest, a distance of 104.37 feet, said arc has a chord bearing of South 69 degrees - 35 minutes - 59 seconds West, a distance of 100.83 feet with a radius of 115.00 feet;

UNDERSIGNER - FIRST AMERICAN TITLE INSURANCE COMPANY
1 Jewish Agency Rock Island County Abstract & Title Guaranty Company, 311 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone: 796-264-5676

Appendix A
Site Ownership Documentation

Schedule A - continued
File No. : F88-110-L

Thence North 04 degrees - 23 minutes - 27 seconds West, a distance of 93.38 feet to the East line of White Oak Hill Addition;
Thence North 0 degrees - 6 minutes - 52 seconds West along said East line, a distance of 307.26 feet;
Thence North 0 degrees - 36 minutes - 18 seconds West along said East line, a distance of 29.59 feet;
Thence North 44 degrees - 23 minutes - 42 seconds East, a distance of 295.00 feet;
Thence North 45 degrees - 36 minutes - 18 seconds West, a distance of 295.00 feet to the East line of White Oak Hill Addition;
Thence North 0 degrees - 36 minutes - 18 seconds West along said East line, a distance of 125.00 feet;
Thence North 89 degrees - 50 minutes - 6 seconds West along the North line of said White Oak Hill Addition, a distance of 233.50 feet to the East Right-of-Way line of 17th Street;
Thence North 0 degrees - 9 minutes - 13 seconds West along said East Right-of-Way line, a distance of 328.02 feet;
Thence North 89 degrees - 50 minutes - 6 seconds West along said Right-of-Way line, a distance of 15.00 feet;
Thence North 0 degrees - 0 minutes - 13 seconds West along said Right-of-Way line, a distance of 50.00 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 230.50 feet;
Thence North 0 degrees - 9 minutes - 13 seconds West, a distance of 278.02 feet to the South line of DeJaeger's Subdivision;
Thence South 89 degrees - 50 minutes - 6 seconds East along said South line, a distance of 217.09 feet;
Thence South 0 degrees - 57 minutes - 18 seconds East along said Subdivision line, a distance of 50.00 feet;
Thence South 89 degrees - 47 minutes - 31 seconds East along said Subdivision line, a distance of 666.89 feet;
Thence North 1 degree - 5 minutes - 18 seconds West along said Subdivision line, a distance of 50.00 feet to the Southwest corner of Lot 4 of Ruby E. Penny's Addition;
Thence North 89 degrees - 28 minutes - 37 seconds East along the South line of said Ruby E. Penny's Addition, a distance of 259.63 feet;
Thence South 0 degrees - 58 minutes - 24 seconds East, a distance of 255.68 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 90.62 feet to the West Right-of-Way line of 24th Street;
Thence South 0 degrees - 21 minutes - 51 seconds East along said West Right-of-Way line, a distance of 75.00 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East along said Right-of-Way line, a distance of 10.00 feet;
Thence South 0 degrees - 21 minutes - 51 seconds East along said Right-of-Way line, a distance of 218.64 feet;
Thence North 89 degrees - 49 minutes - 18 seconds West along the North line of Adolph's 1st Addition, a distance of 365.88 feet;
Thence South 1 degree - 8 minutes - 34 seconds East along the West line of said Adolph's 1st Addition, a distance of 109.50 feet;
Thence North 89 degrees - 50 minutes - 24 seconds East along the South line of said Adolph's 1st Addition, a distance of 63.68 feet to the Point of Beginning.

The above described real estate contains 37.256 acres, more or less.

For the purpose of this description, the North Right-of-Way line of 31st Avenue has an assumed bearing of South 89 degrees - 57 minutes - 24 seconds West.

UNDERSIGNER - FIRST AMERICAN TITLE INSURANCE COMPANY
1 Insuring Agency: Rock Island County Abstract & Title Company, Company, 311 - 18th Street, Suite 320, Rock Island, Illinois 61201 Phone: 309-786-1416

Appendix A
Site Ownership Documentation

ALTA COMMITMENT

SCHEDULE B

COMMITMENT NO. F88-110-L

Any policy we issue will have the following exceptions unless they are taken care of to our satisfaction.

1. Taxes for the years 2007 and 2008 are liens but are not yet due or payable. Taxes for the year 2006 were assessed in the amount of \$-0-. (Tract 1 - Parcel South Rock Island 5014-1; taxpayer number 10-347-0650); (Tract 2 - Parcel South Rock Island 251; taxpayer number 10-027-0800); (Tract 3 - Parcel South Rock Island 252; taxpayer number 10-027-0850)
2. Matters shown on Plat of Bailey Addition recorded December 20, 1995 in Plat Book 47 at page 35.(Tract 1)
3. Easement given to the City of Rock Island, Illinois, for Sewer purposes shown by Instrument recorded July 13, 1939 in Mortgage Book 276 at page 185. (Tract 2)
4. Restrictions as contained in Warranty Deed to Robert A. Klockau, et al, recorded April 19, 1971 in Record Book 481 at page 84 which states as follows (Tract 2):
 - a) Existing sewer easements.
 - b) Reservation of the right to construct a sewer to connect with the existing sewer from the property East of and adjoining the property conveyed, which new line shall be located not over 90 feet from the most Northerly corner of said tract of land.
 - c) Reserving the right to grade the North 90 feet of the tract conveyed and to construct a culvert running in a Northerly and Southerly direction according to the contour of the land. The Southerly end of said culvert to be not over 90 feet from the most Northerly corner of the tract conveyed.
 - d) Reserving also the right to grade the Southerly end of the tract conveyed in accordance with the grading plans for the hospital located East of and adjoining said premises.
 - e) The grantee, his heirs and assigns, shall only use the premises hereby conveyed for the purpose of constructing a Medical Arts Building, not to exceed five stories in height and to be architecturally in conformity with the hospital to be erected on the tract East of and adjoining same. Said building shall be used exclusively for Doctors Offices but may include space for selling and dispensing pharmaceutical supplies. No laboratory or x-ray laboratory shall be maintained on the premises without the permission of the Owners of the premises East of and adjoining said premises.
5. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by Instrument recorded August 30, 1972 in Record Book 532 at page 77. (Tract 2)
6. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by Instrument recorded December 3, 1971 in Record Book 504 at page 114. (Tract 2)

(UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY)
 Insuring Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 10th Street, Suite 302, Rock Island, Illinois 61201 Phone: 309-324-5416

Appendix A
 Site Ownership Documentation

Schedule A - continued
File No. : F88-110-L

7. Rights of the United States of America and the State of Illinois, or either of them to recover any public funds advanced under either or both provisions of the Hill Burton Act (Title 42 U.S.C., §§291 et seq.) or the Illinois Hospital Construction Act (Illinois Revised Statutes Chapter 23, pp. 1301 et seq.) (Tract 3)
8. Easement granted to the City of Rock Island, Illinois, for the purpose of an intercepting sewer across the premises by instrument dated July 6, 1939 and recorded in Mortgage Book 276 at page 185. (Tract 3)
9. Rights of the City of Rock Island to a sewer easement under Grant from Emma Nowack dated May 2, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 594, to a strip 10 feet in width, as therein described. (Tract 3)
10. Perpetual Easement created by instrument dated May 9, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 608 from the County of Rock Island to the City of Rock Island, Illinois to construct, operate and maintain an intercepting Sanitary Sewer in, over and across the following described property (Tract 3):

A strip of land 8 feet in width, the centerline of which 8 foot strip is described as follows:

Beginning at a point on the South line of the following described property:

The West 7 acres of Lot 5 according to the Assessor's Plat of 1870 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, said point on the South line of the aforesaid described property, being a distance of 8.5 feet West of the Southeast corner of the aforesaid described property; thence along a line having a bearing of North 5 degrees 13 minutes West, a distance of 333 feet, more or less, to a point on the North line of the aforesaid described property, said point being a distance of 40.3 feet West of the Northeast corner of the aforesaid described property.

11. Perpetual Easement created by instrument dated March 11, 1940 and recorded April 20, 1940 in Book 282 at page 151, from the County of Rock Island, Illinois, to Cam J. Replogle, to connect to an intercepting Sanitary Sewer together with the right of access to build, construct, operate and maintain said connection sewer in, over and across the following described premises (Tract 3):

A strip of land 3 feet in width, the centerline of which 3 foot strip is described as follows:

Beginning at a point on the East line of the West 7 acres of Lot 5 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, Rock Island County, Illinois, a distance of 197 feet North of the Southeast corner of the West 7 acres of Lot 5 aforesaid; thence West and at right angles to the aforesaid East line of said West 7 acres of Lot 5, a distance of 31 feet, more or less, to the centerline of the City of Rock Island's intercepting sewer which has heretofore been installed in the West 7 acres of Lot 5 aforesaid.

12. Restrictions contained in the Deed from the County of Rock Island, Illinois to the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, dated August 1, 1966 and recorded August 8, 1966 as document 638428, that the parcel in question shall be used for Hospital purposes only for a period of 50 years from the date thereof. (Tract 3)

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY

1. Filing Agency: Rock Island County Attorney & Title Guaranty Company, 311 - 14th Street, Suite 308, Rock Island, Illinois 61201 Phone: 309-386-5470

Appendix A
Site Ownership Documentation

Schedule A - continued
File No. : F88-110-L

13. Rights of City of Rock Island Illinois to construct, repair, maintain, etc., a Sanitary Sewer System across parcel in question under Grant from William L. Carson and others, dated May 1, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 616, along a line described as follows (Tract 3):
Beginning at a point on the South line of the East 3 acres of Lot 6, 215.5 feet East of the Southwest corner thereof, thence North 9 degrees 24 minutes East, 331.1 feet to a point on the North line of said tract, at a point 257 feet East of the Northwest corner of said tract.
14. Grant of Perpetual Easement by Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, to Ethel I. Fisher, for Sewer across the parcel in question dated October 25, 1966 and recorded January 3, 1967 in Record Book 327 as document 644638 over premises described as follows (Tract 3):
A strip of land 20 feet in width, lying 10 feet on each side of a centerline, located in Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, City of Rock Island, County of Rock Island, and State of Illinois, said centerline being described as follows:
Commencing at the Northeast corner of said Section 11, thence South 00 degrees 00 minutes 00 seconds West, 718.18 feet along the East line of said Section 11; thence North 90 degrees 00 minutes 00 seconds West, 40.00 feet to the West right-of-way line of 24th Street; thence North 90 degrees 00 minutes 00 seconds West, 93 feet, more or less, to the East line of the land owned by the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, being the point of beginning; thence North 90 degrees 00 minutes 00 seconds West, 333.00 feet, more or less, to an existing 21 inch sanitary interceptor sewer owned by the City of Rock Island; the East line of Section 11 is assumed to have a bearing of North 00 degrees 00 minutes 00 seconds; and the Covenants, Agreements and Conditions therein contained.
15. Easement affecting the portion of subject property and for purposes stated therein and incidental purposes in favor of Robert A. Klockau and Elinor T. Moran for right-of-way for Egress and Ingress over and upon Grantors premises now or hereafter designed for Parking, recorded December 3, 1971 as document 714654. (Tract 3)
16. Easement dated January 30, 1972 from Rock Island Franciscan Hospital to Robert A. Klockau and Elinor T. Moran, granting an Easement to connect to an existing underground tunnel and a surface right-of-way for Ingress and Egress and parking of Motor Vehicles, recorded August 30, 1972 as document 726536. (Tract 3)
17. Easement for the benefit of Trinity Medical Center over land known as L. of 7, White Oak Hill Addition to the City of Rock Island, adjacent to the Southwesterly corner of the subject property resulting from the terms of a Sanitary Sewer Storage Access Basin Easement instrument filed April 26, 1991 as document 91-07003. (Tract 3)
18. Terms and conditions as to matters that appear on that ALTA Survey dated December 11, 1992 and signed by Cornelius C. Blevins for Missman, Stanley Associates, P.C. and update thereof dated June 17, 1998. (Tract 3)
19. Permanent Easement for Construction of Traffic Signal Light granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated February 18, 1999 and recorded February 18, 1999 as document number 99-04855. (Tract 3)

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY
1. Insuring Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 1st Street, Suite 200, Rock Island, Illinois 61201 Phone: 309-366-3478

Appendix A
Site Ownership Documentation

Schedule A - continued
File No. : F88-110-L

20. Permanent Easement for Construction of Traffic Signal Light granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated June 17, 1999 and recorded June 21, 1999 as document number 99-18050. (Tract 3)
21. Rights of the public, the State of Illinois, the County of Rock Island, the Township and the Municipality in and to that part of the premises in question taken or used or dedicated for roads, streets, alleys or highways. (All Tracts)
22. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any. (All Tracts)
23. Easements for public and quasi-public utilities, if any. (All Tracts)
24. Matters which would be disclosed by a current and accurate Survey of the premises in question. (All Tracts)
25. Covenants, easements, setback lines and other matters created by platting of the premises in question.
Note: A breach or violation of said covenants and restrictions will not cause a forfeiture or reversion of title.
26. Existing Leases, if any, and rights of parties in possession. (All Tracts)

For purposes of the Lien Search, we conducted our name search for matters filed against the following specific names and spellings, to-wit: Trinity Medical Center

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY
Issuing Agency: Rock Island County Abstract & Title Company, 211 - 1st Street, Suite 102, Rock Island, Illinois 61201 Phone: 309-786-3428

COMPOSITE MORTGAGE STATEMENT

STATE OF

Commitment No: F85-110-L

COUNTY OF

The Undersigned, being first duly sworn, hereby state(s) with respect to the land described in the above Commitment and the Mortgage covered thereby:

1. That, to the best of my knowledge, the guaranteed mortgage, note(s), or bonds and interest secured are good, valid, and free from all defenses in law and in equity and that this Affidavit is made for the purpose of better enabling the legal holder(s) of said securities to sell, pledge or otherwise dispose of the same at any time, so as to insure the purchaser(s) or pledgee(s) against any claim of defense by the maker(s), their heirs, personal representatives or assigns.
2. That, to the best of my knowledge, within the last ninety (90) days, no improvements or repairs have been made on the land or upon any building on said land, nor any work performed or materials furnished for which full payment has not been made; that no contract of any kind has been made or will be made in relation to said land, building or improvements, in consequence of which any lien or claim may be enforced against the land, and that said proceeds will not be used to pay for any labor or materials in making any improvements or repairs on the premises.
3. That no conditional bill of sale, retain title contract or security interest has been given by the undersigned, or to the knowledge of the undersigned, for or in connection with any materials, fixtures, furnishings, appliances or machinery placed upon or installed in said premises.
4. That the undersigned purchaser(s) or owner(s) is(are) in possession of said premises; that no contract has been entered into for the sale or conveyance of said premises by the undersigned or to the knowledge of the undersigned, and that there is outstanding no unrecorded, deed, mortgage or other conveyance thereof executed by the undersigned or to the knowledge of the undersigned. (NOTE: State exceptions here: _____)
5. If the premises consists of rental property, in whole or in part, that said premises are subject only to ordinary current leases to tenants now in possession, none of which expires later than one (1) year from date hereof and none of which contains any option to purchase, right of renewal or other unusual provision.
NOTE: If there are any exceptions, state them here: _____
6. That the improvements on the subject property are within the boundary lines and set back lines, if any, of said land; that there are no encroachments by improvements on adjoining property onto the land, and that there is no known assertion, being made by either the undersigned or the owners of adjoining property against the other as to the location of boundary lines nor any dispute as to occupancy of any portion of subject property.
7. That there are either no covenant conditions or restrictions which affect the use of said property, or if there are any, there are no known violations of said Covenants, conditions or restrictions which affect said property.

SELLER(S) OR OWNERS

PURCHASERS

1. LUTHER WITTEK - FIRST AMERICAN TITLE INSURANCE COMPANY
2. Funding Agency: Rock Island County Auditor & Title Guaranty Company, 211 - 11th Street, Suite 100, Rock Island, Illinois 61201 Phone: 815/399-1111