

18-014

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

APR 30 2018

Facility/Project Identification

Facility Name: Carle SurgiCenter: Danville	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 2300 N. Vermilion St.		
City and Zip Code: Danville, IL 61832		
County: Vermilion	Health Service Area: HSA-4	Health Planning Area: D-3

Applicant /Co-Applicant Identification

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

Exact Legal Name (Co-Applicant): The Carle Foundation
Address: 611 West Park Street, Urbana IL, 61801
Name of Registered Agent: James C. Leonard, MD
Name of Chief Executive Officer: James C. Leonard, MD
CEO Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-383-3311

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- 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: Collin Anderson
Title: Business Development & Regulatory Coordinator
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

Additional Contact

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 150 N. Riverside Plaza, Ste. 3000 Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Carle SurgiCenter: Danville		
Street Address: 2300 N. Vermilion St.		
City and Zip Code: Danville, IL 61832		
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Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

**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: Collin Anderson
Title: Business Development & Regulatory Coordinator
Company Name: The Carle Foundation Hospital dba Carle SurgiCenter: Danville
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-902-5521
E-mail Address: <a href="mailto:Collin.Anderson@Carle.com">Collin.Anderson@Carle.com</a>
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Carle Foundation
Address of Site Owner: 611 West Park Street, Urbana IL, 61801
Street Address or Legal Description of Site: 2300 N. Vermilion Danville, IL 61832
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.
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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.

Carle SurgiCenter: Danville proposes to add the following specialties to its current multi-specialty ambulatory surgical treatment center ("ASTC") located at 2300 N. Vermillion Ave. Danville, IL 61832:

- Colon & Rectal Surgery
- Plastic Surgery
- Interventional Radiology
- Urology

The existing ASTC includes two operating rooms (ORs), one procedure room, four Stage 1 recovery stations and eight Stage 2 recovery stations. No construction or other alterations to the ASTC will be required; however, the ASTC will procure medical equipment to accommodate the requirements of these additional surgical specialties.

This project does not propose to establish a new category of service or a new health care facility as defined by the Planning Act. The Project is non-substantive.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/Engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$1,425,000	\$0	\$1,425,000
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$115,000	\$0	\$115,000
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$1,540,000</b>	<b>\$0</b>	<b>\$1,540,000</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$1,540,000	\$0	\$1,540,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$1,540,000</b>	<b>\$0</b>	<b>\$1,540,000</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

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**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>
Indicate the stage of the project's architectural drawings:
<input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2020</u>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**State Agency Submittals**

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**Cost Space Requirements**

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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT-9, 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**.

<b>FACILITY NAME:</b> The Carle Foundation Hospital		<b>CITY:</b> Urbana			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b> 1/1/17	<b>to:</b> 12/31/17		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	275	18,178	75,722	n/a	275
Obstetrics	35	2,906	8,390	n/a	35
Pediatrics	20	1,130	3,314	n/a	20
Intensive Care	38	1,804	9,016	n/a	38
Comprehensive Physical Rehabilitation	20	324	4,595	n/a	20
Acute/Chronic Mental Illness	0	0	0	n/a	0
Neonatal Intensive Care	25	483	4,265	n/a	25
General Long Term Care	0	0	0	n/a	0
Specialized Long Term Care	0	0	0	n/a	0
Long Term Acute Care	0	0	0	n/a	0
Other ((identify))	0	0	0	n/a	0
<b>TOTALS:</b>	<b>413</b>	<b>24,825</b>	<b>105,302</b>	<b>n/a</b>	<b>413</b>

**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 manger 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 The Carle Foundation \*  
 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.

James C. Leonard, MD  
 SIGNATURE

**James C. Leonard, MD**  
 PRINTED NAME

**President and CEO**  
 PRINTED TITLE

Stephanie Beever  
 SIGNATURE

**Stephanie Beever**  
 PRINTED NAME

**Executive Vice President and Chief Strategy Officer**  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 25 day of April, 2018

Notarization:  
 Subscribed and sworn to before me  
 this 25 day of April, 2018

Erin Elizabeth Knight  
 Signature of Notary

Seal  
**Erin Elizabeth Knight**  
 NOTARY PUBLIC, STATE OF ILLINOIS  
 My Commission Expires 04/15/21

Erin Elizabeth Knight  
 Signature of Notary

Seal  
**Erin Elizabeth Knight**  
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\*Insert EXACT legal name of the applicant

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[Signature]  
SIGNATURE

James C. Leonard, MD  
PRINTED NAME

President and CEO  
PRINTED TITLE

[Signature]  
SIGNATURE

Stephanie Beever  
PRINTED NAME

Executive Vice President and Chief Strategy Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 25 day of April, 2018

Notarization:  
Subscribed and sworn to before me  
this 25 day of April, 2018

[Signature]  
Signature of Notary

[Signature]  
Signature of Notary

Seal  
"OFFICIAL SEAL"  
Erin Elizabeth Knight  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 04/15/21  
\*Insert EXACT legal name of the applicant

Seal  
"OFFICIAL SEAL"  
Erin Elizabeth Knight  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 04/15/21

**SECTION II. DISCONTINUATION (not applicable)**

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.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE****Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



**SECTION V. - MASTER DESIGN AND RELATED PROJECTS (not applicable)**

This Section is applicable only to proposed master design and related projects.

**Criterion 1110.235(a) - System Impact of Master Design**

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities;
2. How the services proposed in future projects will improve access to planning area residents;
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed; and
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

**Criterion 1110.235(b) - Master Plan or Related Future Projects**

Read the criterion and provide documentation regarding the need for all beds and services to be developed, and also, document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
  - a. limitation on government funded or charity patients that are expected to continue;
  - b. restrictive admission policies of existing planning area health care facilities that are expected to continue;
  - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.
3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
  - a. historical service/beds utilization levels;
  - b. projected trends in utilization (include the rationale and projection assumptions used in such projections);
  - c. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and
  - d. anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

**Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects**

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit;
2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit;
3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT-18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP (not applicable)**

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

**NOTE: For all projects involving a change of ownership THE COMPLETE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.**

**A. Criterion 1110.240(b), Impact Statement**

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

**B. Criterion 1110.240(c), Access**

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

**C. Criterion 1110.240(d), Health Care System**

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
  - a. the location (town and street address);
  - b. the number of beds;
  - c. a list of services; and
  - d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

APPEND DOCUMENTATION AS ATTACHMENT-19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (A-G & I-P are not applicable)****H. Non-Hospital Based Ambulatory Surgery**

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

**1. Criterion 1110.1540(a), Scope of Services Provided**

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Cardiovascular           | <input checked="" type="checkbox"/> Obstetrics/Gynecology | <input checked="" type="checkbox"/> Pain Management |
| <input type="checkbox"/> Dermatology                         | <input checked="" type="checkbox"/> Ophthalmology         | <input checked="" type="checkbox"/> Podiatry        |
| <input checked="" type="checkbox"/> Gastroenterology         | <input type="checkbox"/> Oral/Maxillofacial               | <input type="checkbox"/> Thoracic                   |
| <input checked="" type="checkbox"/> General/Other            | <input checked="" type="checkbox"/> Orthopedic            | <input checked="" type="checkbox"/> Otolaryngology  |
| <input checked="" type="checkbox"/> Colon & Rectal Surgery   | <input checked="" type="checkbox"/> Plastic               | <input checked="" type="checkbox"/> Urology         |
| <input checked="" type="checkbox"/> Interventional Radiology |   |   |

b. Indicate if the project will result in a  limited or  a multi-specialty ASTC.

**2. Criterion 1110.1540(b), Target Population**

Read the criterion and provide the following:

- On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

**3. Criterion 1110.1540(c), Projected Patient Volume**

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

**4. Criterion 1110.1540(d), Treatment Room Need Assessment**

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

**5. Criterion 1110.1540(e), Impact on Other Facilities**

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their

workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

- b. A list of the facilities contacted. NOTE: Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

**6. Criterion 1110.1540(f), Establishment of New Facilities**

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
  - a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
  - b. The hospital's surgical utilization data for the latest 12 months, and
  - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
  - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

**7. Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

**8. Criterion 1110.1540(h), Change in Scope of Service**

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>TOTAL FUNDS AVAILABLE</b>		

**APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Contingency											
TOTALS											

\* Include the percentage (%) of space for circulation



**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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

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.

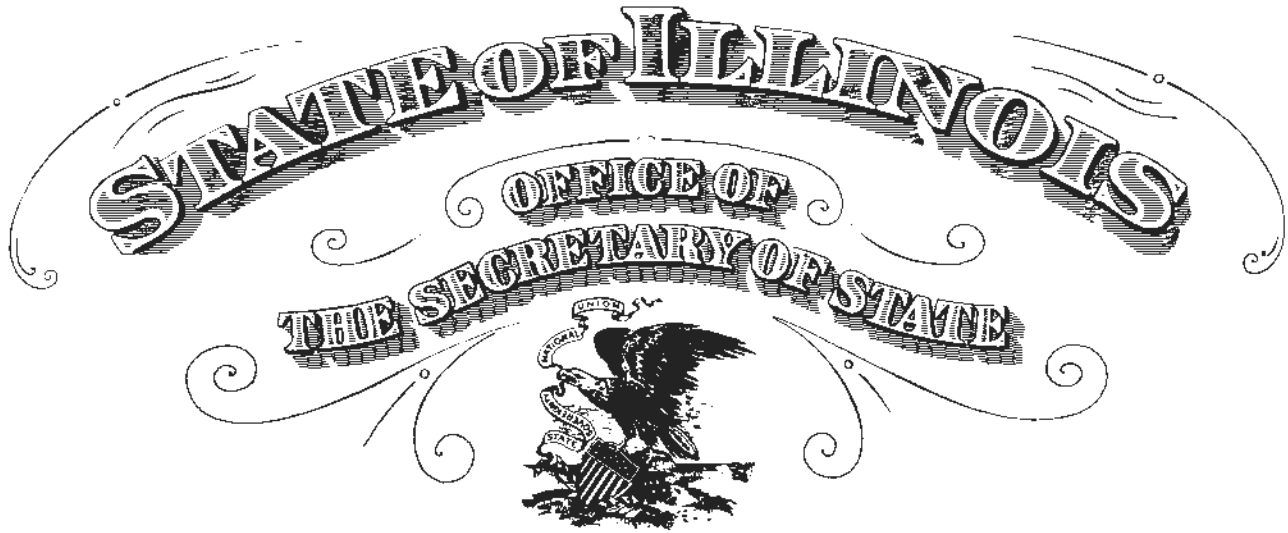
A table in the following format must be provided for all facilities as part of Attachment 44.

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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	28-29
2	Site Ownership	30-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32-33
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	34
5	Flood Plain Requirements	35
6	Historic Preservation Act Requirements	36
7	Project and Sources of Funds Itemization	37
8	Obligation Document if required	38
9	Cost Space Requirements	39
10	Discontinuation	40
11	Background of the Applicant	41-50
12	Purpose of the Project	51-57
13	Alternatives to the Project	58
14	Size of the Project	59
15	Project Service Utilization	60
16	Unfinished or Shell Space	61
17	Assurances for Unfinished/Shell Space	61
18	Master Design Project	62
19	Mergers, Consolidations and Acquisitions	63
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	64
21	Comprehensive Physical Rehabilitation	64
22	Acute Mental Illness	64
23	Neonatal Intensive Care	64
24	Open Heart Surgery	64
25	Cardiac Catheterization	64
26	In-Center Hemodialysis	64
27	Non-Hospital Based Ambulatory Surgery	65-91
28	Selected Organ Transplantation	64
29	Kidney Transplantation	64
30	Subacute Care Hospital Model	64
31	Children's Community-Based Health Care Center	64
32	Community-Based Residential Rehabilitation Center	64
33	Long Term Acute Care Hospital	64
34	Clinical Service Areas Other than Categories of Service	64
35	Freestanding Emergency Center Medical Services	64
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	92-96
37	Financial Waiver	97
38	Financial Viability	97
39	Economic Feasibility	98-101
40	Safety Net Impact Statement	102-128
41	Charity Care Information	129



**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*

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, 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.

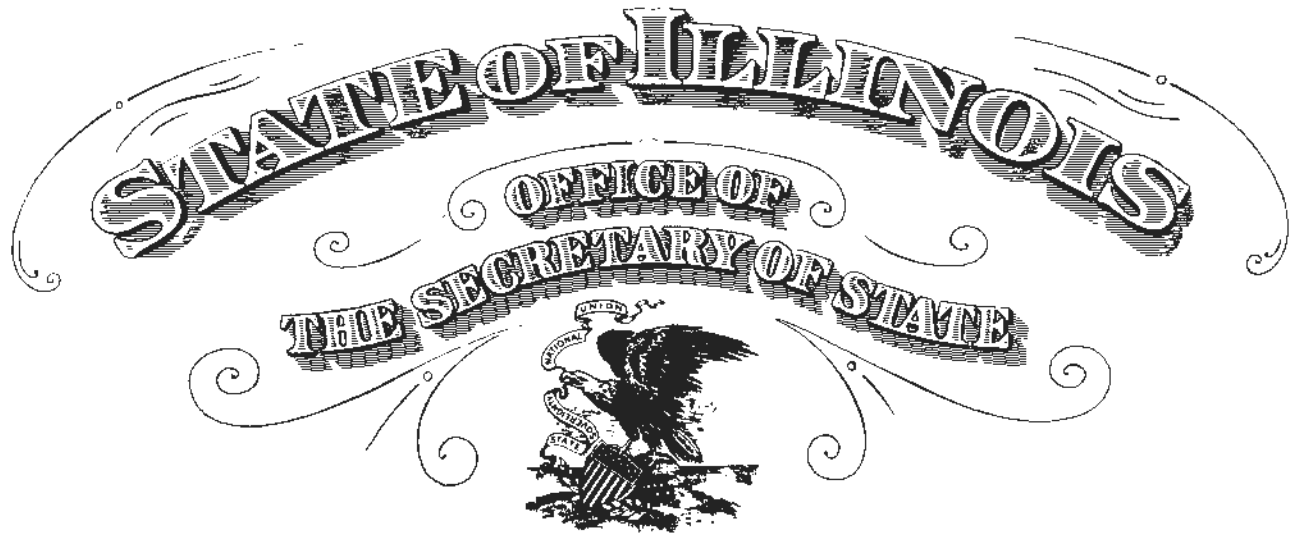
**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JANUARY A.D. 2018 .**



Authentication #: 1801102272 verifiable until 01/11/2019  
Authenticate at: <http://www.cyberdriveillinois.com>

*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*

THE CARLE FOUNDATION HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, 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 29TH day of DECEMBER A.D. 2017 .***



*Jesse White*

SECRETARY OF STATE

## **Proof of Site Ownership**

The applicants propose to add additional surgical specialties at an existing multi-specialty ASTC located at 2300 N. Vermilion St. Danville, IL 61832. A Tax Assessor's Parcel Search is included as part of this Attachment-2.

## Parcel Information

<b>Owner Name:</b>	CARLE FOUNDATION
<b>GIS Parcel Number:</b>	18-29-376-002
<b>Assessor Parcel Number:</b>	18-29-607-001
<b>Mailing Address:</b>	611 W PARK URBANA, IL 61801
<b>Site Address:</b>	2300 N VERMILION DANVILLE, IL 61832
<b>Owner Business:</b>	CARLE
<b>Tax Key:</b>	NEWR 0764AD
<b>Legal Description:</b>	W SDE L1&E296.05'S70.01'IRR TR W SDE E SDE & ALL L2,3,4 & TRI TR W&ADJ BUCKINGHAM PL 29 20 11 DOC 12 92 47
<b>Tax Code:</b>	62

## Property Information

<b>Class:</b>	0000
<b>Acres:</b>	7.65
<b>Township:</b>	57 - NEWELL

## Assessment Information

<b>Land Assessment:</b>	\$0
<b>Residence Assessment:</b>	\$0
<b>Farm Assessment:</b>	\$0
<b>Farm Building Assessment:</b>	\$0

## Exemption Information

<b>Over 65:</b>	NO
<b>Owner Occupied:</b>	NO
<b>Partial Year:</b>	NO
<b>Mobile Home:</b>	NO
<b>First Time:</b>	NO
<b>Tax Freeze:</b>	NO



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SECRETARY OF STATE





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THE CARLE FOUNDATION HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, 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 29TH day of DECEMBER A.D. 2017 .***

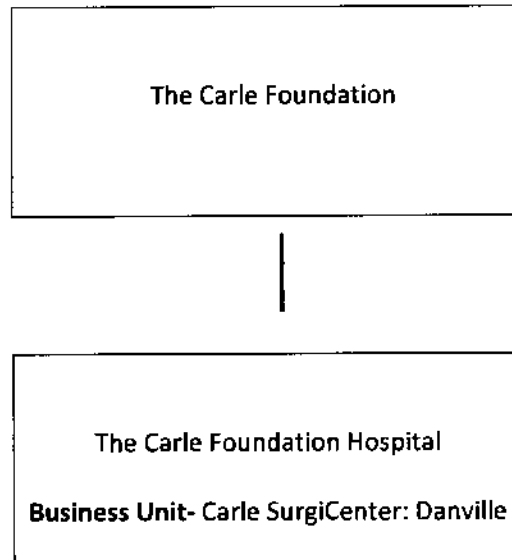


Authentication #: 1736301638 verifiable until 12/29/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

**Entity Chart**



## **Flood Plain Requirements**

The requirement to provide documentation that the project is not in a flood plain is not applicable because there is no construction associated with the project.

## **Historic Resources Preservation Act Requirements**

This project does not involve the demolition or other modification of buildings and will have no impact on historic resources. Thus, the requirement to obtain clearance from the Historic Preservation Agency is not applicable.

<b>Project Costs</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$1,425,000	\$0	\$1,425,000
Colon & Rectal Surgery	\$350,000	\$0	\$350,000
Interventional Radiology	\$700,000	\$0	\$700,000
Plastic Surgery	\$175,000	\$0	\$175,000
Urology	\$200,000	\$0	\$200,000
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$115,000	\$0	\$115,000
Shielding	\$50,000	\$0	\$50,000
Ultrasound	\$65,000	\$0	\$65,000
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$1,540,000</b>	<b>\$0</b>	<b>\$1,540,000</b>

## Active CON Permits

The Carle Foundation has three active permits:

### **CON 16-045: Champaign SurgiCenter**

- The CON permit was approved on January 24, 2017.
- An annual progress report was filed in February 2018.
- The project completion date of record is June 30, 2019. It is anticipated that the project will be completed on or before this date.

### **COE E-060-16: Champaign SurgiCenter Discontinuation**

- The COE permit was approved on January 24, 2017.
- An annual progress report was filed in February 2018.
- The project completion date of record is June 30, 2019. It is anticipated that the project will be completed on or before this date.

### **CON 17-011: Carle Staley Road Medical Office Development**

- The CON permit for project 17-011 was approved on June 20, 2017.
- The first annual progress report is due June 20, 2018.
- The project completion date of record is August 31, 2019. It is anticipated that the project will be completed on or before this date.

## Cost Space Requirements

The Applicants propose to add surgical specialties at their existing ASTC.

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>Reviewable</b>							
ASTC	\$1,540,000	11,677				11,677	
<b>Total Clinical</b>	<b>\$1,540,000</b>	<b>11,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,677</b>	<b>0</b>
<b>Non-Reviewable</b>							
<b>Total Non-Clinical</b>	<b>\$0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>\$1,540,000</b>	<b>11,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,677</b>	<b>0</b>

### **Section 1110.130 Discontinuation**

The applicants do not propose the discontinuation of a health care facility or a category of service. Therefore this section is not applicable.





611 West Park Street, Urbana, IL 61801-2595

Kathryn J. Olson, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**RE: Attachment 11 - Background of Applicant**

Dear Chair Olson:

The following information addresses the four points of the subject criterion 1110.230:

1. The health care facilities owned or operated by The Carle Foundation include:

**The Carle Foundation Hospital**

License Identification Number: 003798

Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO

**Richland Memorial Hospital, DBA Carle Richland Memorial Hospital**

License Identification Number: 004788

Accreditation Identification Number: HFAP ID: 175621

**Hoopeston Community Memorial Hospital, DBA Carle Hoopeston Regional Health Center**

License Identification Number: 004200

Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO

**Champaign SurgiCenter, LLC**

License Identification Number: 7002959

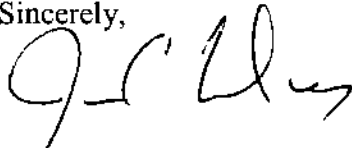
**Carle SurgiCenter – Danville**

License Identification Number: 7002439

2. Proof of current licensure and accreditation is attached.
3. There have been no adverse actions taken against the health care facilities owned or operated by the applicants during the three years prior to the filing of this application.
4. This letter serves as authorization permitting the State Board and Agency access to 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 Agency finds pertinent to this subsection.

Sincerely,




James C. Leonard, M.D.  
President and CEO

Attachments

Notarization:

Subscribed and sworn to before  
me this 25 day of April 2018



Signature of Notary

seal





**Illinois Department of** HF114588  
**PUBLIC HEALTH**

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

**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	D. NUMBER
12/31/2018		0003798

Exp. Date 12/31/2018

Lic Number 0003798

**General Hospital**  
  
**Effective: 01/01/2018**


Date Printed 11/21/2017

**The Carle Foundation Hospital**  
**611 West Park Street**  
**Urbana, IL 61801**

**The Carle Foundation Hospital**  
**611 West Park Street**  
**Urbana, IL 61801**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/18

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH** HF114784

**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	I.D. NUMBER
1/31/2019		0004788
<b>General Hospital</b>		
Effective: 02/01/2018		

Richland Memorial Hospital  
800 East Locust Street  
Olney, IL 62450

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

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 1/31/2019  
Lic Number 0004788

Date Printed 12/22/2017

Richland Memorial Hospital  
800 East Locust Street  
Olney, IL 62450

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF113262

**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	NUMBER
06/30/2018		0004200
<b>Critical Access Hospital</b>		
Effective: 07/01/2017		

**Hoopeston Community Memorial Hospital  
dba Carle Hoopeston Regional Health Center  
701 East Orange Street**

**Hoopeston, IL 60942**

The face of this license has a colored background. Printed by Authority of the State of Illinois • PD-#16240 5M 5/16

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

Exp. Date 06/30/2018

Lic Number 0004200

Date Printed 04/21/2017

Hoopeston Community Memorial Hosp  
dba Carle Hoopeston Regional Health  
701 East Orange Street  
Hoopeston, IL 60942

FEE RECEIPT NO.



**Illinois Department of PUBLIC HEALTH** HF114646

**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	I.D. NUMBER
1/31/2019		7002959
<b>Ambulatory Surgery Treatment Center</b>		
<b>Effective: 02/01/2018</b>		

**Champaign Surgicenter, LLC**



**Illinois Department of  
PUBLIC HEALTH**

HF113464

**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	I.D. NUMBER
07/31/2018		7002439
<b>Ambulatory Surgery Treatment Center</b>		
Effective: 08/01/2017		

**Carle Surgicenter**  
**2300 N. Vermillion**  
**Danville, IL 61832**

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 07/31/2018  
Lic Number 7002439  
Date Printed 05/19/2017

Carle Surgicenter  
2300 N. Vermillion  
Danville, IL 61832-7499





# Healthcare Facilities Accreditation Program



*grants this*

## CERTIFICATE OF ACCREDITATION

*to*

### Richland Memorial Hospital

Olney, IL

*This Facility has met the applicable HFAP accreditation requirements and is therefore fully accredited by the Healthcare Facilities Accreditation Program*

2016-2019

*Adrienne White-Fair*

*Executive Director  
American Osteopathic Association*

*Mark V. ...*

*President  
American Osteopathic Association*



*Lawrence W. ...*

*Chairman  
Bureau Healthcare Facilities Accreditation*

October 14, 2015

Harry Brockus  
Chief Executive Officer  
Hoopeston Community Memorial Hospital  
d/b/a Carle Hoopeston Regional Health Center  
701 East Orange Street  
Hoopeston, IL 60942

Program: CAH  
CCN: 141316  
Survey Type: Medicare Recertification/DNV Reaccreditation  
Certificate #: 188047-2014-AHC-USA-NIAHO  
Survey Dates: September 1-2, 2015  
Accreditation Decision: Full accreditation  
Date Acceptable Plan of Correction Received: 10/12/2015  
Method of Follow-up: Acceptable Plan of Correction,  
Self-Attestation, Document Review  
Effective Date of Accreditation: 12/19/2015  
Expiration Date of Accreditation: 12/19/2018  
Term of Accreditation: Three (3) years

Dear Mr. Brockus:

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Hoopeston Community Memorial Hospital d/b/a Carle Hoopeston Regional Health Center is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485) and awarded full accreditation for a three (3) year term effective on the date referenced above. DNV GL Healthcare USA, Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Hoopeston Community Memorial Hospital d/b/a Carle Hoopeston Regional Health Center -  
701 East Orange Street - Hoopeston, IL 60942

This accreditation requires an annual survey and the organization's continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization's accreditation status.

Congratulations on this significant achievement.

Sincerely,



Patrick Horine  
Chief Executive Officer  
cc: CMS CO and CMS RO V (Chicago)

### **Section III, Purpose of the Project, and Alternatives – Information Requirements**

#### Purpose of Project

1. **Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.**

The purpose of this project is to expand the scope of ASTC services available to residents of Danville and surrounding areas. Importantly, all of the historical volumes identified in Attachment- 27 were associated with Danville area residents (zip codes 61832 and 61834) who traveled to Champaign-Urbana to undergo their surgical procedures. By offering these same services in Danville, Carle would significantly reduce travel times for these patients and would eliminate transportation difficulties for elderly and low-income patients. This expansion will be consistent with Section 1100.400 of the HFSRB, which provides that “health care services should be appropriately located to meet the needs of the population. Illinois residents needing services should not be forced to travel excessive distances.”

As set forth in a letter from the ASC Advocacy Committee to Secretary Sebelius regarding implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at lower cost than hospital outpatient departments (HOPDs). Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses to patients. In fact, based on United Healthcare’s desire to cover certain procedures only in the ASTC setting, the payor has announced prior authorization guidelines for certain surgical procedures in outpatient hospital settings that will not apply to ambulatory surgery centers. Carle expects other payors to follow suit in the near future. Accordingly, the applicants seek to provide a high-quality, lower cost option to Danville area residents.

2. **Define the planning area or market area, or other, per the applicant’s definition.**

The mandated service area pursuant to the State Board rules consists of those Illinois areas within 17 miles of the existing location. A map of this area is attached as attachment 12B. Travel times from Carle SurgiCenter: Danville to the market area boarders are as follows:

- East: Western Indiana (17 miles)
- South: Elwood, Illinois (17 miles)
- West: Ogden, Illinois (17 miles)
- North: Rossville, Illinois (17 miles)

As shown in Table 1110.230(a), which is attached as Attachment 12A, 90.8% of the patients who undergo ambulatory surgery at Carle SurgiCenter: Danville reside within 17 miles of the ASTC.

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

- A. **Danville-area patients are currently traveling to Champaign SurgiCenter and Carle Foundation Hospital to undergo outpatient surgeries**

All of the surgical volumes identified in Attachment- 27 are associated with current Carle patients who live in or around Danville (zip codes 61832 and 61834) and travel to Champaign SurgiCenter and Carle Foundation Hospital. By offering additional services in Danville, Carle will allow these patients to obtain this same high quality care at a location that is much closer to home. Close proximity is of particular concern to at risk populations for whom transportation is more likely to be an issue. Since Champaign SurgiCenter is over 40 miles from Carle SurgiCenter: Danville, lack of transportation can pose considerable difficulty for patients. Since Carle already operates the ASTC, this expansion will be a very effective method for improving access.

**B. There are not any ASTCs in the Danville area that currently offer Colon & Rectal Surgery, Interventional Radiology or Plastic Surgery**

As established above, ASTCs provide convenient, cost-effective and high quality care. Since the only other ASTC in the Danville area does not offer Colon & Rectal Surgery, Interventional Radiology, or Plastic Surgery, patients must either travel a significant distance or obtain care at the more costly setting of a hospital outpatient surgery department.

**C. There is unutilized capacity at Carle SurgiCenter: Danville**

Carle SurgiCenter: Danville currently has unused schedule blocks on multiple days of the week. During these times, healthcare resources such as operating rooms and staff are underutilized. Accordingly, adding additional specialties would allow Carle SurgiCenter: Danville to lower the cost of care by better utilizing its existing space and staffing resources.

**4. Cite the sources of the information provided as documentation.**

Letter from ASC Advocacy Committee to Secretary Sebelius *available at* <http://wasca.net/wp-content/uploads/2010/10/Final-ASCAC-ASCA-VBP-letter-to-Sebelius.pdf> (last visited March 13, 2018).

United Healthcare's prior authorization requirements for HOPDs *available at* <https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/PCA17109.pdf> (last visited September 20, 2016).

**5. Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

As discussed in greater detail above, by offering additional specialties, Carle SurgiCenter: Danville can better meet the needs of patients residing in east central Illinois. The ASTC is the lowest cost and most convenient setting for these procedures; however, there is not currently an ASTC within the service area that offers many of these specialties and broadly provides charity care. The additional specialties will increase access to high quality health services for patients residing in Carle SurgiCenter: Danville's service area.

**6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

Carle's prevailing objectives are to enhance access to ambulatory surgical care for patients and to improve the quality of these services. Specifically, the goals of the Project are:

- Reduce patient travel times and support additional specialists in Danville.
- To meet the demand for lower cost ambulatory surgery services in the defined service area.
- To increase utilization of Carle SurgiCenter: Danville.

These goals can be achieved at the time of project completion.

ATTACHMENT 12-A

The table below lists the patient origin by zip code for all patients treated at Carle SurgiCenter: Danville during calendar year 2017. As documented in Attachment- 27, 1,484 (or 90.8%) of the cases were from patients residing in the GSA.

Zip Code	2017 Volume
61832	691
61834	146
61846	125
61883	97
60942	77
61817	47
61833	46
61858	43
47932	32
61865	30
61814	27
60963	21
61841	21
47974	16
61870	16
47993	14
61850	14
61811	11
47928	10
61848	10
61924	10
61844	8
47918	6
47991	6
60953	6
61876	6
47987	5
60970	5
61944	5
60957	4
61821	4
61859	4
61866	4
47952	3
60960	3

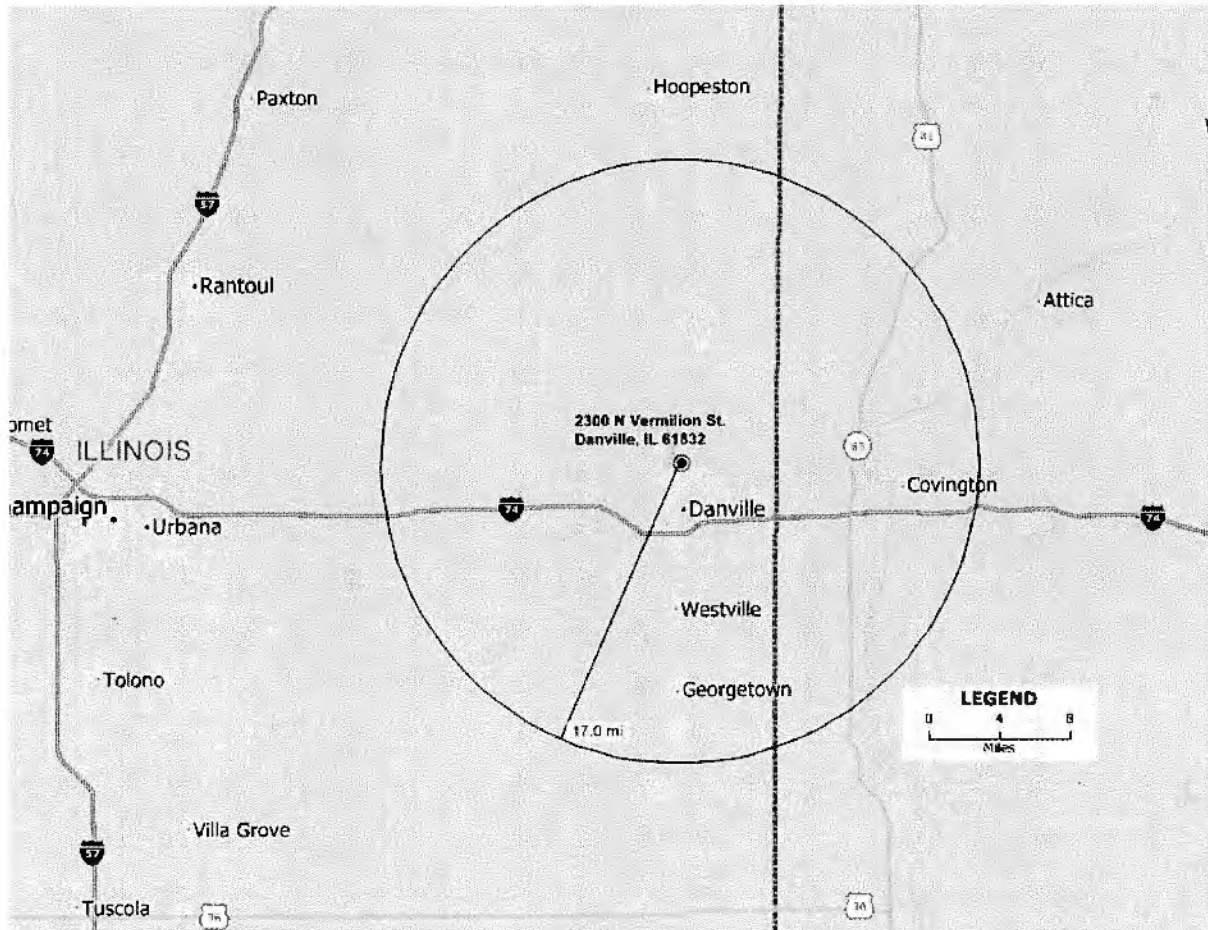
61812	3
61822	3
61849	3
61920	3
47403	2
47982	2
60966	2
61802	2
61820	2
61831	2
61853	2
61873	2
61932	2
07052	1
47834	1
47909	1
47933	1
47951	1
47969	1
60156	1
60928	1
60931	1
60936	1
60948	1
60954	1
60973	1
61701	1
61801	1
61803	1
61843	1
61857	1
61864	1
61911	1
61917	1
61940	1
61942	1
61943	1
61956	1
62420	1
62475	1
62704	1

62901	1
72653	1
80232	1



ATTACHMENT 12-B

**17 Mile Radius from Carle SurgiCenter: Danville**



## **Alternatives to the Proposed Project**

The Applicants propose to add additional specialties at their existing ASTC. They believe that the proposed project is the optimal alternative when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to an alternative option.

The applicants have considered the following alternatives:

### **Do Nothing (\$0)**

This alternative would maintain the status quo, which is to have Danville area residents travel to Champaign-Urbana to obtain care. This option would not improve access to care or address transportation difficulties among elderly and low-income populations as described throughout this application. Furthermore, doing nothing would not increase utilization at Carle SurgiCenter: Danville.

The applicants believe the cost to patients in terms of time, travel and inconvenience outweighs the cost of purchasing the specialized equipment necessary to perform these procedures. For these reasons, this alternative was rejected.

### **Add surgical specialties at Carle SurgiCenter: Danville (Proposed). (\$1,540,000)**

To improve access for Danville area residents to the proposed services, the applicants decided to add surgical specialties to their existing multi-specialty ASTC. After weighing this low cost option against others, it was determined that this alternative would provide the greatest benefit in terms of increased utilization and increased access to health care services.

For all of these reasons, this was the chosen alternative.

## Size of Project

The applicants propose to add additional surgical specialties at an existing multi-specialty ASTC with two operating rooms, one procedure room, four Stage 1 recovery stations and eight stage 2 recovery stations. There is no construction associated with this planned expansion of surgical specialties. For informational purposes, we submit the following:

Pursuant to Section 1110 of the Administrative Code, the state standard is 2,075 gsf – 2,750 gsf per operating/procedure room, 180 gsf per Phase I recovery station, 400 gsf per Phase II recovery station for a total of 10,145 gsf – 12,170 gsf for two operating rooms, one procedure room, four Stage 1 recovery stations and eight stage 2 recovery stations. The gross square footage of the existing facility is 11,677 gsf. Accordingly, the size of the ASTC meets the State standard.

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT / SERVICE</b>	<b>PROPOSED BGSF</b>	<b>STATE STANDARD</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ASTC	11,677	10,145– 12,170	n/a	Yes

## **Project Services Utilization**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which the HFSRB has established utilization standards or occupancy targets in 77 Il. Admin. Code 1100. There are no such standards for the addition of a specialty to an existing ASTC.

## **Unfinished or Shell Space**

The proposed project does not entail unfinished or shell space, so this section is not applicable.

## **Section V Master Design and Related Projects**

This is not a Master Design and Related Projects activity. Therefore this section is not applicable.

**SECTION VI - MERGERS, CONSOLIDATIONS &  
ACQUISITIONS/CHANGES OF OWNERSHIP**

This project does not involve a merger, consolidation or acquisition/change of ownership.  
Therefore this section is not applicable.

## **Section VII Service Specific Review Criteria**

This project does not involve any of the following services. Therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care
- Comprehensive Physical Rehabilitation
- Acute Mental Illness and Chronic Mental Illness
- Neonatal Intensive Care
- Open Heart Surgery
- Cardiac Catheterization
- In-Center Hemodialysis
- Selected Organ Transplantation
- Kidney Transplantation
- Subacute Care Hospital Model
- Children's Community-Based Health Care Center
- Community-Based Residential Rehabilitation Center
- Long Term Acute Care Hospital
- Clinical Service Areas Other than Categories of Service
- Freestanding Emergency Center Medical Services



**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(2) – Service to Geographic Area Residents**

- Attached as Attachment- 27a is a map outlining the intended geographic service area (GSA) for the proposed ASTC. As set forth in Criterion 1110.235, Carle SurgiCenter: Danville will serve residents of Danville and surrounding communities within 17 miles of the existing site. Accordingly, the intended GSA consists of those areas within 17 miles of the proposed site.
- Table 1110.235(c)(2)(B)(i) below lists the zip codes that comprise the GSA of Carle SurgiCenter: Danville as well as the corresponding populations.

<b>Table 1110.235(c)(2)(B)(i)</b>		
<b>ZIP</b>	<b>City</b>	<b>2016 Population</b>
61832	Danville	36,008
61834	Danville	8,588
47918	Attica	6,251
60942	Hoopeston	6,204
47932	Covington	5,104
61846	Georgetown	5,075
61883	Westville	4,405
47987	Veedersburg	3,968
47993	Williamsport	3,695
61858	Oakwood	3,406
47952	Kingman	2,814
61817	Catlin	2,447
60963	Rossville	2,215
61849	Homer	1,824
47928	Cayuga	1,741
61865	Potomac	1,413
61841	Fairmount	1,394
61859	Ogden	1,336
47974	Perrysville	1,324
61870	Ridge Farm	1,261
47991	West Lebanon	1,132
61814	Bismarck	1,108
61844	Fithian	948
61811	Alvin	751
61876	Sidell	694
61862	Penfield	581
61850	Indianola	562
61812	Armstrong	362
61831	Collison	150
<b>Total</b>		<b>106,761</b>

Source: 2016 American Community Survey

3. Table 1110.235(c)(2)(B)(ii) lists the patient origin by zip code for all patients treated at Carle SurgiCenter: Danville during calendar year 2017. As documented in Table 1110.235(c)(2)(B)(ii) below 1,484 (or 90.8%) of the cases were from patients residing in the GSA.

<b>Table 1110.235(c)(2)(B)(ii)</b>	
<b>Zip Code</b>	<b>2017 Volume</b>
61832	691
61834	146
61846	125
61883	97
60942	77
61817	47
61833	46
61858	43
47932	32
61865	30
61814	27
60963	21
61841	21
47974	16
61870	16
47993	14
61850	14
61811	11
47928	10
61848	10
61924	10
61844	8
47918	6
47991	6
60953	6
61876	6
47987	5
60970	5
61944	5
60957	4
61821	4
61859	4
61866	4
47952	3
60960	3
61812	3

61822	3
61849	3
61920	3
47403	2
47982	2
60966	2
61802	2
61820	2
61831	2
61853	2
61873	2
61932	2
07052	1
47834	1
47909	1
47933	1
47951	1
47969	1
60156	1
60928	1
60931	1
60936	1
60948	1
60954	1
60973	1
61701	1
61801	1
61803	1
61843	1
61857	1
61864	1
61911	1
61917	1
61940	1
61942	1
61943	1
61956	1
62420	1
62475	1
62704	1
62901	1
72653	1
80232	1

**Section VII, Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgery  
Criterion 1110.235(c)(3) – Service Demand**

A letter from Carle Physician Group providing historical utilization data and anticipated case volumes is attached at Appendix- 1. Zip code data for historical patients is also included with the letter.

**Section VII, Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgery  
Criterion 1110.235 (c)(5) – Treatment Room Need Assessment**

- a. The existing ASTC currently operates two ORs and one procedure room. No changes will be made to the current facility. In 2017, 1,634 cases (1,426 surgical hours) were performed at Carle SurgiCenter: Danville. There is sufficient capacity to accommodate the additional cases identified in Appendix- 1.
- b. The estimated time per procedure including clean-up and set-up time is shown in the table below. This figure is based on experienced historical data.

Physician Name	Specialty	Carle Foundation Hospital Average Minutes Per Case (3/1/2017-2/28/2018)	Champaign SurgiCenter Average Minutes Per Case (3/1/2017-2/28/2018)	Digestive Health Institute* Average Minutes Per Case (3/1/2017-2/28/2018)
TENDER, PAUL M	Colon & Rectal Surgery	83		43
TANGEN, LYN E	Colon & Rectal Surgery	79		53
OLSON, MICHELLE M	Colon & Rectal Surgery	86		55
DODSON, ROBERT W	Colon & Rectal Surgery	58		40
LI, PAUL KW	Plastic Surgery	189	199	
LUCKEY, NATASHA N	Plastic Surgery	169	164	
BROWNE, TIMOTHY L	Plastic Surgery	123	111	
KONCHANIN, RONALD	Urology	76		
MAURER, GREGORY	Urology	81	68	
WOLF, RICHARD M	Urology	74		
YANG, GLEN	Urology	76	69	
MATZ, SCOTT T	Urology	82	86	
REGAN, JOHN S	Urology	0	73	
HELPER, ERIC P	Urology	181	56	
HONG, STEVE C	Interventional Radiology	95		
SANTELER, SCOTT R	Interventional Radiology	87		
BABCOCK, GREGORY	Interventional Radiology	102		
HOGG, JEREMY	Interventional Radiology	89		

\*Digestive Health Institute is a division of Carle Foundation Hospital.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(6) – Service Accessibility**

Since the only other ASTC in the GSA does not offer colorectal surgery, plastic surgery or interventional radiology, it would benefit the community for Carle SurgiCenter: Danville to be able to offer these specialties. As discussed in Attachment- 12, ASTCs provide high quality surgical care at a lower cost than hospital outpatient departments. Accordingly, this project would expand access to care in the ASTC setting for residents of the GSA.

Furthermore, Carle SurgiCenter: Danville follows the Carle Foundation Hospital financial assistance policy attached at Attachment- 40a. This charity care program allows patients to access surgical care regardless of their ability to pay.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(7) – Unnecessary Duplication/Maldistribution**

1. Unnecessary Duplication of Services

- a. The existing ASTC will remain in its current location at 2300 N. Vermilion St. Danville, IL 61832. A map of the proposed facility’s market area is attached at Attachment- 27a. A list of all zip codes located, in total or in part, within 17 miles of the existing ASTC as well as 2016 population estimates for each zip code is provided in Table 1110.235(c)(7)(A).

<b>Table 1110.235(c)(7)(A)</b>		
<b>ZIP</b>	<b>City</b>	<b>2016 Population</b>
61832	Danville	36,008
61834	Danville	8,588
47918	Attica	6,251
60942	Hoopeston	6,204
47932	Covington	5,104
61846	Georgetown	5,075
61883	Westville	4,405
47987	Veedersburg	3,968
47993	Williamsport	3,695
61858	Oakwood	3,406
47952	Kingman	2,814
61817	Catlin	2,447
60963	Rossville	2,215
61849	Homer	1,824
47928	Cayuga	1,741
61865	Potomac	1,413
61841	Fairmount	1,394

61859	Ogden	1,336
47974	Perrysville	1,324
61870	Ridge Farm	1,261
47991	West Lebanon	1,132
61814	Bismarck	1,108
61844	Fithian	948
61811	Alvin	751
61876	Sidell	694
61862	Penfield	581
61850	Indianola	562
61812	Armstrong	362
61831	Collison	150

Source: 2016 American Community Survey

- b. A list of all existing and approved health care facilities located within the Carle SurgiCenter: Danville GSA that provide surgical services proposed by the project is attached at Attachment- 27b.

2. Maldistribution of Services

Ratio of Stations to Population

As shown in Table 1110.235(c)(7)(B), the ratio of operating rooms to population is below the state average. Since access to operating rooms is more limited than in other parts of the state, it is important that Carle SurgiCenter: Danville is able to offer additional specialties to increase access to surgical services.

Table 1110.235(c)(7)(B)			
Ratio of Stations to Population			
	Population	Operating & Procedure Rooms	Rooms to Population
Geographic Service Area	106,761	13	1 : 8,212
State	12,802,023	4,026	1 : 3,180

3. Impact to Other Providers

- a. The Project will not have an adverse impact on existing facilities in the GSA. As discussed throughout the application, Carle SurgiCenter: Danville is seeking authority from the State Board to add specialties at its existing ASTC. The anticipated volumes in Attachment- 15 are based solely on outmigration from the GSA to Champaign SurgiCenter and Carle Foundation Hospital. Furthermore, all of the associated surgeons are currently employed by Carle Health System.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(8) – Staffing**

The Applicants seek authority to add specialties at their existing ASTC. Carle SurgiCenter: Danville is currently staffed in accordance with IDPH and DNV accreditation staffing requirements. The Applicants anticipate all staff from the existing ASTC will continue to practice there when additional specialties are added.

The Applicants do not anticipate issues with hiring additional nurses and Certified Surgical Technologists (CSTs). Carle routinely recruits at various RN and Certified Surgical Tech colleges, and offers sign-on and referral bonuses for newly hired RNs. Carle has been particularly successful in hiring additional CSTs due to the wide variety and complexity of surgical cases that interest new employees.

The Applicants also offer a number of programs to aid with recruitment and retention. Carle offers RN and CST Career Ladder programs that allow employees to increase their scope of accountability and pay scale. Furthermore, Carle has developed the Carle Nurse Residency Program. Carle hires all of its new nursing grads into this program. Throughout the first 3 to 4 months of employment, each new graduate has a chance to be trained and precepted on a variety of units. Each new graduate is then placed on the unit that is the best fit for their particular interests and desires. This program has been successful at drawing new graduates to Carle and retaining them once they are employed. Carle started a similar Surgical Tech Residency Program in 2018.

The Applicants anticipate that Carle SurgiCenter: Danville's current Associate Medical Director, Dr. Ryan Porter, will continue to function as Associate Medical Director and will commit additional administrative time as needed as a result of the additional specialties. Dr. Porter's CV can be found at Attachment- 27d.

**Section VII, Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgery  
 Criterion 1110.235(c)(9) – Charge Commitment**

<b>Table 1110.235(c)(9)</b>	
<b>Primary CPT</b>	<b>Charge</b>
11406	\$8,199
11606	\$10,332
13101	\$9,245
14001	\$12,782
14020	\$9,037
14021	\$9,495
14040	\$7,818
14041	\$10,667
14060	\$9,989
14301	\$14,596
15100	\$12,406
15240	\$11,043
19120	\$9,438
20926	\$11,497
21014	\$9,158
32552	\$3,410
32557	\$8,231
36558	\$9,230
36561	\$10,187
36581	\$7,351
36589	\$2,748
36590	\$1,935
36590	\$10,605
36598	\$1,364
36901	\$5,185
37191	\$13,298
37193	\$13,302
45171	\$10,709
45330	\$6,540
45331	\$6,112
45378	\$4,670
45380	\$6,328
45384	\$6,791
45385	\$7,080
45398	\$5,251
45990	\$6,964
46020	\$7,961



46040	\$9,804
46045	\$7,905
46050	\$9,089
46080	\$6,268
46221	\$7,608
46255	\$9,325
46260	\$10,314
46270	\$6,185
46275	\$7,790
46280	\$9,227
46320	\$7,835
46607	\$10,088
46910	\$7,977
46922	\$8,295
47536	\$9,090
49418	\$10,172
49422	\$5,223
49423	\$6,128
49440	\$9,798
49450	\$2,842
49451	\$3,796
49452	\$4,616
49999	\$8,077
50382	\$9,118
50389	\$6,278
50432	\$10,268
50435	\$5,747
50590	\$9,092
50688	\$4,904
51102	\$6,739
52000	\$4,595
52005	\$9,025
52204	\$5,513
52214	\$9,898
52224	\$6,151
52234	\$6,029
52235	\$7,324
52240	\$10,638
52260	\$4,989
52276	\$6,026
52281	\$5,663

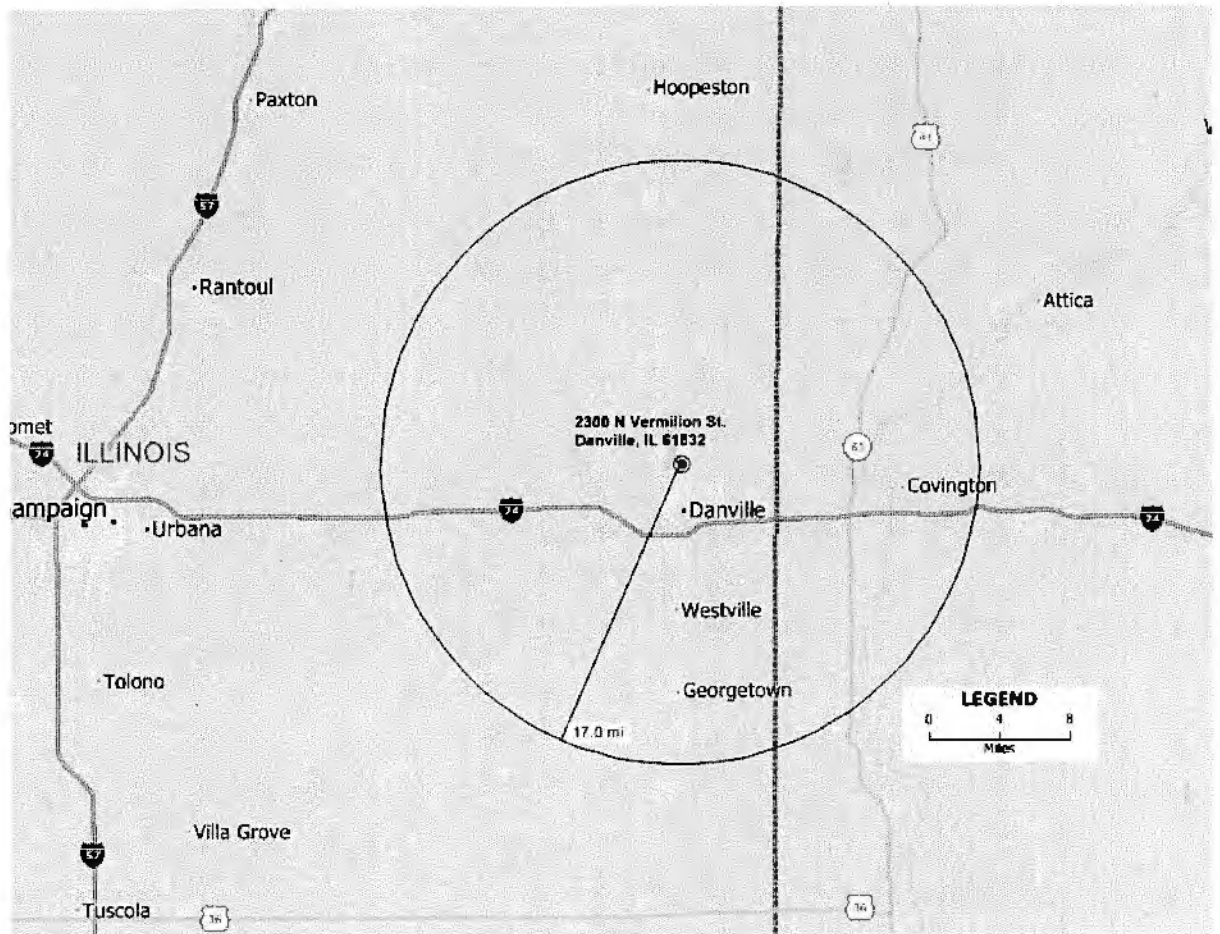
52287	\$13,464
52310	\$7,113
52317	\$10,524
52318	\$12,956
52332	\$9,944
52351	\$7,530
52352	\$9,002
52353	\$10,591
52354	\$8,775
52356	\$13,464
52601	\$7,632
53020	\$3,135
54161	\$7,213
54162	\$3,817
54520	\$9,407
54530	\$10,301
54640	\$9,413
54840	\$11,025
55040	\$10,137
55250	\$6,738
57288	\$12,937
75625	\$14,081
75710	\$11,243
75716	\$11,221
76000	\$1,598
76080	\$2,315
91122	\$7,866
99152	\$14,148
99285	\$9,988
G0105	\$4,790
G0121	\$4,592

Table 1110.235(c)(9) above illustrates the procedures by primary CPT code that will be typically performed within the new specialties. Each line shows anticipated average charges for two years for a surgical case with the primary CPT code shown (many cases have multiple procedures involved in a single case).

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(10) - Assurances**

Attached as Attachment- 27c is a letter from Carle SurgiCenter: Danville that contains assurances as outlined in 1110.235(c)(10).

**17 Mile Radius from Carle SurgiCenter: Danville**



ATTACHMENT- 27b

<b>Facility Name</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip</b>	<b>Miles</b>	<b>Drive Time</b>
Danville Polyclinic ASTC	707 N Logan Ave.	Danville	Vermilion	61832	2.8 miles	7 minutes
OSF Sacred Heart Medical Center	812 N. Logan Ave.	Danville	Vermilion	61832	2.6 miles	8 minutes



611 West Park Street, Urbana, IL 61801-2595

Kathryn J. Olson, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**RE: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances**

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.235(c)(10), I hereby certify the following:

- Carle SurgiCenter: Danville will continue its existing peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for surgical services. If outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.
- By the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms at Carle SurgiCenter: Danville will, by the addition of the anticipated cases, be optimized to exceed its current utilization.

Sincerely,

James C. Leonard, M.D.  
President and CEO

Notarization:

Subscribed and sworn to before  
me this 25 day of April 2018

Signature of Notary

seal



# Ryan G. Porter, M.D.

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## Adult and Pediatric Clinical Practice:

Otology, Neurotology, and Skull Base Surgery  
ECHO (Expanding Children's Hearing Opportunities) Children's Hearing Program  
Carle Auditory Oral School  
Otolaryngology- Head and Neck Surgery  
Carle Physician Group

611 West Park Street, South Clinic 2  
Urbana IL 61801  
Tel: (217) 383-3130  
Fax: (217) 383-4451

## Administrative Practice:

Carle Foundation Hospital and Carle Physician Group  
Department Head – Otolaryngology – Head and Neck Surgery  
Associate Medical Director – Carle Ambulatory Surgery Centers  
Assistant Medical Director – Specialty Surgical Services

## Academic:

Clinical Assistant Professor  
University of Illinois College of Medicine at Urbana-Champaign

## **EDUCATION/ TRAINING**

<b>Otology, Neurotology, and Skull Base Surgery</b>	2010-2012
Clinical Fellowship Michigan Ear Institute	Farmington Hills, MI
<b>Otolaryngology- Head and Neck Surgery</b>	2006-2010
Residency, Department of Otolaryngology- Head and Neck Surgery Loyola University Medical Center	Maywood, IL
<b>General Surgery</b>	2005-2006
Internship, Department of Surgery Loyola University Medical Center	Maywood, IL
<b>Doctor of Medicine</b>	2001-2005
Stritch School of Medicine Loyola University Chicago	Maywood, IL
<b>Master of Business Administration</b>	2017-2020 (Anticipated)
University of Illinois	Urbana-Champaign, IL

**Bachelor of Science** 1996-2000  
Major: Biology  
Baylor University Waco, TX

## AWARDS

- Best Doctor's, Inc. --  
Named to "Best Doctors in America" list (2015-2016, 2016-2017, 2017-2018)
- American Academy of Otolaryngology – Head & Neck Surgery  
"Honor Award" (2015)
- Carle Foundation Hospital Physician "Rising Star" Award (2014)
- Providence Hospital Resident Research Competition, Southfield, MI.  
1<sup>st</sup> Place Winner – Fellow Oral Presentation (2012)
- Chicago Laryngological and Otological Society Annual Lederer-Pierce  
Resident Research Competition, Chicago, IL. 1<sup>st</sup> Place Winner (2009)
- 18<sup>th</sup> Annual Peter J. Girgis Otolaryngology Resident Research  
Competition- 1st Place Winner (2009)
- Stryker Educational Travel Grant Awarded for Top Resident  
Otolaryngology Inservice Scores (2008)
- American Academy of Otolaryngology- Head and Neck Surgery  
Resident Leadership Grant (2008)
- 17<sup>th</sup> Annual Peter J. Girgis Otolaryngology Resident Research  
Competition- 2<sup>nd</sup> Place Winner (2008)
- American Academy of Otolaryngology- Head and Neck Surgery  
Resident Travel Grant (2007)
- Loyola University Medical Center Magis Star Recipient
- CMDA Johnson Short Term Medical Missions Scholarship
- Folmar Undergraduate Award in Biology
- Baylor University Academic Scholarship
- Baylor University Leadership Scholarship
- Virgil Tweedie Premedical Honor Society Award
- Baylor University Student Foundation Scholarship

## ABSTRACTS/ PUBLICATIONS/ PRESENTATIONS

**"Direct analysis of pathogenic structures affixed to the tympanic membrane during chronic otitis media."**

OTO-171176R1, OTO-HNS Epub ahead of Print 2018

**"Structural OCT Middle Ear Imaging Correlated with Functional Wideband Acoustic Immittance Measurements."** Jungcun Won

(presenter), Guillermo Monroy, Pin-Chieh Huang, Malcolm Hill, Michael Novak, **Ryan Porter**, Eric Chaney, Ronit Barkalifa, Stephen Boppart. Biophotonics Congress: Biomedical Optics. April 2018.

**"Pneumatic low-coherence interferometry otoscope to quantify**



**tympanic membrane mobility and middle ear pressure.**" Jungeun Won, Guillermo L. Monroy, Pin-Chieh Huang, Roshan Dsouza, Malcolm C. Hill, Michael A. Novak, **Ryan G. Porter**, Eric Chaney, Ronit Barkalifa, and Stephen A. Boppart. *Biomed. Opt. Express* **9**, 397-409 (2018)

**"In vivo detection of nanometer-scale structural changes of the human tympanic membrane in otitis media"** Proceedings of the National Academy of Sciences (submitted).  
Roshan Dsouza, Jungeun Won, Guillermo L. Monroy, Malcolm C. Hill, **Ryan G. Porter**, Michael A. Novak, Stephen A Boppart.

**"Non-invasive in vivo tracking of chronic otitis media in pediatric subjects after surgical intervention with OCT"** Monroy, et al.  
Submitted to *Laryngoscope*.

**"Non-invasive in vivo optical coherence tomography tracking of chronic otitis media in pediatric subjects after surgical intervention."**  
Guillermo Monroy, Paritosh Pande, Ryan Nolan, Ryan Shelton, **Ryan Porter**, Michael Novak, Darold Spillman, Eric Chaney, Daniel McCormick, and Stephen Boppart  
*J Biomed Opt.* 2017 Dec;22(12):1-11.

**Quantitative Pneumatic Otoscopy Using a Light-Based Ranging Technique.** Shelton RL, Nolan RM, Monroy GL, Pande P, Novak MA, **Porter RG**, Boppart SA. *J Assoc Res Otolaryngol.* 2017 Aug;18(4):555-568. Epub 2017 Jun 26.

**"Analysis of pathogenic structures affixed to eardrum during chronic otitis media."** Guillermo L Monroy, Pawjai Khampang, Wenzhou Hong, **Ryan G. Porter**, Michael A. Novak, Joseph E. Kerschner, Stephen A. Boppart. Submitted for presentation at American Academy of Otolaryngology 2017 National Meeting.

**"Uncommon Causes of Vertigo: Retrocochlear Lesions."** American Academy of Otolaryngology – Head and Neck Surgery Miniseminar. September 2016. San Diego, CA.

**"Cost Effective Workup of Cranial Neuropathies: Tinnitus."** American Academy of Otolaryngology – Head and Neck Surgery Miniseminar. September 2016. San Diego, CA.

**"Non-invasive optical assessment of viscosity of middle ear effusions in otitis media."** Monroy GL, Pande P, Shelton RL, Nolan RM, Spillman DR Jr, **Porter RG**, Novak MA, Boppart SA. *J Biophotonics.* 2016 Mar 24.

**"Overview of Otologic and Neurotologic Surgery."** AORN. Urbana, IL. October 2014.

**“Invasive Ductal Breast Carcinoma Metastases to Bilateral Internal Auditory Canals.”** Rourke, A, Porter, RG, LaRouere, MJ. Journal Submission Pending.

**“Improved Facial Nerve Outcomes Utilizing an Evolving Treatment Method for Large Acoustic Neuromas.”** Porter, RG, LaRouere, MJ, Kartush, JM, Bojrab, DI, Pieper, DR. *Otology & Neurotology*. 2013 Feb;34(2):304-10.

**“Alternatives to Conventional Hearing Aids.”** Porter, RG. Michigan Ear Institute Annual Meeting. Traverse City, MI. June 3, 2012.

**“Diseases of the Posterior Fossa.”** Porter, RG, Babu, S. Book Chapter. Thieme. In press.

**“Invasive Ductal Breast Carcinoma Metastases to Bilateral Internal Auditory Canals.”** Rourke, A, Porter, RG, LaRouere, MJ. Triological Society Annual Meeting. San Diego, CA. April 2012.

**“Evolving Treatment of Large Acoustic Neuromas.”** Porter, RG (Presenter), LaRouere, MJ, Kartush, JM, Bojrab, DI, Pieper, DR. American Neurotology Society Annual Meeting. San Diego, CA. April 2012.

**“Evolving Treatment of Large Acoustic Neuromas.”** Porter, RG (Presenter), LaRouere, MJ, Kartush, JM, Bojrab, DI, Pieper, DR. Providence Hospital Resident Research Competition. Southfield, MI. April 2012.

**“Diagnosis, Evaluation, and Treatment of Facial Nerve Disorders”** Porter, RG and Kartush, J. ENT Surgery: Otology & Neurotology Volume. Editors: Sanna, Kirtanc, De Souza, et al. In Press.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors*.”** Porter, RG; LaRouere, M. Providence Park Hospital. Skull Base Surgery Grand Rounds. Novi, MI. September 2011.

**“Lower Cranial Nerve Function Following Jugular Foramen Tumor Resection.”** Porter, RG; Leonetti, JP; Marzo, SJ; Akst, L; Chan, D; Ravindra, VM. American Academy of Otolaryngology- Head & Neck Surgery Annual Meeting. San Francisco, CA. September 2011.

**“Temporal Bone Dissection.”** Porter, RG. Detroit Medical Center. Resident teaching conference. Detroit, MI. July 26, 2011.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors*.”** LaRouere, M; Porter, RG. Sixth International

Conference on Treatment of Acoustic Neuroma. Los Angeles, CA. June 30, 2011.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors.*”** LaRouere, M; **Porter, RG.** University of California, Davis, Department of Otolaryngology. Sacramento, CA. June 2011.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors.*”** LaRouere, M; **Porter, RG.** Michigan Ear Institute Annual Meeting. Traverse City, MI. June 2011.

**“Acute Facial Nerve Disorders: Diagnosis, Evaluation, and Treatment.”** Providence Park Hospital. Skull Base Surgery Grand Rounds. Novi, MI. October 2010.

**“Vestibular Testing.”** Loyola University Medical Center. Department of Otolaryngology- Head & Neck Surgery Grand Rounds. Maywood, IL. May 2010.

**“Chondroblastoma of the Sphenoid Sinus.”** Burgin, SJ; **Porter, RG;** Mehrota, S; Welch, KC. *Otolaryngol Head Neck Surg.* 2010 Oct;143(4):591-92.

**“Temporal Bone Osteoradionecrosis After Surgery and Radiotherapy for Malignant Parotid Tumors.”** Leonetti, JP; Marzo, SJ; Zender, CA; **Porter, RG;** Melian, E. *Otol Neurotol.* 2010 Jun;31(4):656-9.

**“Cranial Nerve Function Following Surgery for Jugular Foramen Tumors.”** **Porter, RG;** Leonetti, JP; Marzo, SJ; Akst, L; Chan, D; Ravindra, VM. Loyola University Medical Center- Girgis Otolaryngology Resident Research Competition, Maywood, IL. January 19, 2010.

**“Recurrent Post-Tympanostomy Tube Otorrhea Secondary to Aerobic Spore-Forming Bacilli: A Case Report and Brief Literature Review.”** Jaber, J; Thorpe, E; Kircher, M; **Porter, RG;** Leonetti, JP; Marzo, SJ. *Ear, Nose, & Throat Journal.* In Press.

**“A Rat Model for Intratemporal Facial Nerve Crush Injuries.”** **Porter, RG;** Foecking, E; Sharma, N; Marzo, SJ; Leonetti, JP; Jones, K. Hines Veterans Affairs Hospital and Loyola University Medical Center. (Poster Presentation – American Academy of Otolaryngology- Head and Neck Surgery, San Diego, California. October 2009.)

**“Improved Flap Design in Bone Anchored Hearing Aid Surgery.”** Hetzler, LE; **Porter, RG;** Mariotti, A; Leonetti, JP; Marzo, SJ. Undergoing Revisions. *Otology & Neurotology.*

**“Comparison of Extratemporal and Intratemporal Facial Nerve Injury Models.”** Sharma N; Cunningham, K; **Porter, RG**; Marzo, SJ; Jones, KJ; Foecking, EM. *Laryngoscope*. 2009 Dec;119(12):2324-30.

**“Comparison of Extratemporal and Intratemporal Facial Nerve Injury Models.”** Sharma, N; Cunningham, K (presenter); **Porter, RG**, Marzo, SJ; Jones, KJ; Foecking, EM. Triological Society Annual Meeting, Phoenix, AZ. May 2009.

**“Effects of Electrical Stimulation and Gonadal Steroids on Rat Facial Nerve Regenerative Properties”** Sharma, N; Coughlin, L; **Porter, RG**; Tanzer, L; Wurster, RD; Marzo, SJ; Jones, KJ; Foecking, EM. *Restor Neurol Neurosci*. 2009;27(6):633-44.

**“Temporal bone Osteoradionecrosis Following Surgery and Radiotherapy for Malignant Parotid Tumors.”** **Porter, RG**; Leonetti, JP; Marzo, SJ; Zender C. American Neurotology Society Meeting during the Combined Otolaryngology Spring Meetings, Phoenix, AZ. May 2009.

**“Improved Flap Design in Bone Anchored Hearing Aid Surgery.”** Hetzler, LE (presenter); **Porter, RG**; Leonetti, JP; Marzo, SJ. American Otolological Society Meeting during the Combined Otolaryngology Spring Meetings, Phoenix, AZ. May, 2009.

**“Selective Neck Dissection”** **Porter, RG**. Loyola University Medical Center. Department of Otolaryngology-Head and Neck Surgery Grand Rounds. Maywood, IL. April 8, 2007

**“Effects of Electrical Stimulation and Gonadal Steroids on Rat Facial Nerve Regenerative Properties”** **Porter, RG**; Sharma, N; Coughlin, L; Tanzer, L; Wurster, RD; Marzo, SJ; Jones, KJ; Foecking, EM. Chicago Laryngological and Otolological Society Lederer-Pierce Research Competition, Chicago, IL. April 6, 2009. 1<sup>st</sup> Place Winner.

**“Effects of Electrical Stimulation and Gonadal Steroids on Rat Facial Nerve Regenerative Properties”** **Porter, RG**; Sharma, N; Coughlin, L; Tanzer, L; Wurster, RD; Marzo, SJ; Jones, KJ; Foecking, EM. Loyola University Medical Center- Girgis Otolaryngology Resident Research Competition, Maywood, IL. January 27, 2009. 1<sup>st</sup> Place Winner.

**“Association between Adipose Graft Usage and Postoperative Headache After Retrosigmoid Craniotomy”** **Porter, RG**; Leonetti, JP; Ksiazek, J; Anderson, DE. *Otol Neurotol*. 2009 Aug;30(5):635-9.

**“Grand Rounds: Gunshot Wound to the Face”** **Porter, RG**. Loyola University Medical Center Department of Otolaryngology- Head and Neck Surgery Newsletter. Winter 2008.

**“The Surgical Airway: An Overview for the Non-surgical Physician”**  
**Porter, RG.** Loyola University Medical Center Department of Medicine.  
Maywood, IL. November 2008.

**“The Surgical Airway: An Overview for the Anesthesiologist”** **Porter,**  
**RG.** Loyola University Medical Center Department of Anesthesia.  
Maywood, IL. November 2008.

**“Neurotologic Features of Temporomandibular Joint Tumors”**  
**Porter, RG;** Leonetti, JP; Marzo, SJ; Heaton C. Loyola University  
Medical Center. Poster presentation. Saint Albert’s Day Research  
Competition. Maywood, IL. November 2008.

**“Gunshot Wound to the Face”** **Porter, RG** (Presenter); Marzo, SJ.  
Facial Nerve Disorders Study Group. American Academy of  
Otolaryngology- Head and Neck Surgery National Meeting, Washington  
D.C. September 22, 2008.

**“Neurotologic Features of Temporomandibular Joint Tumors”**  
**Porter, RG;** Leonetti, JP; Marzo, SJ; Heaton C. Loyola University  
Medical Center. Poster presentation. American Academy of  
Otolaryngology- Head and Neck Surgery National Meeting, Chicago, IL.  
September 2008.

**“Treatment Options for Patients with Longstanding Facial Paralysis”**  
**Porter, RG;** Leonetti, JP; Marzo, SJ, Fahcy K, Burkman L. Loyola  
University Medical Center. Oral presentation. North American Skull  
Base Society Annual Meeting. Vancouver, BC Canada. September 11-  
14, 2008.

**“Perioperative Differences Between Large Acoustic Neuromas and  
Cerebellopontine Angle Meningiomas”** **Porter, RG;** Leonetti, JP;  
Marzo, SJ, Anderson, DE; Orogitano, TC. Loyola University Medical  
Center. Oral presentation. North American Skull Base Society Annual  
Meeting. Vancouver, BC Canada. September 11-14, 2008

**“Surgical Salvage After Failed Radiation for Acoustic Neuromas”**  
**Porter, RG;** Heaton, S; Marzo, SJ; Leonetti, JP; Anderson, DE. Loyola  
University Medical Center. Poster presentation. North American Skull  
Base Society Annual Meeting. Vancouver, BC Canada. September 11-  
14, 2008.

**“Effect of Adipose Graft Usage on Postoperative Headache Following  
Retrosigmoid Craniotomy”** **Porter, RG;** Ksiazek, J; Anderson, DE;  
Leonetti, JP. American Neurotology Society Meeting during the  
Combined Otolaryngology Spring Meetings, Orlando, FL. May 3, 2008.

**“Effect of Adipose Graft Usage on Postoperative Headache Following  
Retrosigmoid Craniotomy”** **Porter, RG;** Ksiazek, J; Anderson, DE;

Leonetti, JP. Chicago Laryngological and Otological Society Lederer-Pierce Research Competition, Chicago, IL. April 7, 2008.

**“Effects of Dihydrotestosterone and Estradiol on Rat Facial Nerve Regeneration Following a Crush Axotomy”** Foecking, EM (presenter), N Sharma, **RG Porter**, K Fargo, RD Wurster, SJ Marzo, KJ Jones  
Experimental Biology Annual Meeting, San Diego, CA. April 5-9, 2008.

**“The Surgical Airway: An Overview for Internists”** **Porter, RG.**  
Loyola University Medical Center- Department of Medicine. Resident Teaching Rounds, Maywood, IL. January 25, 2008.

**“Effect of Adipose Graft Usage on Postoperative Headache Following Retrosigmoid Craniotomy”** **Porter, RG;** Ksiazek, J; Anderson, DE; Leonetti, JP. Loyola University Medical Center- Girgis Otolaryngology Resident Research Competition, Maywood, IL. January 16, 2008. 2<sup>nd</sup> Place Winner.

**“Velopharyngeal Dysfunction”** **Porter, RG** Loyola University Medical Center. Department of Otolaryngology-Head and Neck Surgery Grand Rounds. Maywood, IL. December 2007

**“Ruptured Carotid Artery Pseudoaneurysm in the Middle Ear”** **Porter, RG;** Leonetti, JP; Haccin-Bey, L; Marzo, SJ. Poster presentation. American Academy of Otolaryngology- Head and Neck Surgery National Meeting, Washington D.C. September 15-19, 2007.

**“Facial Nerve Paralysis Diagnostic Dilemma: Update”** **Porter, RG** (Presenter); Marzo, SJ. Facial Nerve Disorders Study Group. American Academy of Otolaryngology- Head and Neck Surgery National Meeting, Washington D.C. September 17, 2007.

**“Melanoma of the Head and Neck”** **Porter, RG** Loyola University Medical Center. Department of Otolaryngology-Head and Neck Surgery Grand Rounds. Maywood, IL. July 2007

**“Partial Mastoidectomy For the Safe Resection of Lateral Skull Base Tumors”** **Porter, RG** (presenter); Leonetti, JP; Marzo, SJ  
North American Skull Base Society National Meeting, Chicago, IL. May 2007.

**“What’s In a Doctor’s Bag”**  
Westview Elementary School, Wood Dale, IL. 2006 & 2005.

**“Tracheotomy: An Overview”**  
Loyola University Medical Center- Department of Surgery. Trauma Surgery Morning Conference, Maywood, IL. 2005.

**TEACHING**

**Carle New Physician Mentor Program (2016-present)**

**Carle Family Medicine Residency Program (Rotation Coordinator) – (2015-present)**

**Loyola University Medical Center -- Temporal Bone Dissection Course. Maywood, IL. Guest Faculty – (2015-present)**

**University of Illinois at Urbana Champaign 1<sup>st</sup> Year Medical Student Mentor Program (2015-present)**

**“Preparation for Internal Medicine Internship” (4<sup>th</sup> Year Medical Student Elective) Course Lecturer  
Loyola University Chicago Stritch School of Medicine (2008-present)**

**Head and Neck Gross Anatomy Lab Instructor – Loyola University Stritch School of Medicine (2007)**

**Loyola University Stritch School of Medicine Physician Mentor Program (2007-present)**

**Gross Anatomy Tutor (2004)**

**Medical Student Mentor (2002-2005)**

**Teaching Assistant: Gross Anatomy (2002)**

**CPR Instructor (1999-2000)**

**NON-PHYSICIAN  
EMPLOYMENT  
EXPERIENCE**

**Sales Associate/ Technical Service Representative  
2000-2001 Stryker (Howmedica Osteonics Orthopedic Division)  
Chicago, IL**

**911 System Status Controller  
1999-2000 Rural/Metro Ambulance & West Ambulance Waco, TX**

**Emergency Medical Technician  
1998-2000 Rural/Metro Ambulance & West Ambulance Waco, TX**

**Owner and Operator of Mobile Disk Jockey Company  
1996-2000 Waco, TX**

**Recording Engineer**

1996-2000 Baylor University School of Music Hearn Recording Studio  
Waco, TX

**VOLUNTEER**

**ILAC Otolaryngology Medical Mission Trip**

Santiago, Dominican Republic (2009)

**Harvest Bible Chapel Emergency Response Team** (2006-2010)

**Harvest Bible Chapel Hospital Visitation Team** (2006-2009)

**Global Health Outreach: Otolaryngology Medical Mission**

Chiappas, Mexico (2006)

**Global Health Outreach: Medical Mission**

Santo Domingo, Dominican Republic (2003)

**Global Health Outreach: Medical/Surgical Mission and Spanish  
Language Study**

Cuenca, Ecuador (2002)

**Community Health Free Clinic**

Chicago, IL (2001-2005)

**Stritch School of Medicine Tour Guide** (2002-2004)

**Disaster Relief Volunteer** Tegucigalpa, Honduras (1998)

**Community Service Project** Agua Prieta, Mexico (1997)

**HOSPITAL  
AFFILIATIONS**

**Carle Foundation Hospital** – Urbana, IL (2012-Present)

**St John/ Providence Health System** – Michigan (2010-2012)

**William Beaumont Hospitals** – Michigan (2010-2012)

**Loyola University Medical Center/ Foster McGaw Hospital-**  
Maywood, IL (2005-2010)

**Hines Veterans Administration Hospital-** Hincs, IL (2005-2010)

**Resurrection Medical Center-** Park Ridge, IL (2005)

**COMMITTEE &  
PROFESSIONAL**



**SOCIETY  
PARTICIPATION**

**Carle Illinois College of Medicine Curriculum Subcommittee**  
(Anticipated)

**Carle Illinois College of Medicine Associate Dean and Executive  
Associate Dean Search Committee (2017)**

**Carle Pediatrics/Obstetrics/Gynecology Quality Review (PPC)  
Committee (2017)**

**Carle Surgery Quality Review Committee (2016)**

**Carle Medical Office Building at the Fields Building Steering  
Committee (2017-2018)**

**Carle Ambulatory Surgery Center Building Steering Committee**  
(2017-2018)

**Carle Foundation Hospital Medical Executive Committee (Member-  
at-Large) (2016-present)**

**Carle Foundation Hospital Surgical Venous Thromboembolism  
Prevention Committee (2016)**

**Carle Champaign Ambulatory Surgery Center "MAC" Committee**  
(2015-present)

**Skull Base Surgery Committee (Consultant) American Academy of  
Otolaryngology-Head and Neck Surgery (2014-present)**

**Skull Base Surgery Committee (Member) American Academy of  
Otolaryngology-Head and Neck Surgery (2012-2014)**

**Hearing Committee (Member) American Academy of Otolaryngology-  
Head and Neck Surgery (2011-2013)**

**Resident Consultant – Finance Committee. Loyola University Medical  
Center Department of Otolaryngology- Head & Neck Surgery (2010)**

**Credentials and Membership Committee – (Member) American  
Academy of Otolaryngology-Head and Neck Surgery (2007-2010)**

**Internal Review of General Surgery Residency Program. Loyola  
University Medical Center. October 2009.**

**Resident Governance Committee.** Loyola University Medical Center.  
(2009-2010)

**1<sup>st</sup> Annual Joint Surgical Advocacy Conference.** Washington, D.C.  
(March 9-11, 2008)

**American Academy of Otolaryngology- Head and Neck Surgery  
Spring Board of Governors Meeting.** Washington, D.C. (March 7-9,  
2008)

**Facial Nerve Disorders Committee – (Member)** American Academy  
of Otolaryngology-Head and Neck Surgery (2007-2009)

**Cell & Molecular Biology Course Review Committee-** Loyola  
University Stritch School of Medicine (2001)

**Human Relations Committee-** Rural/Metro Ambulance Service  
(1999-2000)

**GRANTS**

R43 DC016575-01 (Shelton) 4/1/18-3/31/20 (Pending)  
NIH/NIDCD \$90,800 (sub only)  
*Clinical evaluation of a new middle ear diagnostic to support FDA  
regulatory clearance*

**PROFESSIONAL  
SOCIETIES**

**American Neurotology Society** (2008-present)  
**Chicago Laryngological and Otological Society** (2006-2010)  
**American Academy of Otolaryngology- Head and Neck Surgery**  
(2005-present)  
**Triologic (Otologic, Laryngologic, and Rhinologic) Society** (2006-  
2012)  
**American College of Surgeons** (2005-2012)  
**Christian Medical and Dental Association** (2000-2012)  
**Local Campus Leader** (2003-2005)  
**American Medical Association** (2000-2008)  
**Illinois State Medical Society** (2000-2005)  
**Chicago Medical Society** (2000-2005)

**CONSULTANT  
AGREEMENTS  
(Current or Past)**

Advanced Bionics, Cochlear Corporation, Oticon Medical, Neurelec SA

**ADDITIONAL  
LANGUAGE**

Spanish (Intermediate Fluency)

**ACTIVITIES/  
INTERESTS**

Family [Wife – Sarah; Son – Ryan “Garrett”, II; Daughter – Penelope Kristine]  
Olympic weightlifting, Triathlon, Bicycling, Running, Theology, Guitar, Jazz, Photography, Wine, Travel, Non-fiction, Golf, Church activities

**CERTIFICATIONS  
(Past & Present)**

Advanced Trauma Life Support, Advanced Cardiac Life Support, CPR, National Registry Emergency Medical Technician, CPR Instructor, Emergency Medical Dispatcher

**PROFESSIONAL  
LICENSING/  
CREDENTIALING**

Board Certified – Diplomate, American Board of Otolaryngology (2010-present)  
Board Certified – Neurotology – American Board of Otolaryngology (2012-present)  
Fellow, American Academy of Otolaryngology – Head and Neck Surgery  
Michigan - Medicine - (2010-2014)  
Michigan – Pharmacy - (2010-2014)  
Illinois – Physician – (2012-present)  
Illinois – Controlled Substances – (2012-present)  
US DEA Controlled Substances – (2012-present)  
Illinois - Medical Temporary - (2005-2010)

## **Section 1120.120 Availability of Funds**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (July 24, 2017), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.120 Availability of Funds

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# S&P Global Ratings

130 East Randolph Street  
Suite 2900  
Chicago, IL 60601  
tel 312-233-7000  
reference no.:836491

July 24, 2017

The Carle Foundation  
602 West University Avenue  
Urbana, IL 61801

Attention: Mr. Scott L. Hendrie, Chartered Financial Analyst, Vice President of Finance-Treasury

**Re: *Illinois Finance Authority, Illinois, Revenue Bonds***

Dear Mr. Hendrie:

S&P Global Ratings hereby affirms its rating of "A+" for the underlying rating (SPUR) on the above-listed obligations and changed the outlook to positive from stable. A copy of the rationale supporting the rating and outlook is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above rating to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on [standardandpoors.com](http://standardandpoors.com). Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

To maintain the rating, S&P Global Ratings must receive all relevant financial and other information, including notice of material changes to financial and other information provided to us and in relevant documents, as soon as such information is available. Relevant financial and other information includes, but is not limited to, information about direct bank loans and debt and debt-like instruments issued to, or entered into with, financial institutions, insurance companies and/or other entities, whether or not disclosure of such information would be required under S.E.C. Rule 15c2-12. You understand that S&P Global Ratings relies on you and your agents and advisors for the accuracy, timeliness and completeness of the information submitted in connection with the rating and the continued flow of material information as part of the surveillance process. Please send all information via electronic delivery to [pubfin\\_statelocalgovt@spglobal.com](mailto:pubfin_statelocalgovt@spglobal.com). If SEC rule 17g-5 is applicable, you may post such information on the appropriate website. For any information not available in electronic format or posted on the applicable website,

Please send hard copies to:

S&P Global Ratings  
Public Finance Department  
55 Water Street  
New York, NY 10041-0003

The rating is subject to the Terms and Conditions, if any, attached to the Engagement Letter applicable to the rating. In the absence of such Engagement Letter and Terms and Conditions, the rating is subject to the attached Terms and Conditions. The applicable Terms and Conditions are incorporated herein by reference.

S&P Global Ratings is pleased to have the opportunity to provide its rating opinion. For more information please visit our website at [www.standardandpoors.com](http://www.standardandpoors.com). If you have any questions, please contact us. Thank you for choosing S&P Global Ratings.

Sincerely yours,

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au  
enclosure

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# S&P Global Ratings

## S&P Global Ratings Terms and Conditions Applicable To Public Finance Credit Ratings

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No Third Party Beneficiaries. Nothing in any credit rating engagement, or a credit rating when issued, is intended or should be construed as creating any rights on behalf of any third parties, including, without limitation, any recipient of a credit rating. No person is intended as a third party beneficiary of any credit rating engagement or of a credit rating when issued.



## **Section 1120.130 Financial Viability**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (July 24, 2017), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.130 Financial Viability.

**Section 1120.140 Economic Feasibility**  
**A. Reasonableness of Financing Arrangements**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (July 24, 2017), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.140 (a) Reasonableness of Financing Arrangements.

**Section 1120.140 Economic Feasibility**  
**B. Conditions of Debt Financing**

This project does not involve debt financing.

The applicants, therefore, are not required to address Section 1120.140 (b) Conditions of Debt Financing.

**1120.140 Economic Feasibility**  
**C. Reasonableness of Project and Related Costs**

1. The proposed project is for the addition of surgical specialties to an existing multi-specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.
2. The proposed project does not include the purchase of major medical equipment. Therefore this criterion is not applicable.
3. The proposed project does not anticipate a capital expenditure to exceed \$3,435,925, and there is otherwise no standard applicable to the purchase of medical equipment by an existing ASTC. For disclosure purposes, the anticipated capital costs are identified below:

<b>Movable or Other Equipment (not in construction contracts)</b>	<b>\$1,425,000</b>
Colon & Rectal Surgery	\$350,000
Interventional Radiology	\$700,000
Plastic Surgery	\$175,000
Urology	\$200,000
<b>Other Costs To Be Capitalized</b>	<b>\$115,000</b>
Shielding	\$50,000
Ultrasound	\$65,000
<b>TOTAL USES OF FUNDS</b>	<b>\$1,540,000</b>

**Section 1120.140 Economic Feasibility**  
**D. Projected Operating Costs**  
**E. Total Effect of the Project on Capital Costs**

The Applicants seek to add specialties at their Existing ASTC.

The table below provides information regarding costs as they relate to 2,023 units of service.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs.

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

<b>Review Criteria Relating to Economic Feasibility</b>		
1	Units of Service	2,023
2	Total Capital Cost	\$515,885
3	Total Operating Cost	\$2,693,325
4	Capital Cost per Unit of Service	\$255.01
5	Operating Cost per Unit of Service	\$1,331.35

## Safety Net Impact Statement

The Applicants seek to add surgical specialties at their existing ASTC. No services are being eliminated. The Project will enhance access to care at Carle SurgiCenter: Danville, and is not expected to have any adverse impact on safety net services in the community or on the ability of any other health care provider to deliver services.

This Safety Net Impact Statement addresses the following requirements:

- 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.**

Adding additional specialties at Carle SurgiCenter: Danville will improve safety net services in the community, as it was the only ASTC in the GSA that saw more than one charity care patient in 2016. Carle SurgiCenter: Danville is a division of Carle Foundation Hospital and, as such, operates under the Carle Foundation Hospital Medicaid and charity care financial assistance policies. As a result, in 2016, 22.3% of Carle SurgiCenter: Danville's patients' primary payor source was Medicaid (342 patients), while Charity Care accounted for another 7.3% of patients (112 patients). The additional ASTC specialties will be covered under the same Medicaid and charity care policies as the existing specialties.

- 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.**

The addition of specialties at Carle SurgiCenter: Danville will not adversely impact the ability of other providers or health care systems to serve patients seeking safety net services. The Applicants do not believe there will be any adverse impact on other providers or health care systems, as the Project is aimed at addressing the demand for services currently performed at Champaign SurgiCenter and Carle Foundation Hospital.

- 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 proposed project involves adding additional specialties. As a result, an analysis regarding how reduced services will impact the community is not applicable.

**Safety Net Impact Statements shall also include:**

- 1. For the three fiscal years prior to the application, the applicant must also provide certification describing the amount of charity care provided by the applicant;**
- 2. For the three fiscal years prior to the application, a certification of the amount of charity care provided to Medicaid patients;**
- 3. Any information the applicant believes is directly relevant to safety net services.**

## Safety Net Impact Statement

### 1. The Carle Foundation Hospital Charity Care Information

<b>Charity Care (# of patients)</b>	<b>FY 14</b>	<b>FY 15</b>	<b>FY 16</b>
Inpatient	3,433	2,259	2,788
Outpatient	74,474	102,911	136,455
<b>Charity Care (cost in dollars)</b>	<b>FY 14</b>	<b>FY 15</b>	<b>FY 16</b>
Inpatient	\$9,470,253	\$6,633,540	\$5,450,626
Outpatient	\$14,208,401	\$13,546,624	\$12,425,561

### 2. The Carle Foundation Hospital Medicaid Information

<b>Medicaid (# of patients)</b>	<b>FY 14</b>	<b>FY 15</b>	<b>FY 16</b>
Inpatient	3,314	5,206	5,330
Outpatient	182,284	272,509	305,324
<b>Medicaid (Revenue)</b>	<b>FY 14</b>	<b>FY 15</b>	<b>FY 16</b>
Inpatient	\$73,650,000	\$85,428,000	\$77,560,000
Outpatient	\$13,775,000	\$30,934,000	\$26,145,000

### 3. Additional Information Relevant to Safety Net Services

The following documents included in this application are relevant to safety net services in the applicant's planning area.

- Annual Community Benefit Report for 2016 (Attachment-40a)

# Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Carle Foundation Hospital

Mailing Address: 611 W. Park Street Urbana, IL 61801  
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address): \_\_\_\_\_  
(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 01 / 01 / 2016 through 12 / 31 / 2016 Taxpayer Number: 37-1119538  
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

Hospital Name	Address	FEIN #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Attachment 1]

1. **ATTACH Mission Statement:**

The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

[Attachment 2]

2. **ATTACH Community Benefits Plan:**

The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

[Attachments 3A and 3B]

3. **REPORT Charity Care:**

Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care..... \$18,741,504

**ATTACH Charity Care Policy:**

Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.



[Attachment 4]

4. **REPORT Community Benefits** actually provided other than charity care:  
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services.....	<i>Dollars incorporated in subsidized health services total; see Attachment 2</i>
Government Sponsored Indigent Health Care.....	\$0
Donations .....	\$2,064,598
Volunteer Services	
a) Employee Volunteer Services.....	\$87,156
b) Non-Employee Volunteer Services .....	\$722,238
c) Total (add lines a and b) .....	\$809,394
Education .....	\$12,118,386
Government-sponsored program services.....	\$0
Research.....	\$4,349,285
Subsidized health services.....	\$10,374,344
Bad debts.....	\$5,158,576
Other Community Benefits .....	\$244,644

Attach a schedule for any additional community benefits not detailed above.

[Attachment 5]

5. **ATTACH Audited Financial Statements** for the reporting period.

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

James C. Leonard, MD / President & Chief Executive Officer  
Name / Title (Please Print)

(217) 383-3221  
Phone: Area Code / Telephone No.

Signature



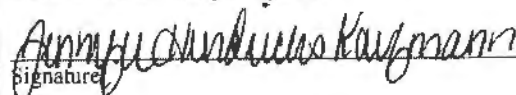
Date

6/22/17

Jennifer Hendricks-Kaufmann / Director, Public Relations  
Name of Person Completing Form

(217) 326-8505  
Phone: Area Code / Telephone No.

Signature



Date

6/22/17

jennifer.hendricks-kaufmann@carle.com  
Electronic / Internet Mail Address

(217) 344-2824  
FAX: Area Code / FAX no.

## **Mission Statement – Attachment 1**

The Carle Foundation Mission Statement was adopted by Carle's Board of Trustees in 2010.

**We serve people through high quality care,  
medical research, and education.**

Our mission statement defines who we are, what we stand for, and the importance of our relationship with our patients, staff and community. As a locally-based private, not-for-profit organization, we take seriously our obligation to treat and provide high quality care to everyone, regardless of their ability to pay. This mission statement looks beyond medicine to include research and education, both of which remain highly valued by our organization.

The vision statement was adopted by the Board of Trustees on June 10, 2011.

**Improve the health of the people we serve by providing  
world-class, accessible care through an integrated delivery system.**

Benefiting the community is central to everything we do at Carle.

## Community Benefit Plan – Attachment 2

For more than 85 years, Carle has stayed true to its core purpose to provide care to all who need it. Access to health care – particularly for those in poverty – remains a predominant need. According to the U.S. Census Bureau, in Champaign County alone, 22%, or more than 45,000 people, live in poverty. To address these significant needs in 2016, **Carle Foundation Hospital contributed a total of \$53,860,731 in benefit to our community.**

Carle Foundation Hospital's Community Benefit Implementation Plan aims to address prioritized community needs, identified by the three-year Community Health Needs Assessment (CHNA) conducted in Champaign-Urbana in 2014. This assessment was done in conjunction with Champaign Urbana Public Health District, Champaign County Regional Planning Commission, Presence Covenant Medical Center and United Way of Champaign County. While a number of additional needs were identified by data and input from community leaders, the following four health areas were selected as top priorities:

1. Access to Care
2. Behavioral Health
3. Obesity
4. Violence

In 2016, Carle paid \$20,000 for a portion of the salary for the 2016 Regional Community Health Plan Coordinator, a position housed at Champaign Urbana Public Health District. This person is responsible for coordinating implementation efforts across the community for the Community Health Needs Assessment.

### Access to Care

#### *Carle Financial Assistance Program*

Carle's Financial Assistance Program provides discounted or free care to those who need it. All policies associated with our assistance programs were updated December 28, 2015 and effective January 1, 2016, including the Carle Financial Assistance Program (AD 300 / Attachment 3-A), Presumptive Eligibility for Financial Assistance (AD 355), and IL Hospital Uninsured Patient Discount Program (AD 346 / Attachment 3-B).

To ensure we are addressing the needs of the community, the Finance and Quality Committees of the Carle Board of Trustees review and evaluate charity care figures quarterly. We do not limit the amount of financial assistance we provide, at this time.

#### *Extending and Expanding Financial Assistance*

Carle's generous Financial Assistance Program, consistently and diligently applied, has resulted in our ability to reach many people over the years. **During 2016, financial assistance for Hospital patients alone totaled \$18,741,504 at cost, serving 26,241 unique individuals.**

While it is not included in the Hospital figure reported, The Carle Foundation extends its charity program to its physician clinics and other areas of the system. The total number of patients receiving assistance through the Carle Financial Assistance Program across the health system was 33,335 unique individuals. This system-wide figure includes individuals served at Carle Physician Group and other Foundation entities including Arrow Ambulance, Champaign SurgiCenter and Carle Hoopston Regional Health Center. Separate from Carle Foundation Hospital, the Carle organization provided an additional \$11,439,587 in charity care at cost.

Our practice is to look at each patient's financial status vis-à-vis both our Carle Financial Assistance Program and the criteria of the Uninsured Patient Discount Act, and to provide the patient with the deepest discount available.

By expanding the presumptive eligibility screening processes and determining the financial status of patients up-front, we have been able to pinpoint those needing assistance early in the process, minimizing bad debt and optimizing our ability to help. Staff is also diligent in following up with patients during hospitalization and after discharge if there's any reason to believe the patient could benefit from financial assistance, and we auto-qualify certain patient populations for Carle Financial Assistance Program, such as the homeless, SNAP (Supplemental Nutrition Assistance Program), Medicaid, Low Income Home Energy Assistance Program (LIHEAP), and Township Assistance recipients.

#### *Review Status*

Representatives from the Hospital's administration, Patient Financial Services, Registration, Case Management and Insurance Contracting departments continued to meet with the local Community Coalition of the Champaign County Health Care Consumers – five times in 2016 – including representation from the Land of Lincoln Legal Assistance Foundation. We value this regular opportunity for community dialogue, which was initiated more than a decade ago.

We also continued meeting on a regular basis with representatives of the local free clinics and FQHC to discuss operational issues. This dialogue is an effective channel for learning more about their patients' experience in obtaining free and discounted care.

#### *Communicating that Financial Assistance is Available*

Carle Foundation Hospital has made a concerted, continuous effort to be sure that people have access to information that will help them with their medical bills. These include:

- Advertising Carle Financial Assistance Program using print, billboards and web; continued presence in appropriate community publications; and on-site via displays throughout the hospital and clinics
- Simplified application form, including a version in Spanish, that contains information regarding the Carle Financial Assistance Program
- Publication of a Plain Language Summary and all other financial assistance related information on [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance)
- Information about the Carle Financial Assistance Program on all statements, collection letters and Hospital admission packets
- Carle Financial Assistance Program information and applications at all registration points, Hospital main lobby and [carle.org](http://carle.org)
- Staff at Frances Nelson Health Center operated by Promise Healthcare, the local FQHC, and community free clinics equipped with a supply of applications and knowledge to assist their patients in completing them
- Meetings with local legislators to help them assist constituents with healthcare needs, including financial assistance

#### *Community Clinic Support*

Carle has sought ways to initiate and expand healthcare services including primary, dental, preventive and mental health services for the underinsured and uninsured by working collaboratively with community organizations. Because Access to Care was the top need identified in the 2014-16 CHNA, as part of Carle's plan to improve access, the organization supports community clinics.

#### **Promise Healthcare at Frances Nelson Health Center – \$341,418**

Carle continued to support Promise Healthcare at Frances Nelson Health Center (FNHC), a Federally Qualified Health Center, through funding, leadership support, patient care services, supplies and more.

- \$317,635 in contributions to United Way of Champaign County, designated for Promise Healthcare to enhance services and access to care
- Carle's All About Baby staff provides patient prenatal education to all expectant families at an in-kind cost of \$17,906

- An additional \$5,877 for supplies, medication, board involvement and other needs
- Frances Nelson Health Center is a residency site for the Carle Family Medicine Residency program and residents provide care as part of their education although the residents' time is not reported as a community benefit.

Carle has had a long commitment to improving access to care by partnering with this facility. In 2005, Carle purchased a building and renovated for a total investment of \$1.2 million, charging \$1 rent for the first three years of occupancy and has since provided support for facilities, leadership and clinical services.

### **Champaign County Christian Health Center**

Carle helps the Champaign County Christian Health Center free clinic fulfill its mission to provide quality, holistic care at no cost to as many people as possible. The clinic provides primary care, dental and mental health services. A number of the volunteer medical staff is Carle physicians, nurses and technicians who have personally chosen to serve their community through the Champaign County Christian Health Center, and we also provide in-kind board support valued at more than \$2,500. Since this clinic's inception in 2003, Carle has provided more than \$450,000.

### **Day of Healthy Smiles**

On Saturday, April 9, 2016, staff from Carle, Parkland College, SmileHealthy, and local dental offices worked together to treat many of our community's underserved dental patients at the annual "A Day of Healthy Smiles" event. Out of the more than 90 patients treated, many were recipients of multiple services, including extractions, fillings and same-day delivery of partials and flippers at no charge to the patient. Carle nursing staff also provided smoking cessation education to many of those in attendance.

### **Additional Access to Care Programming**

#### **Prescription Affordability**

As a 340B provider, Carle has contracted with certain area retail pharmacies to offer discounted prescriptions for self-pay patients. Those uninsured patients purchasing out-of-pocket prescriptions from a contracted 340B pharmacy will receive discounts that make prescriptions more affordable. In 2016, 6,495 prescriptions were filled at a total out-of-pocket savings of \$1,200,910. Since its inception in 2014, more than 18,786 prescriptions have been filled with a total out-of-pocket consumer savings of \$3,963,693 (2014 through April 2017). Not only does the program lessen the financial burden on uninsured patients with realized prescription discounts, it improves health outcomes by improving patient compliance with pharmaceutical therapy due to improved affordability of medications, and has the potential to reduce unnecessary readmissions and/or unnecessary specialty visits due to improved patient compliance with prescribed drug regimens.

#### **Physician and Advanced Practice Providers (APP) Recruitment**

Carle continues to actively recruit new providers, including both physicians and APPs to increase available capacity for existing patients and new patients. Carle hired 61 providers in 2016 – 10 primary care and 51 specialists – and has plans to recruit similar volumes in 2017. Primary care includes urgent care, internal medicine, pediatric, geriatrics, family medicine and graduate medical education.

#### **Healthy Beginnings**

In 2016, Carle began a new initiative that will be led by the organization's Vice President of Community Health and a Carle Physician Group pediatrician to address care for a specific region of our population in poverty. Children in poverty have greater risk of serious health problems, and data shows the most significant factor in a person's health and life trajectory is not the choices he or she makes as adult, but rather the environment in which a person grows up. This intent will be to address the root cause of health concerns (determinants of health) facing our community, and to ultimately improve the four areas of emphasis in Carle's Community Benefit plan, including access to care, behavioral health, obesity and violence concerns.

In 2016, nearly 600 hours and more than \$128,000 of in-kind support was spent on this initiative for planning and development of what we can do to address this vital need within this area of our community. More staff hours, in-kind support and programming will come in 2017 and the years to follow.

### **Other Access Improvements**

The Carle Emergency Department continued to see increasing volumes in 2016. Carle Convenient Care experienced increased volumes as well. Together, this helps underscore the community's demand for more access, which in part drives the overall recruitment plan. As part of our response to this demand, Carle continued to offer e-visits through its patient web portal for simple medical conditions. This service allows for remote visits via digital channels that are less expensive and more convenient. Carle also started the process of virtual visits and taking steps to redesign the care process in which team-based care and medical home models will help increase access and efficiency of care delivery.

### *Access to Care through Subsidized Services at Carle*

Over the years, multiple Carle initiatives have provided additional access to care. Because these services continue to meet an enormous need, the programs have been maintained, though several operate at a loss. Some of these subsidized services include:

#### **Community Parish Nurse Program**

Carle has one of the largest Parish Nurse groups in the nation, with 500 nurses from 235 congregations in 33 counties in four states. The program trains nurses from local churches to educate congregants and advocate for their healthcare interests. In 2016, parish nurses logged more than 9,300 hours of service to their congregations. The group also distributed more than 1,000 Vial of Life kits in 2016; more than 23,000 to date.

#### **Carle Breastfeeding Clinic (BFC)**

Certified lactation specialists have helped thousands of women successfully breastfeed since 1997. This service is free and available to any nursing mother, regardless of where she receives care. Located at Carle Foundation Hospital, and at clinics in Champaign and Urbana, the service includes 24/7 support where breastfeeding mothers can call and speak to a nurse. In 2016, staff responded to 5,604 calls for assistance, and had 9,879 inpatient visits, 1,441 outpatient visits to the in-hospital clinic, and 4,600 visits to the two Carle regional outpatient facilities.\*

Of the five lactation consultants at the BFC, all are Internationally Board Certified (IBLCLCs), and two completed the Evidence-Based Practice Scholar Program in 2016 and are currently working with Speech Therapy and Oral Surgery on developing best practice for the care and treatment of tongue-tied breastfeeding infants. The BFC also started an outpatient New Mother's Support Group that meets monthly, and one of the consultants began teaching the Breastfeeding Class for Carle's All About Baby Program, open to anyone regardless of where they receive care.

The Breastfeeding Clinic continued making progress toward achieving Baby-Friendly Hospital designation, preparing for a site visit in late 2017 or early 2018.

\*A visit is equal to 15 minutes with a lactation consultant, and not the total number of individuals served. Many mothers require 1-4 "visits" in a sitting.

#### **Language Assistance Services**

A robust language assistance program is provided for patients who have limited English proficiency or who are hearing impaired, at both the hospital and clinic locations. Covered by the Carle health system and within a "shared services" cost center, this total investment of \$265,688 in 2016 is not included in Carle Foundation Hospital's community benefit reporting.

### *Efforts to Address Access to Care in the Region*

Carle continued to provide board leadership and support to address access to care in the region. Within Coles County, that includes the following:

- Physician leadership on the Coles County Community Health Center FQHC Board of Governors
- Presence on the Regional Healthcare Coalition, a group providing resources for Emergency Services to address public health risks and incidents (paid in part by Carle Hoopeston Regional Health Center)
- Presence on the board for LifeLinks, a mental health services agency, in support of strengthening mental health services for adults and children in the region (also within Behavioral Health)

## **Behavioral Health**

Carle is working to improve access to behavioral health services by expanding its capacity and supporting community programs.

Carle Foundation Hospital will pursue these additional initiatives to improve behavioral health outcomes:

1. Recruit behavioral health providers to add capacity within the community
2. Support community behavioral/mental health services through donations and in-kind Board contributions
3. Support education and training of local providers
4. Support discussions with local behavioral health providers about expanding community access to their services

### *The Challenge of Addressing Behavioral Health*

As in other parts of the country, behavioral health services, in all forms, is a growing need in many communities in east-central Illinois. The challenges of managing behavioral health services are well-documented, including poor reimbursement, a limited pool of providers, and pent-up demand and complications from years of foregone treatment. These challenges result in significant inefficiencies in the broader health system.

Behavioral health presents, and even demands, an opportunity to pool resources and expertise to address the need. This is done through collaboration of providers, including Carle, its Rural Alliance partners and other organizations, payors, such as Health Alliance, and other potential stakeholders. A steering committee of physician and administrative leaders from Carle and Health Alliance will meet in 2017 to begin to evaluate community and organizational resources and needs, ultimately producing a report that outlines opportunities for improvement, investment and further investigation.

The Carle Behavioral Health planning group has developed areas of focus such as community partnerships to create high-performing networks of care across multiple organizations, addressing needs of patients admitted to Carle, care delivery models and understanding cost of care. Within each area, the group has drafted two to three recommended strategies. We are analyzing the impact these recommendations would have on value-based consumer populations, rural partners and improvement in access and financial sustainability.

### *Additional Behavioral Health Programming*

#### **Psychiatry Residency**

In 2016, a new Psychiatry Residency Program at the University of Illinois College of Medicine was accredited by the Accreditation Council for Graduate Medical Education.

Beginning in 2017, medical students who have received their doctor of medicine degree will begin training in general psychiatry. The psychiatric residents will treat patients under supervision from attending psychiatrists and medical school faculty.

The residency will offer in-depth training during the four-year general psychiatry program. Three partnering hospitals – Carle, Presence and VA in Danville – will provide training for the residents in multiple areas of psychiatry, including inpatient, addictions, geriatrics, outpatient, child, forensics, emergency and administrative psychiatry. Additionally, residents will have a multitude of research opportunities in collaboration with the Beckman Institute and the Department of Psychology through the University of Illinois.

This training program will graduate psychiatrists who will be more likely to settle and practice in the area, which has historically been difficult to recruit to.

The approval for a local psychiatry residency is a fantastic achievement and a testament to our collaboration with the University and partnering hospitals.

### **Preventing Drug Overdose with Narcan**

Heroin has continued to increase significantly in our region. In 2015, Carle began a partnership with the Champaign County Sheriff's Office to equip officers with Narcan, or naloxone, a drug that stops respiratory failure caused by opioids. The Sheriff's Office, which covers 1,000 square miles, often reaches victims faster than firefighters and paramedics. In a rural region, it's critical to get Narcan in the hands of both law enforcement and EMS to save lives and stop an overdose as it is happening.

In 2016, there were nearly 50 heroin overdoses in Champaign County; a third of which required emergency responders or family members to administer Narcan. Carle continued efforts to get this life-saving medication in the community, purchasing an additional \$581 of Narcan in 2016. Carle Regional EMS continued training local law enforcement on how to administer Narcan via a patient's nose; once to the Champaign County Sheriff's Office and three times to Urbana Police Department.

### **Behavioral Health Work Group**

As a part of the CHNA implementation plan, a Behavioral Health work group began to meet quarterly in 2016. The group developed two main goals: to promote education and awareness of mental health issues through community education, and to enhance emotional wellness by improving planning, community capacity and advocacy.

Since 2014, there has been a lot of progress towards these goals with the introduction of new programs and partnerships between organizations. In 2016, 36 Urbana Police officers completed a 40-hour Crisis Intervention Training, which helps create and sustain more effective interactions among law enforcement, mental health care providers, and individuals with mental illness. Another 188 officers in Champaign County were also trained in Mental Health First Aid.

The work group continued to partner with Community Elements – who merged with Rosecrance on July 1, 2016 – in providing Youth Mental Health First Aid to the schools, as well as placing Rosecrance counselors in local elementary schools.

## **Obesity**

Carle supports initiatives to reduce obesity by joining community partners to help those served live a healthier lifestyle through better nutrition and physical activity.

Carle Foundation Hospital will pursue these initiatives to reduce obesity levels:

1. Donations to support school-based programs
2. Donations to regional programs



3. Donations to community programs that encourage physical activity and nutritional education (i.e., The Land Connection – Champaign Farmer’s Market)

Specifically, Carle continues to support health improvement activities by funding programs including Champaign County Bikes’ new youth education trailer, Kirby Derby, and the Mahomet Area Youth Club half marathon.

### *Additional Obesity Programming*

#### **Girls on the Run**

Carle continued to support Girls on the Run (GOTR) East Central Illinois serving seven counties surrounding Coles County, as well as GOTR of Champaign County, which began in Champaign-Urbana in 2014 through a partnership with the Stephens Family YMCA. This international program has a mission to help young women become physically stronger and build their self-esteem, and recently was recognized as one of the National AfterSchool Association’s Most Influential in Health & Wellness.

In 2016, GOTR East Central Illinois served 328 young women at 26 different sites, with more than 2,150 coaches, family, and community members joining in for the bi-annual 5K. In Champaign County, GOTR served 320 girls at 14 different sites, and the bi-annual 5K has grown to nearly 800 participants annually.

#### **Prescription to Play**

As part of the CHNA implementation plan, a program called Play Rx was developed at Champaign Urbana Public Health District (CUPHD) in partnership with the Champaign Park District (CPD). Children who come to CUPHD for services and have a high Body Mass Index (BMI) are offered a “prescription” to any CPD physical activity program, free of charge. In 2016, 99 children among 94 families were served by Play Rx.

## **Violence**

Child Safety Programs and other activities which focus on reducing unintentional injury and accidental deaths:

#### **Interpersonal Violence Program**

This program focuses on reducing domestic violence, as well as training for Sexual Assault Nurse Examiners (SANE) and others who treat sexual assault and abuse victims. Carle has 10 nurses total working with sexual assault patients – four certified SANE nurses and six in clinical training – who assisted with 91 adult/adolescent and pediatric sexual assault patients this year. Carle is known as a resource and leader throughout the local community and the state in treating victims of assault. Notable 2016 accomplishments include:

- Trained Rape Crisis Center staff, University of Illinois and Parkland College nursing students; provided clinical rotations and classroom education; presented to EMS members
- Participated in the Illinois Hospital Association / Attorney General’s project to increase SANEs throughout Illinois
- Participated as a general committee and sub-committee member with the Illinois Coalition Against Sexual Assault (ICASA) to revise and impact new legislation in sexual assault law
- Organized and hosted a lecture on pediatric assault in December 2016, with a two-day seminar planned for March 2017
- Plans are underway to provide a follow-up clinic for pediatric sexual assaults as primary or referral patients

#### **Child Abuse Safety Team (CAST)**

The Child Abuse Safety Team (CAST) is a program dedicated to the safety of child abuse victims, led by a pediatric hospitalist. This physician expert is on call 24/7 to identify suspected abuse, ensure proper investigation and testing, and communicate with state and local agencies.

In 2016, the CAST program served 85 children. Since each patient has a unique set of circumstances, some cases may only require a 10-minute phone call, while others require hours of courtroom work and preparation. Overall, this program amounted to nearly \$60,000 in community benefit. To date, this initiative led by one physician champion has helped 365 children since launching in 2012.

### **Risk Watch**

A longstanding partnership between Carle and local police and fire departments, Risk Watch reached all elementary-aged children in Champaign-Urbana's public schools in 2016 – more than 10,000 children in all – by integrating the message into curriculum at these schools.

Risk Watch curriculum includes education about avoiding falls, choking, strangulation, suffocation and poisoning, and is taught by appropriate experts meeting Illinois State Learning Standards for prevention education at the elementary level. Carle experts reached 2,886 students in these topic areas, spending 21 hours in the classrooms of Champaign-Urbana.

This year, school social workers took on curriculum about abduction and inappropriate touching. Keeping the curriculum in the schools means staff are able to follow up and monitor progress if and when a student discloses an incident.

### **Playing It Safe**

In its 20<sup>th</sup> year of teaching children and parents how to prevent unintentional injuries, this free safety fair – co-sponsored with Safe Kids<sup>®</sup> Champaign County – involved nearly 50 interactive stations staffed by local agencies. Despite rainy conditions and a scaled-down event, nearly 500 children and parents attended.

### **Center for Rural Health and Farm Safety**

Carle formed the Center in 1991 after recognizing the need to provide education on agricultural safety and health to the farming community. Of more than 2,600 people trained in 2016, more than 2,000 were children. By reaching to the children – who are diverse in culture, race, as well as socioeconomic levels – this region sees fewer accidental injuries and deaths.

Other program accomplishments include:

- Reached 1,206 students through 18 rural school programs. Topics included tractor rollovers, grain entrapments, Farm Family Emergency Response, ATV, bike, animal, chemical and food safety, and more.
- Coordinated Progressive Ag Safety Days<sup>®</sup> in Champaign, Vermilion, Piatt and Ford Counties, reaching 611 children and 35 adults
- Certified 30 people in CPR and first aid
- Provided Agricultural Emergency Response training to 171 first responders
- Placed Emergency Action Tubes on an additional 10 farms in 2016, bringing the number of protected farmsteads to 135 since the program started at Carle in 2012. These sealed cylinders contain a detailed map of the farm, helping protect farmsteads and aid emergency responders.

All programs remain free to those in Carle's service area.

### **Continued Community Support**

There are a host of other programs identified in earlier years that have been clearly answering the needs of our community which Carle continues to stand behind, support and monitor.

In addition to maintaining the Carle Financial Assistance Program and unreimbursed costs of Medicaid and Medicare, we continue to focus on the additional major categories of existing, identified health needs that Carle has consistently addressed over the years:

*Subsidized Health Services Initiated and Maintained to Improve the Health of the Community*

- AirLife
- Carle Auditory Oral School
- ECHO (Expanding Children’s Hearing Opportunities; Pediatric Hearing Services)
- Home Health services
- Hospice
- Neonatal Intensive Care Unit
- Patient Advisory Nurse
- Pulmonary Rehabilitation

*Funding Community Programs*

This represents a significant portion of financial, in-kind and leadership support to health and human service organizations with similar and compatible missions.

More than 100 community organizations received support in 2016, including:

- Alzheimer’s Association
- American Red Cross, Central Illinois Chapter
- Champaign County Health Care Consumers
- Champaign County CASA (Court Appointed Special Advocates for Children)
- Champaign County Mental Health Board
- Champaign-Urbana Public Health District
- Children’s Advocacy Center
- Courage Connection
- Crisis Nursery
- Cunningham Children’s Home
- Developmental Services Center
- Don Moyer Boys and Girls Club
- Eastern Illinois Food Bank
- Family Service of Champaign County
- Parkland College Foundation
- United Way

*Carle/Salvation Army Toy Drive*

For the 32<sup>nd</sup> year, Carle was a primary sponsor of this annual event, in partnership with WHMS/WDWS/WKIO radio. We gathered 2,585 toys and \$4,614 in monetary donations that were distributed to Champaign County families in need by Salvation Army.

*United Way*

Carle has remained among the top supporters of United Way for many years by matching employee contributions, providing in-kind donations and supporting various projects that align with our mission and community benefit plan.

- \$118,029: Carle’s annual workplace campaign, including a \$115,010 corporate match to employee contributions, were distributed to United Way communities in Champaign, Coles, Douglas, Iroquois, Kankakee, Macon, McLean, Moultrie, Peoria, Vermilion and surrounding counties. Carle employees donated more than \$242,000 to the campaign. When requested, employee donations were directed to counties where they reside. Total also includes campaign-related expenses and incentives.
- \$2,938: In-kind donations, including board leadership time, cash donations and other miscellaneous United Way program support

### *Health Professions Education/Workforce Development*

Through a variety of activities including significant donations, scholarship programs, and physician, nurse and allied health education, more than \$10 million was invested in programs that address community-wide workforce and education issues, strengthening the training and availability of professionals to care for our communities' healthcare needs now and in the future.

In 2016, the most significant contributions went towards:

- Graduate Medical Education: Maintaining three medical residency programs – Oral and Maxillofacial Surgery, Family Medicine, and General Surgery – and serving as a clinical site for the University of Illinois' Internal Medicine Residency. In 2016, there were 50 residents practicing on Carle's campus.
- Continuing Medical Education programs for regional providers who are not members of the Carle Foundation Hospital medical staff, including Carle Foundation Day.
- Support of the University of Illinois College of Medicine at Urbana-Champaign, with monies earmarked for the MD/PhD program.

### *Research*

Carle Foundation Hospital continues to grow its research program to serve the needs of the community and advance the translation of new discoveries into clinical solutions. Carle works with industry sponsors, federal agencies, foundations and start-up companies on a variety of clinical topics including cancer, neurosciences, digestive health, maternal child health, heart and vascular disease, sports medicine, ophthalmology and hearing disorders.

In 2016, Carle expanded clinical trials into the Heart and Vascular Institute and Sports Medicine. In addition, the ophthalmology clinical trial program was recognized by the Diabetic Retinopathy Clinical Research Network as a top-performing site for quality. Investigator-initiated clinical research continues to grow through programs such as the Carle Illinois Collaborative Research program and the Carle Clinical Research funding program. Through these programs, more than 10 new projects were awarded funding for 2017 to research topics related to epilepsy, cancer, dementia and traumatic brain injury.

Also in 2016, Carle received a lead gift from Rick and Jeanene Stephens to establish the Stephens Family Clinical Research Institute. The mission of the Institute is to support, nurture, test and apply new discoveries that address today's critical healthcare challenges. The funding expands the mission of Carle's existing research and will help Carle develop an even higher level of investigator-driven clinical research capabilities needed to support the Carle Illinois College of Medicine.

Six Carle/University of Illinois collaborative projects commenced in 2016:

- Microstructural biomarkers of neurodegeneration in mild traumatic brain injury
- Biochemical and electrophysiological analyses to identify the early biomarkers and pathogenic mechanisms for human temporal lobe epilepsy
- Understanding cognitive outcomes of strokes using rhythms of the brain
- Automated fall risk assessment in high-risk older adults
- Intestinal microbiota development in relation to nutritional status in preterm infants
- Personalized absorbable gastrointestinal stents for intestinal fistulae and perforations

Other research highlights include:

- Ophthalmology: Leanne Labriola, OD and UI professor Dipanjan Pan launched a start-up company to develop their point-of-care medical device that non-invasively detects penetrating eye injuries. Their company received federal funding to support their development work and to fund patient-based research studies at Carle.

- **Cancer Research:** The Cancer Scholars in Translational Research, C-STAR, which launched in 2015, is already providing value for Carle, the University of Illinois (UIUC) and the community. UIUC received a National Institutes of Health training grant that will support two additional C-STAR students to study the tumor microenvironment. Two C-STAR projects were renewed and five additional projects were started in 2016. Two groups published articles in high-profile peer-reviewed journals. One C-STAR scholar received prestigious NCI postdoctoral award.

In 2016, Carle clinicians authored 44 publications in peer-reviewed journals; double the amount produced in 2015. At the end of 2016, more than 225 studies were underway.

### *Emergency Management*

Emergency Management continued to be a priority of Carle Foundation Hospital, and initiatives in this area include training the facility and the community, leadership in planning community-wide responses to various scenarios, and state-level leadership for the 21-county Regional Hospital Coordinating Center region. Our focus is to prepare our hospital and surrounding regional hospitals to be ready to respond to any natural disaster, pandemic or act of terrorism.

Carle continued preparations to address Ebola Virus needs in collaboration with local, county, state and federal agencies, including preparations to treat any person who might be carrying the Ebola Virus or any other highly-contagious disease. In 2015, Carle built a two-person isolation suite to house Ebola patients away from the general hospital population. A dedicated Ebola care team trained and drilled for potential Ebola scenarios several times throughout 2016, accounting for more than \$25,000 of in-kind services and supplies devoted to Ebola Virus training and preparation. Carle is currently an IDPH-designated Ebola Assessment Center with plans to become the state's downstate Ebola Treatment Center.

Previously, Carle had directly received an ASPR grant to put towards regional projects for emergency management within the community. For the past two years, those extra funds have been considered "regional coalition funds," and are overseen by the Emergency Management Director for use in the region.

In 2016, Carle oversaw the allocation of more than \$149,000 of grant funds to community benefit programming in the region, including:

- **\$27,200:** Active shooter awareness and training, including \$20,000 for bleeding control kits for all schools in Region Six (per Region Six Trauma Committee), \$5,200 for bleeding control training kits, and \$2,000 for the one-day active shooter awareness course to local and regional businesses, schools, EMS and hospitals
- **\$23,000:** Expired Powered Air-Purifying Respirator (PAPR) hoods for regional hospitals
- **\$12,000:** Evacuation devices for regional hospitals
- **\$6,000:** Supplies and equipment for a mobile mass medical dispensing trailer (per Iroquois County Public Health Department)
- **\$800:** CDC workshop on emergency preparedness and the law

## **Populations and Communities Served**

Carle's service area is generally defined as east central Illinois, including all or parts of more than 25 counties in east central Illinois and western Indiana.

For the Community Benefit Implementation plan, research and remedies are directed towards community health issues identified in our primary service area, with the focus on Champaign County. This represents our headquarters and other counties where Carle has a thriving presence. Our reach extends into 14 adjoining, rural Illinois counties. These areas comprise nearly 50% of the Carle service area's population of about 1.3 million residents.

Pockets of extreme poverty exist throughout this region. The programs within our community benefit plan generally have impact upon all the targeted communities, with certain programs directed at specific populations. A greater proportion of resources will be allocated in Champaign County, followed by Coles and Vermilion counties, where our community benefit program has long been established.

Carle Foundation Hospital serves as the region's only Level I Trauma Center and Level III Neonatal Intensive Care Unit. As provider of the region's perinatal services, Carle provides care to patients who live throughout the geographic area extending from Kankakee in the north to the southern-most tip of Illinois, and spanning from as far west as Decatur and east into western Indiana. For the purposes of the Carle Financial Assistance Program, coverage encompasses this entire region – 40 counties in Illinois and Indiana.

## **Dates Adopted/Approved**

Carle's Community Benefit Plan is driven by a three-year corporate strategic plan, 2014-16, which was fully approved by The Carle Foundation Board of Trustees on December 12, 2014. The underlying long-term goals of the strategic plan include quality improvement, customer service improvement, enhanced physician relationships, expanding research, and financial/mission stewardship.

Acknowledging the need for local and regional research and prompted by the mandate of the Patient Protection and Affordable Care Act, Carle conducted a community health needs assessments in 2014 in collaboration with Presence Covenant Medical Center, Champaign County Public Health District, Champaign County Regional Planning Commission, and United Way. Fresh research was conducted by the public health departments of Champaign County.

We use community data, informal discussions and community health needs assessments to determine if existing programs are on track: what needs to be added, deleted or enhanced; and where our focus needs to be placed as we planned our community benefit programming.

We use the Healthy Communities Institute web application that shares health indicators for Champaign, Coles and Vermilion counties. Available to the public on [carle.org](http://carle.org), this information informs our community benefit planning.



**Policy Number AD300**

<b>Subject</b>	Carle Financial Assistance Program		
<b>Category / Section</b>	Administration / Finance		
<b>Owner</b>	Manager – Self Pay Receivables Management		
<b>Stakeholder/ Reviewer(s)</b>	Director of Patient Financial Services; VP of Revenue Cycle Operations		
<b>Effective Date</b>	04/10	<b>Review Frequency</b>	Every 3 years
<b>Review Date</b>	09/01/11; 03/26/14		
<b>Revision Date</b>	09/01/11; 03/26/14; 12/28/15		

<b>Scope of Policy (applies to entities marked below)</b>					
	All Carle Locations		Caring Place, The	X	SurgiCenter, LLC - Champaign
X	Carle Hospital		Health Alliance	X	SurgiCenter - Danville
X	Carle Physician Group	X	Home Care	X	SurgiCenter Recovery Centers
X	Carle Foundation Physician Services	X	Home Infusion	X	Therapy Services
	AirLife		Hoopeston Regional Health Center	X	Therapy Services - MTCH
X	Arrow Ambulance	X	Hospice		Windsor Court
	Auditory Oral School	X	Carle Medical Supply		Windsor of Savoy
X	Cancer Center/Mills Breast Cancer Institute		Risk Management Company		
<b>Scope Exclusions – See non participation listing at Carle.org/FinancialAssistance</b>					
X	Life Watch	X	Quest Diagnostics	X	Christie Clinic LLC Providers
X	Provena Providers	X	All other third party providers		

**Purpose**

- A. To identify and assist those patients who are uninsured or underinsured and who are financially eligible to receive discounts for specified medical expenses through the Carle Financial Assistance Program. Carle will consider each patient's ability to contribute to the cost of his or her care received and the financial ability of Carle to provide discounts for the care provided.
- B. All care rendered by an eligible Carle Foundation entity (Carle) may be considered through the Carle Financial Assistance Program. Eligible entities are identified above.

**Definitions**

- A. **Family/Household Size** - includes those dependents listed on tax returns, divorce decree, or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), "a taxpayer's family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides that a taxpayer's dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the taxpayer's family."
- B. **Resident** – a person who lives in the state of Illinois and who intends to remain living within Illinois indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.
- C. **Underinsured** - a person without insurance benefits for services provided due to exclusions of coverage by the insurance provider. This does not apply to those circumventing insurance restriction or specification or out-of-network services.
- D. **Generally accepted standards of medical practice:**
  - 1. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;

2. Physician Specialty Society recommendations;
  3. The views of physicians practicing in the relevant clinical area; and
  4. Any other relevant factors.
- E. **Uninsured patient** - a person who is a patient and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers compensation, accident liability insurance or other third party liability.
- F. **Experian Information Solutions, Inc. (Experian)** – is a third party vendor that uses proprietary data analytics to provide unique information related to patients for the purpose of financial assistance and recovery of patient debt.

**Statement of Policy**

- A. Any patient or responsible party may apply for the Carle Financial Assistance Program, regardless of insurance coverage. Patients may apply for the Carle Financial Assistance Program at any time, including before care is received. If approved, the patient is eligible for 12 months from the date of approval.
- B. Certain identified patient populations are presumptively eligible for the Carle Financial Assistance Program. Further detailed information is contained within the Presumptive Eligibility Policy - AD355.
- C. Carle desires that:
1. All patients be aware of the Carle Financial Assistance Program and all other financial assistance available at Carle;
  2. For those patients who are eligible to be identified as early in the care, treatment and billing process as possible; and
  3. That the process is as simple as possible for the patient.
- D. An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, Carle staff or designee will use a screening checklist to assist in determining if the patient would qualify for government assistance.
1. Failure by a patient or responsible party to complete the government program application process and/or failure to cooperate during the application process will result in an automatic denial of financial assistance.
  2. If the patient applies for government assistance, documentation of the determination from the government program is required for reprocessing of the Carle Financial Assistance Program application.
  3. Patients who have a third party payment source that will reimburse more than the government program reimbursement will be excluded from the requirement of applying for government assistance.
- E. Patients who may be eligible for certain third party assistance programs (i.e. Pharmatek) must cooperate with program requirements to maintain eligibility within the Carle Financial Assistance Program.
- F. The Carle Financial Assistance Program discount amount is dependent on the applicant's household income and family size compared to the currently published Federal Poverty Level guidelines at the time of application.

CFAP Program Guidelines	Federal Poverty Level			
	≤ 200%	201 - 300%	≤ 400%	≤ 600%
Carle Financial Assistance Program	100% Discount	50% Discount	Yearly expenses capped at 40% of gross annual income.	N/A
Illinois Uninsured Hospital Patient Discount Program (Carle Foundation Hospital)	Limits patient's Carle medical expenses to 25% of the household's gross annual income. See policy AD346 for additional information.			

1. Consideration for the Carle Financial Assistance Program may occur through the following methods:
  - a. Presumptively through Financial Assistance Screening:
    - Carle will use Experian to identify those patients who may be presumptively eligible for Carle Financial Assistance Program at the 100% discount level.
  - b. Completing a financial assistance application and returning with required documentation. If a patient has questions regarding the application process, they can visit [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance) or contact Carle at (888) 71-CARLE or (217) 326-3099.



- Applications are to be fully completed, signed, and returned with required documentation to:
    - Carle Financial Assistance Program
    - PO Box 6004
    - Urbana, IL 61802-6004
  - Income eligibility will be based on the most current published Federal Poverty Guidelines.
    - Prior year's Federal Tax Return showing all household members and their adjusted gross income.
    - If the guarantor/patient did not file taxes, proof of prior year's income may consist of:
      - \* W2 from all jobs held
      - \* Self-employment income and expenses
      - \* Unemployment compensation
      - \* 1099 forms for the following types of income:
        1. Social Security
        2. Social Security Disability
        3. Veteran's pension
        4. Veteran's disability
        5. Private disability
        6. Worker's compensation
        7. Retirement Income
      - \* Child support, alimony or other spousal support
      - \* Other miscellaneous income sources.
    - If none of the above documents can be supplied, a written statement describing current household size and financial situation.
2. Patients who receive a determination of either an approval or denial under the Carle Financial Assistance Program may reapply after six (6) months from the date of original application signature in the event there are substantial or unforeseen material changes in their financial situation. In the case of extraordinary circumstances, an application may be submitted prior to the six (6) month limitation.
  3. Applicants may appeal the application determination by sending a written appeal to the Manager of Self Pay Receivables Management. Further appeals may be directed to the Director of Patient Financial Services, may be escalated to either the Vice President of Revenue Cycle Operations or the Chief Financial Officer and ultimately to the Community Care Review Committee.
  4. Translated copies of all Carle Financial Assistance Program materials are available in Spanish at [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance) or by request to Carle representatives at [FinancialAssistance@Carle.com](mailto:FinancialAssistance@Carle.com) or by phone at (888) 71-CARLE.
- G. The Carle Financial Assistance Program discount will apply to the residual patient balances after all other payments from sources such as Medicare, insurance companies, third party legal settlements, and/or patient funds are received and posted.
1. Patients who purposefully circumvent insurance requirements (i.e. waiting periods, preauthorization, etc.) may be held responsible for the billable services and not receive any discounts on services.
  2. Patients, who knowingly provide untrue information on the application for financial assistance will be ineligible for financial assistance. Any financial assistance granted will be reversed, and the patient will be held responsible for the billable services.
  3. Non-emergent, out-of-network care including out-of-state Medicaid that would be paid by the patient's insurance company elsewhere will not be eligible for the Carle Financial Assistance Program because the patients have the opportunity to have their healthcare needs met at a participating provider.
  4. Emergent out-of-network care for those who qualify will be eligible under the Carle Financial Assistance Program policy guidelines after all other payment sources have been exhausted (i.e. Personal Care HMO and Blue Cross Blue Shield for services at Carle Physician Group).
  5. Emergent out-of-state Medicaid patients are not required to complete the Carle Financial Assistance Program application process. They will be approved for a one time discount as eligible under the Carle Financial Assistance Program after proof of coverage is provided and all other payment sources have been exhausted.

- H. Discount will apply to any patient responsible balance retroactively, including those that have been referred to a collection agency if court costs have not yet been incurred. However, an application for government assistance may be requested as stated in C1.
  - 1. Carle will not file collection suit liens on a primary residence.
  - 2. Carle will not authorize body attachments for purposes of medical debt collection.
- I. Carle will utilize the Centers for Medicare and Medicaid Services coverage guidelines when determining services that qualify for the Carle Financial Assistance Program.
  - 1. Coverage will apply to health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms;
  - 2. In accordance with the generally accepted standards of medical practice;
  - 3. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
  - 4. Not primarily for the convenience of the patient, family or physician and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
- J. Carle Financial Assistant Program will not cover cosmetic, elective or non-medical retail services (see attached reference list).
- K. Amounts Generally Billed (AGB) to Carle Financial Assistance Program participants will be determined by Medicare fee-for-service together with all private health insurers, during a prior 12-month period.
  - 1. AGB determined through calculations of sum of all payments plus the sum of all bad debt and charity care adjustments divided by the sum of all charges in the time frame.
  - 2. Time frame included in method is for October 1 through September 30 of the prior calendar year.
- L. Patients who have been approved for the Carle Financial Assistance Program may re-apply annually from the date of original application approval. Carle Foundation will attempt to notify patients by mail 90 days before the current termination date of eligibility in the Carle Financial Assistance Program.

#### **Procedure**

- A. Patients with financial concerns should be identified by Carle personnel as soon as possible in the registration, care, treatment or billing process.
  - 1. A referral to Social Services, other pertinent staff or directly to a government program should be completed in order to obtain a determination of eligibility for Public Assistance.
    - a. Patients who fail to cooperate with the government program during the application process will automatically be denied for the Carle Financial Assistance Program.
    - b. If the patient does not meet the eligibility criteria for a government program or if they have a spend-down, they may be eligible for a Carle Financial Assistance Program discount.
  - 2. Patients are encouraged to apply for the Carle Financial Assistance Program within 60 days after discharge or provision of service. The application for the Carle Financial Assistance Program will be available on the Carle website [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance), in all registration areas, the Patient Financial Services offices, Cashier areas and Social Services.
  - 3. Upon receipt of the Carle Financial Assistance Program application by Self Pay Receivables Management staff, EPIC Prelude and Resolute systems will be noted:
    - a. All collection activity will be held until the application processing is completed.
    - b. Application and supporting documentation will be scanned into OnBase and the paper copies destroyed.
    - c. Applicant will be notified of any missing documentation.
    - d. If the missing documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates billing will commence.
  - 4. The completed application should include:
    - a. A fully filled in application with verification of the number of family/household members;
    - b. Signature of the applicant; and
    - c. Prior year's tax return or other income verification for all wage earners in the family/household.
      - Parents' income will be used to determine financial eligibility for students who are over age 18 but still claimed as dependents for their parents' income tax purposes.
- B. When the application has been processed and the determination is made, a record of each application and associated documentation will be maintained by fiscal year.

1. Applications received prior to April 23, 2013 are maintained in paper form and warehoused.
  2. Applications received on or after April 23, 2013 are maintained electronically within OnBase.
- C. All efforts will be made to send written determination to the applicant within 30 working days of receipt of the completed application. If the application is approved, the patient's account will be adjusted as soon as possible thereafter to reflect the discount.
- D. Patients who qualify for a partial discount of the balance will be required to pay the remainder due, as with other private pay accounts. Balances billed to a Carle Financial Assistance Program participant will not exceed amounts generally billed to other patients. See the [Payment Policy - AD335](#) and [Self-Pay Billing and Collections – AD336](#).
- E. When Carle Foundation receives an application for the Financial Assistance Program that indicates treatment at any applicable Carle Foundation facility, the application, verification and determination will be applied to all other applicable Carle businesses.
- F. Information related to the Carle Financial Assistance Program will be regularly reported to the Director of Patient Financial Services and the Vice President of Revenue Cycle Operations including:
1. Adjustments
  2. Number of paper applications received
  3. Approvals
  4. Denials
  5. Backlogs
  6. Quality assurance measures

#### **Attachments**

Plain Language Summary  
Non-Participating Provider List

#### **Other Related Links**

[Carle HRHC Financial Assistance Program – AD337](#)  
[CFAP Limited and Non Covered Service Listing – AD300B](#)  
[CFAP Area Homeless Shelters – AD300C](#)  
[Presumptive Eligibility for Financial Assistance – AD 355](#)  
[IL Hospital Uninsured Patient Discount Program – AD 346](#)  
[Self Pay Billing and Collections – AD336](#)  
[Payment Policy – AD 335](#)

#### **References**

210 ILCS 88/27 – Fair Patient Billing Act (Illinois Public Act 96-965)  
210 ILCS 89 – Hospital Uninsured Patient Discount Act  
[79 FR 78953 – Federal Register, Department of the Treasury \(IRS 501r Rules and Regulations\)](#)

#### **Electronic Approval on File**

Dennis Hesch  
Executive Vice President/Chief Financial Officer



**Policy AD346**

<b>Subject</b>	IL Hospital Uninsured Patient Discount Program		
<b>Category / Section</b>	Administration / Finance		
<b>Owner</b>	Manager – Self Pay Receivables Management		
<b>Stakeholder/ Reviewer(s)</b>	Director of Patient Financial Services; VP of Revenue Cycle Operations		
<b>Effective Date</b>	01/26/12	<b>Review Frequency</b>	3 years
<b>Review Date</b>	04/01/14		
<b>Revision Date</b>	04/01/14, 12/28/15		

**Scope of Policy (applies to entities marked below)**

	All Carle Locations	Caring Place, The	SurgiCenter, LLC - Champaign
X	Carle Hospital	Health Alliance	SurgiCenter - Danville
	Carle Physician Group	Home Care	SurgiCenter Recovery Centers
	Carle Foundation Physician Services	Home Infusion	Therapy Services
	Arrow Ambulance	Hospice	Therapy Services - MTCH
	Auditory Oral School	Medical Supply & Arabella Boutique	Windsor Court
	Cancer Center/Mills Breast Cancer Institute	Risk Management Company	Windsor of Savoy
X	Carle Hoopeson Regional Health Center		

**Scope Exclusions**

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**Purpose**

- A. To identify and assist those patients who are uninsured and who are financially eligible to receive discounts for specified medical expenses through the State of IL Hospital Uninsured Patient Discount Act (IL Public Act 095-0965).
- B. Coverage is limited to services provided and billed by the Carle Foundation Hospital and Carle Hoopeson Regional Health Center's hospital, both licensed under the Health Facilities and Regulation (210 ILCS 85/) Hospital Licensing Act.

**Definitions**

- A. **Generally accepted standards of medical practice:**
  - 1. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
  - 2. Physician Specialty Society recommendations;
  - 3. The views of physicians practicing in the relevant clinical area; and
  - 4. Any other relevant factors.
- B. **Family/Household Size** – includes those dependents listed on tax returns, divorce decree, or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), "a taxpayer's family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides that a taxpayer's dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the taxpayer's family."
- C. **Resident** – a person who lives in the state of IL and who intends to remain living within IL indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.

- D. **Uninsured patient** – a resident who is a patient and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers compensation, accident liability insurance or other third party liability.

**Statement of Policy**

- A. Any uninsured patient who is a resident may apply for the IL Hospital Uninsured Patient Discount Program.
- B. Certain identified patient populations are presumptively eligible for Carle Financial Assistance Program and do not need to apply for the IL Hospital Uninsured Patient Discount Program. Further detailed information is contained within the Presumptive Eligibility Policy - AD355.
- C. Carle desires that:
1. All patients be aware of the IL Hospital Uninsured Patient Discount Program and all other financial assistance available at Carle;
  2. For those patients who are eligible to be identified as early in the care, treatment and billing process as possible; and
  3. That the process is as simple as possible for the patient while still adhering to the regulations set forth in the State of IL Hospital Uninsured Patient Discount Act (IL Public Act 095-0965).
- D. An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, Carle staff or designee will use a screening checklist to assist in determining if the patient would qualify for government assistance.
1. Failure by a patient or responsible party to complete the government program application process and/or failure to cooperate during the application process will result in an automatic denial of financial assistance.
  2. If the patient applies for government assistance, documentation of the determination from the government program is required for reprocessing of the financial assistance application.
- E. Patients who may be eligible for certain third party assistance programs (i.e. Pharmatek) must cooperate with program requirements to maintain eligibility within the IL Hospital Uninsured Patient Discount Program.
- F. The IL Hospital Uninsured Patient Discount amount is dependent on the applicant's household gross annual income and family size compared to the published Federal Poverty Level guidelines at the time of application and the facility where the services were performed. Carle staff will determine if another financial assistance program would result in lower out-of-pocket expenses to the guarantor/patient.
1. For services performed and billed by the Carle Foundation Hospital, the household income cannot exceed 600% of the Federal Poverty Level.
  2. For services performed and billed by the Carle Hoopeson Regional Health Center, the household income cannot exceed 300% of the Federal Poverty Level.

Hospital	FPL ≤300%	FPL ≤ 600%
IL Uninsured Hospital Patient Discount Program (Carle Foundation Hospital)	May qualify for assistance.	
IL Uninsured Hospital Patient Discount Program (Carle Hoopeson Regional Health Care)	May qualify for assistance.	N/A

3. To apply for the IL Hospital Uninsured Patient Discount Program, the guarantor or patient must complete and submit a signed Carle Financial Assistance application with required documentation.
  - a. Applications are to be fully completed, signed and returned with verification documentation of IL residency and income to:
    - Carle Financial Assistance Program
    - PO Box 6004
    - Urbana IL 61803-6004
  - b. Residency verification documentation:
    - Any document within the income verification listing with a preprinted address
    - Valid state-issued identification card
    - Recent (last 60 days) residential utility bill
    - Valid lease agreement
    - Current vehicle registration card
    - Voter registration card
    - Mail addressed to patient at an IL address from a government office

- Statement from a family member that the patient resides at the same address with one of the above residency verifications.
- c. Required income documentation.
- Income eligibility will be based on the most current published Federal Poverty Guidelines.
    - Prior year's Federal Tax Return showing all household members and their adjusted gross income.
    - If the guarantor/patient did not file taxes, proof of prior year's income may consist of:
      - \* W2 from all jobs held
      - \* Self-employment income and expenses
      - \* Unemployment compensation
      - \* 1099 forms for the following types of income:
        1. Social Security
        2. Social Security Disability
        3. Veterans pension
        4. Veterans disability
        5. Private disability
        6. Workers compensation
        7. Retirement Income
      - \* Child support, alimony or other spousal support
      - \* Other miscellaneous income sources.
    - If none of the above documents can be supplied, a written statement advising current household size and financial situation must be supplied.
- G. The IL Hospital Uninsured Patient Discount amount is determined from the most recently filed Medicare cost report for the hospital where the medical services were provided. Charges are multiplied by 1.0 less the product of the cost to charge ratio multiplied by 1.35.
- H. If approved for the IL Hospital Uninsured Patient Discount Program, the patient's out of pocket expenses in a 12 month period will be capped at 25% of the household's adjusted gross income (less child support payments).
1. The cap does not coordinate with other hospitals outside of the Carle organization.
  2. The patient is responsible for notifying Carle's Patient Financial Services office when their expenses might be close to exceeding this cap.
- I. IL Hospital Uninsured Patient Discount Program is only for uninsured patients as defined within the Act. If a patient is found to have insurance, their application will be reviewed for other financial assistance programs that may be beneficial for the patient.
- J. Patients must apply for the IL Hospital Uninsured Patient Discount Program within 60 days of date of discharge or provision of service. If approved, the patient is eligible for discounts for 12 months from date of approval.
- K. Only billed encounters exceeding \$300.00 are eligible for the discount.
- L. Medical care that does not meet the generally accepted standards of medical practice as defined by the act and the Centers for Medicare and Medicaid Services is excluded from the IL Hospital Uninsured Patient Discount Program discounts.

#### **Procedure**

- A. Patients who may have financial challenges should be identified by Carle personnel as soon as possible in the registration, care, treatment and billing process.
1. A referral to Social Services, other pertinent staff or directly to a government program should be completed in order to obtain a determination of eligibility for Public Assistance. Patients who fail to cooperate with the government program during the application process will automatically be denied for the IL Hospital Uninsured Patient Discount Program. If the patient does not meet the eligibility criteria for a government program, they may still be eligible for the IL Hospital Uninsured Patient Discount Program.
  2. Patients are required to apply for the IL Hospital Uninsured Patient Discount Program within 60 days after discharge or provision of service. The application for financial assistance will be available on the Carle website [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance), all registration areas, the Patient Financial Services offices, Cashier areas and Social Services.
  3. Upon receipt of the financial assistance application by Self Pay Receivables Management staff, EPIC Prelude and Resolute systems will be noted.
    - a. All collection activity will be held until processing is completed.
    - b. Application and supporting documentation will be scanned into OnBase and the paper copies destroyed.

- c. Applicant will be notified of any missing documentation.
  - d. If the missing documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates billing will commence and that they may apply under the Carle Financial Assistance Program – AD300.
4. The completed application should include:
- a. Application with all information completed and signed by the guarantor/patient.
  - b. Income verification.
    - Parents' income will be used to determine financial eligibility for students who are over age 18 but still claimed as dependents for their parents' income tax purposes.
  - c. IL residency verification.
  - d. The patient or responsible party must provide verification of the number of family/household members.
- B. When the application has been processed and the determination is made, a record of each application and associated documentation will be maintained by fiscal year.
- 1. Applications received prior to April 23, 2013 are maintained by paper and warehoused.
  - 2. Applications received on or after April 23, 2013 are maintained electronically within OnBase.
- C. Applications for the IL Hospital Uninsured Patient Discount Program will be reviewed to determine if the patient would qualify for a higher discount utilizing the Carle Financial Assistance Program.
- D. All efforts will be made to send written determination to the applicant within 30 working days of receipt of the completed application. If the application is approved, the patient's account will be adjusted as soon as possible thereafter to reflect the discount.
- E. Patients who qualify for a partial discount of the balance will be required to pay the remainder due. See the Payment Policy-AD335.
- F. Information related to the IL Hospital Uninsured Patient Discount adjustments will be regularly reported to the Director of Patient Financial Services and the Vice President of Revenue Cycle Operations
- 1. Adjustments
  - 2. Number of paper applications received
  - 3. Approvals
  - 4. Denials
  - 5. Backlogs
  - 6. Quality assurance measures

**Attachments**

N/A

**Other Related Links**

- Carle Financial Assistance Program – AD300
- Carle HRHC Financial Assistance Program – AD337
- CFAP Limited and Non Covered Service Listing – AD300B
- CFAP Area Homeless Shelters – AD300C
- Presumptive Eligibility for Financial Assistance – AD 355
- Self Pay Billing and Collections – AD336
- Payment Policy – AD 335

**References**

- 210 ILCS 88/27 – Fair Patient Billing Act (IL Public Act 96-965)
- 210 ILCS 89 – Hospital Uninsured Patient Discount Act
- 79 FR 78953 – Federal Register, Department of the Treasury (IRS 501r Rules and Regulations)

**Electronic Approval**

Dennis Hesch  
 Executive Vice President/Chief Financial Officer

<u>Category/Program Title</u>	<u>Benefit</u>
<b>Community Building Activities (F)</b>	
<b>Economic Development (F2)</b> Economic Development	66,224
<b>Community Support (F3)</b> Disaster Readiness	48,422
<b>Community Health Improvement Advocacy (F7)</b> Advocacy for Access to Healthcare	4,676
<b>Workforce Development (F8)</b> Health Career Programs Mentoring Programs and Job Shadowing	95,978
<b>Community Benefit Operations (G)</b>	
<b>Community Needs/Health Assets Assessment (G2)</b> Community Health Needs Assessment	23,480
<b>Other Resources (G3)</b> Salvation Army Toy Drive	5,864
<b>OTHER COMMUNITY BENEFITS – Grand Total</b>	<b>\$244,644</b>



## Charity Care Information

Charity care figures for Carle Foundation Hospital for the latest three audited fiscal years are provided in the table below:

### Carle Foundation Hospital

Charity Care				
		2014	2015	2016
1	Net Patient Revenue	\$667,577,000	\$724,456,000	\$723,353,000
2	Amount of Charity Care (charges)	\$118,978,293	\$103,634,938	\$96,109,671
3	Cost of Charity Care	\$23,678,654	\$20,180,164	\$17,876,187
4	Ratio of the cost of Charity Care to Net Patient Revenue	3.5%	2.8%	2.5%

### **Physician Letter**

Required documentation of anticipated physician referrals is found in the Appendix of this application. It demonstrates the Carle Physician Group commitment to send Colon & Rectal Surgery, Plastic Surgery, Urology and Interventional Radiology cases to Carle SurgiCenter: Danville based on its historical volumes at Carle Foundation Hospital and Champaign SurgiCenter.



611 West Park Street, Urbana, IL 61801-2595

Kathryn J. Olson, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Ms. Olson:

I am writing on behalf of Carle Physician Group, a multi-specialty medical group with over 400 physicians representing more than 80 specialties in 14 communities across central Illinois. Carle Physician Group is affiliated with Carle SurgiCenter: Danville through common ownership by The Carle Foundation. Carle Physician Group supports the proposed addition of surgical specialties at Carle SurgiCenter: Danville and is submitting this letter to verify the anticipated referrals that certain of its physicians will send to Carle SurgiCenter: Danville.

Over the past 12 months (March 1, 2017 to February 28, 2018), Carle physicians practicing in the proposed specialties as delineated on Attachment- 1 performed a total of 4,228 outpatient surgical procedures. With the addition of these specialties, I expect Carle Physician Group volumes to be performed at Carle SurgiCenter: Danville as detailed in Attachment – 1.

A list of the zip codes of residence for the associated patients treated within the last 12 months is attached at Attachment – 2.

Projected patient volume shall primarily come from the geographic service area of Carle SurgiCenter: Danville. The anticipated volumes represented in Attachment- 1 have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

Carle Physician Group supports the proposed addition of specialties at Carle SurgiCenter in Danville.

Sincerely,

James C. Leonard, M.D.  
President and CEO

Subscribed and sworn to me  
This 25 day of April, 2018

  
Notary Public



611 West Park Street, Urbana, IL 61801-2595

**ATTACHMENT - 1**

<b>Physician Name</b>	<b>Physician Specialty</b>	<b>Historical Cases At Carle Foundation Hospital (Outpatient Procedures 3/1/17-2/28/18)</b>	<b>Historical Cases At Champaign SurgiCenter (3/1/17-2/28/18)</b>	<b>Annual Projected Carle Physician Group Cases At Carle SurgiCenter: Danville After Expansion</b>
Tender, Paul M	Colon & Rectal Surgery	555		20
Tangen, Lyn E	Colon & Rectal Surgery	659		30
Olson, Michelle M	Colon & Rectal Surgery	207		18
Dodson, Robert W	Colon & Rectal Surgery	489		20
Li, Paul Kw	Plastic Surgery	110	75	20
Luckey, Natasha	Plastic Surgery	114	112	21
Browne, Timothy	Plastic Surgery	63	58	13
Konchanin, Ronald	Urology	212		23
Maurer, Gregory	Urology	206	65	23
Wolf, Richard M	Urology	214		20
Yang, Glen	Urology	114	92	22
Matz, Scott T	Urology	173	35	19
Regan, John S	Urology	0	56	2
Helfer, Eric P	Urology	9	148	6
Hong, Steve C	Interventional Radiology	270		38
Santeler, Scott	Interventional Radiology	298		32
Babcock, Gregory	Interventional Radiology	258		25
Hogg, Jeremy	Interventional Radiology	277		37
<b>Total</b>		<b>4,228</b>	<b>641</b>	<b>389</b>

ATTACHMENT - 2

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62454	1
62458	1
62526	1
62568	1
62858	1
80528	1
<b>YANG, GLEN</b>	<b>206</b>
47928	1
47932	2
60505	1
60936	4
60942	5
60948	1
60955	2
60960	1
60963	2
61801	5
61802	7
61811	1
61812	1

61813	1
61820	6
61821	15
61822	16
61832	21
61833	3
61834	1
61842	1
61843	1
61844	5
61846	1
61849	1
61853	10
61854	3
61856	7
61859	1
61864	2
61866	5
61872	1
61873	1
61874	2
61876	1
61878	1
61880	5
61883	4
61912	1
61913	3
61917	1
61919	4
61920	5
61924	3
61928	2
61933	1
61938	3
61940	1
61944	9
61953	5
61956	3
62034	1
62401	1
62428	1

62440	2
62447	1
62449	2
62452	1
62454	2
62466	1
62521	2
62565	2
75230	1

18-014



611 West Park Street, Urbana, IL 61801-2595

Via Federal Express

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APR 30 2018

HEALTH FACILITIES & SERVICES REVIEW BOARD  
Collin Anderson  
(217) 902-5521  
Collin.Anderson@Carle.com

Mr. Michael Constantino  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, Illinois 62761

**Re: Certificate of Need Application**

Dear Mr. Constantino:

The Carle Foundation and Carle SurgiCenter: Danville, an operating unit of The Carle Foundation Hospital, as co-applicants, hereby submit the attached Certificate of Need application to add additional specialties to Carle SurgiCenter: Danville, an existing ASTC in Danville, Illinois.

We look forward to the HFSRB staff deeming this CON permit application complete and look forward to consideration of this proposal at the July 24, 2018 HFSRB meeting. If you require any further information to finalize completion of the application, please contact me at your soonest convenience.

Enclosed please find a check for \$2,500 covering the required initial fee deposit for the application processing fee. Upon deeming the application complete, please advise me of any remaining filing fee and the deadline for its payment.

Please contact Kara or me as needed.

Sincerely,

Collin Anderson  
Business Development & Regulatory Coordinator  
Carle Foundation Hospital