

Fax Number: (309) 671-3603

Additional Contact [Person who is also authorized to discuss the Application]

Name: Keith E. Knepp
Title: President and CEO
Company Name: UnityPoint Health – Central Illinois
Address: 221 NE Glen Oak Ave., Peoria, IL 61601
Telephone Number: (309) 671-2528
E-mail Address: keith.knepp@unitypoint.org
Fax Number: (309) 680-2404

Post Exemption Contact

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

Name: Greg Rastatter
Title: Senior Counsel
Company Name: UnityPoint Health
Address: 120 NE Glen Oak Ave., Suite 101, Peoria, IL 61601
Telephone Number: (309) 360-4819
E-mail Address: greg.rastatter@unitypoint.org
Fax Number: (309) 671-3603

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Proctor Community Hospital (former name of Proctor Hospital)
Address of Site Owner: 221 NE Glen Oak Ave., Peoria, IL 61601
Street Address or Legal Description of the Site: 221 NE Glen Oak Ave., Peoria, IL 61601 *See tax assessor information. Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee

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

Exact Legal Name: Proctor Hospital (f/k/a Proctor Community Hospital)		
Address: 5409 N. Knoxville Ave., Peoria, IL 61614		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Proctor Hospital (f/k/a Proctor Community Hospital)	
Address: 5409 N Knoxville Ave., Peoria, IL 61614	
<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"> ○ 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. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

The change of ownership is due to an internal corporate restructuring that has resulted in a change of the immediate corporate member of each of Proctor Hospital, d/b/a UnityPoint Health – Proctor (f/k/a Proctor Community Hospital) (“**Proctor**”) and Pekin Memorial Hospital, d/b/a UnityPoint Health – Pekin (“**Pekin**”), both Illinois not-for-profit corporations (such changes referred to collectively as the “Restructuring”). Both Proctor and Pekin are indirect subsidiaries of Iowa Health System, d/b/a UnityPoint Health, the parent corporation of a health care system operating in Iowa and Illinois (“**UnityPoint**”).

Effective as of June 1, 2020 (the “**Effective Date**”), both Proctor and Pekin revised their Articles of Incorporation and Bylaws to reflect a change in corporate member, as described below and as depicted on the organizational charts below.

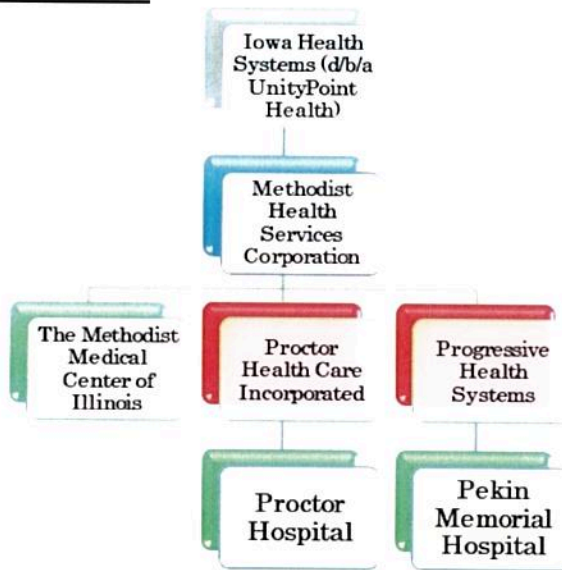
Proctor: Proctor’s prior sole corporate member, Proctor Health Care Incorporated (“**PHCI**”), was replaced by Methodist Health Services Corporation, an Illinois not-for-profit corporation and subsidiary of UnityPoint (“**MHSC**”).

Pekin: Pekin’s prior sole corporate member, Progressive Health Systems (“**PHS**”), was replaced by MHSC.

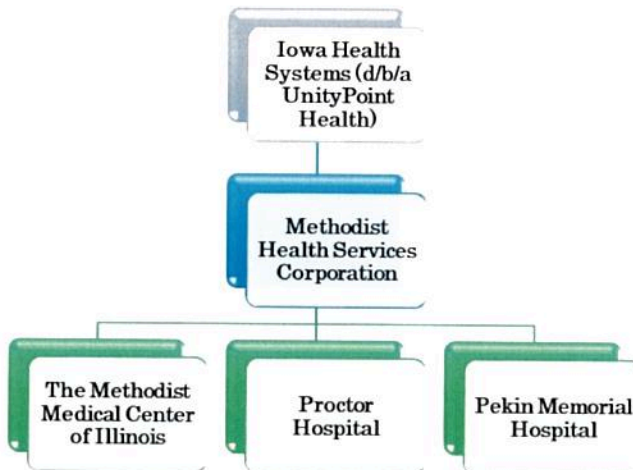
The operations of both PHCI and PHS were wound down, and the entities dissolved, as of the Effective Date, in the ordinary course and after any remaining liabilities were discharged or assumed by other entities within UnityPoint. Proctor and Pekin each provided notice of the Restructuring to accrediting and regulatory bodies and updated their enrollment information with the Centers for Medicare Services as required.

[See below]

Previous Organizational Structure



Organizational Structure as of the Effective Date



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:	\$ __N/A_____	
Fair Market Value:	\$ __N/A_____	

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes __ No X_. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): _____

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

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

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Proctor Hospital

*

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Wade Huff
SIGNATURE

SIGNATURE

Keith Krepps
PRINTED NAME

PRINTED NAME

President & CEO
PRINTED TITLE

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19th day of November, 2020

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Cheryl Bullard
Signature of Notary

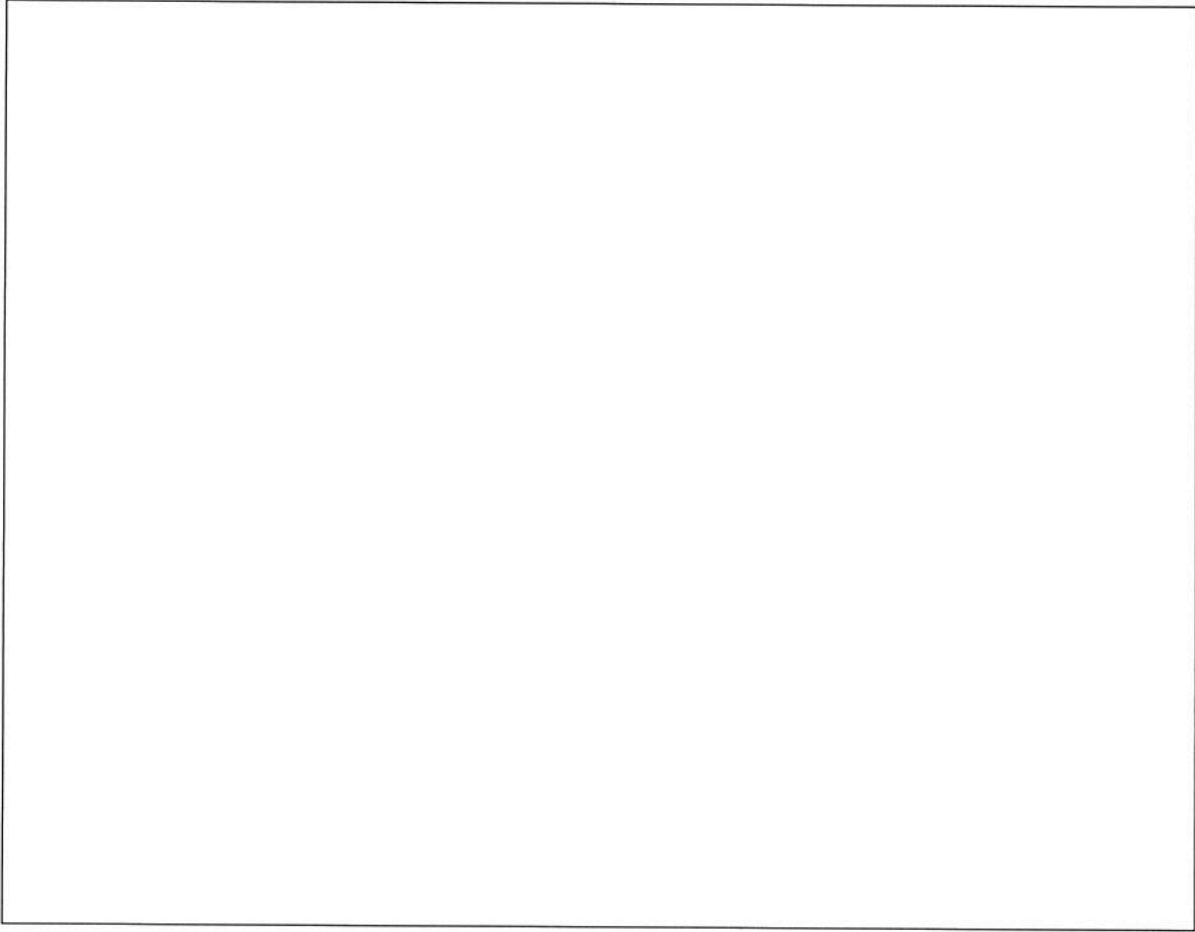
Signature of Notary

Seal

Seal



*Insert the EXACT legal name of the applicant



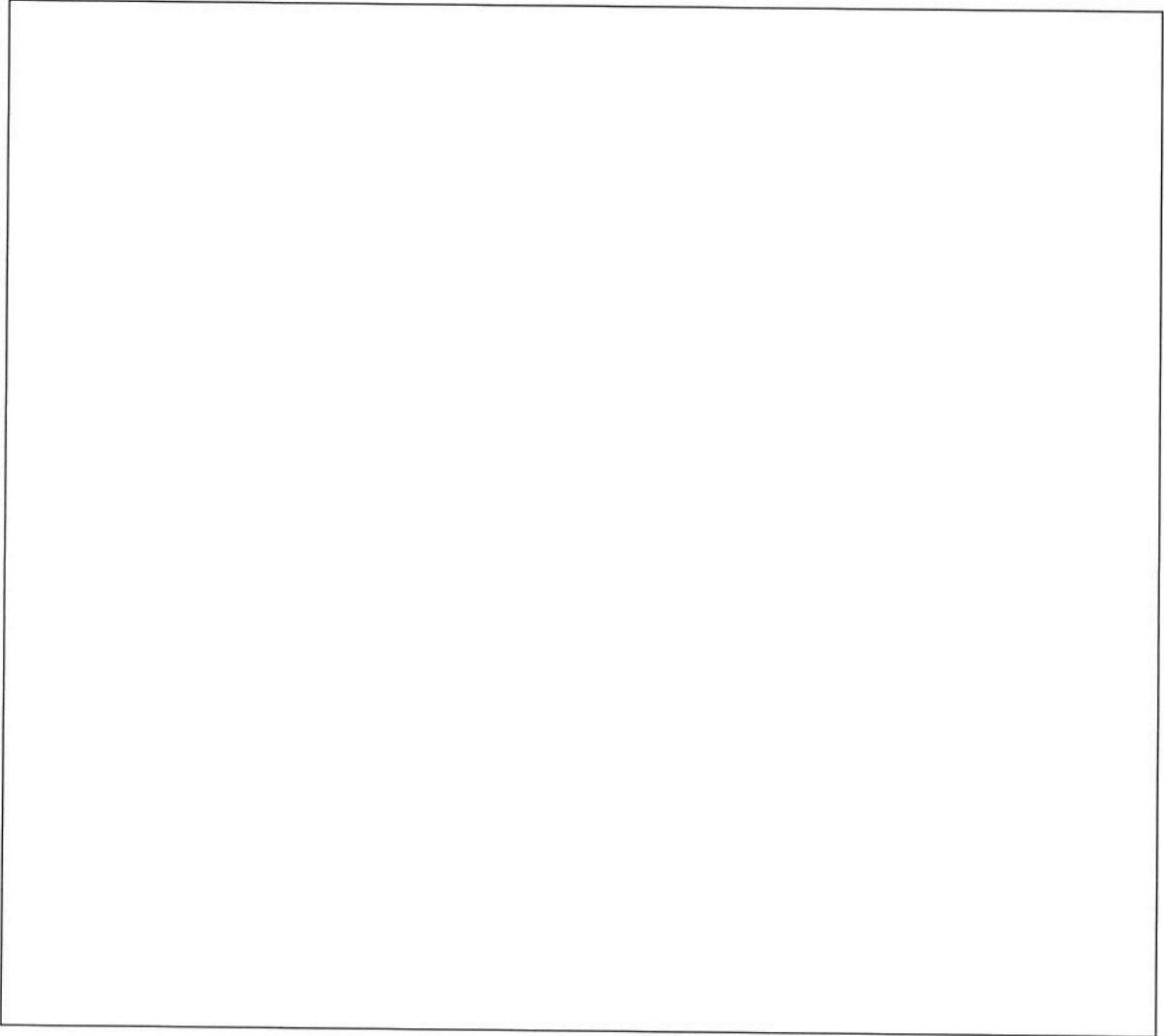
SECTION II. BACKGROUND.**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- Purchase resulting in the issuance of a license to an entity different from current licensee.
- Lease resulting in the issuance of a license to an entity different from current licensee.
- Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- Stock transfer resulting in no change from current licensee.
- Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."



1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

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1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

SECTION IV.CHARITY CARE INFORMATION

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 7.

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

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	18
2	Site Ownership	19-21
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	22
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	23
5	Background of the Applicant	24
6	Change of Ownership	25-27
7	Charity Care Information	28
8	Joint Commission Certification for Proctor Hospital	29
9	E-Mail from Mike Constantino re Change of Ownership (July 17, 2020)	30

Attachment 1

File Number 3779-346-9



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

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2026802754 verifiable until 09/24/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of SEPTEMBER A.D. 2020 .

Jesse White
SECRETARY OF STATE

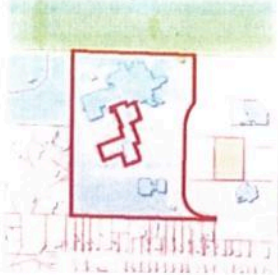
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Attachment 2

Property Report https://gis.peoriacounty.org/Property_Report/Default.aspx?pin=1421101


Peoria County, IL - Property Report [Convert to PDF](#) 11/18/2020

Parcel ID: 1421103014 Property Address: 5409 N Knoxville Ave City: PEORIA State: IL Zip: 61614



Owner Information

Owner Name: PROCTOR COMMUNITY HOSPITAL
 Mailing Address: 1111 N GLEN OAK AVE
 City: PEORIA
 State: IL
 Zip: 61638

[Mobile Maps and Information](#) 

Disclaimer: Peoria County makes every effort to produce and publish the most current and accurate information possible. This public information is furnished as a public service. The information must be accepted and used by the recipient with the understanding that the data was developed and collected for the purpose of administering a local property tax as required by the Illinois Property Tax Code. Peoria County assumes no liability whatsoever associated with the use or misuse of such data, and disclaims any representation or warranty as to the accuracy of the data.

Legal Description

HILLIS SUB NW 1/4 SEC 21-9N-8E 27 927 AC LOTS 13 THRU 16 (EXC BELCREST COURT SUB, ALSO EXC BELCREST COURT SUB EXT'D; ALSO EXC TRACT AS DESC PER DOC 83-08195, ALSO EXC KNOXVILLE AVE ROW AS DESC PER DOC 78-26594; ALSO EXC PROCTOR MEDICAL PARK)

Property Information - Section 1

Property Type	Tax Code	Neighborhood	House Style	Stories	Exterior Construction	Year Built	Effective Year Built	Acres
	001	621				0	0	26.79

Property Information - Section 2

Total Living Area	Main Living Area	Basement	Finished Basement	Recreation Area	Attached Garage	Detached Garage
0	0	0	0	0	0	0

Property Information - Section 3

Air Conditioning	Bedrooms	Full Baths	Half Baths	Fire Places	Grade Condition	Land AV	Building AV	Total AV
	0	0	0	0		\$0	\$0	\$0

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Property Report https://gis.pcoriacoounty.org/Property_Report/Default.aspx?pin=1421103...

Property Tax History			
Tax Year	Name	Type	Tax Bill Y/N
2020	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2019	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2018	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2017	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2016	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2015	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2014	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2013	PROCTOR COMMUNITY HOSPITAL	OWNER	Y
2012	PROCTOR COMMUNITY HOSPITAL	OWNER	Y

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Attachment 3
(See Attachment 1)

Attachment 5

BACKGROUND OF APPLICANT

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

- Proctor Hospital, an Illinois not-for-profit corporation. License No. 0001925.

A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

- Please see Attachment 4, an organizational chart for the Central Illinois region of UnityPoint Health. In addition to Central Illinois, UnityPoint Health facilities include Trinity Medical Center in Rock Island, Illinois.

A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

- None.

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.**

- Please see introductory letter above.

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Attachment 6

APPLICABLE REVIEW CRITERIA	CHOW	
1130.520(b)(1)(A) - Names of the parties	X	Proctor Hospital, Proctor Health Care Incorporated ("PHCI"), Methodist Health Services Corporation ("MHSC")
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X	The restructuring is explained in detail in Part I above. Proctor Hospital, the licensed hospital, has a substitution of its sole member, MHSC, replacing the prior sole member, PHCI. No adverse action has been taken against Proctor Hospital or any health care facility owned or operated, directly or indirectly, by Proctor Hospital, by the federal government, licensing or certifying bodies, or any other agency of the state of Illinois, within the last three (3) years. Proctor Hospital will continue to operate as it has prior to June 1, 2020.
1130.520(b)(1)(C) - Structure of the transaction	X	The restructuring is explained in detail in Part I above.
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction		
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X	See Part I above.
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X	N/A
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X	N/A

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1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X	N/A
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X	Proctor Hospital will maintain the same charity policy as it had prior to the June 1, 2020 effective date of this internal restructure. The charity care policy will remain in effect for at least two (2) years following the effective date.
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X	Proctor Hospital became part of what is now known as UnityPoint Health in 2013, when MHSC became the sole corporate member of PHCI (the prior sole member of Proctor Hospital). Subsequent to joining the UnityPoint Health system, and as UnityPoint Health developed as a system, PHCI transitioned to having limited function. To streamline operations, avoid redundancies and enhance efficiencies, UnityPoint Health worked with Proctor to plan and implement the restructuring. Additionally, the revised structure allows the Central Illinois region of UnityPoint Health to operate a unified medical staff among its three hospitals in the region, with MHSC serving as the governing body in compliance with the Medicare Conditions of Participation and the Illinois Hospital Licensing Act and associated regulations.
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X	It is expected the restructuring will allow UnityPoint Health to streamline operations in the Central Illinois region, yielding benefits to quality and the range of services offered to patients.
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X	The Proctor Hospital Board of Directors, Hospital Administration, and the Medical Staff have established a cross-discipline Clinical Council within a comprehensive performance improvement (PI) system for the purpose of demonstrating and facilitating optimal patient care and an improvement in patient safety. The Clinical Council is responsible for communicating to the Board of Directors all performance improvement activities on an ongoing basis. The Proctor Hospital Board of Directors endorses the concepts of the Quality Improvement Process and

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		<p>authorized Hospital Administration to: (i) develop and implement an educational process that will encompass hospital and medical staff; (ii) support the performance improvement plan by conducting organizational planning, management of improvement processes and systems, and communication of effectiveness to all leadership; and (iii) maintain information systems and appropriate data management processes to support collecting, managing, and analyzing data needed to facilitate ongoing performance improvement.</p> <p>The Medical Staff delegates authority to medical staff departments and committees, their chairpersons, and members to participate in the PI activities, and report to the Medical Staff Executive Committee. Medical Staff Chairpersons and department/committee members are responsible for developing a planned and systematic process for the assessment and improvement of the quality of patient care and performance, and the resolution of identified problems.</p>
<p>1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;</p>	<p>X</p>	<p>The central Illinois region of UnityPoint Health operates a unified medical staff across the three licensed acute care hospitals, The Methodist Medical Center of Illinois, Proctor Hospital, and Pekin Memorial Hospital, with MHSC (now the sole member of each hospital corporation), serving as the governing body in compliance with the Medicare Conditions of Participation and the Illinois Hospital Licensing Act and regulations. The board of directors of each hospital is comprised of the same individuals that comprise the board of directors of MHSC. Directors are chosen by the following process set forth in the MHSC bylaws: the MHSC Governance and Board Development Committee makes recommendations to the MHSC board of directors for candidates to fill open positions, which then interviews and recommends candidates to the board of directors of Iowa Health System, an Iowa nonprofit corporation (d/b/a UnityPoint Health) ("UPH"), the sole member of MHSC. The board of Directors of UPH approves or rejects recommended candidates to the MHSC board of directors. For any rejections, MHSC submits additional recommendations. This process is repeated until the candidate is accepted by UPH.</p>
<p>1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.</p>	<p>X</p>	<p>No changes in the scope of service of Proctor Hospital are anticipated as a result of this change of ownership.</p>

Attachment 7

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue	2019	2018	2017
Amount of Charity Care (charges)	\$3,881,302	\$3,302,618	\$2,629,795
Cost of Charity Care	\$621,627	\$572,562	\$438,821

Attachment 8

Proctor Hospital
UnityPoint Health - Proctor
Peoria, IL

has been Accredited by



The Joint Commission

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

September 26, 2019

Accreditation is customarily valid for up to 36 months.

David H. Perrott
David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #7409
Print Reprint Date: 02/06/2020

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

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This representation of the organization's accreditation certificate has been issued for use as a guide only. It is not a contract. The Joint Commission, through its contract with the organization, is not responsible for the organization's accreditation status and for a review of the organization's accreditation status.

Attachment 9

Rastatter, Greg J.

From: Constantino, Mike <Mike.Constantino@Illinois.gov>
Sent: Thursday, July 16, 2020 11:55 AM
To: Rastatter, Greg J.
Cc: Avery, Courtney
Subject: Change of Ownership
Attachments: 077011300A01.pdf; IHFSRB and IDPH Notice Letter re Proctor and Pekin Restructuring v5 final.pdf; statute20.pdf

Follow Up Flag: Flag for follow up
Flag Status: Flagged

WARNING! This email originated from outside of the organization. Do not click links or open attachments unless you know the content is safe. Never provide your userID and password!

Mr. Rastatter:

Ms. Avery and Board Staff has had an opportunity to review your letter and we believe your transactions do require approval by the State Board. Two exemptions will need to be filed. We believe Section 6 of the Statute requires the exemptions to be filed.

Thank you.

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.



221 Northeast Glen Oak Avenue
Peoria, Illinois 61636-0002
(309) 672-5522

5409 North Knoxville Avenue
Peoria, IL 61614-5094
(309)691-1000

600 South 13th Street
Pekin, IL 61554
(309) 353-0700

www.unitypoint.org/peoria

November 19, 2020

Via E-Mail: Mike.Constantino@Illinois.gov

Re: Change of Ownership Application for Exemption (Proctor Hospital)

Mr. Constantino,

Enclosed please find the Change of Ownership Application for Exemption on behalf of Proctor Hospital. For ease of reference, a table of contents is included below.

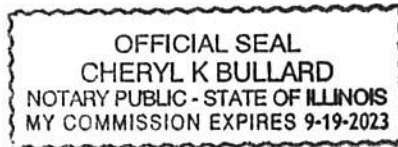
Additionally, please accept this letter as my authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

If you would like any further information, please feel free to reach out to me or Greg Rastatter, our Senior Counsel (contact information below).

Very truly yours,

Keith E. Knepp, M.D., C.P.E.
President & CEO UnityPoint Health – Central Illinois

STATE OF ILLINOIS)
) ss.
COUNTY OF PEORIA)



Signed and sworn to before me on by Keith Knepp, President and CEO of Proctor Hospital.

Given under my hand and official seal this 19th day of November, 2020.

Notary Public

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

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