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 (This discontinuation relates to Project #20-047 for the relocation of Carle SurgiCenter: Danville)
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(s) [Provide for each applicant (refer to Part 1130.220)]

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

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are 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: Strategic Planning 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

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Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com

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: Strategic Planning 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: Collin.Anderson@Carle.com
Fax Number:

Site Ownership (Not Applicble)

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Carle Foundation Hospital
Address of Site Owner: 611 West Park Street, Urbana IL, 61801
Street Address or Legal Description of the Site: 2300 N Vermilion St, 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 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.

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

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

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

Flood Plain Requirements (Not applicable)

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(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 (Not applicable)

[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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Carle Foundation and The Carle Foundation Hospital (the "Applicants") seek authority to close Carle SurgiCenter: Danville at 2300 N. Vermilion Ave. Danville, IL 61832 and relocate it to a new building described in Project #20-047. There are no project costs associated with the discontinuation.

Rendering of Proposed New Site

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 be equal.

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

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
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.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2023

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☐ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

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

Cost Space Requirements (Not Applicable)

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet** (**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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS 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 the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: The Carle Foundation Hospital		**CITY:** Urbana			
REPORTING PERIOD DATES:		**From:** 1/1/19		**to:** 12/31/19	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	285	20,356	84,172	n/a	285
Obstetrics	35	2,995	8,542	n/a	35
Pediatrics	20	1,102	3,075	n/a	20
Intensive Care	48	2,106	10,740	n/a	48
Comprehensive Physical Rehabilitation	20	359	5,846	n/a	20
Acute/Chronic Mental Illness	0	0	0	n/a	0
Neonatal Intensive Care	25	448	3,619	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
TOTALS:	433	27,366	115,994	n/a	433

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 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 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.

SIGNATURE

James C. Leonard, MD
PRINTED NAME

President and CEO
PRINTED TITLE

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

_____
Signature of Notary

Seal

SIGNATURE

Matt Kolb
PRINTED NAME

Executive Vice President and System COO
PRINTED TITLE

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

_____
Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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President and CEO
PRINTED TITLE

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Signature of Notary

Seal

SIGNATURE

Matt Kolb
PRINTED NAME

Executive Vice President and System COO
PRINTED TITLE

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

_____
Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. **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 1110.290 – 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 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will 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 the planning area.

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.

1110.110(a) – Background of the Applicant

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 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. For the following questions, 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.

    a. 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.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

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 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 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 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as 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 Staff 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 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space (Not Applicable)

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 and it shall include the basis used for determining the space and the methodology applied.**

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 and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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**	**MEET 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: (Not Applicable)

Provide the following information:

1. Total gross square footage (GSF) 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 is 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: (Not Applicable)

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.

Sections A-O are not applicable

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)**

VI. 1120.120 - AVAILABILITY OF FUNDS (Not Applicable)

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: 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 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;
_____	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: 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; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 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.; 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; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	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.
$0	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY (N/A)

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 34, 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.

	Historical 3 Years			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.

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 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY (N/A)

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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 37.

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

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

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 38, 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 included attachments:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	29-30
2	Site Ownership	n/a
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	31-32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	n/a
6	Historic Preservation Act Requirements	n/a
7	Project and Sources of Funds Itemization	n/a
8	Financial Commitment Document if required	34
9	Cost Space Requirements	n/a
10	Discontinuation	35-37
11	Background of the Applicant	38-51
12	Purpose of the Project	52-60
13	Alternatives to the Project	61-62
14	Size of the Project	n/a
15	Project Service Utilization	n/a
16	Unfinished or Shell Space	n/a
17	Assurances for Unfinished/Shell Space	n/a
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surfmpngery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	n/a
25	Selected Organ Transplantation	n/a
26	Kidney Transplantation	n/a
27	Subacute Care Hospital Model	n/a
28	Community-Based Residential Rehabilitation Center	n/a
29	Long Term Acute Care Hospital	n/a
30	Clinical Service Areas Other than Categories of Service	n/a
31	Freestanding Emergency Center Medical Services	n/a
32	Birth Center	n/a
	Financial and Economic Feasibility:	
33	Availability of Funds	n/a
34	Financial Waiver	n/a
35	Financial Viability	n/a
36	Economic Feasibility	n/a
37	Safety Net Impact Statement	63-94
38	Charity Care Information	95

File Number 2932-580-4

STATE OF ILLINOIS

OFFICE OF THE 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, 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* 21ST *day of* JANUARY ***A.D.*** 2020 .

Authentication #: 2002103110 verifiable until 01/21/2021

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

Jesse White

SECRETARY OF STATE

#21-001

File Number 5274-755-4

STATE OF ILLINOIS

OFFICE OF THE 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* 3RD *day of* MAY ***A.D.*** 2019 .

Authentication #: 1912301388 verifiable until 05/03/2020

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

Jesse White

SECRETARY OF STATE

File Number 2932-580-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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Authentication #: 2002103110 verifiable until 01/21/2021

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

Jesse White

SECRETARY OF STATE

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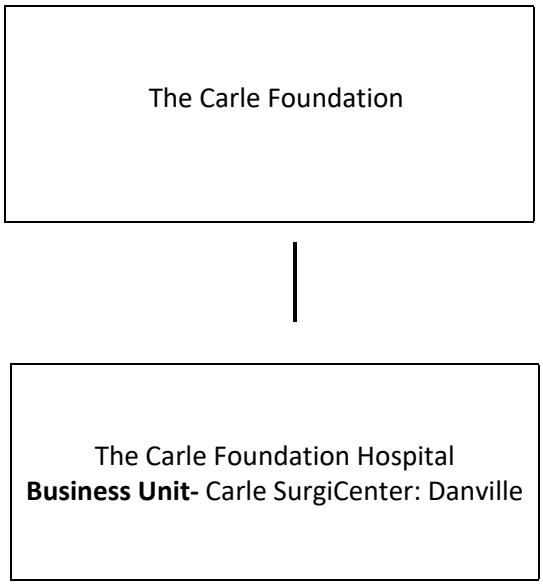
Authentication #: 1912301388 verifiable until 05/03/2020

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

Jesse White

SECRETARY OF STATE

Entity Chart



Active CON Permits

The Carle Foundation has the following active permits:

CON 18-014: Carle Sugicenter: Danville

- The CON permit for project 18-014 was approved on July 24, 2018.
- An annual progress report was submitted on July 27, 2020.
- The project completion date of record is December 31, 2021.

CON 20-014: The Carle Foundation Hospital, Urbana

- The CON permit for project 20-014 was approved on June 22, 2020.
- The annual progress report due date is June 30, 2021.
- The project completion date of record is June 30, 2022.

Section II, Discontinuation

Criterion 1110.130(a), General

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

   The Applicants seek authority from the Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety the existing two operating room and one procedure room ASTC located 2300 N. Vermilion Ave. Danville, IL 61832 (the "Existing ASTC") and to establish a new ASTC with two operating rooms and one procedure room to be located in the area bounded by W. Madison St., N Gilbert St., W. North St. and N. Logan Ave. (the "Replacement ASTC"). The Replacement ASTC will have the same capacity and capabilities as the Existing ASTC and the planned location of the Replacement ASTC is also in Danville less than 3 miles from the Existing ASTC location. As such, the Existing ASTC is only changing location. The Replacement ASTC will retain the same Medicare enrollment number and possess the Existing ASTC IDPH license, updated in coordination with IDPH as a change of address. Also, the Replacement ASTC will be co-located with other Carle services to provide efficiencies and greater continuity of care. Further, the Replacement ASTC will be closer to the I-74 interchange than the Existing ASTC providing for better visibility and access for the greater Vermillion County community residents.

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

   Not applicable.

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

   Anticipated discontinuation date: June 30, 2023.

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

   Upon relocating, the Applicants plan to sell the parcel where the Existing ASTC is located.

   Most moveable equipment in the Existing ASTC which has a useful life remaining at the time of the relocation will be transferred to the Replacement ASTC.

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.**

   Carle SurgiCenter: Danville will retain its electronic medical records following the relocation.

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.**

   This project is a relocation of the Existing ASTC and not a true discontinuation. The current operator will continue to submit all questionnaires and data required by HFSRB and IDPH going forward.

Criterion 1110.130(b), Reasons for Discontinuation

This discontinuation is necessary to establish a new Replacement ASTC to be located less than three miles from the Existing ASTC. As described in detail throughout this application, there are several benefits to the relocation of the Existing ASTC:

- As delineated in Attachment- 12, considerable modifications to the Existing ASTC would be necessary to maximize quality and efficiency. All of those shortcomings of the current ASTC will be addressed when the ASTC is relocated to the planned Danville MOB.
- The Applicants are simultaneously filing an application for a CON permit to build physician offices at the same location as the Replacement ASTC. Co-locating services from multiple locations into the same building will create efficiencies for patients, providers and staff and improve wayfinding and the patient experience. Doing so will also allow the Applicants to optimize real estate arrangements in Danville and eliminate an existing space lease.
- The Replacement ASTC will be located at a very convenient access point for patients and staff, as it will be less than two miles from Interstate 74 and approximately three miles closer to Interstate 74 than the current Vermilion Street location. Furthermore, the project will locate the ASTC and the other services in an area vulnerable to health care access and outcome disparities due to socio-economic challenges. It is also in the heart of the City of Danville. Relocating to this area will improve access for patients who have the highest need for services.

Criterion 1110.130(c), 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.**

   The discontinuation will not negatively impact access to care. As set forth above, the proposed project is related to a relocation within the same geographic service area. It is not a true discontinuation. The Replacement ASTC will have the same number of key rooms as the existing surgery center, and all of the existing center patient volumes will be accommodated at the new site which is nearby. As such, pursuant to our technical assistance with HFSRB staff, Section 1110.290(d) is not applicable.

611 West Park Street, Urbana, IL 61801-2595

Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Provision of Required Questionnaires and Certifications

Dear Chair Savage:

I hereby certify that Carle SurgiCenter: Danville will continue to complete all questionnaires and submit all data required by the Health Facilities and Services Review Board and the Department of Public Health as they become due.

Sincerely,

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

Attachments

Notarization:

Subscribed and sworn to before

me this _____ day of _____.

_____

Signature of Notary

seal

611 West Park Street, Urbana, IL 61801-2595

Debra Savage, 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 Savage:

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

1. The healthcare facilities owned or operated by The Carle Foundation and its affiliates include:
   - The Carle Foundation Hospital
     - License Number: 003798
     - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
   - Richland Memorial Hospital, d/b/a Carle Richland Memorial Hospital
     - License Number: 004788
     - Accreditation Identification Number: HFAP ID: 175621
   - Hoopeston Community Memorial Hospital, d/b/a Carle Hoopeston Regional Health Center
     - License Number: 004200
     - Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO
   - Carle Bromenn Medical Center
     - License Number: 0005645
     - Accreditation Identification Number: 189504-2018-AHC-USA-NIAHO
   - Carle Eureka Hospital
     - License Number: 0005652
     - Accreditation Identification Number: 189647-2018-AHC-USA-NIAHO
   - Champaign SurgiCenter, LLC
     - License Number: 7002959
     - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
   - Carle SurgiCenter – Danville
     - License Number: 7002439
     - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO

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 the Illinois Department of Public Health access to information in order to verify any documentation or information submitted with this Application including, but not limited to: official records of IDPH or other State of Illinois agencies and the records of nationally recognized accreditation organizations.

Sincerely,

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

Attachments

Notarization:

Subscribed and sworn to before

me this _____ day of _____.

_____

Signature of Notary

seal

Attachment-11

#21-001

DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF 121507

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2021		0003798

General Hospital

Effective: 01/01/2021

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. #19-493-001 10M 9/18

Exp. Date 12/31/2021

Lic Number 0003798

Date Printed 10/15/2020

The Carle Foundation Hospital

611 West Park Street
Urbana, IL 61801

Attachment- 11

FEE RECEIPT NO. 40

#21-001

HF 119457

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/31/2021		0004788

General Hospital

Effective: 02/01/2020

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. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2021

Lic Number 0004788

Date Printed 12/6/2019

Richland Memorial Hospital

800 East Locust Street
Olney, IL 62450

FEE RECEIPT NO.

HF 119918

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2021		0004200

Critical Access Hospital

Effective: 07/01/2020

Hoopeston Community Memorial Hospital
dba Carle Hoopeston Regional Health Center
701 E Orange St

Hoopeston, IL 60942

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2021

Lic Number 0004200

Date Printed 02/13/2020

Hoopeston Community Memorial Hosp
dba Carle Hoopeston Regional Health
701 E Orange St
Hoopeston, IL 60942

FEE RECEIPT NO.

#21-001

HF 119508

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/31/2021		7002959

Ambulatory Surgery Treatment Center

Effective: 02/01/2020

Champaign Surgicenter, LLC
dba Champaign Surgery Center at the Fields
3103 Fields South Dr

Champaign, IL 61822

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2021

Lic Number 7002959

Date Printed 12/12/2019

Champaign Surgicenter, LLC
dba Champaign Surgery Center at the
3103 Fields South Dr
Champaign, IL 61822-3743

FEE RECEIPT NO.

#21-001

HF 120761

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2021		7002439

Ambulatory Surgery Treatment Center

Effective: 08/01/2020

Carle Surgicenter
2300 N Vermilion
Danville, IL 61832

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 07/31/2021

Lic Number 7002439

Date Printed 06/16/2020

Carle Surgicenter

2300 N Vermilion
Danville, IL 61832-1735

FEE RECEIPT NO.

CERTIFICATE OF ACCREDITATION

Certificate No.:	Initial date:	Valid until:
267775-2018-AHC-USA-NIAHO	6/29/2018	6/29/2021

This is to certify that:

Carle Foundation Hospital

611 W. Park St., Urbana, IL 61801

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

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, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX

Patrick Horine
Chief Executive Officer

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

HFAP

AWARD OF ACCREDITATION

CARLE RICHLAND MEMORIAL HOSPITAL

OLNEY, IL

Expiration Date: September 12, 2022

This organization has met the applicable requirements of Acute Care Hospital and is therefore fully accredited by HFAP, a program of AAHHS.

CHAIR, AAHHS BOARD OF DIRECTORS

A PROGRAM OF HFAP AAHHS

CHIEF EXECUTIVE OFFICER, AAHHS

CERTIFICATE OF ACCREDITATION

Certificate No.:	Initial date:	Valid until:
188047-2018-AHC-USA-NIAHO	12/19/2018	12/19/2021

This is to certify that:

Carle Hoopeston Regional Health Center

701 E. Orange, Hoopeston, IL 60942

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

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, this organization is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX

Patrick Horine
Chief Executive Officer

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Techne Center Drive, Suite 100, Milford OH, 45150. Tel: 513-947-8343 www.dnvglhealthcare.com

HF 120845

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2021		0006189

General Hospital

Effective: 07/01/2020

Carle BroMenn Medical Center
1304 Franklin Avenue
Normal, IL 61761

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2021

Lic Number 0006189

Date Printed 07/01/2020

Carle BroMenn Medical Center

1304 Franklin Avenue
Normal, IL 61761

FEE RECEIPT NO.

CERTIFICATE OF ACCREDITATION

Certificate No.:	Initial date:	Valid until:
189504-2018-AHC-USA-NIAHO	12/7/2018	12/7/2021

This is to certify that:

Advocate BroMenn Medical Center

1304 Franklin Avenue, Normal, IL 61761

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

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, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX

Patrick Horine
Chief Executive Officer

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Techne Center Drive, Suite 100, Milford OH, 45150. Tel: 513-947-8343 www.dnvglhealthcare.com

HF 120844

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2021		0006171

Critical Access Hospital

Effective: 07/01/2020

Carle Eureka Hospital
101 South Major Street
Eureka, IL 61530

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2021

Lic Number 0006171

Date Printed 07/01/2020

Carle Eureka Hospital

101 South Major Street
Eureka, IL 61530

FEE RECEIPT NO.

DNV·GL

CERTIFICATE OF ACCREDITATION

Certificate No.:	Initial date:	Valid until:
189647-2018-AHC-USA-NIAHO	12/12/2018	12/12/2021

This is to certify that:

Advocate Eureka Hospital

101 South Major, Eureka, IL 61530

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

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, this organization is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX

Patrick Horine
Chief Executive Officer

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Techne Center Drive, Suite 100, Milford OH, 45150. Tel: 513-947-8343 www.dnvglhealthcare.com

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

Purpose of Project

This discontinuation application is entirely interrelated to Project #20-047. Therefore, the Purpose of Project for Project #20-047 is included below:

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 Applicants propose to relocate and modernize their existing ASTC.

The purpose of this Project is to improve quality of care and efficiency and to maintain access for residents of Danville and outlying areas. As discussed below, the Project will ensure continued access to ambulatory surgical care, which is one of the key areas of demand for complex, specialized healthcare in the market area. Access to ambulatory surgical care is essential to the overall well-being of the community, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort.

Carle SurgiCenter: Danville will be nearly 22 years old upon project completion and was built under an outdated life safety code. Further, during the period since initial construction, there have been significant advances in the design of the surgical patient care environment that advance infection control practices and other quality measures and increase the efficiency of care. These changes are beneficial to patients, caregivers and the patient care team. As more volume will be moved to the ASTC setting due to pressures relating to reimbursement differentials between hospitals and surgery centers, having an efficient, state-of-the-art facility closer to home will be a significant benefit to Danville and other Vermillion County residents.

Significant modifications are necessary to the overall building, the surgical space and associated pre-op and post-op areas, as well as to the other clinical and non-clinical support space as delineated below in order to maximize quality and efficiency in a state-of-the-art facility. All of these shortcomings of the current ASTC will be addressed when the ASTC is relocated to the planned Danville MOB.

- General Facility:
    - Due to the age and condition of the Existing ASTC, ongoing maintenance of the building represents a significant expense.
    - The HVAC system is outdated. Rather than incurring the expense of updating outdated equipment, it will be replaced with state-of-the-art equipment.
    - An oxygen farm (onsite equipment that produces oxygen for procedural areas) is needed for more reliability as opposed to relying on delivery of individual oxygen tanks.
    - The recovery center which is attached to the surgical component of the building was de-licensed several years ago and no long used. The vacant space is still maintained to ensure the general integrity of the building, but it represents "dead" space in the building.
- Operating Room:
    - A center core area is needed between ORs to support supply/instrument needs, prevent staff from entering the main OR hallway and limit unnecessary traffic in/out of the operating rooms.

    - An additional room/alcove is needed to store equipment (portable x-ray machine, fluoroscopy machine, Sightpath equipment).
    - A designated area for dirty linen is needed within the OR. Dirty linen is currently taken to the Recovery Center hallway.
    - A secured entrance to the dirty room is needed, so garbage removal does not require travel through the building.
    - As further innovations in surgery have developed, the medical instruments and equipment associated with surgery now take up a lot of the space in the Operating Room. As such, this equipment needs to be available at the side of the surgery table through a boom system. Such a system, allows surgical personnel to more easily circulate in the operating room allowing for better collaboration between such personnel during surgery and more adept movement around the patient.
    - The clean and dirty rooms need to be larger.
    - A larger dirty room would allow for use of a Neptune Waste Management System which provides enhanced safety by decreasing staff exposure to body fluids.
    - A work area is needed for the Charge person.
    - The housekeeping closet is too small to maintain all the necessary equipment/supplies.
    - A dedicated anesthesia work room is needed to appropriately store all the supplies.
- Pre/Post-Op Area:
    - The pre-op and post-op rooms are too small.
    - Two private PACU bays are needed for pediatric patients to allow privacy for parents and to minimize sound.
    - The supply room needs to be larger and more centralized.
    - A large storage area is needed for IV pumps, warming devices, backup monitors and patient stretchers.
    - A larger desk area with additional computer access is needed for nurses.
- Front Desk/Reception/Family Waiting Areas:
    - The waiting room needs expanded to allow for additional visitors who must accompany patients to their procedures.
    - The number of family consult rooms (one currently) is inadequate for current volumes on specific days. A minimum of two consult rooms would be needed to provide appropriate confidential discussions with patients/families.
    - The front desk area lacks a private/confidential area for patients upon check-in.
- Locker Rooms:
    - The female locker room is undersized. During peak arrival times, staff must change into scrubs in shifts due to the size of the locker space.
    - Full size lockers would be desirable rather than half size ones.
- Lab:
    - There is not currently a frozen section room in the lab.
- Surgeon Dictation Area:
    - The surgeon dictation areas are currently in the main operating room hall. A private centralized area is needed to ensure confidentiality.
- Staff Lounge:

  - The staff lounge is undersized for the current number of staff and physicians.
- Supply Receiving:
  - Supply receiving is currently combined with the conference/education room. Supplies are stored high in the current room due to lack of space, which is not ideal for ergonomic lifting and moving. A separate designated area is needed.

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, common surgeries such as pain injections, cataract and endoscopy procedures, and simple gynecological and ENT procedures provide for a fee differential where HOPD Medicare rates are often twice those of ASCs. Furthermore, based on United Healthcare's desire to cover certain procedures only in the ASTC setting due to the fact that a hospital is often an unnecessary higher cost setting for simple surgical procedures, the payor has implemented prior authorization guidelines for certain surgical procedures in outpatient hospital settings that will not apply to ASTCs. 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 21 miles of the proposed site. A map of this area is attached as Attachment- 12B. Distances from the Replacement ASTC to the market area boarders are as follows:

- East: Western Indiana (21 miles)
- South: Chrisman, Illinois (21 miles)
- West: St. Joseph, Illinois (21 miles)
- North: Rossville, Illinois (21 miles)

Attachment- 12A represents the patient origin for the Project based on 2019 data. As documented, 2,273 (or 93.8%) of the cases are from patients residing within 21 miles of the proposed site.

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

The Project would achieve the following:

A. Address physical plant limitations of the current space

As delineated above, considerable modifications to the Existing ASTC would be necessary to maximize quality and efficiency. All of those shortcomings of the current ASTC will be addressed when the ASTC is relocated to the planned Danville MOB.

B. Improve efficiency and convenience

The Applicants are currently working on an application for a CON permit to build physician offices within the same building as the Replacement ASTC. Co-locating services from multiple locations into the same facility will create efficiencies for patients, providers and staff and improve wayfinding and the patient experience. Doing so will also allow the Applicants to optimize real estate arrangements in Danville and eliminate an existing space lease.

C. Enhance accessibility

The new location will be a very convenient access point for patients and staff, as it will be less than two miles from Interstate 74 and approximately three miles closer to Interstate 74 than the current Vermilion Street location. Furthermore, the Project would locate the ASTC in a lower socioeconomic area in the heart of the city of Danville. Relocating to this area will improve access for patients who are the highest utilizers of services and are the most likely to face transportation difficulties that can lead to missed appointments and delayed care.

Access to care is particularly important in Vermilion County, as it was ranked 102 out of 102 in health outcomes and 101 out of 102 in health factors when compared to other counties in the state of Illinois. These 2019 County Health Ranking indicate that Vermilion County performed very poorly in terms of life expectancy, quality of life, health behaviors, access to care, social determinants of health and physical environment.

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 May 23, 2019).

United Healthcare's prior authorization requirements for HOPDs *available at* https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Prior_Authorization_Outpatient_Surgical_Procedures_FAQ.pdf (last visited May 23, 2019).

2019 County Health Rankings available at https://www.countyhealthrankings.org/reports/state-reports/2019-illinois-report (last visited January 2, 2020).

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, modernizing and relocating Carle SurgiCenter: Danville will allow the Applicants to address all of the shortcomings of the current ASTC noted above and will improve quality of care and efficiency. It will also ensure continued access to care in the high-quality, lower cost ASTC setting for residents of Danville and outlying areas.

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 maintain access to ambulatory surgical care for patients and to improve the quality and operational efficiency of these services. Specifically, the goals of the Project are:

- To streamline the delivery of surgical care in the outpatient setting.
- To improve patient satisfaction.
- To improve quality and safety by aligning the facility with contemporary design standards.

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

ATTACHMENT 12-A

The following zip codes represent the patient origin for the Project based on 2019 data. As documented in Attachment- 24 2,273 (or 93.8%) of the cases are from patients residing in the GSA.

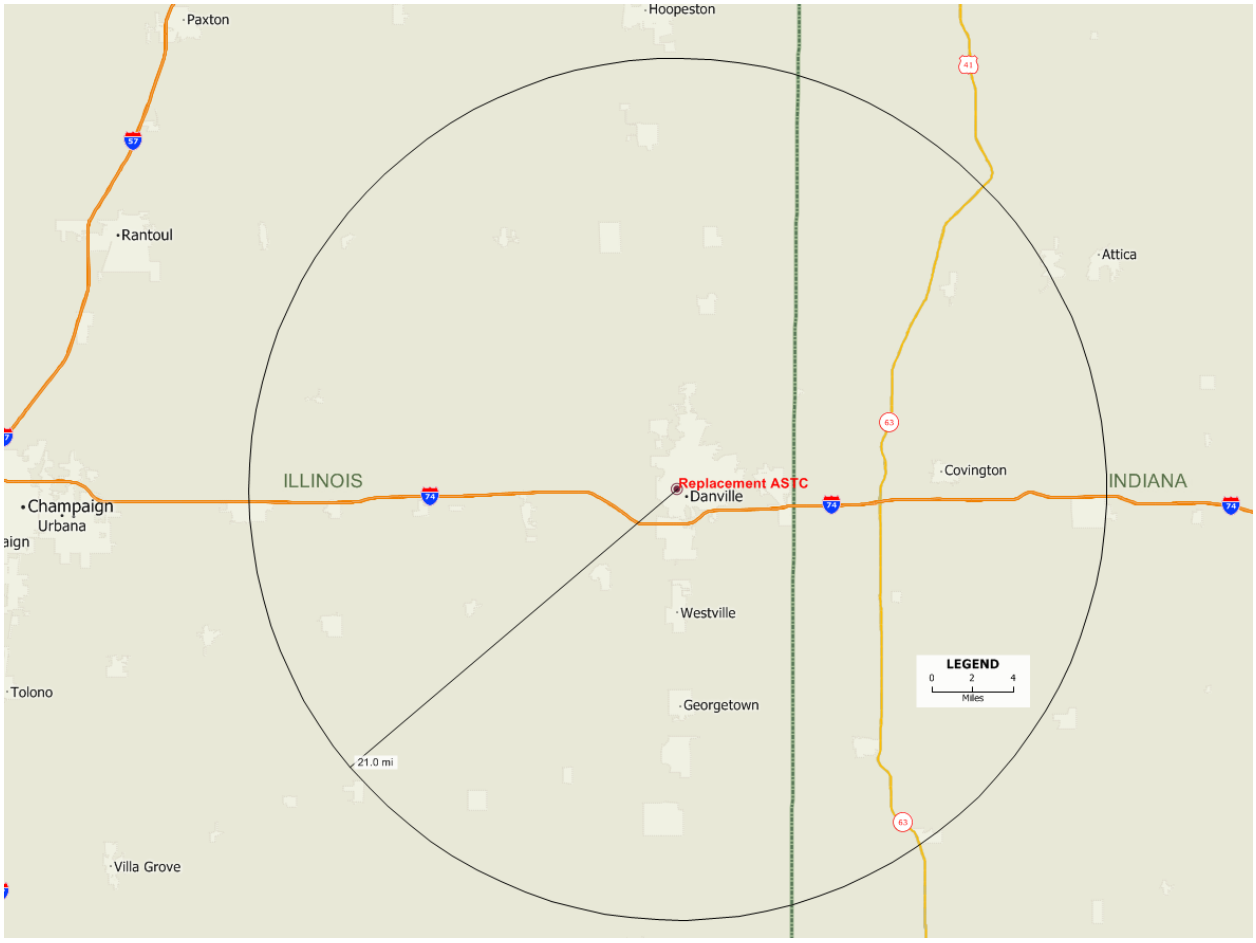
Zip Code	Volume
61832	1,020
61834	238
61883	161
61846	132
60942	113
61833	90
61858	78
61817	64
47932	55
60963	45
61814	45
61841	35
61870	25
61850	23
61865	23
61876	16
61848	15
61866	15
47974	12
61811	12
60953	11
61924	11
61944	11
47993	9
61844	9
47987	8
61943	8
47928	7
61853	7
60924	6
61822	6
61880	6
61810	5
61831	5
61801	4
61873	4

61874	4
62450	4
47933	3
60936	3
60948	3
60970	3
60973	3
61802	3
61812	3
61821	3
61847	3
61849	3
61857	3
61877	3
61956	3
62454	3
62468	3
61815	2
61820	2
33527	1
33919	1
34731	1
37072	1
39531	1
46135	1
47802	1
47804	1
47807	1
47949	1
47952	1
47960	1
47967	1
47982	1
47991	1
48819	1
48838	1
60932	1
60955	1
60960	1
60974	1
61364	1
61745	1

61761	1
61825	1
61859	1
61864	1
61917	1
61938	1
61942	1
62428	1
62704	1
81147	1

ATTACHMENT 12-B

21-Mile Radius from Replacement ASTC



Alternatives to the Proposed Project

This discontinuation application is entirely interrelated to Project #20-047. Therefore, the Alternatives for Project #20-047 are included below:

The Applicants propose to relocate their ASTC and believe that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

The Applicants have considered the following alternatives:

A) Project of Lesser Scope: Do Nothing ($0)

This option would not address existing constraints on the operating rooms, waiting areas, support spaces, parking lot and pre and post-op areas, which impact quality, patient satisfaction and operational efficiency. Furthermore, doing nothing would not allow for operational efficiencies by co-locating the ASTC within a medical office building (MOB) to be developed at the same site pursuant to a separate CON permit application. This option would also not improve accessibility by relocating the ASTC closer to Interstate 74 and into the heart of the city of Danville.

Under this option, quality, patient satisfaction, access and operational efficiency would be adversely affected. For these reasons, this alternative was rejected.

B) Project of Greater Scope: Build Facility with Additional Capacity ($13,600,000)

This alternative was considered since, given anticipated growth, capacity may again be an issue within five years. However, due to future uncertainties, the Applicants opted for a more measured approach. If volumes continue to grow as anticipated, the Applicants will have a few options to consider.

C) Renovate Existing ASTC ($12,150,000)

To renovate in place, the Applicants would have to invest significant financial resources to achieve suboptimal results. The cost of a major renovation in today's construction dollars is often equal to or greater than that of new construction. Furthermore, modernizing in place would not allow for the planned increase in square footage or future expansion when necessary to accommodate growth in demand. This option would also negatively impact patient access by requiring portions of the facility to be inoperable during construction, and would result in disruptions due to construction noise and debris. Finally, this option would not allow the ASTC to be co-located within an MOB to be developed at the same site.

Under this option, project costs would not be reduced, patient care would be adversely impacted, maintenance costs would increase and operation efficiency would be affected. For these reasons, this alternative was rejected.

Alternatives to the Proposed Project

D) Relocate and modernize ASTC (Proposed). ($12,117,637)

The Applicants ultimately decided to relocate and modernize their ASTC. The chosen option will improve quality of care by providing a state of the art facility that promotes patient satisfaction and operational efficiency through improved patient flow from pre-op through recovery. It will also co-locate the facility with proposed medical offices and improve the facility's location to allow for easier access by patients and staff. Finally, this option will allow for future expansion when necessary.

Safety Net Impact Statement

The Applicants seek to relocate their Existing ASTC. No services are being eliminated. The Project will enhance the delivery of 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 healthcare 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.**

   The relocation of Carle SurgiCenter: Danville will improve safety net services in the community, as it was the only ASTC in the GSA that provided charity care in 2017 or 2018. Carle SurgiCenter: Danville is a division of The Carle Foundation Hospital and, as such, operates under The Carle Foundation Hospital's Medicaid and charity care financial assistance policies. As a result, in 2019, 19.4% of Carle SurgiCenter: Danville's patients' primary payor source was Medicaid (354 patients), while Charity Care accounted for another 9.9% of patients (181 patients). The Replacement ASTC will be covered under the same Medicaid and charity care policies as the existing ASTC.

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 relocation of the ASTC will not adversely impact the ability of other providers or healthcare systems to serve patients seeking safety net services. The Applicants do not believe there will be any adverse impact on other providers or healthcare systems, as the Replacement ASTC will contain the same number of operating rooms and procedure rooms as the Existing ASTC.

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 Project is a relocation of the Existing ASTC and not a true discontinuation. 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. Carle SurgiCenter: Danville- Charity Care Information

Charity Care (# of patients)	**FY 17**	**FY 18**	**FY 19**
Inpatient	0	0	0
Outpatient	131	153	181
Charity Care (cost)	**FY 17**	**FY 18**	**FY 19**
Inpatient	$0	$0	$0
Outpatient	$69,591	$57,884	$78,938

2. Carle SurgiCenter: Danville- Medicaid Information

Medicaid (# of patients)	**FY 17**	**FY 18**	**FY 19**
Inpatient	0	0	0
Outpatient	321	339	354
Medicaid (Revenue)	**FY 17**	**FY 18**	**FY 19**
Inpatient	$0	$0	$0
Outpatient	$64,569	$185,047	$195,000

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 2019 (Attachment-37a)

Form AG-CBP-1
Rev 01/19

#21-001

KWAME RAOUL
ATTORNEY GENERAL

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Carle Foundation Hospital

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

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 01 (Month) / 01 (Day) / 2019 (Year) **through** 12 (Month) / 31 (Day) / 2019 (Year) **Taxpayer Number:** 37-1119538

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 it's 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..... $ 19,336,740

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

Attachments 4A and 4B

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	Dollars not paid by hospital; see Attachment 4A for detail	$ ---
Government Sponsored Indigent Health Care		$ 25,958,693
Donations		$ 1,898,730
Volunteer Services		
a) Employee Volunteer Services	$ 2,831	
b) Non-Employee Volunteer Services	$ 811,882	
c) Total (add lines a and b)		$ 814,713
Education		$ 17,906,151
Government-sponsored program services		$ 0
Research		$ 5,114,730
Subsidized health services		$ 32,912,789
Bad debts		$ 7,708,139
Other Community Benefits		$ 422,326

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

6/26/2020
Date.

Jennifer Hendricks-Kaufmann / Director, Enterprise Communications and Health System Marketing
Name of Person Completing Form

(217) 902-5205
Phone: Area Code / Telephone No.

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

(217) 902-7714
FAX: Area Code / FAX No.

CY 2019 Carle Foundation Hospital Report – Attachment 1
For period from 1/1/2019 through 12/31/2019

Attachment 1: Mission Statement

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, and our role within the community extends far beyond the walls of our hospitals and clinics. As the region's trusted healthcare provider, we are also called to be the region's trusted community partner – providing assistance, programs and resources when and where our communities need them. Our commitment to the community reflects our mission to serve by delivering high-quality care, conducting impactful medical research and training the providers and caregivers of tomorrow. Our vision to improve the health of the people we serve and our commitment to the communities we call home are stronger than ever.

CY 2019 Carle Foundation Hospital Report – Attachment 2
For period from 1/1/2019 through 12/31/2019

Attachment 2: Community Benefits Plan

Community Health Needs Assessment Summary

In 2017, Carle, Champaign-Urbana Public Health District (CUPHD), OSF Heart of Mary Medical Center (formerly Presence Covenant Medical Center) and United Way of Champaign County assessed the current health status of the community and identified needs, and created a comprehensive plan to improve our community's health by acquiring input from community partners, planners, elected officials and residents.

Approximately 90 community leaders met multiple times to participate in the assessment and to review the results of the survey and community health data, set a vision and identify priorities and goals for the 2017-2019 Community Health Improvement Plan.

Based upon the Community Health Needs Assessment using both quantitative and qualitative research, Carle Foundation Hospital prioritized the significant community health needs of Champaign County considering several criteria including: alignment with the hospital's mission, existing programs, the ability to make an impact within a reasonable time frame, the financial and human resources required, and whether there would be a measurable outcome to gauge improvement. The following three health areas were selected as the top priorities:

1. **Obesity**
2. **Behavioral Health**
3. **Violence**

In 2019, Carle paid ($22,500) for a portion of the salary for the Regional Community Health Plan Coordinator, a position housed at CUPHD. This person is responsible for coordinating implementation efforts across the community for the Community Health Needs Assessment.

This plan includes Carle Foundation Hospital's intent to address and measure outcomes from 2017-2019.

PRIORITY #1: OBESITY

Nutrition, environment, and physical activity

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

1. Encourage providers to give out nutrition Rx and physical activity Rx
2. Expand the current PlayRx program to include qualifying children from Carle
3. Use Carle BMI patient data to track childhood BMI data in Champaign County
4. Donations to community and school-based programs that encourage physical activity and nutritional education

Measures of success:

Measurement	2018 Results	Target 2019	Target 2020
# of Carle providers giving at least one nutrition and/or physical activity Rx	0	10	15
Reduce BMI "% over Normal" by 1 percentage point for adult and pediatric age ranges	See BMI chart for baselines across all ages	Baseline -1% for all age ranges	Baseline -1% for all age ranges
Funding to community agencies	$40,269	$7,650	$7,650

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Evaluation of Prior Impact:
Obesity has been a priority health issue in the current and previous Community Health Needs Assessments. Carle continues to support activities aimed at improving the health of the community and addressing obesity.

- **Girls on the Run:** Supported Girls on the Run (GOTR) East Central Illinois and GOTR of Champaign County, an international program with a mission to help young women become physically stronger and build their self-esteem.
    - GOTR of Champaign County served 279 girls (25% requested financial assistance) from 16 sites throughout Champaign and Ford counties.
    - The fall and spring 5Ks welcomed 579 participants, including GOTR girls, their coaches, Running Buddies, and community supporters. In addition, about 200 volunteers served our organization in 2019, serving as coaches and 5K volunteers.

- Provided funding of community events that promote physical activity, including various walks and races; amounting to more than $19,000 in financial support

PRIORITY #2: BEHAVIORAL HEALTH

Access, prevention, substance abuse, and resources

Carle Foundation Hospital will pursue these initiatives to increase access to behavioral health services:

1. Explore viability of increasing primary care physicians' comfort level in prescribing psychotropic prescriptions
2. Recruit behavioral health providers to add capacity within the community
3. Support community behavioral/mental health services through donations
4. Support educational and training programs of local providers
5. Carle Primary Care has implemented many opioid management best practices since 2015; however, there are opportunities to formalize and optimize the program in order to improve overall provider compliance with best practices and to expand the program to other practice specialties across Carle. In 2018, Carle formalized and enhanced the current opioid management program in order to:
    a. Allow for automated actionable reporting that indicates overall program performance and individual provider compliance with best practice.
    b. Develop a program expansion roadmap.
    c. Expand the program beyond primary care.

Measures of success:

Measurement	2018 Results	Target 2019	Target 2020
Increase number of Carle behavioral health providers	2 new	7 new	3 new
Funding to community agencies	$2,750	$5,000	$5,000
Continued Narcan support	$2,000	$3,500	$3,500
Carle provider compliance with best practices improves from baseline	Baseline TBD	Baseline TBD	Baseline TBD
Establishing a Carle provider opioid management training and awareness program	Program initiated	% Carle Providers who have completed training TBD	% Carle Providers who have completed training TBD

Evaluation of Prior Impact:

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Behavioral Health has been a priority health issue in the current and previous Community Health Needs Assessments. Carle continues to support activities aimed at improving access to behavioral health care services.

- **Seeds of Wellness:** The Seeds of Wellness project was initiated in 2018 to address increasing suicide by farmers, with a focus on the rural and veteran populations. In collaboration with staff from executive leadership, human resources, behavioral health and communications, the primary function of the project is to educate the communities we serve about behavioral health awareness, including ways to identify and assist those showing symptoms of behavioral health issues; and to address the stigma around seeking behavioral health services.

  In 2019, Carle facilitated a train the trainer program for 14 Carle and regional partner employees to teach Mental Health First Aid training. We hosted 18 classes regionally and trained over 335 individuals in our communities. We had the opportunity to train healthcare professionals, farmers, employers, clergy members, first responders and many other community members.

- **Psychiatry Residency:** Psychiatric residents treat patients under supervision from attending psychiatrists and medical school faculty at three partnering hospitals – Carle, OSF (formerly Presence) and VA in Danville. Training includes the areas of inpatient and outpatient psychiatry, addictions, geriatrics, child, forensics, emergency and administrative psychiatry. 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. We added four additional residents in 2019, with the expectation of four new residents joining the program each year.

- **Preventing Drug Overdose with Narcan:** Carle partners with the Champaign County Sheriff's Office to equip officers with Narcan, or naloxone, a drug that stops respiratory failure caused by opioids. 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 2019, there were 15 heroin overdoses in Champaign County under the jurisdiction of the Champaign Co. Sheriff's Office; one (1) of which was fatal. There were twelve (12) lives saved after emergency responders administered Narcan: four (4) times by Champaign County Sheriff's Office, seven (7) times by Emergency Medical Services, and one (1) time by citizens.

- **Other Impact:**
  - Provided funding to community agencies and events that promote awareness of Behavioral Health education, including opioid awareness events; amounting to $13,000 in Behavioral Health funding
  - Increased Behavioral Health providers with five net new providers in 2019.

PRIORITY #3: VIOLENCE

Gun violence, domestic violence, child abuse and neglect

The majority of the goals in the CHNA involve law enforcement and correctional system entities; therefore, Carle will not provide direct interventions in these areas. However, there are a number of projects and initiatives Carle supports that are intended to reduce the rate of violence and support victims of violence.

Carle Foundation Hospital will pursue these initiatives to reduce the levels of violence:

1. Sexual Assault Nurse Examiners (SANE) / Interpersonal Violence Program
2. Child Abuse Safety Team (CAST)
3. Risk Watch
4. Playing It Safe safety fair for kids and families
5. Donation support to community agencies

Measures of success:

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Measurement	2018 Results	Target 2019	Target 2020
# SANE encounters (descriptive measure)	124	*Measure utilization*	
# CAST encounters (descriptive measure)	95	*Measure utilization*	
Risk Watch in-kind support	$4,042	$4,000	$4,000
# of attendees at Playing It Safe	1,400	1,800	1,800
Funding to community agencies	$22,280	$20,000	$20,000

Evaluation of Prior Impact:
Violence has been a priority health issue in the current and previous Community Health Needs Assessments. Carle continues to support activities aimed at reducing levels of violence in the community.

- **SANE/Interpersonal Violence Program: Interpersonal Violence Program**
  This program focuses on reducing interpersonal violence through community education and the development and training of a staff of Sexual Assault Nurse Examiners (SANE) and others who treat sexual assault and abuse survivors. Carle has eleven nurses total working with sexual assault patients, 2 who are internationally board certified, 4 who are state certified, and 7 who are in training, who assisted with 144 total, including 48 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 2019 accomplishments include but are not limited to:

  - Provided clinical and classroom education to rape advocates, University of Illinois and Parkland College nursing students, and Parkland College paramedic students (100 hours)
  - Participated in the Illinois Hospital Association / Attorney General's project to increase SANEs throughout Illinois (100 hours)
  - Participated as a general committee and silo subcommittee member with ICASA to revise and impact new legislation in sexual assault law (12 hours)
  - Participated in community multidisciplinary team to follow up on pediatric abuse cases (36 hours)
  - Participated in University of Illinois Rape Awareness and Prevention Committee (24 hours)
  - Organizing and leading the Champaign County Sexual Assault Response Team committee (50 hours)
  - Organizing and hosting a one day seminar on sexual assault in March 2019 (50 hours)
  - Planning and preparation to host a one day seminar on child abuse and domestic violence, scheduled to be held in March 2020 (50 hours)

- **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 2019, the CAST program served 92 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 more than $54,000 in community benefit. To date, this initiative led by one physician champion has helped 614 children since launching in 2012.

- **RadKIDS:** Carle joined forces with RACES (Rape Advocacy, Counseling & Education Services) in 2018 to teach radKIDS to elementary-aged children in the community at no cost to the attendee. The partnership continued into 2019, with Carle providers providing over 100 hours of support to the national, five-day course empowers children with real-life training so they can protect themselves from dangers, like inappropriate touching, when to tell a trusted adult if they are being harmed, how to dial 9-1-1 in an emergency, and how to physically defend themselves.

- **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 2019 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 6,936 students in these topic areas, spending over 60 hours in the classrooms of Champaign-Urbana.

- Provided funding to community agencies and events that promote awareness of domestic violence, child abuse and sexual assault, amounting to more than $22,000 in violence-related funding.

OTHER PRIORITIES: ACCESS TO CARE

Carle is acutely aware of the need for Access to Care, making it a mainstay of our community benefit efforts. We have a strong financial assistance program based on a philosophy of doing the right thing for the community and patients, balanced by a careful stewardship of the community's resources. While Access to Care was not selected as a priority for the 2017-2019 CHNA, it will continue to be a priority for Carle.

Carle Financial Assistance Program (CFAP):
As a tax-exempt organization, Carle Foundation Hospital provides care to patients regardless of their ability to pay. Carle's generous Financial Assistance Program has resulted in our ability to reach many people over the years.

During 2019, financial assistance for Hospital patients alone totaled $19,336,740 at cost, serving 25,849 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 CFAP across the health system was 37,802 unique individuals in 2019, amounting to $29,541,405 in charity care at cost. This system-wide figure includes individuals served at Carle Physician Group and other Foundation entities including Arrow Ambulance, Champaign SurgiCenter, and Carle Hoopeston Regional Health Center.

Our practice is to look at each patient's financial status in relation to 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, WIC, SNAP (Supplemental Nutrition Assistance Program), Medicaid, Low Income Home Energy Assistance Program (LIHEAP), and Township Assistance recipients.

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
- Information about the Carle Financial Assistance Program on all statements, collection letters and Hospital admission packets

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- Carle Financial Assistance Program information and applications at all registration points, Hospital main lobby and 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

Review Status
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 annually. We do not limit the amount of financial assistance we provide, at this time.

Representatives from Public Relations, 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 – six times in 2019 – 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.

Other ways to help improve Access to Care:
In addition to charity care, Carle supports a wide range of programs and services to increase community capacity, health care work force expansion, and social services that provide complementary healthcare-related services.

Carle Foundation Hospital has, and will continue to, pursue these initiatives to improve access to care:

1. Offer a charity care program
2. Communicate the availability of the charity care program
3. Recruit more providers into the Carle system, thereby expanding access/capacity
4. Support local community clinics to ensure added local capacity for health care
5. Support Promise Health to ensure capacity for dental care and primary care
6. Support United Way and other area agencies to improve availability of health services
7. Donate to existing community health and dental programs
8. Participate in population health initiatives that actively manage the health of members
9. Support of ECHO/CAOS hearing programs to expand access to these services
10. Support Parkland students in health care fields; GME programs to grow number of future physicians
11. Promote prescription affordability as a 340B provider
12. Enhance access-related initiatives that will improve patient access and ability to interface more efficiently for needed services – Patient Contact Center, Prescription Refill request process, e-visits, virtual visits and more
13. Continue access to care through subsidized services, including the Faith Community Nurse Program, Breastfeeding Clinic and Language Assistance Services

NEEDS CARLE IS NOT ADDRESSING:

While there were a number of additional needs identified by the data and input from community leaders, Carle does not have the resources to adequately address all of them. The issues that will not be addressed in this implementation plan were prioritized as such because the needs were not as significant; they are not central to the hospital's mission; and Carle has determined it does not have the ability to make a measurable impact in those areas. Carle will not focus on addressing community health challenges related to senior/aging challenges or neglect, cancer, dental problems, infectious disease, teenage pregnancy and lung/respiratory disease.

POPULATIONS AND COMMUNITIES SERVED:

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Carle's service area is generally defined as east central Illinois, including all or parts of 41 counties throughout Illinois and western Indiana. Our primary, five-region service area includes 26 Illinois counties and comprises nearly 65% of the Carle service area's population of about 1.4 million residents.

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.

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, 41-county region.

DATES ADOPTED/APPROVED:

Carle Foundation Hospital's Community Health Needs Assessment was adopted and approved by The Carle Foundation Board of Trustees on December 8, 2017. The 2017-2019 Community Benefit Implementation Plan was adopted and approved by the Board of Trustees on March 9, 2018.

Policy Number AD300

Subject	AD300 - Carle Financial Assistance Program		
Category / Section	Administration / Finance		
Owner	Manager – Self Pay Receivables Management		
Reviewer(s)	Director - Patient Financial Services; VP - Revenue Cycle Operations		
Effective Date	04/10	**Review Frequency**	3 years
Approval Date	01/22/2019		

Scope of Policy/Procedure ***(applies to entities/locations marked below)*** *(see template for detailed entity/location descriptions)*

	This document applies to **all** entities/locations listed below

	Hospitals		**Ambulatory/Off-Campus locations**		**Other Carle Entities**
	All Carle Hospitals listed below:		All Carle ambulatory/off-campus locations listed below:		All other Carle entities listed below:
X	Urbana (CFH)	X	CFH/CPG ambulatory locations *(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)*	X	Arrow Ambulance, LLC
	Hoopeston (CHRHC)		CHRHC ambulatory locations *(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)*		Carle Retirement Centers *(Windsor of Savoy & Windsor Court)*
		X	Champaign SurgiCenter, LLC		Health Alliance Medical Plans
			Administration Building locations (includes Carle at the Fields)		

Scope Exclusions – See non participation listing at Carle.org/FinancialAssistance

X	Life Watch	X	Quest Diagnostics	X	Christie Clinic LLC Providers
X	Provena Providers	X	All other third party providers		

Attachments

CFAP Limited and Non Covered Service Listing – AD300B

CFAP Area Homeless Shelters – AD300C

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 AD355 - Presumptive Eligibility for Financial Assistance .

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 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 - IL Hospital Uninsured Patient Discount Program 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 or contact Carle at (888) 71-CARLE or (217) 902-5675.
      - Applications are to be fully completed, signed, and returned with required documentation to:

        Carle Financial Assistance Program
        PO Box 4024

Champaign, IL 61824-4012

- **Resident** – Except for emergent situations outlined below, the Carle Financial Services Program is intended for Illinois residents only.
  - Residency verification documentation - if needed:
    - 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
    - Award letter from school
    - Statement from a family member that the patient resides at the same address with one of the above residency verifications.
- 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 Self Pay Receivables Management. Further appeals may be directed to the Director Patient Financial Services, may be escalated to either the Vice President of Revenue Cycle Operations, the SVP, Chief Revenue Cycle Officer 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 or by request to Carle representatives at 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.

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 Assistance Program will not cover cosmetic, elective or non-medical retail services.

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, 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 AD335 - Payment Policy and AD336 - Self-Pay Billing and Collection Policy .
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 Patient Financial Services and the Senior Vice President Revenue Cycle Operations including:
    1. Adjustments
    2. Number of paper applications received
    3. Approvals
    4. Denials
    5. Backlogs
    6. Quality assurance measures

Other Related Links

AD337 - Carle HRHC Financial Assistance Program
Plain Language Summary - X0873
Non-Participating Provider List - X0271

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

#21-001

Carle Financial Assistance Progam
Limited and Non Covered Service Listing

This listing reflects certain identified services that may be non-covered or have coverage limitation under the Carle Financial Assistance Program, Carle HRHC Financial Assistance Program or IL Hospital Uninsured Patient Discount Program. There may be circumstances that limit or expand this listing. For additional questions or clarification, please contact either the Manager or Supervisor of Self Pay Receivables Management.

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 factor.

Additional limitations may exist based upon the program policy.

Description of Service	Subcategories	Limited Coverage	Not Covered
Bariatric Surgery		Patient must meet the prescribed treatment plan at the same level as a Medicare/Medicaid patient or the treatment plan as identified by physician.	
Cardiac	Phase III Therapy		**x**
	Monitor *Billed by LifeWatch*		**x**
Carle Medical Supply (CMS)	Leg Caddy/Knee Scooter Compression Stockings Lift Chairs and Seat Lifts Blood Pressure Cuffs Motorized Scooters Special Order Compression Garments Enternal feedings (Boost/Ensure)		**X**
		All other retail products that follow the general standards of medical practice purchased through CMS, are covered at the Base Level model only	
Colonoscopy	Screening	Must follow the general standards of medical practice.	

Cosmetic Services	Elective: Includes any surgical procedure directed at improving appearance.		**x**
	Reconstructive Surgery: Reconstructive surgery is generally performed to improve function, but may also be done to approximate normal appearance.	Performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, tumors and/or disease.	
Dental Services	Cosmetic or prophylactic (including, but not limited to: implants, replacement teeth, bridges)		**x**
	Emergent OMFS services	Must follow the general standards of medical practice.	**Dental Carries**
	Oral Surgery	Must follow the general standards of medical practice and noted within EMR documentation of medical necessity.	
Dermatology	Retail Products		**x**
Drugs and Medicines	Prescriptions		**Prescriptions filled at outpatient pharmicies**
Elective Services	Services falling outside of generally accepted standards of medical practice		**x**
Experimental Services	Services falling outside of generally accepted standards of medical practice		**x**
Hearing Services	Hearing Aids	Base level model at 1 device per every 5 years. See Hearing Services policy.	
	Cochlear Implants	Must meet all prequalification requirements as outlined in Hearing Services policy.	
Infectious Disease	Travel Clinic		**x**
	Immigration Clinic		**x**
Infertility Services			**x**
Mental Health	Late or Missed Appointment Fee		**x**
	Substance Abuse/CARC	Non Court ordered covered.	**Court Ordered**
Non-Carle Providers or Services	Only services or providers billed by a participating Carle entity can be considered through the various programs.		**x**

Optical	Glasses	First pair of standard frame and standard lenses after cataract surgery at the Medicare reimbursement rate, patient responsible for excess cost.	**Retail with noted exception for cataract patients.**
	Contact lenses		**x**
	Cataract lenses	Basic (non-premium lens) covered.	
Other	CT Calcium Scoring		**x**
	Report Completion Fee		**x**
	Medical Record Copying Fee		**x**
Out of Network Insurances	Non-emergent		**x**
	Non-authorized (i.e. VA, Mental Health carve-out)		**x**
Pulmunary	Phase III Therapy		**x**
Reduced Rate Services: i.e. Sport or OccMed Physicals, Flu Clinic, etc.			**x**
Screening/Routine Services		Must follow the general standards of medical practice.	

Financial Assistance: Area Homeless Shelters

A Woman's Place (A Woman's Fund): Houses women and children (males up to age 17 with their mothers) fleeing domestic abuse and sexual assault

Mailing Address: 1304 E. Main
Urbana, IL 61802
Phone Number: (217) 384-4462, domestic violence business office
Fax Number: (217) 384-4383
Service Area: Champaign, Piatt, Ford and Douglas counties

BETHS Place (Because Eventually the Healing Starts): Provides temporary shelter for abused women and their children, but no assistance for persons under the influence of drugs or alcohol.

Mailing Address: P.O. Box 462
Tuscola, IL 61953
Phone Number: (217) 253-6721 office line
Phone Number: (877) 394-8284 Toll Free number
Fax Number: (217) 253-6722
Service Area: Douglas County and beyond

Catholic Worker House (St. Jude): 13 person capacity shelter for families, single women or single men with children

Mailing Address: 317 S. Randolph St.
Champaign, IL 61820
Phone Number: (217) 355-9774

Center for Women in Transition (CWT): Homeless shelter in Champaign-Urbana, Illinois, that offers support services and safe transitional housing to homeless women over 18 and their children (males up to age 14); maximum stay of 2 years

Mailing Address: 508 E. Church Street
Champaign, IL 61820
Phone Number: (217) 352-7151
Fax Number: (217) 352-1035
Service Area: Champaign County

City of Urbana-Transitional Housing Program for Homeless Families: Provides housing and support services to selected homeless families with dependent children who have been residents of Champaign County for at least three months.

Mailing Address: 400 S. Vine St.
Urbana, IL 61801
Phone Number: (217) 328-8263
Fax Number: (217) 384-2367
Service Area: Champaign County

Danville Rescue Mission: Emergency and transitional shelter for single men

Mailing Address: 834 N. Bowman Avenue
Danville, IL 61832
Phone Number: (217) 446-7223

Jesus is the Way Prison Ministries, Inc.: Provides follow-up assistance to just-released male inmates with employment, housing, food and spiritual needs.

Mailing Address: 602 S. Liberty Ave.
Rantoul, IL 61866
Phone Number: (217) 892-4044
Fax Number: (217) 892-5995

Mattoon Public Action to Deliver Shelter (PADS): Homeless shelter and food bank in Mattoon.

Mailing Address: 2017 Broadway Ave.
Mattoon, IL 61938
Phone Number: (217) 234-7237

Restoration Urban Ministries: Offers transitional housing, food pantry, clothing, substance abuse classes, and many other programs to assist teens, men and women.

Physical Address: 1213 Parkland Court
Champaign, IL 61820
Mailing Address: PO Box 3277
Champaign, IL 61826-3277
Phone Number: (217) 355-2662

Roundhouse: 24-hour emergency shelter for youth ages 10-17 experiencing crisis including runaways, homeless, near homeless, or youth with problems with school, drugs, sex, peers, or abuse/ neglect

Mailing Address: 311 W. White St.
Champaign, IL 61820
Phone Number: (217) 359-5276
Fax Number: (217) 359-6092

Safe Place: Temporary shelter for victims of domestic violence and sexual assault

Mailing Address: Safe Place
Family and Graduate Housing
1841 Orchard Place
Urbana, IL 61801
Phone Number: (217) 840-2232 Intake

Salvation Army Stepping Stone Shelter: Provides temporary and transitional housing for homeless men (18 and older) on a nightly basis

Mailing Address: 2212 N. Market
Champaign, IL 61822
Phone Number: (217) 373-7830
Fax Number: (217) 373-8441

TIMES Center: Transitional Living program serving homeless men in Champaign County

Mailing Address: 70 E. Washington
Champaign, IL 61820
Phone Number: (217) 398-7785
Fax Number: (217) 398-7787

Your Family Resource Connection (YFRC)—Residential Program: Dormitory style housing for 23 homeless, self-sufficient women (18 and older)

Mailing Address: 201 N. Hazel Street
Danville, IL 61832
Phone Number: (217) 446-1217
Fax Number: (217) 443-6845

#21-001

Policy AD346

Subject	AD346 - IL Hospital Uninsured Patient Discount Program		
Category / Section	Administration / Finance		
Owner	Manager – Self Pay Receivables Management		
Reviewer(s)	Director - Patient Financial Services; VP -Revenue Cycle Operations		
Effective Date	01/26/12	**Review Frequency**	3 years
Approval Date	03/07/2019		

Scope of Policy/Procedure ***(applies to entities/locations marked below)*** *(see template for detailed entity/location descriptions)*

	This document applies to **all** entities/locations listed below				
Hospitals		**Ambulatory/Off-Campus locations**		**Other Carle Entities**	
X	All Carle Hospitals listed below:		All Carle ambulatory/off-campus locations listed below:		All other Carle entities listed below:
	Urbana (CFH)		CFH/CPG ambulatory locations *(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)*		Arrow Ambulance, LLC
	Hoopeston (CHRHC)		CHRHC ambulatory locations *(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)*		Carle Retirement Centers *(Windsor of Savoy & Windsor Court)*
			Champaign SurgiCenter, LLC		Health Alliance Medical Plans
			Administration Building locations (includes Carle at the Fields)		

Scope Exclusions *(Mark this box and enter any departments or locations within a marked entity that are exempt from the policy/procedure.)*

Attachments N/A

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 Hoopeston 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 AD355 - Presumptive Eligibility for Financial Assistance .
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 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 Hoopeston 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 Hoopeston 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 4024
         Champaign, IL 61824-4012
      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
         - Award letter from school
         - 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.http://www.carle.org/Documents/Carle_Uninsured_Discount_Application.aspx
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, 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 AD300 - Carle Financial Assistance Program
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 AD335 - Payment Policy .

F. Information related to the IL Hospital Uninsured Patient Discount adjustments will be regularly reported to the Director Patient Financial Services and the Senior Vice President Revenue Cycle Operations
   1. Adjustments
   2. Number of paper applications received
   3. Approvals
   4. Denials
   5. Backlogs
   6. Quality assurance measures

Other Related Links

AD300 - Carle Financial Assistance Program
- CFAP Limited and Non Covered Service Listing – AD300B
- CFAP Area Homeless Shelters – AD300C

AD336 - Self-Pay Billing and Collection Policy
AD337 - Carle HRHC Financial Assistance Program

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

CY 2019 Carle Foundation Hospital Report – Attachment 4A
For period from 1/1/2019 through 12/31/2019

Attachment 4A: Community Benefits Supplemental Information

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 $352,876 in 2019 is not included in Carle Foundation Hospital's community benefit reporting.

GOVERNMENT-SPONSORED INDIGENT HEALTH CARE:

The cost of health care services far exceeds the amount the State of Illinois and federal government reimburses for providing services to Medicaid and Medicare recipients, respectively. In 2019, the cost to provide care to Medicaid patients exceeded reimbursement by more than $21.9; and $4 million in unreimbursed care for Medicare patients. For the overall Carle health system, $114,296,785 exceeded reimbursement. To obtain these costs, we applied a cost-to-charge ratio of 19.29 % across all entities.

In addition, Carle uses the services of two outside agencies to assist people in applying for Medicaid, helping patients take advantage of State aid to cover their hospital bills. The cost of providing this service was more than $280,000 covered by a "shared services" cost center, not including staff time spent on enrollment assistance.

DONATIONS:

To strengthen our community, Carle provides substantial resources to other organizations in support of missions and goals that closely align with ours. In total, the Carle Health System donated more than $12 million cash and in-kind donations in 2019, benefiting more than 100 civic, health improvement and educational endeavors, as well as mission work.

Specific to Carle Foundation Hospital, significant grants included $969,106 in support of the Medical Scholars program at the University of Illinois College of Medicine at Urbana-Champaign; $53,557 to Promise Health/Frances Nelson Health Center in cash and in-kind support, and $20,000 to Christian Health Center to improve access to care; $260,000 to Parkland College for the Carle Scholars Program to support healthcare professions education; $110,000 to Champaign County Health Care Consumers to promote advocacy for access to healthcare; and $80,000 to Land of Lincoln Legal Assistance.

Remaining cash donations included: $493,786 toward health improvement; $44,614 toward initiatives and programming to help youth; $3,150 toward health professions educations and scholarships; and $6,750 toward health education.

VOLUNTEER SERVICES:

Employee: Carle administrators and leaders provided more than 500 hours on behalf of Carle for participation in community boards, committees and community functions. Most of these hours were spent by senior leaders, including the CEO/President and several vice presidents.

Non-employee: In 2019, 1,573 non-employee volunteers put in more than 104,000 hours at the hospital, receiving no payment but contributing to Carle's mission. At a minimum wage of $8.25/hour, this equated to more than $811,000 of potential wages that Carle saved by having such a strong volunteer program.

Though not required for reporting purposes, an additional 3,900 hours were captured for non-hospital entities, including Carle Physician Group, Windsor of Savoy, CAOS/ECHO, The Caring Place and Champaign SurgiCenter.

CY 2019 Carle Foundation Hospital Report – Attachment 4A

EDUCATION:

Through a variety of activities including significant donations, scholarship programs, and physician, nurse and allied-health education, more than $18 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.

- Graduate Medical Education maintained five medical residency programs – Family Medicine, General Surgery, Internal Medicine, Oral and Maxillofacial Surgery, and Psychiatry. Throughout 2019, Graduate Medical Education worked to expand the footprint and has added a Vascular Surgery Residency Program which will begin July 1, 2020. This program is a five year program with one resident expected in each program year. During academic year 2019-2020, there were a total of 90 residents in GME programs.

- Continuing Medical Education strives to provide quality and world-class, evidence-based medical education to healthcare professionals both locally and regionally. As an interprofessional CE provider, Carle is an approved provider of continuing education credit for 16 different disciplines. In 2019, more than 20 multi-disciplinary seminars, open to local, regional and national healthcare professionals, were provided in addition to continuing education opportunities in multiple disciplines throughout Carle Foundation Hospital.

Included in overall Carle health system figures and not specific to the hospital, Carle continued support of the Carle Illinois College of Medicine, the world's first engineering-based college of medicine. In 2019, Carle Illinois added another 32 medical students to the previous 32, who will continue to thrive in a rich clinical research environment that supports student innovations to improve patient care. Looking forward, Carle's focus for the College is on faculty and physician recruitment to maximize opportunities for new research in our key pillar areas.

Overall, Carle pledged to donate $100 million to the College over 10 years, reported as a $10 million gift from The Carle Foundation every year.

RESEARCH:

Carle Foundation Hospital's research program continues to expand 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-ups in a variety of clinical areas, including cancer, neurosciences, digestive health, maternal-child health, heart and vascular, sports medicine, ophthalmology and hearing.

In June 2019, the Carle Board of Trustees approved moving forward with pursuing the acquisition of a Siemens 7 T MRI system in partnership with the Beckman Institute Imaging Center at the University of Illinois Urbana Champaign. This Carle-Illinois partnership will bring the first 7 Tesla MRI approved for clinical use to the State of Illinois. Seven Tesla MRI has shown tremendous promise for detecting neurological disease like Multiple Sclerosis, Epilepsy, and Parkinson's disease. This will complement the Carle Neuroscience Institute clinical and research strategies and will help Carle more effectively serve patients with complex neurological issues. The partnership, which will begin in the future with the University of Illinois is unique and will allow rapid translation of new MRI science into clinical practice.

Carle launched two new services in 2019, which include the Specimen Procurement Service Center (SPSC) and the Quality Assurance Service. These services will help our investigators pursue promising new research collaborations and ensure the safety of patients who participate in clinical research studies.

Carle's Cancer Center recently earned recognition as one of 16 institutions in the United States for outstanding performance in clinical cancer research in 2019, and- in November, Carle Foundation Hospital and the Mills Breast Cancer Institute at Carle Cancer Center welcomed the University of Illinois at Urbana Champaign basic science Cancer Center to the Biomedical Research Center located on the third floor of the Mills Breast Cancer Institute. This collaboration realizes a long-standing dream presented at the groundbreaking ceremony of the Mills Breast Cancer

when Patricia Johnson, MD, PhD, Carle Clinic oncologist stated "With medical doctors and researchers working under one roof the patients will get what they need. We can all benefit by being in one building and providing the team approach for each patient."

Carle remains committed to pursuing innovative research that advances patient care and saves lives.

SUBSIDIZED HEALTH SERVICES:

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 they operate at a loss. Some of these subsidized services include:

Community Health Initiatives (CHI): Carle's Community Health Initiatives, led by a vice president and a Carle Physician Group physician, seeks 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 an adult, but rather the environment in which a person grows up.

Consisting of two main initiatives – Healthy Beginnings home visiting and the Carle Mobile Health Clinic – the intent for the program is to address the root cause of health concerns facing our community, also called social determinants of health, and to ultimately improve the areas of emphasis in Carle's community benefit plan, including behavioral health, obesity, violence and access to care.

- **Healthy Beginnings Home Visiting:** In 2019, Healthy Beginnings had a total of 3,411 completed home visits, and 779 telehealth visits. Including 4,366 hours of RN's providing direct patient care. This does not include the time and hours spent on coordination.

- **Mobile Health Clinic:** The Mobile Health Clinic officially launched on August 2, 2018, starting in the Garden Hills neighborhood in northwest Champaign. The program quickly added school locations to help with school physicals, and in September began services at the Illinois Worknet building by Parkland College, further expanding to Salt and Light in Urbana in November. In 2019, the Mobile Health expanded from 5 to 13 locations that services are provided. The Mobile Health Clinic was in services 163 days, and completed 1,231 visits.

The CHI and Healthy Beginnings home visiting cost centers counted as a total loss of $2,610,192 to the hospital.

Faith Community Nurse Program: Carle has one of the largest Faith Community Nurse groups in the nation, having educated 526 nurses from 246 congregations in 34 counties in four states. The program trains nurses from local places of worship to educate congregants and advocate for their healthcare interests. In 2019, faith community nurses logged more than 4300 hours of service to their congregations. The group also distributed more than 1,600 Vial of Life kits; bringing the total to more than 26,600 to date.

Carle Breastfeeding Clinic (BFC): Certified Lactation Consultants 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 outpatient clinics in Champaign and Urbana, the service includes 7 day a week support where breastfeeding mothers can call and speak to a nurse.

Other Subsidized Health Services maintained to improve the health of the community include: AirLife, Carle Auditory Oral School, ECHO (Expanding Children's Hearing Opportunities), Home Health Services, Hospice, Mills Breast Cancer Institute, Neonatal Intensive Care Unit, Patient Advisory Nurse, Pulmonary Rehabilitation and Telemedicine.

BAD DEBTS:

By expanding the presumptive eligibility screening processes and determining the financial status of patients up-front, Carle has been able to pinpoint those needing assistance early in the process, minimizing bad debt and optimizing our

ability to help. However, there is still some loss incurred for services we provided but which payment was never received.

Bad debt incurred by Carle Foundation Hospital in 2019 was $7,574,822.

CY 2019 Carle Foundation Hospital Report – Attachment 4B
For period from 1/1/2019 through 12/31/2019

Attachment 4B: Other Community Benefits

Category/Program Title	Benefit
Community Building Activities (F)	
Economic Development (F2) Cash Donations	**$298,344**
Community Support (F3) Disaster Readiness/Emergency Management in Region 6	**$53,096**
Workforce Development (F8) Mentoring Programs and Job Shadowing	**$46,330**
Community Benefit Operations (G)	
Community Needs/Health Assets Assessment (G2) Community Health Needs Assessment Regional Coordinator	**$22,500**
Other Resources (G3) Salvation Army Toy Drive	**$2,056**
OTHER COMMUNITY BENEFITS – *Grand Total*	**$422,326**

OTHER COMMUNITY BENEFITS / COMMUNITY BUILDING:

Although community building items are not counted as community benefit, this support is an important aspect of contributing to the economic viability of the community. Total, Carle Foundation Hospital contributed more than $422,000 in community building activities in 2019.

Economic Development

Cash and In-kind: A large portion of Carle's community-building activities focused on economic development, including cash, in-kind donations and budgeted expenditures for the city, business associations and other programs in Champaign County. In addition to the more than $298,000 in cash donations, leadership provided in-kind support by serving on boards for Champaign County Chamber of Commerce, Champaign County Economic Development Corporation, Visit Champaign County and more. Though not included in this report since our leadership is paid by a separate cost center outside of Carle Foundation, in-kind support outside of the cash donations totaled over $99,000 in 2019.

Community Support

Disaster Readiness/Emergency Management (Grant Funds): 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 (Region 6). 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 Foundation Hospital remains the only Ebola Treatment Center in Illinois outside of the Chicago area. In a world with increased travel and changing weather patterns, diseases once isolated in remote regions, now can expand rapidly. The movement of these diseases can lead to global outbreaks. Carle has made the commitment to be prepared to care for and treat highly infectious disease (HID) patients as the need arises. The HID unit includes a two-person isolation suite designed to be able to manage a full spectrum of highly infectious diseases ranging from hemorrhagic fevers to respiratory diseases to measles away from the general hospital population.

Previously, Carle had directly received a federal grant from the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) to put towards regional projects for emergency management within the community. For the past five years, those extra funds have been considered "regional coalition funds," and are overseen by the Emergency Management Director for use in the region. Those include, but aren't limited to, community benefit programming in the region: $16,710 to provide a First Receiver Decontamination course to four regional hospitals; $66,000 to provide major events/mass casualty trailers filled with medical supplies in strategic locations for the region, and $18,400 to provide an ALICE Active Shooter Preparedness Course for regional healthcare organizations . Total in-kind support by the Emergency Management Director and Specialist was more than $101,000 worth of support for these above-and-beyond emergency management duties.

Workforce Development

Job Shadowing: A large amount of community building efforts – more than $59,000 – were from health care mentoring programs and job shadowing. Carle's job shadowing program, run by the Volunteer Services department, helps address community-wide workforce concerns by allowing students and colleagues a chance to further their health care careers. A total of 128 people shadowed various staff at both Carle Foundation Hospital and Carle Physician Group in 2019. The hospital alone accounted for 830 hours as community benefit, which is a conservative calculation of 20-50% of the total number of hours spent with a supervisor.

Carle Job Readiness and Learning Program (JRLP): In its third year, the Carle Job Readiness and Learning Program provides employment and workforce training to under- and unemployed individuals in the community. Individuals selected for the program are hired from day one and embark on a three-week paid training program designed to equip them with the necessary skills to maintain successful employment and build self-sustainability. To date, the program has seen over 110 individuals. The program continuous to grow and develop to meet the needs of the organization and the employees it serves.

The Job Readiness and Learning Program continues to strengthen employability skills of participants and creating career pathways within the organization. Since the start of the program in 2017, employees have seen a more than 20% increase in hourly wages. Additionally, nearly 30% of employees have received promotions and another almost 10% have moved to clinical roles within the organization.

The program is funded by a grant from the Carle Center for Philanthropy and is not included in Carle Foundation Hospital figures. Organizers expect the impact to be far-reaching, creating opportunities for advancing innovative workforce training and development within the organization and our community. Ultimately, the program will create opportunities for these individuals to break out of the cycle of poverty.

Charity Care Information

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

The Carle Foundation Hospital

Charity Care				
		2017	2018	2019
1	Net Patient Revenue	$783,720,000	$821,613,000	$874,680,000
2	Amount of Charity Care (charges)	$98,860,547	$107,874,527	$93,083,649
3	Cost of Charity Care	$19,081,957	$20,642,677	$18,862,150
4	Ratio of the cost of Charity Care to Net Patient Revenue	2.4%	2.5%	2.2%

#21-001

611 West Park Street, Urbana, IL 61801-2595

Via Federal Express

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 Mike:

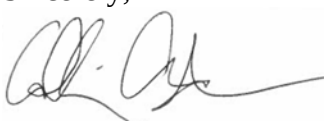
The Carle Foundation and Carle SurgiCenter: Danville, an operating unit of The Carle Foundation Hospital, as co-applicants, hereby submit the attached Certificate of Need ("CON") application to discontinue their Existing ASTC. As you know, the co-applicants separately filed a CON application in conjunction with this one to establish a Replacement ASTC and the enclosed application reflects the coordination of these projects. Specifically, the Existing ASTC will not be closed until the Replacement ASTC is licensed and operating.

For your review, I have attached the following:

1. An original and one copy of the completed application for permit
2. A check for $2,500 for the application processing fee

Thank you for your time and consideration of the co-applicants' application for permit. If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact Kara Friedman or me as needed.

Sincerely,



Collin Anderson
Strategic Planning Coordinator
Carle Foundation Hospital