

**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:	Springfield Clinic-Springfield Ambulatory Surgery Center – Cardiac Catherization		
Street Address:	1025 S. 6th Street		
City and Zip Code:	Springfield, IL 62703		
County:	Sangamon	Health Service Area:	3 Health Planning Area: 167

**Applicant(s) [Provide for each applicant (refer to Part 1130.220)]**

Exact Legal Name:	Springfield Clinic, LLP
Street Address:	1025 S. 6th Street
City and Zip Code:	Springfield, IL 62703
Name of Registered Agent:	Ray Williams
Registered Agent Street Address:	1025 S. 6th Street
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Ray Williams
CEO Street Address:	1025 S. 6th Street
CEO City and Zip Code:	Springfield, IL 62703
CEO Telephone Number:	217/528-7541

**Type of Ownership of Applicants**

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which 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:	Joe Ourth
Title:	Partner
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 N. Clark Street, Chicago, IL 60601
Telephone Number:	312/876-7815
E-mail Address:	joe.ourth@saul.com
Fax Number:	312/876-6215

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

Name:	Jennifer Boyer
Title:	Senior Vice President of Operations
Company Name:	Springfield Clinic LP
Address:	1025 S. 6th Street, Springfield, IL 62703
Telephone Number:	217/528-7541 ext. 16963
E-mail Address:	jboyer@springfieldclinic.com
Fax Number:	217/528-7294

**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:	Jennifer Boyer
Title:	Senior Vice Present of Operations
Company Name:	Springfield Clinic, LLP
Address:	1025 South 6th Street, Springfield, IL 62703
Telephone Number:	217/528-7541 ext 16963
E-mail Address:	jboyer@springfieldclinic.com
Fax Number:	217/528-7294

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Springfield Clinic, LLP
Address of Site Owner:	1025 South 6th Street, Springfield, IL 62703
Street Address or Legal Description of the Site:	<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

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

Exact Legal Name:	Springfield Clinic, LLP
Address:	1025 South 6th Street, Springfield, IL 62703
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Organizational Relationships**

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

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

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.**

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :	
<input checked="" type="checkbox"/>	Substantive
<input type="checkbox"/>	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.

Springfield Clinic, LLP proposes to establish cardiac catherization services (the "Project") at its Springfield Clinic – Springfield Ambulatory Surgery Center ("Springfield Surgery Center") in Springfield.

Springfield Clinic is large physician practice group serving patients in many communities in central Illinois. Springfield Clinic presently owns and operates Springfield Clinic – Springfield Ambulatory Surgery Center, a multi-specialty surgery center in Springfield, and has recently acquired a surgery center in Peoria which is undergoing renovation.

The proposed project would create to cardiac catherization labs within its existing building and would add 9,389 square feet at a cost of \$13,094,365.

The project is classified as substantive because it establishes a new category of service.

**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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$150,529	\$114,363	\$264,892
Site Survey and Soil Investigation	3,466	2,634	6,100
Site Preparation	75,058	57,025	132,083
Off Site Work			
New Construction Contracts	3,314,130	2,517,864	5,831,994
Modernization Contracts			
Contingencies	331,413	251,786	583,199
Architectural/Engineering Fees	328,099	249,268	577,367
Consulting and Other Fees	201,893	153,386	355,279
Movable or Other Equipment (not in construction contracts)	\$4,856,957	\$53,987	\$4,910,943
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	\$260,261	\$172,246	\$432,507
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$9,521,807</b>	<b>\$3,572,558</b>	<b>\$13,094,365</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$9,521,807	\$3,572,558	\$13,094,365
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$9,521,807</b>	<b>\$3,572,558</b>	<b>\$13,094,365</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			





**Cost Space Requirements**

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.**

**Not Reviewable Space [i.e. non-clinical]:** means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels, gift shops, newsstands, computer systems, tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
ASTC							
Total Clinical							
<b>NON-REVIEWABLE</b>							
Public Spaces							
Building Support Systems							
Structural Repairs and Moisture Mitigation							
Building Envelope & Roofing							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS **ATTACHMENT 9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert 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.  
 Not Applicable – ASTC Only

<b>FACILITY NAME: Springfield Clinic - Springfield Ambulatory Surgery Center</b>		<b>CITY: Springfield</b>			
<b>REPORTING PERIOD DATES: From: to:</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
<b>TOTALS:</b>					



**CERTIFICATION**

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

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

This Application is filed on the behalf of Springfield Clinic, LLP 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.

*R. Williams*  
 SIGNATURE  
Ron Williams  
 PRINTED NAME  
Chief Executive Officer  
 PRINTED TITLE

*Ch H*  
 SIGNATURE  
Chase Hammon  
 PRINTED NAME  
Chief Financial Officer  
 PRINTED TITLE

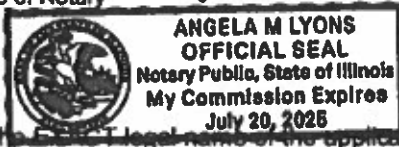
Notarization:  
Subscribed and sworn to before me this 14 day of July, 2022

Notarization:  
Subscribed and sworn to before me this 14 day of July, 2022

Angela M. Lyons  
Signature of Notary

Angela M. Lyons  
Signature of Notary

Seal



Seal



\*Insert the correct legal name of the applicant

### 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 can 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** 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**

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:**

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:**

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.



**E. Criterion 1110.225 - Cardiac Catheterization**

- 1. Applicants proposing to establish, expand and/or modernize the Cardiac Catheterization category of service must submit the following information.
- 2. Indicate bed capacity changes by Service:      Indicate # of beds changed by action(s):

<input checked="" type="checkbox"/> Cardiac Catheterization	0	2
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- 3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

- 1. **Criterion 1110.225(a), Peer Review**  
Read the criterion and submit a detailed explanation of your peer review program.
- 2. **Criterion 1110. 225(b), Establishment or Expansion of Cardiac Catheterization Service**  
Read the criterion and, if applicable, submit the following information:
  - a. A map (on 8 1/2" x 11" paper) showing the location of the other hospitals providing cardiac catheterization services within the planning area.
  - b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.
  - c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.
- 3. **Criterion 1110.225(c), Unnecessary Duplication of Services**  
Read the criterion and, if applicable, submit the following information.
  - a. Copies of the letter sent to all facilities within the planning area that currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.
  - b. Copies of the responses received from the facilities to which the letter was sent.
- 4. **Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories**  
Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.
- 5. **Criterion 1110.225(e), Support Services**  
Read the criterion and indicate on a service-by-service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis will be available when needed.
- 6. **Criterion 1110.225(f), Laboratory Location**  
Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in proximity, explain why.

**7. Criterion 1110.225(g), Staffing**

Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also, provide staffing schedules to show the coverage required by this criterion.

**8. Criterion 1110.225(h), Continuity of Care**

Read the criterion and submit a copy of the fully executed written referral agreement(s).

**9. Criterion 1110.225(i), Multi-institutional Variance**

Read the criterion and, if applicable, submit the following information:

- a. A copy of a fully executed affiliation agreement between the two facilities involved.
- b. Names and positions of the shared staff at the two facilities.
- c. The volume of open-heart surgeries performed for the latest 12-month period at the existing operating program.
- d. A cost comparison between the proposed project and expansion at the existing operating program.
- e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.
- f. The number of catheterization laboratories at the operating program.
- g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.
- h. The basis for the above projection.



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)

**VII. 1120.120 - AVAILABILITY OF FUNDS**

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

<p><u>\$13,094,365</u></p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol> <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;</p> <p>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:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
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_____	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.
<u>\$13,094,365</u>	<b>TOTAL FUNDS AVAILABLE</b>

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VIII. 1120.130 - FINANCIAL VIABILITY**

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

**Financial Viability Waiver**

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

1. "A" Bond rating or better
2. All the project's 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 35, 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
<b>Enter Historical and/or Projected Years:</b>				
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 36, IN NUMERIC ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all 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 New	Foot Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ASTC									
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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION X. 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, *including the impact on racial and health care disparities 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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

APPEND DOCUMENTATION AS ATTACHMENT 38, 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 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM**


In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Springfield Clinic, LLP, 1025 S. 6th Street  
(Name) (Address)  
Springfield (City) IL (State) 62703 (ZIP Code)  (Telephone Number)

2. Project Location: 1025 S. 6th Street, Springfield, IL  
(Address) (City) (State)  
Sangamon (County) Capitol (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the *Go To NFHL Viewer* tab above the

map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page.

Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the *View/Print FIRM* icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the *Make a FIRMette* tool to create a pdf of the floodplain map.

**IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes**       
**No**   X  

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?**

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP Code) (Telephone Number)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

**If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428**

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	26 - 27
2	Site Ownership	28 - 30
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32 – 33
5	Flood Plain Requirements	34 - 37
6	Historic Preservation Act Requirements	38 – 45
7	Project and Sources of Funds Itemization	46 – 49
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	50
10	Discontinuation	N/A
11	Background of the Applicant	51 – 52
12	Purpose of the Project	53 - 70
13	Alternatives to the Project	71 – 72
14	Size of the Project	73
15	Project Service Utilization	74
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	75 - 133
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	134
34	Financial Waiver	N/A
35	Financial Viability	135
36	Economic Feasibility	136 – 153
37	Safety Net Impact Statement	154 – 155
38	Charity Care Information	156
39	Flood Plain Information	34 - 37

**Section I, Type of Ownership of Applicant/Co-Applicant**

**Attachment 1**

Springfield Clinic, LLP (“Springfield Clinic”) is an Illinois limited liability partnership. A copy of Springfield Clinic’s Certificate of Good Standing is attached.

File Number 002-259



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SPRINGFIELD CLINIC, LLP, HAVING FILED A STATEMENT OF QUALIFICATION IN THE STATE OF ILLINOIS ON DECEMBER 01, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM PARTNERSHIP ACT (1997) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY PARTNERSHIP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of JANUARY A.D. 2022 .



Authentication #: 2200500025  
Authenticate at: <https://www.issos.gov>

Jesse White

SECRETARY OF STATE

**Section I, Site Ownership**

**Attachment 2**

Attached is the most recent property tax bill evidencing that Springfield Clinics owns the real estate at the location of the project.



**Selected Parcel:** 14-34.0-338-016  
**Location:** 1025 S 06TH ST

**Current Assessment 2022 Payable 2023**

<b>Name &amp; Mailing Address</b> SPRINGFIELD CLINIC LLP 1025 S 6TH ST SPRINGFIELD, IL 62703-2499	<b>Property Address</b> 1025 S 06TH ST SPRINGFIELD, IL 62703	<b>Exemptions</b> * None *
<b>Class</b> 60 IMPROVED COMMERCIAL	<b>Legal Description</b> ALL LOTS AND VAC ALLEY IN BLOCK 4 E ILES 2ND ADDN (102,826 SQ FT) 34-16-5	
<b>Status</b> Active	<b>Non-Farm Acres</b> 2.36 <b>Farm Acres</b> 0.00	
<b>Tax Code</b> 001	<b>Volume</b> 13 <b>Page</b> 176	

**Assessment Values**

	Prior Year Board of Review Equalized	Assessor Changes	Board of Review Changes	Board of Review Equalized
		Not Finalized	Not Finalized	Not Finalized
<b>Status</b>	Active			
<b>Class</b>	IMPROVED COMMERCIAL			
<b>Tax Code</b>	001			
<b>Reason</b>				
<b>Non-Farm Land</b>	175,666			
<b>Non-Farm Building</b>	4,358,709			
<b>Farm Land</b>	0			
<b>Farm Building</b>	0			
<b>1st Time Non-Farm Building</b>	0			
<b>1st Time Farm Building</b>	0			
<b>* TOTAL *</b>	4,534,375			

**Current Billing Details 2021 Payable 2022**

No	Date	Amount	Penalty	Other Costs	Transaction Type		
1	04/26/2022	406,134.56	0.00	0.00	Current	2021	Billed Amt
2	06/02/2022	-204,067.28	0.00	0.00	Current	2021	Pd PO Box

Assessment Information	Bill Information	Installment Detail

<https://tax.co.sangamon.il.us/SangamonCountyWeb/app/displayParcelSummary.action?parcelNumber=14340338016>

1/2



6/27/22, 8:51 AM

Parcel Summary 2022 Payable 2023

Assessment Year	2021-2022	Tax Year	2021-2022	1st Installment
Fair Market Value	13,603,125	Value After Exemptions	4,534,375	Due Date 06/03/2022
Assessed Value	4,541,187	Tax Rate	9.0009%	Tax Due \$0.00
Township Multiplier	0.9985	Tax Extended	\$408,134.56	2nd Installment
Value After Township Multiplier	4,534,375	Adjustments	\$0.00	Due Date 09/02/2022
County Multiplier	1.0000	Tax Billed	\$408,134.56	Tax Due \$204,067.28
Equalized Value	4,534,375	Payments	-\$204,067.28	No payments are currently scheduled.
Value After Exemptions	4,534,375	Tax Due	\$204,067.28	
		1st Installment	\$0.00	
		2nd Installment	\$204,067.28	

Most Recent Sale

Number	Class	Sale Year	Sale Date	Sale Amount	Sale Acres	Township	
1	60 IMPROVED COMMERCIAL	2006	05/15/2006	0	2.36	CAPITAL	<a href="#">Details</a>

**Section I, Operating Identity/Licensee**

**Attachment 3**

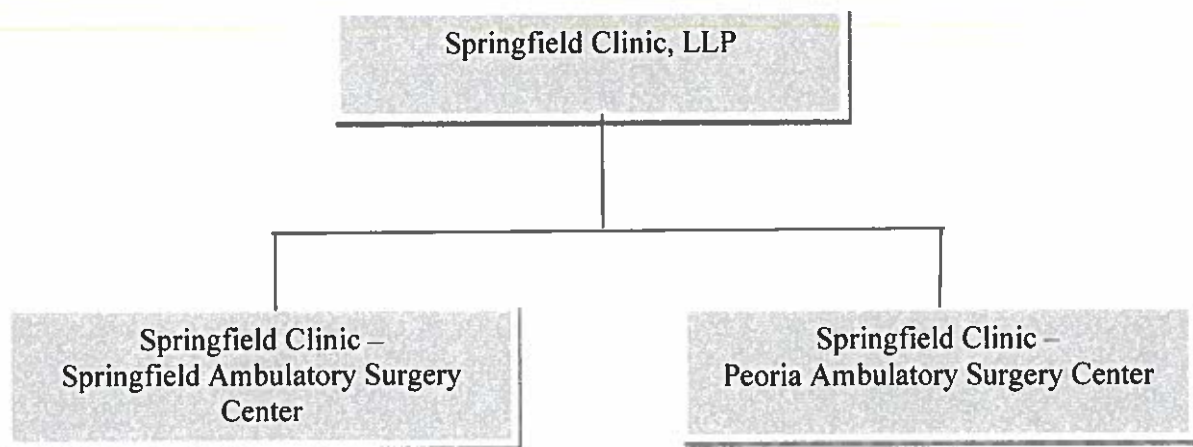
Springfield Clinic, LLP is a limited liability partnership.

**Section I, Organizational Relationships**

**Attachment 4**

A copy of Springfield's Clinic organizational chart is attached.

**Springfield Clinic, LLP  
Organizational Chart**



Springfield Clinic, LLP is the sole owner of the two surgery centers shown above. The two surgery centers are not separately incorporated.

**Section I, Flood Plain Requirements**

**Attachment 5**

Attestation that the site of the Project is not located in a flood plain and that the Project complies with the Flood Plain Rules under Illinois Executive Order #2005-5 is attached.


**SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM**


In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

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(Name) (Address)  
Springfield (City) IL (State) 62703 (ZIP Code) (Telephone Number)

2. Project Location: 1025 S. 6th Street Springfield, IL  
(Address) (City) (State)  
Sangamon (County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the *Go To NFHL Viewer* tab above the

map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page.

Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

**IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA:** Yes \_\_\_  
No X

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?**

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

(City) (State) (ZIP Code) (Telephone Number)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

**If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428**



# FEMA Flood Map Service Center: Search By Address

## Navigation

Enter an address, place, or coordinates: ?

1025 s 6th, Springfield, IL

Search

## Search

Whether you are in a high risk zone or not, you may need flood insurance (<https://www.fema.gov/national-flood-insurance-program>) because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 5 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program's flood insurance policy could cost less than \$400 per year. Call your insurance agent today and protect what you've built.

## Languages

[MSC Home \(/portal/\)](#)

[MSC Search by Address \(/portal/search\)](#)

[MSC Search All Products \(/portal/advanceSearch\)](#)

[MSC Products and Tools \(/portal/resources/productsandtools\)](#)

[Hazard \(/portal/resources/hazard\)](#)

[LOMC Batch Files \(/portal/resources/lomc\)](#)

[Product Availability \(/portal/productAvailability\)](#)

[MSC Frequently Asked Questions \(FAQs\) \(/portal/resources/faq\)](#)

Learn more about steps you can take (<https://www.fema.gov/hazat/mitigation>) to reduce flood risk damage.





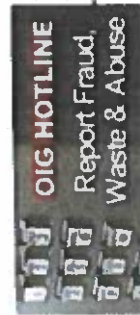
MSC Email Subscriptions  
(/portal/subscriptionHome)

Contact MSC Help  
(/portal/resources/contact)




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[Whitehouse.gov \(/www.whitehouse.gov\)](http://www.whitehouse.gov/) [DHS.gov \(/www.dhs.gov\)](http://www.dhs.gov/) [Ready.gov \(/www.ready.gov\)](http://www.ready.gov/) [USA.gov \(/www.usa.gov\)](http://www.usa.gov/) [DisasterAssistance.gov \(/www.disasterassistance.gov/\)](http://www.disasterassistance.gov/)



(https://www.oig.dhs.gov/hotline)

 Official website of the Department of Homeland Security

**Section I, Historic Resources Preservation Act Requirements**

**Attachment 6**

Attached is a letter to the Illinois Department of Natural Resources requesting confirmation that no historic, architectural or archaeological sites exists within the Project area.

**SAUL EWING  
ARNSTEIN  
& LEHR <sup>LLP</sup>**

Joe R. Ourth  
Phone: 312.876.7815  
Fax: 312.876.6215  
joe.ourth@saul.com  
www.saul.com

July 13, 2022

Via Electronic Portal Submission

Carey L. Mayer, AIA  
Deputy State Historic Preservation Officer  
Illinois Department of Natural Resources  
One Natural Resources Way  
Springfield, Illinois 62701-1271

RE: Review to Determine Impact Upon Historic Resources  
1025 S. 6th Street, Springfield, Illinois 32703  
Certificate of Need Application

Dear Ms. Mayer:

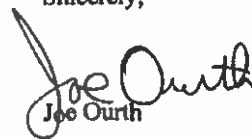
This letter requests your comments as to whether a proposed project has historical, architectural or archeological impact. This request is made in connection with a Certificate of Need application to be filed in soon with the Illinois Health Facilities and Services Review Board.

The Project will be to construct two cath labs within an existing surgery center. Approximately 9,400 square feet of shell space on the third floor will be built out for the new space. The existing building is well under 40 years old.

The proposed project is for the establishment of a cardiac catheterization service within an existing surgery center located at 1025 S. 6th Street, Springfield, Illinois 62706. Enclosed please find a map showing the property together with a street view and satellite photos.

We would appreciate a letter in response that we can include as part of the CON application. If you have questions or comments, or need additional information, please contact me at (312) 876-7815. I appreciate your assistance.

Sincerely,



Joe Ourth

JRO/eka  
cc: Tom Fitch

161 North Clark • Suite 4200 • Chicago, IL 60601  
Phone: (312) 876-7100 • Fax: (312) 876-0288

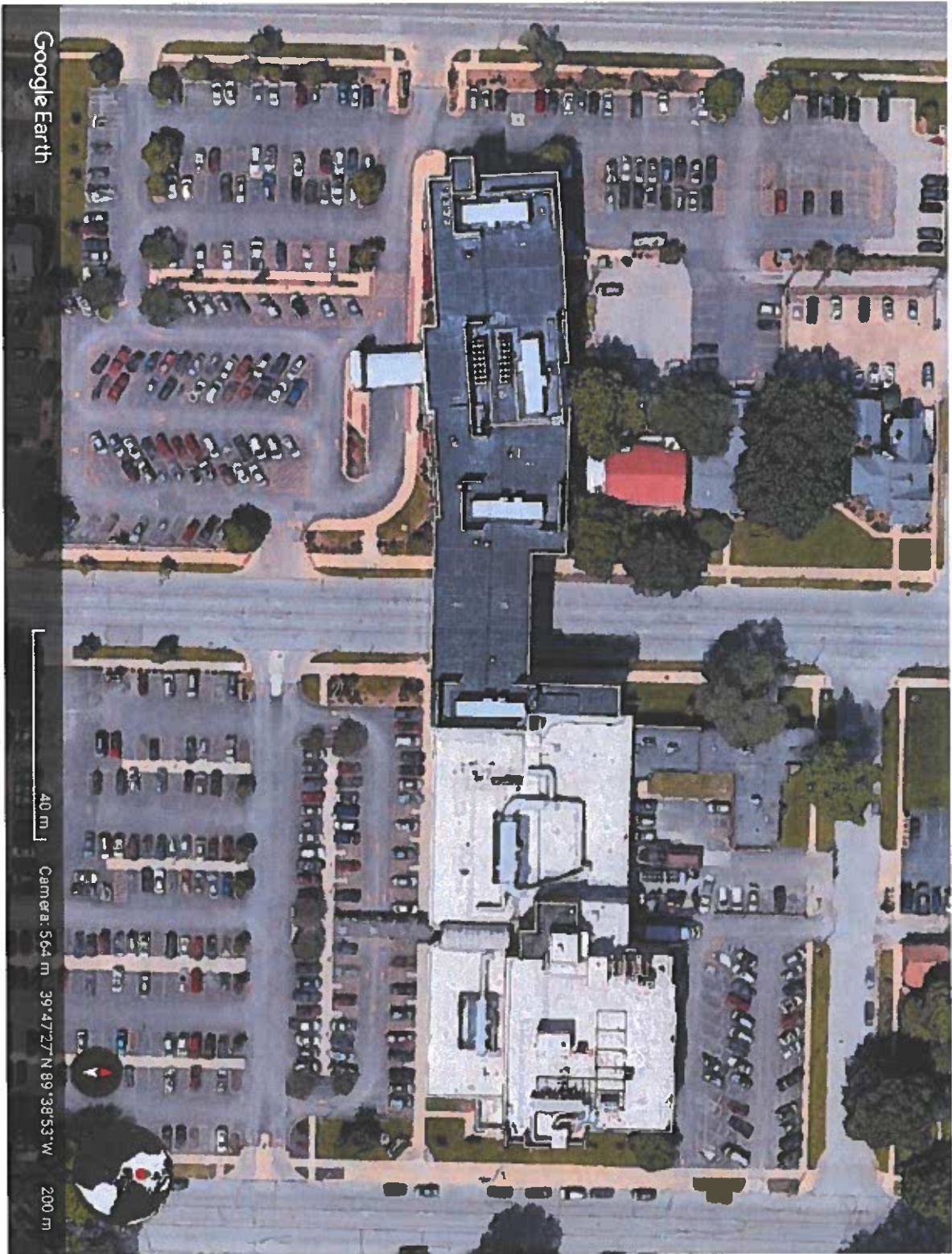
DELAWARE FLORIDA ILLINOIS MARYLAND MASSACHUSETTS MINNESOTA NEW JERSEY NEW YORK PENNSYLVANIA WASHINGTON, DC

A DELAWARE LIMITED LIABILITY PARTNERSHIP

40267960.1 07/13/2022







Google Maps 1100 S 6th St



Image capture: Jun 2019 © 2022 Google

↑  
1100 S 6th St

Springfield, Illinois  
Google  
Street View - Jun 2019





Google Maps 1025 S 6th St



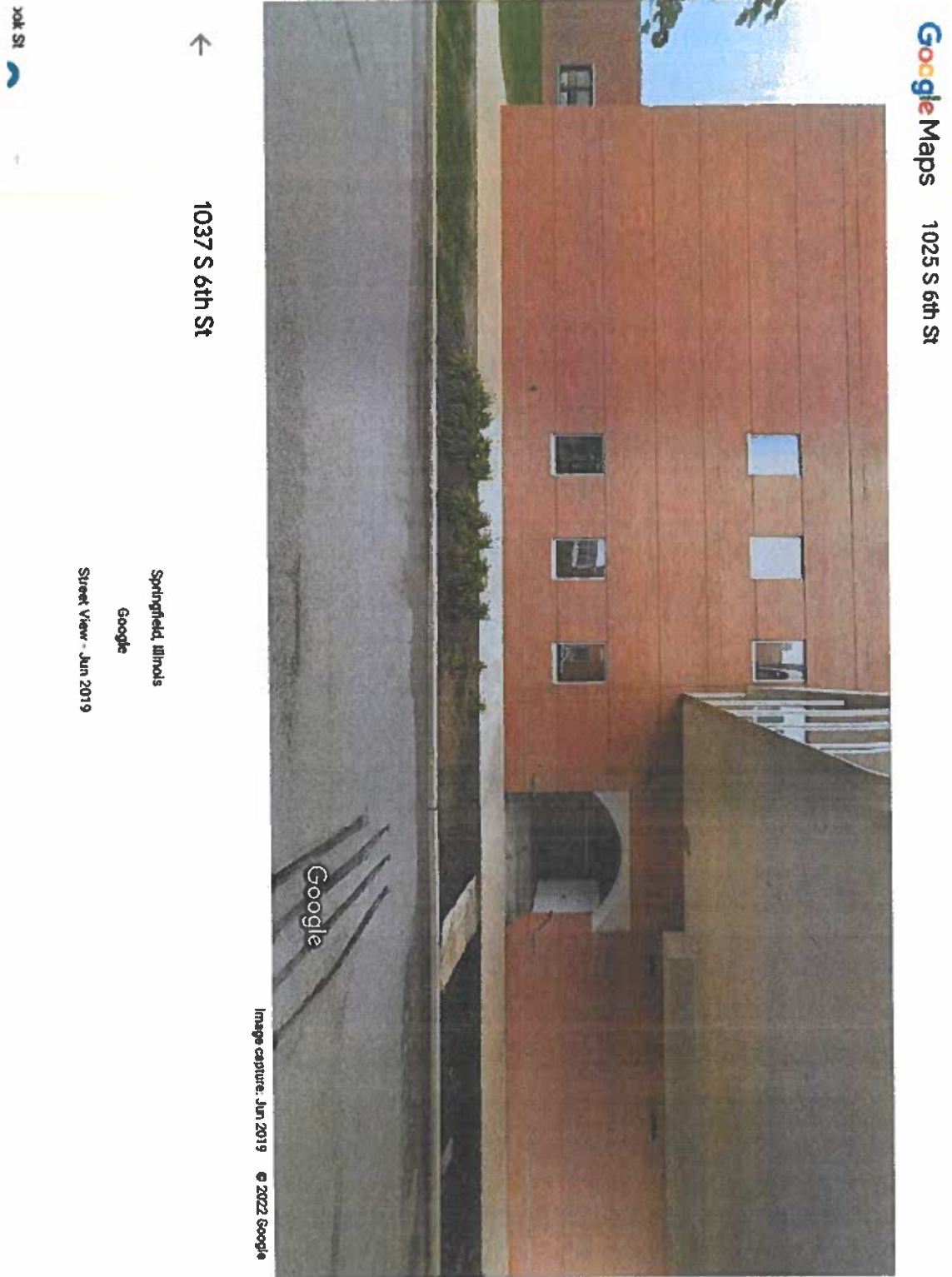
Image capture: Jan 2019 © 2022 Google

↑ 1037 S 6th St

Springfield, Illinois  
Google  
Street View - Jun 2019

Yolk St





**Ourth, Joe**

---

**From:** DNR.SHPO.Review <SHPO.Review@Illinois.gov>  
**Sent:** Wednesday, July 13, 2022 4:39 PM  
**To:** Ourth, Joe  
**Subject:** Automatic reply: Springfield Clinic - 1025 South 6th Street, Historic Preservation Letter

**\*\*EXTERNAL EMAIL\*\* - This message originates from outside our Firm. Please consider carefully before responding or clicking links/attachments.**

Thank you for your submittal to the Illinois State Historic Preservation Office (SHPO). The SHPO response for this project will be found at the SHPO Correspondence Tracking System (CTS) at <https://dnr2.illinois.gov/cts/> to read, download, and/or print our comments (allow 30 days for a SHPO response). SHPO comments for all items linked to your password from 2018 to present are located here.

If you do not already have a password to access comments at the link (or if you have forgotten), email [SHPO.Review@Illinois.gov](mailto:SHPO.Review@Illinois.gov) and type "PASSWORD REQUEST" in the subject line.

To access comments prior to 2018, please email [SHPO.Review@Illinois.gov](mailto:SHPO.Review@Illinois.gov).

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**Section I, Project Costs and Source of Funds****Attachment 7****Section 1120.110, Project Costs and Sources of Funds****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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$150,529	\$114,363	\$264,892
Site Survey and Soil Investigation	3,466	2,634	6,100
Site Preparation	75,058	57,025	132,083
Off Site Work			
New Construction Contracts	3,314,130	2,517,864	5,831,994
Modernization Contracts			
Contingencies	331,413	251,786	583,199
Architectural/Engineering Fees	328,099	249,268	577,367
Consulting and Other Fees	201,893	153,386	355,279
Movable or Other Equipment (not in construction contracts)	\$4,856,957	\$53,987	\$4,910,943
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	260,261	175,246	432,507
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$9,521,807</b>	<b>\$3,572,558</b>	<b>\$13,094,365</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$9,521,807	\$3,572,558	\$13,094,365
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$9,521,807</b>	<b>\$3,572,558</b>	<b>\$13,094,365</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

Clinical Area		5,335	57%	
Non Clinical Area		4,054	43%	
<b>Total</b>		<b>9,389</b>		
<b>Use of Funds - ASC Only</b>		<b>TOTAL</b>	<b>Clinical</b>	<b>Non-Clinical</b>
Preplanning Costs - include A/E fees	\$	264,892	\$ 150,529	\$ 114,363
Site Survey & Soil Investigation	\$	6,100	\$ 3,466	\$ 2,634
Site Preparation	\$	132,083	\$ 75,058	\$ 57,025
Off Site Work	\$	-	\$ -	\$ -
New Construction Contracts	\$	5,831,994	\$ 3,314,130	\$ 2,517,864
Modernization Contracts	\$	-	\$ -	\$ -
Contingencies	\$	583,199	\$ 331,413	\$ 251,786
A/E Fees	\$	577,367	\$ 328,099	\$ 249,268
Consulting & Other Fees	\$	355,279	\$ 201,893	\$ 153,386
<i>City Permit Fees</i>	\$	23,500	\$ 13,354	\$ 10,146
<i>IDPH Fees</i>	\$	38,500	\$ 21,878	\$ 16,622
<i>CON Related Fees</i>	\$	50,000	\$ 28,413	\$ 21,587
<i>Test &amp; Balance</i>	\$	10,279	\$ 5,841	\$ 4,438
<i>Legal</i>	\$	35,000	\$ 19,889	\$ 15,111
<i>Commisioning</i>	\$	15,000	\$ 8,524	\$ 6,476
<i>Equipment Planning</i>	\$	150,000	\$ 85,240	\$ 64,760
<i>Interior Signage Design</i>	\$	8,000	\$ 4,546	\$ 3,454
<i>Agency Interaction</i>	\$	25,000	\$ 14,207	\$ 10,793
		<b>Total</b>	<b>Clinical</b>	<b>Non-Clinical</b>
<b>Movable or Other Equipment (not in Construction Contracts)</b>				
<b>Total</b>	\$	<b>4,910,943</b>	\$ <b>4,856,957</b>	\$ <b>53,987</b>
<i>Furniture</i>	\$	75,000	\$ 42,620	\$ 32,380
<i>Signage</i>	\$	12,000	\$ 6,819	\$ 5,181
<i>Artwork</i>	\$	15,000	\$ 8,524	\$ 6,476
<i>Imaging Equipment (single plane)</i>	\$	2,557,284	\$ 2,557,284	
<i>Cardiology PACS System (Whole System)</i>	\$	340,000	\$ 340,000	
<i>Physiologic Monitor</i>	\$	500,000	\$ 500,000	
<i>VOLCANO - IVUS / FFR COMBO</i>	\$	300,000	\$ 300,000	
<i>Imaging Equipment - UPS System - Un-interrupted Power</i>	\$	200,000	\$ 200,000	
<i>Cardiac Patient Monitors</i>	\$	67,000	\$ 67,000	
<i>ACIST System Injection System (or choose medrad power</i>	\$	84,000	\$ 84,000	
<i>ACC Data Storage Software</i>	\$	75,000	\$ 75,000	
<i>Headwalls</i>	\$	63,000	\$ 63,000	
<i>IV Pumps (2 channel)</i>	\$	5,400	\$ 5,400	
<i>Defib/Monitor/ Crash Cart</i>	\$	50,000	\$ 50,000	
<i>Transport Monitor</i>	\$	50,000	\$ 50,000	
<i>Angiojet</i>	\$	40,000	\$ 40,000	
<i>Monitors-Central Station</i>	\$	40,000	\$ 40,000	
<i>Medication Delivery-Pyxis</i>	\$	38,890	\$ 38,890	

Medication Delivery-Pyxis	\$	38,890	\$	38,890	
Co-oximeter	\$	30,000	\$	30,000	
PC Review Station	\$	30,000	\$	30,000	
Review Stations	\$	30,000	\$	30,000	
I-Stat	\$	26,000	\$	26,000	
Defib/Monitor/ Crash Cart	\$	25,000	\$	25,000	
Storage Cabinets (Datel)	\$	24,000	\$	24,000	
Stretchers	\$	35,000	\$	35,000	
Omni Cell - Pre/Post	\$	50,000	\$	50,000	
Radial Lounge Chairs	\$	17,500	\$	17,500	
Temporary Pacemaker (Generator Box)	\$	15,000	\$	15,000	
EKG Machine (wireless)	\$	6,000	\$	6,000	
Blanket Warmer	\$	8,200	\$	8,200	
ACT Machine	\$	6,500	\$	6,500	
Lead aprons	\$	5,000	\$	5,000	
Suction Regulators	\$	4,160	\$	4,160	
Syringe pump	\$	3,990	\$	3,990	
Doppler	\$	3,600	\$	3,600	
Overbed tables	\$	3,010	\$	3,010	
Steel Tables	\$	3,000	\$	3,000	
Supply/Linen Carts	\$	3,000			\$ 3,000
Medication Refrigerator - Pyxis	\$	3,000	\$	3,000	
Addressograph/ Label printer	\$	2,985	\$	2,985	
Curtains	\$	2,450			\$ 2,450
Suction Regulators	\$	2,080	\$	2,080	
Crash Cart	\$	2,000	\$	2,000	
Lead Glasses	\$	1,600	\$	1,600	
Refrigerator (Nourishments)	\$	1,500			\$ 1,500
Supply/Linen Carts	\$	1,500			\$ 1,500
Clean linen cart	\$	1,500			\$ 1,500
Refrigerator	\$	1,500	\$	1,500	
IV poles	\$	1,480	\$	1,480	
Soiled Linen hamper	\$	1,400	\$	1,400	
Contrast media Warmer	\$	1,200	\$	1,200	
Sphygmomanometer, wall mounted	\$	1,050	\$	1,050	
CD Rack	\$	800	\$	800	
CXR Viewbox	\$	760	\$	760	
Patient Transfer Board	\$	600	\$	600	
Sharps dispenser 18 gallon with floor cart	\$	575	\$	575	
Sharps dispenser 18 gallon with floor cart	\$	575	\$	575	
Hopper	\$	544	\$	544	
IV poles	\$	500	\$	500	
Narcotic Box	\$	500	\$	500	
Oxygen Flowmeter	\$	420	\$	420	
Bond Issuance Expense During Construction	\$	-			
FMV of Leased Space or Equipment	\$	-			

	Total	Clinical	Non-Clinical
<b>Other Costs to Be Capitalized</b>	\$ 432,507	\$ 260,261	\$ 172,246
Security	\$ 33,542	\$ 19,061	\$ 14,481
Wifi Systems	\$ 20,000	\$ 11,365	\$ 8,635
Network Closets	\$ 15,000	\$ 8,524	\$ 6,476
Telephone System	\$ 45,000	\$ 25,572	\$ 19,428
Computers, Printers & End User Devices	\$ 100,000	\$ 56,827	\$ 43,173
IT Cabling	\$ 125,000	\$ 71,033	\$ 53,967
Sound Masking System	\$ 24,345	\$ 13,834	\$ 10,511
Nurse Call System	\$ 22,722	\$ 22,722	
Test & Balance	\$ 10,279	\$ 5,841	\$ 4,438
Window Treatments	\$ 10,820	\$ 6,149	\$ 4,671
Lockers	\$ 10,820	\$ 10,820	\$ -
Tests & Inspections	\$ 14,979	\$ 8,512	\$ 6,467
Firestopping	\$ 24,623	\$ 13,992	\$ 10,631
Visual Display Boards	\$ 2,651	\$ 1,506	\$ 1,145
Acquisitions of Building or Other Property (excluding land)			
<b>TOTAL USE OF FUNDS</b>	\$ 13,094,365	\$ 9,521,807	\$ 3,572,558
<b>Source of Funds</b>			
Cash and Securities	\$ 13,094,365	\$ 9,521,807	\$ 3,572,558
Pledges			
Gifts & Bequests			
Bond Issue			
Morgages			
Leases			
Govt Appropriations			
Grants			
Other Funds			
<b>TOTAL SOURCE OF FUNDS</b>	\$ 13,094,365	\$ 9,521,807	\$ 3,572,558

## Section I, Cost Space Requirements

## Attachment 9

## Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Cath Labs	\$9,521,807	0	5,335	5,335	0	0	0
Total Clinical	\$9,521,807	0	5335	5335	0	0	0
<b>NON-REVIEWABLE</b>							
Public Spaces	\$1,382,765	0	1675	1675	0	0	0
Stairs, Elevators, Circulation	1,019,152	0	1,235	1,235	0	0	0
Building Support Systems	\$774,928	0	718	718	0	0	0
Administration and Breakroom	\$395,713	0	426	426	0	0	0
Total Non-clinical	\$3,572,558	0	4,054	4,054	0	0	0
<b>TOTAL</b>	<b>\$13,094,365</b>	<b>0</b>	<b>9,389</b>	<b>9,389</b>	<b>0</b>	<b>0</b>	<b>0</b>

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



### Section III, Background of Applicant

#### Attachment 11

##### Section 1110.230, Background, Purpose of the Project and Alternatives

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

Springfield Clinic – Springfield Ambulatory Surgery Center’s ASTC license #7002694, issued by the Illinois Department of Public Health (“IDPH”), is attached.

Springfield Clinic also owns Peoria Ambulatory Surgery Center in Peoria. That Surgery Center has been issued provisional license #7003247 during the period it has suspended services for modernization pursuant to permit application #22-012.

2. **A certified listing of any adverse action taken against any facility owned and/or operated by applicant during the three years prior to the filing of the application.**

By its signature to this permit application, Springfield Clinic attests that there have been no adverse actions taken against Springfield Clinic within the prior three years.

3. **Authorization permitting HFSRB and DPH access to 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.**

By its signature to this permit application Springfield Clinic hereby grants the Review Board and the IDPH access to information to verify information in the application is attached.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE



### Section III, Purpose of Project

#### Attachment 12

#### Overview of Purpose

#### **Description of how the project will provide health services that improve health care or well-being of the market area population to be served;**

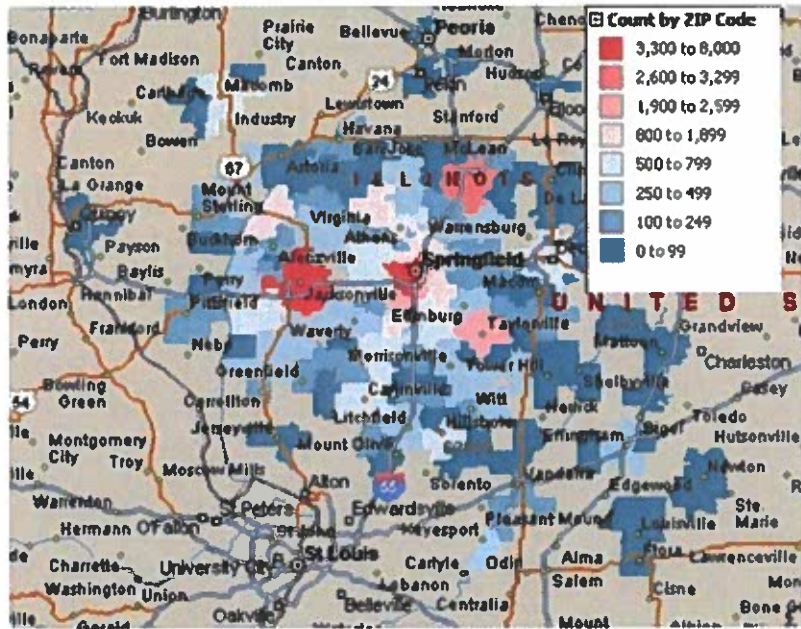
Springfield Clinic is the second largest multispecialty medical practice in the state of Illinois and cares for more than 500,000 unique patients throughout the central Illinois region annually. We provide care in 80 medical specialties and sub-specialties through 2 million annual patient visits. Springfield Clinic has served the healthcare needs of the people of central Illinois spanning north of Peoria, east past Champaign-Urbana, south to Effingham, Newton area and west past Macomb into Keokuk, IA.

Our mission is to deliver the highest quality patient care and experience at an exceptional value to the communities we serve and have continued to do so for over 83 years. Springfield Clinic physicians and advanced practitioners are committed to identifying and implementing cutting-edge, innovative solutions that improve overall patient health. We are known for delivering state-of-the-art therapies for conditions that would traditionally require treatment in larger, more metropolitan medical centers.

Springfield Clinic's current ASTC has been in operation since April 1994 and continues to offer local ASTC services to the community. The ASC is a premier provider of outpatient elective surgeries and procedures in central Illinois providing a more private, convenient, and cost-effective alternative to a hospital environment. Our surgeons and their care teams deliver exemplary patient experience that has set the standard across Springfield Clinic. This has created access for elective diagnostic cases which maintains hospital resources for acuity or emergent patients and regional transfers. With more than 25,000 patients seen in 2021, Springfield Clinic's ASC ranked #2 in Illinois and was named one on America's Best Ambulatory Surgery Centers by Newsweek, May 2022. We strive to create a differential patient experience for every patient, every time. Springfield Clinic is committed to improving care and listening to our patients using patient surveys facilitated through Press Ganey. More than 97%\* of patients would highly recommend the ASC to their friends and family. (\*Source: Net Promoter Score, Press Ganey Patient Experience Surveys)

#### **Define the planning area or market area:**

The planning area is defined as the area representing the existing and potential cardiovascular referrals to Springfield Clinic. The service is determined by tracing the patient's location of prior cardiovascular outpatient services to Springfield Clinic, referral patterns of physicians, practice locations, and provide alternative landscape.



US Census Bureau 2016 through 2020 population data shows a 0.5% population decrease in the overall Springfield Clinic service area. However, Springfield Clinic can expect a 6.0% growth within the 65-and-over age group, which is the primary cohort to utilize cardiac services.

**SC Service Area Population Projections**

2021			
0-44	45-64	65+	Total
516,625	240,836	173,816	931,277

2026			
0-44	45-64	65+	Total
497,665	245,021	184,024	926,710

% Change			
0-44	45-64	65+	Total
-4%	2%	6%	-0.5%



**Identify the issues and problems that project seeks to address or solve; Detail how the project will address or solve these issues or problems.**

There are several problems and/or issues that will be addressed and/or remedied with the proposed project, including the following:

- Access – Currently Cath procedures are performed within 2 centrally located hospitals in proximity to Springfield Clinic offices in Springfield, IL (Memorial & HSHS St Johns). At this time due to staffing issues, as also seen by most of the nation, our hospitals have found it difficult to maintain staffing at the requirements necessary to meet the need for urgent and emergent cardiac cases. In some cases, our physicians have limited specific hospital OR availability on select days which often does not allow for surgical cases & cardiac catheterization procedures to begin until after 3 pm. This limitation significantly impacts the ability of Springfield Clinic providers to perform procedures for their patients, including those who need immediate care and oversight. In a few cases, patients have been put at risk for receiving care. The project's purpose is to add cath services to the current service offerings at our high-quality free-standing ASC. The planned project will provide health services that improve the health care and well-being of the market area by offering a choice to patients and physicians who would prefer their cath procedures be performed in an outpatient ASC setting versus a hospital. Research shows ASC procedures typically have lower co-pays versus a hospital outpatient department ("HOPD"). As shared by SCAI publication on May 6, 2020, data from the National Cardiovascular Data Registry (CathPCI) from 1,612 hospitals (n=667,424) reveal that major complications after a percutaneous coronary intervention ("PCI") are rare, and exceedingly so for elective PCIs. Cautious case selection based on patient and lesion characteristic can further reduce the risk of complication in the ASTC setting. The project, while dependent on consistent procedural efficacy and safety, offers improved efficiency of care, increased access to care, overall better patient satisfaction and reduced cost. The efficiencies of ASCs also produce shorter wait times for patients, as well as ease of scheduling and ease of facility access. As the patient population continues to change and evolve, patients will require greater access to care types of lower acuity procedures. The continuously evolving healthcare delivery landscape has resulted in a shift in the provision of outpatient surgical procedures from hospitals to ASTC settings. According to a 2019 study by HealthCare Cost Institute, healthcare services performed in outpatient settings accounted for 11.1% of visits in 2009, growing to 12.9% by 2017. In many ways, the shifting landscape helps to reduce healthcare spending – where hospitals encompass operations costs of a wide breadth of services and staff and in many cases these costs are passed onto the patient.
- Cost of Care – More affordable cost combined with an attentive clinical staff makes a strong patient-centric experience. More than 90% of ASCs are now physician equity owned, and productivity standards show an average of 31.8 minutes saved per procedure in an ASC versus a HOPD. Consequently, accommodating the lower risk procedures in the ASC will allow for appropriate scheduling of more complex cases in the

interventional suites of an inpatient setting. As shared by Becker’s ASC, Medicare and commercial insurance companies have developed new policies over the last year that will drive more surgeries to ASCs. In 2021, CMS migrated 267 types of procedures to the ASC-payable list from the inpatient –only list. CMS aims to eliminate the inpatient-only list by 2024. A prime example of commercial insurance shifting to ASCs is UnitedHealth Group who is committed to driving members to the ASC when possible. The company published a report in December 2020 showing the shift from inpatient setting to ASCs could save \$3 billion per year including \$2 billion for privately insurance individuals and employers. ASCs are driven by efficiency, patient choice, convenience, and a keen focus on driving down total medical expenses which is frequently absorbed by the patient. ASTCs receive a smaller reimbursement for the same service that can be performed at the hospital or facility that is billed as a HOPD. Per Becker’s ASC, more than \$2.3 billion a year is generated in savings when patients have certain preventative and surgical procedures at ASCs instead of HOPDs. Patients see ASCs as safer than hospitals, with the added benefit of shorter stays, minimally invasive techniques, faster recovery, and lower costs. The planned Project will help in providing the most appropriate and convenient access and care to patients in the communities Springfield Clinic serves.

**Comparison of CMS and Patient Cost for Hospital as ASTC Procedures**

CPT Code	Category	CMS ASC	CMS HOPD	HOPD Total	% Change	CMS ASC	CMS HOPD	HOPD	% Change
		Total Cost	Total Cost	Cost Increase	Cost Increase	Patient Pay	Patient Pay	Patient Increase	Patient Pay
93451	Diagnostic Cath	\$1,535	\$3,031	\$1,496	97%	\$306	\$890	\$584	191%
93452	Diagnostic Cath	\$1,643	\$3,139	\$1,496	91%	\$328	\$912	\$584	178%
93453	Diagnostic Cath	\$1,724	\$3,220	\$1,496	87%	\$344	\$928	\$584	170%
93454	Diagnostic Cath	\$1,646	\$3,142	\$1,496	91%	\$328	\$912	\$584	178%
93455	Diagnostic Cath	\$1,686	\$3,182	\$1,496	89%	\$336	\$920	\$584	174%
93456	Diagnostic Cath	\$1,719	\$3,215	\$1,496	87%	\$343	\$927	\$584	170%
93458	Diagnostic Cath	\$1,702	\$3,198	\$1,496	88%	\$339	\$923	\$584	172%
93459	Diagnostic Cath	\$1,742	\$3,238	\$1,496	86%	\$347	\$931	\$584	168%
93460	Diagnostic Cath	\$1,783	\$3,279	\$1,496	84%	\$356	\$940	\$584	164%
93461	Diagnostic Cath	\$1,823	\$3,319	\$1,496	82%	\$364	\$948	\$584	160%
92920	PCI	3599	5495	\$1,896	53%	719	1098	\$379	53%
92928	PCI	6583	10641	\$4,058	62%	1315	1603	\$288	22%
37220	Peripheral Vascular	2562	5362	\$2,800	109%	512	1072	\$560	109%
37221	Peripheral Vascular	6736	10543	\$3,807	57%	1347	1584	\$237	18%
37224	Peripheral Vascular	3525	5407	\$1,882	53%	704	1081	\$377	54%

**Source: CMS website**

These are 15 of the top CPT codes that would be performed in our cath lab. It shows two sets of costs, the total cost paid by Medicare and the Total cost paid by the patient

The above table shows the significant cost savings to patients by receiving care in an ASTC environment.

- **Lack of Patient Choice** - Springfield Clinics’ Project seeks to increase accessibility to ASTC services, in general, to Springfield and the communities we serve, which will ultimately increase patient choice. Many patients lack options to have procedures

completed on a timely basis due to hospital staffing shortages and in many cases put the patient at a disadvantage. The planned Project will give patients a choice to ensure they can receive care in a timely manner.

**Provide citations to sources of information provided:**

SCAI position statement on the performance of percutaneous coronary intervention (PCI) in ambulatory surgical centers – May 6, 2020

May 2, 2022 - The dark side of price transparency for ASCs  
<https://www.beckersasc.com/leadership/the-dark-side-of-price-transparency-for-asc.html>

Oct 12, 2021 - ASCs vs. HOPDs: 12 insights on the federal reimbursement gap  
<https://www.beckersasc.com/asc-news/asc-vs-hopds-12-insights-on-the-federal-reimbursement-gap.html>

September 13, 2021 - Opportunities in Outpatient Cardiology - Procedures are moving to ASCs, but regulatory and reimbursement hurdles present challenges.  
<https://www.aom.org/outpatient-surgery/articles/outpatient-surgery-magazine/2021/september/outpatient-cardiology>

July 8, 2021 - Key Considerations for Cardiology Procedures in the ASC Setting  
<https://www.natlawreview.com/article/key-considerations-cardiology-procedures-asc-setting>

May 4, 2021 - ASCs and payers: New best friends?  
<https://www.beckersasc.com/asc-coding-billing-and-collections/asc-and-payers-new-best-friends.html>

April 29, 2021 - Shifting PCI Procedures to Outpatient Centers: Safety First?  
<https://www.medpagetoday.com/meetingcoverage/scai/92344>

July 22, 2020 - Cardiac catheterization in the ASC - Strategic considerations for hospitals and health systems  
<https://www.beckersasc.com/cardiology/cardiac-catheterization-in-the-asc-strategic-considerations-for-hospitals-and-health-systems.html>

July 13, 2020 - The Strategic Role of Ambulatory Surgery Centers Cardiology Care  
<https://www.dicardiology.com/article/strategic-role-ambulatory-surgery-centers-cardiology-care>

May 11, 2020 - The Expansion of Cardiovascular Procedures in the ASC Setting  
<https://www.sheppardhealthlaw.com/2020/05/articles/ambulatory-surgery-centers/cardiovascular-procedures-asc/>

February 2020 - Coronary Interventions in the ASC: Now What? Does Your Health System Have an Ambulatory Strategy?  
<https://www.hmpgloballearningnetwork.com/site/cathlab/content/coronary-interventions-asc-now-what-does-your-health-system-have-ambulatory-strategy>

January 2020 - Texas Cardiologist Discusses Procedures in the ASC Setting - Donald Cross, MD, emphasizes the importance of clinical data and emerging technologies  
<https://www.ascfocus.org/ascfocus/content/articles-content/articles/2020/digital-debut/texas-cardiologist-discusses-procedures-in-the-asc-setting>

December 2, 2019 - things to know about CV ambulatory changes for 2020  
<https://www.advisory.com/blog/2019/12/pci-asc-policy-change-cv-program>

12 Business and Legal Considerations for Successfully Developing a “Hybrid” Office-Based Laboratory— Ambulatory Surgery Center  
<https://media.mcguirewoods.com/publications/2019/OBL-ASC-Hybrid-Article-12-Considerations.pdf>

ACCIAHA Guidelines for Cardiac Catheterization and Cardiac Catheterization Laboratories  
<https://www.ahajournals.org/doi/pdf/10.1161/01.CIR.84.5.2213>

Jan 1, 2016 - The Increasingly Compelling Case for an Ambulatory Surgery Center Strategy in Cardiovascular Care  
<https://www.acc.org/latest-in-cardiology/articles/2016/01/06/14/36/business-consult-ambulatory-surgery-center-strategy>

### **Corazon Report**

As part of the planning for this Project, Springfield Clinic engaged Corazon, a nationwide expert in advising on cardiology facilities. Information regarding cardiac catheterization services in surgery centers is attached.

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

Springfield Clinic's objectives are to increase and enhance accessibility to ASTC for its patients and the communities in which it serves. Springfield Clinic seeks to reduce the cost of surgical services and catheterizations for current patients and future patients. Springfield Clinic intends to complete the project by June 30, 2024.



# Invasive Cardiology Business Plan Validation

Expedited Timeline

**SPRINGFIELD CLINIC**

*Springfield, Illinois*

A **CORAZON** Summary Report

June 2022

**CORAZON**

5000 McNight Road • Pittsburgh, PA 15237

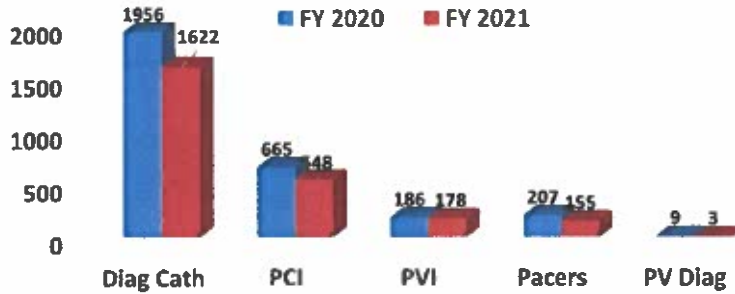
(412) 364-8200 (p) • (412) 364-8201 (f)

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**Historical Volume Trends**

Using physician referral data, as well as cath lab data, Corazon analyzed the historical volume trends to understand the impact on potential volume at SC. A summary of trends from FY2020 – FY2021 is provided below.

**Cath Lab Volume Trends**

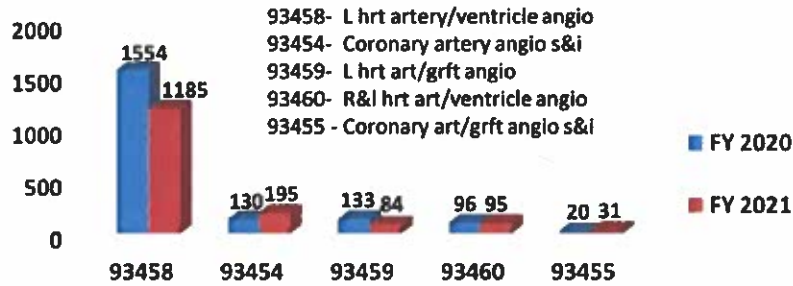


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Outpatient volume trends were reviewed for all cath lab services in the service area for patients that could potentially shift to an ASC. They were further reviewed for CPT code which are more likely to shift given the reimbursement approvals and complexities. Both diagnostic cath and PCI volume realized a decrease in volume between 2020 and 2021 but is expected to experience continued growth with increase in aging population. Peripheral vascular procedures have remained consistent with no remarkable decrease or growth in volume. Pacemaker procedures device only volumes realized a small decrease in volume.

**Outpatient Diagnostic Cath Volume Trend  
(by CPT)**



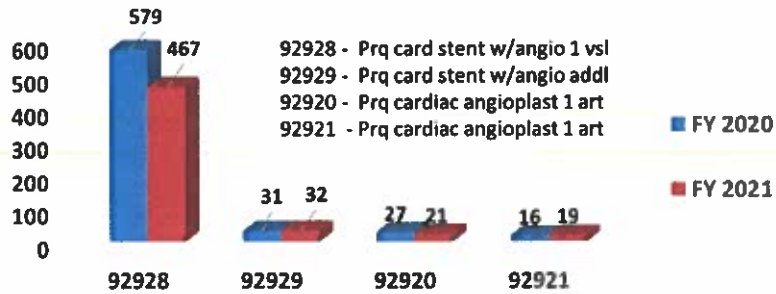
Diagnostic Cath volumes by CPT code reflects a significant decrease in ventricular angiography and an increase in both the left heart and the right and left heart angiography which is reflective of the industry trends to calculate ventricular EF through Echocardiogram as opposed to ventriculography.



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**Outpatient PCI Volume Trend  
(by CPT)**



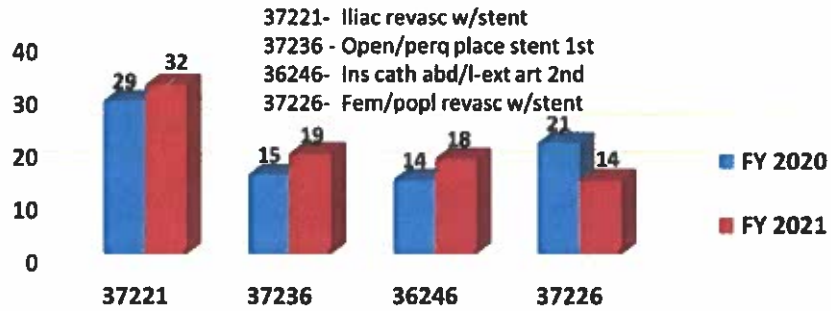
Outpatient PCI volume trends by CPT reflect a reduction of initial vessel coronary stents while additional vessel stents and balloon angioplasty remain consistent. This is in alignment with industry guidelines.



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**Outpatient Peripheral Vascular Intervention (PVI) Volume Trend  
(by CPT)**



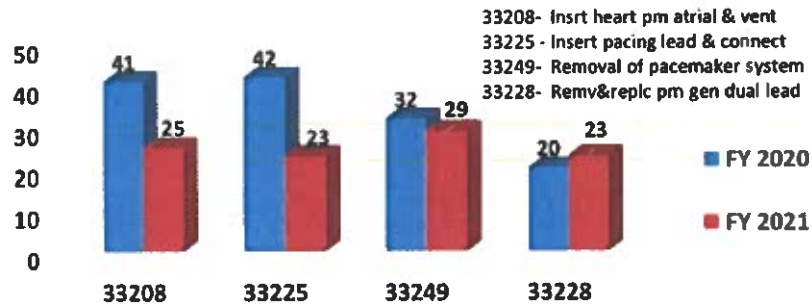
Outpatient PVI volume trends by CPT reflect an overall increase in volume except for fem/popliteal revascularization w/stent which reflects industry standards and best practices.



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**Outpatient Pacemaker Volume Trend  
(by CPT)**

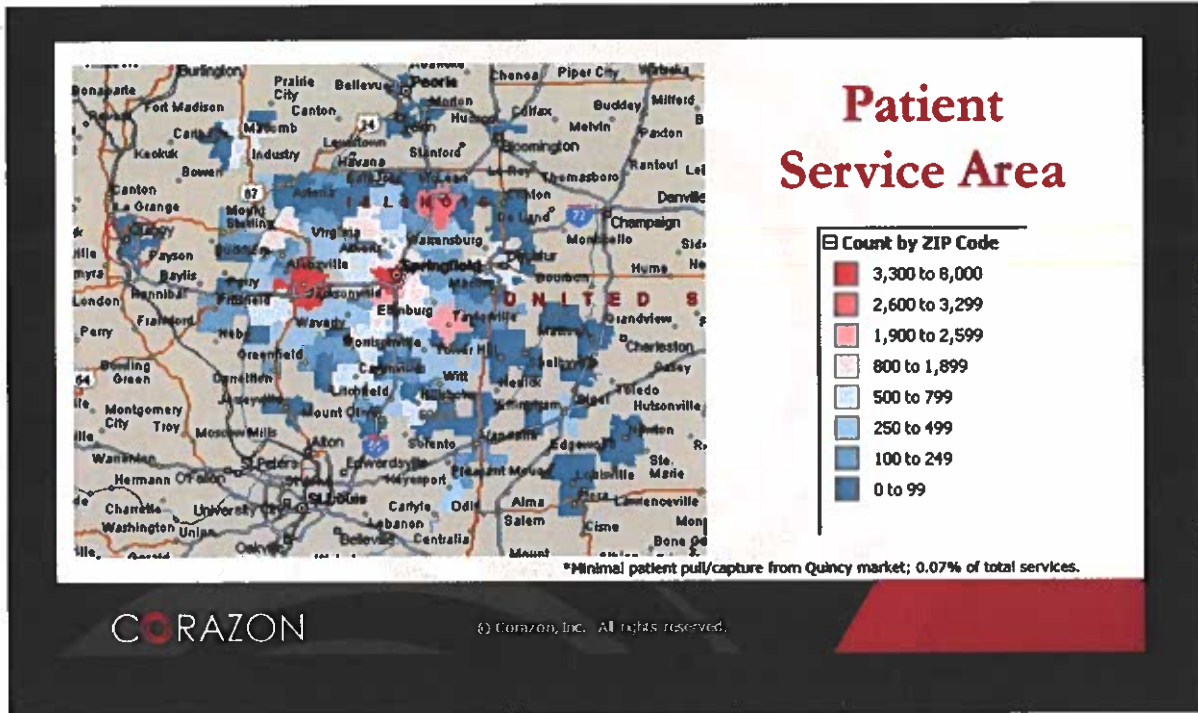


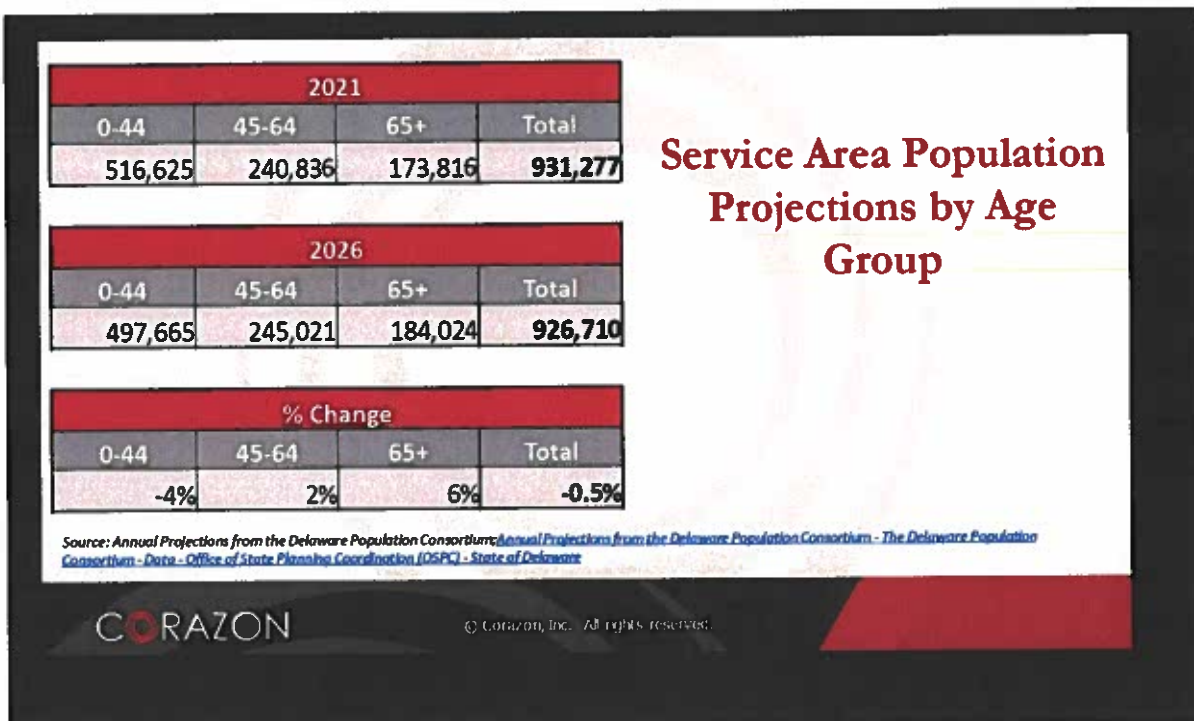
Outpatient pacemaker volumes overall realized a decrease except for generator changes which reflects a slight increase.



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## Industry Trends

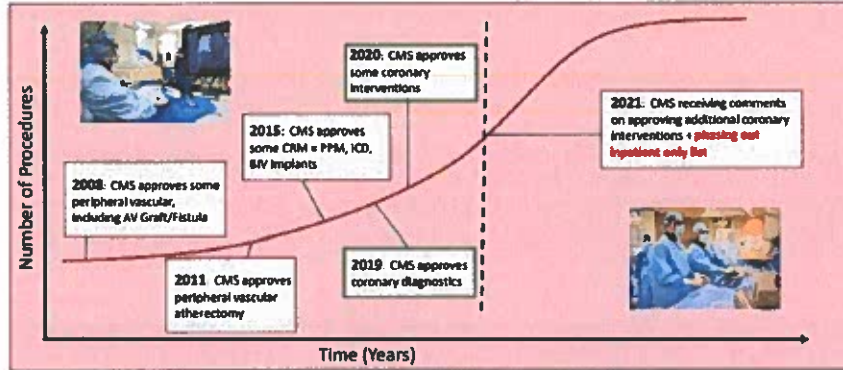
- According to MedPAC's March 2021 report to Congress, there were **88 single-specialty cardiology ASCs billing Medicare in 2019** (the latest year with reportable data), which is a significant **uptick from just 18 such ASCs in 2017**.
- While ASCs accounted for an estimated **10% of ALL cardiology procedures**, Bain & Company expects that they **will account for 30-35%** of such procedures by the mid-2020s as lower costs and favorable outcomes drive change.
- **70+% of cardiologists are employed** leaving the health systems playing a more material role in in the shift to the ASC setting rather than other specialties (comparison: 15% of ortho surgeons employed)

Source: National Law Review, "Key Considerations for Cardiology Procedures in the ASC Setting, July 16, 2021 Volume XI, Number 197

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## ASC Allowable Reimbursement Evolution



Does not include 2022 proposed changes – see subsequent slide for details

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# ASC Reimbursement Landscape



■ CMS Reimburses Majority of Procedures  
■ CMS Hearing Procedure Reimbursement (2022)  
■ Future CMS Procedure Reimbursement (2023+)

100+ CPT Procedure Codes

TEE, Cardioversions, ILR, CCTA not covered in an ASC

Source: 2022 OPPS/ASC Final Rule, CMS



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## Section III, Alternatives

### Attachment 13

#### Alternatives

**Provide alternatives to the proposed project. The comparison shall address issues of cost, patient access, quality, and financial benefits in both the short term (within 1-3 years after project completion) and in the long term.**

Springfield Clinic considered the following alternatives before selecting the proposed project:

#### **1. Proposing a project of lessor scope and cost**

Springfield Clinic considered a project of a smaller/lessor scope such as updating the current facility to add services. Locating a Cath Lab in the existing ASTC is not possible for structural reasons. The existing ASTC is located on the 2<sup>nd</sup> floor of a two-story building. The medical equipment needed for a Cath Lab is extremely heavy and the existing floor structure does not have the structural capacity to support the load. It will be extremely difficult to strengthen the existing structure because of the lack of space above the ceiling and would also require an adjacent clinic to shut down for many weeks to perform the work if it is even possible. If the existing ASTC did have the structural support necessary, however, none of the current Operating Rooms are large enough to accommodate a Cath Lab and the necessary control room space. To provide enough space for a Cath Lab, two existing Operating Rooms would need to be converted which would reduce the capacity of the existing ASTC.

#### **2. Joint Venture with Other organizations**

Although a Joint Venture is an option – due to the fact Springfield Clinic is adding a specialty to an existing ASC wholly owned by Springfield Clinic a Joint Venture is not a viable option. The cost of a joint venture would be higher than the proposed project due to the additional legal cost and construction efforts of establishing the joint venture. Based upon this, we rejected the option of a joint venture.

#### **3. Utilize Other available health resources**

While utilizing other available health resources is a \$0 cost option in many cases, obstacles exist making this a less desirable option. Obstacles such as longer wait times for patient's care due to access, staffing and limited availability presents frequently.

#### **4. Proposed Project**

The proposed Project is the alternative selected. Springfield Clinic has chosen to continue its commitment to the patients of Central Illinois by offering cardiovascular services within Springfield Clinic ASTC. This Project utilizes existing infrastructure which is a known resource within the community. The Project aligns with Springfield Clinic's focus of enhancing the patient's experience. It also allows for alignment in quality standards through physician engagement along with continued focus on lower costs, higher efficient care.

Alternative	Cost	Pros	Cons
Proposing a project of lesser scope and cost	\$11,000,000 (if structurally feasible)	<ul style="list-style-type: none"> <li>• Less expensive</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of access</li> <li>• Not structurally feasible</li> </ul>
Joint Venture with Other Organization		<ul style="list-style-type: none"> <li>• Opportunity to partner with current local health systems</li> <li>• Shared risk/losses</li> </ul>	<ul style="list-style-type: none"> <li>• May limit access to lower cost for the patient</li> <li>• Challenge to manage</li> <li>• Infrastructure</li> <li>• Timeline to execute &amp; competing priorities</li> </ul>
Utilize Other available health resources / facilities	Greater cost to patient, zero capital cost to organization	<ul style="list-style-type: none"> <li>• Modernization process would not be necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Longer wait times for cath, appointments, and services</li> <li>• Access / Scheduling Cath Lab unavailable or dominated by others within market</li> <li>• Different quality controls that the integrated system of Physician owners</li> </ul>
Proposed Project	\$13,094,365	<ul style="list-style-type: none"> <li>• Utilizes existing infrastructure and licensure</li> <li>• Known resource within the community</li> <li>• Investment in the community</li> <li>• Physician engagement</li> <li>• Improves Access</li> </ul>	<ul style="list-style-type: none"> <li>• Timeline to complete the work</li> </ul>

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space****Attachment 14****Project Scope, Utilization and Unfinished/Shell Space**

Springfield Clinic's Main Campus is located in a 226,952 square foot medical office building which also contains a 36,562 Ambulatory Surgery Center. In 2021 construction began on an approximately 36,000 square foot four story building addition project to increase access to healthcare services. The project plan included finishing out the 1<sup>st</sup> and 4<sup>th</sup> floor of the building addition and creating space in the 2<sup>nd</sup> and 3<sup>rd</sup> floor for unknown future expansion needs. This Project proposes to utilize the 3<sup>rd</sup> floor space to house 2 cardiac catheterization laboratories and necessary clinical support spaces. The Project would connect to the existing licensed ASTC located on the adjacent second floor.

Clinical space of 5,335 square feet includes two cardiac catheterization laboratories, seven admit and recovery rooms, locker rooms, nurses' station, clinical support areas and circulation.

Non-Clinical space includes lobby, reception and waiting areas, public toilets, family consult room, staff work room, building mechanical rooms and circulation.

<b>Size of Project</b>				
<b>Department/Service</b>	<b>Proposed DGSF</b>	<b>State Standard</b>	<b>Difference</b>	<b>Met Standard</b>
Labs in ASTC	5,335	2 x 2,750 = 5,500	(165)	Yes



**Section IV, Project Services Utilization**

**Attachment 15**

**Appendix B, Project Services Utilization**

**1110.120 c) Project Size Utilization – For areas for which there are utilization standards as shown in Appendix B**

**15) Project Services Utilization**

**Document that in the 2nd year of operation, the annual utilization of the service shall meet or exceed the utilization standards.**

The planned 2 Cath Labs and 7 patient recovery bays are supported by historic procedures performed Springfield Clinic physicians at other facilities and by projected referrals to the new Project.

The table below shows the number of cardiac catheterizations performed by Springfield Clinic physicians in area hospitals ORs that qualify as “ASC eligible.” ASC eligible cases conducted by Springfield Clinic physicians will be monitored and adjusted for co-morbidities (conditions that may dictate that the case be done in the hospital setting), or for insurance policy restrictions, patient preferences or other factors.

**ASTC Eligible Cardiac Catheterizations - Provided by Springfield Clinic Physicians**

<b>Year</b>	<b>Historic Utilization (Cases)</b>
2017	3,355
2018	3,081
2019	3,281
2020	3,061
2021	2,770

**Projected Cardiac Catheterizations at Springfield Clinic Surgery Centers**

<b>Year</b>	<b>Historic Utilization (Cases)</b>	<b>Projected Utilization (Cases)</b>	<b>State Standard</b>	<b>Met Standard</b>
Year 1 (est. 2024)		625	200 cases	Yes
Year 2 (est. 2025)		840	200 cases	Yes

The above table shows that the Project exceeds the State standard of 200 cardiac cath cases to establish a program.

**ATTACHMENT 22**

**Cardiac Catherization**

**1. Criterion 1110.225(a) Peer Review**

Springfield Clinic's Peer Review program is included as part of this Attachment 22.

### Cardiac Cath Peer Review

The Springfield Clinic Cardiac Cath Lab would develop a robust peer review process, building on the Clinic's current peer review and credentialing processes. Springfield Clinic has a vigorous Quality Improvement Program in place. The objectives of the program are to address quality of clinical care and care delivery, patient outcomes, cost of care, utilization of services, peer review, and risk management activities; effecting change where identified to improve care processes and enhance services.

The Board of Directors has the ultimate responsibility for the Quality Management Program at Springfield Clinic. Committee structure, including responsibilities, is defined and implemented by the Board of Directors. The Chairman of the Board of Directors appoints committee membership.

The Quality Management Department is responsible for data collection and reporting, as directed by the Quality Management and Peer Review Committee. Data is collected, analyzed, and reported for, but not limited to:

- Incidents; including, but not limited to, falls, accidents, complications, adverse events, medication errors, miscommunication, and serious expressions of dissatisfaction by patient or family
- High risk processes, such as diagnostic results reporting and in-office surgical procedures
- Preventative medicine practices
- Management of chronic diseases
- Performance against specific practice criteria established by the Quality Management and Peer Review Committee or published quality measures (e.g., Healthcare Effectiveness Data and Information Set [HEDIS], National Quality Forum [NQF], etc.)
- Content, timeliness, and completion of the medical record
- Results of patient satisfaction surveys, which include access to care and timeliness of services
- Review of utilization and medical necessity of ambulatory surgery, anesthesia care, and other services
- Patient claims and litigation related to quality of care

Data is evaluated for trends, to measure quality, and to identify quality-related problems or concerns. Key measures are benchmarked against similar organizations, recognized best practices, national targets and goals. When data identifies an improvement is needed or warranted, quality improvement studies are conducted and/or improvement plans are developed in collaboration with physicians and staff. After the implementation of corrective action(s) to resolve identified problems, re-measurement occurs to determine whether the corrective actions

have achieved and sustained demonstrable improvement. If the initial corrective action(s) did not achieve and/or sustain the desired improved performance, implementation of additional corrective action(s) and continued re-measurement occurs until the problem is resolved or no longer relevant.

Results are reported to the Quality Management and Peer Review Committee. Results of monitoring and evaluation of patient care are reported to various committees based on committee responsibilities. All results, monitoring reports, and actions taken to improve outcomes are reported to and approved by the Board of Directors.

In addition to our current processes, a separate structure would be developed with dedicated personnel for the purpose of peer review and quality assurance within the cath lab. This group would meet monthly to assess performance and develop criteria for case selection. Specific metrics would be developed and tracked for the process of peer review within the cath lab.

We would utilize the American College of Cardiology's (ACC) National Cardiovascular Data Registry (NCDR) to assist with developing our metrics and benchmarks for performance. The CathPCI Registry would be the most appropriate registry, as it assesses the characteristics, treatments, and outcomes of cardiac disease who receive diagnostic catheterization and/or percutaneous coronary intervention (PCI) procedures. Additional NCDR registries are available and may be appropriate or needed as well. These include but are not limited to the Chest Pain - MI Registry, Afib Ablation Registry, IMPACT Registry, and LAAO Registry.

The cath lab would also develop policies, procedures, and protocols based on best practice guidelines in the cardiac catheterization laboratory (CCL) published by the Society for Cardiovascular Angiography and Interventions (SCAI). These best practice guidelines address the following areas:

- Institutional and Operator Qualifications and Components of the Optimal CCL Procedural Team
- Pre-Procedure Best Practices
- Intra-Procedure Best Practices
- Post-Procedure Best Practices
- Catheterization Laboratory Governance

Mechanisms will be put into place to monitor compliance with our policies and procedures.

Lastly, all physicians will be credentialed and privileged to perform procedures in the cath lab. The Credentialing Committee, a sub-committee of the Quality Management and Peer Review Committee, meets on a monthly basis to review files and requests. The review includes requests for office and ASC privileges, based on the provisions set forth in Springfield Clinic's by-laws and contracts. Cath lab privileges would also be included in the review. The provider is either approved, denied, or additional information is requested. If the provider is approved the Committee Chair signs and dates the credentialing file, and a recommendation for approval and granting of privileges is forwarded to the Board of Directors.

All Springfield Clinic providers are reviewed for reappointment to the Medical Staff and ASC every two years for continuing validation of professional competence. The Credentialing Committee meets on a monthly basis to review files. The Committee may request additional information as relevant. If the provider is approved, the Committee Chair will sign and date the provider's credentialing file. The recommendation for reappointment to the Medical Staff and continued privileges is forwarded to the Board of Directors for approval. The Board of Directors reviews the Credentialing Committee's findings and determines reappointment and continued privileges to the Medical Staff. If the provider is approved, the Board Chairman will sign and date the provider's credentialing file. Cath lab privileges would be incorporated in the current reappointment process.



Springfield Clinic Main Campus  
1025 South 6th Street • P.O. Box 19248  
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## Quality Improvement Program

### Goal & Objectives

The goal of the Quality Improvement Program is to support Springfield Clinic's mission to provide the highest quality health care to the people of Central Illinois. The objectives of the Quality Improvement Program are to address quality of clinical care and care delivery, patient outcomes, cost of care, utilization of services, peer review, and risk management activities; effecting change where identified to improve care processes and enhance services.

### Structure and Responsibilities

The Board of Directors has the ultimate responsibility for the Quality Management Program at Springfield Clinic. Committee structure, including responsibilities, is defined and implemented by the Board of Directors. The Chairman of the Board of Directors appoints committee membership.

The Quality Management Department is responsible for data collection and reporting, as directed by the Quality Management and Peer Review Committee.

### Scope

Data is collected, analyzed, and reported for, but not limited to:

- Incidents; including, but not limited to, falls, accidents, complications, adverse events, medication errors, miscommunication, and serious expressions of dissatisfaction by patient or family
- High risk processes, such as diagnostic results reporting and in-office surgical procedures
- Preventative medicine practices
- Management of chronic diseases
- Performance against specific practice criteria established by the Quality Management and Peer Review Committee or published quality measures (e.g., Healthcare Effectiveness Data and Information Set [HEDIS], National Quality Forum [NQF], etc.)
- Content, timeliness, and completion of the medical record
- Results of patient satisfaction surveys, which include access to care and timeliness of services
- Review of utilization and medical necessity of ambulatory surgery, anesthesia care, and other services
- Patient claims and litigation related to quality of care

Data is evaluated for trends, to measure quality, and to identify quality-related problems or concerns. Key measures are benchmarked against similar organizations, recognized best practices, national targets and goals. When data identifies an improvement is needed or warranted, quality improvement studies are conducted and/or improvement plans are developed in collaboration with physicians and staff. After the

ATTACHMENT 22



A COMMUNITY OF CARING

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implementation of corrective action(s) to resolve identified problems, re-measurement occurs to determine whether the corrective actions have achieved and sustained demonstrable improvement. If the initial corrective action(s) did not achieve and/or sustain the desired improved performance, implementation of additional corrective action(s) and continued re-measurement occurs until the problem is resolved or no longer relevant.

### **Reporting Results**

Results are reported to the Quality Management and Peer Review Committee. Results of monitoring and evaluation of patient care are reported to various committees based on committee responsibilities. All results, monitoring reports, and actions taken to improve outcomes are reported to and approved by the Board of Directors.

### **Committees**

Committee responsibilities in Quality Management Improvement Program are as follows:

- **Quality Management and Peer Review Committee**

**Basic Function:** The Quality Management and Peer Review Committee is comprised of the Chief Medical Officer, Medical Directors, Vice President of Nursing, Director of Quality Management, Manager of Quality Management, Director of Advanced Practitioners, and physician representatives selected by the Board of Directors. The Chairman is a physician selected by the Board of Directors and serves a two-year term. The Committee is responsible for assessing the quality of care provided by setting standards, directing reviews and follow up reviews, determining action to ensure compliance and meeting with physicians where deviations occur, setting medical record standards, and being involved in monitoring of identified impaired physicians.

**Duties, Responsibilities and Authority:** The duties, responsibilities, and authority of the Quality Management and Peer Review Committee include, but are not limited to, the following:

1. Determine areas to be reviewed, as identified from any of the following areas: Board of Directors, Administrative Quality Management Committee, Compliance Committee, Health and Safety Management Team, outside rules and regulations, physicians or departments, current literature and national standards.
2. Determine actions that are needed to ensure compliance with set standards and either ensures actions are taken or recommendations to the Board of Directors are made.
3. Work with the Administrative Quality Management Committee to approve forms for inclusion in the medical record.
4. Review and approve policy and procedures related to medical record standards, quality of care, compliance, and, as necessary, recommend approval to the Board of Directors

ATTACHMENT 22





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5. Address physician non-compliance issues in conjunction with the Chief Medical Officer and Medical Directors
6. Monitor identified impaired physicians in conjunction with the Chief Medical Officer and Medical Directors.

- **Credentialing Committee**

**Basic Function:** The Credentialing Committee is a subcommittee of the Quality Management and Peer Review Committee. The Committee is comprised of the Quality Management Committee Chairman, the Chief Medical Officer, Medical Directors, Vice President of Nursing, Director and Manager of Quality Management, Director of Advanced Practitioners, and Manager of Medical Staff Services.

The Committee is responsible for reviewing providers for appointment, reappointment and credentialing, and recommending to the Board of Directors for approval.

- **Administrative Quality Management Committee**

**Basic Function:** The Administrative Quality Management Committee is a subcommittee of the Quality Management and Peer Review Committee. This Committee is comprised of the Chief Medical Officer, (Chairman), Medical Directors, Vice President of Nursing, Director and Manager of Quality Management, and the Director of Advanced Practitioners.

The Committee is responsible for review of all reported incidents and adverse events/outcomes to assure appropriate action is taken, trends are identified and referred to the Quality Management and Peer Review Committee for action, all potential suits are reported to the malpractice insurer, the review, determination and approval of appropriate forms for inclusion in the medical record and the correct location for filing in the medical record, determining action to ensure compliance, meeting with physicians where deviations occur, and monitoring of identified impaired physicians at the direction of the Quality Management Committee.

**Duties, Responsibilities and Authority:** The duties, responsibilities and authority of the Administrative Quality Management Committee include, but are not limited to, the following:

1. Work with the Quality Management Department staff to ensure all complaints and adverse events/outcomes are addressed.
2. Communicate with physicians or direct the Director of Quality Management in appropriate physician communication when questions arise regarding medical care provided.
3. Review and approve or direct corrections for all letters of patient termination.
4. Determine which cases are of sufficient risk to require reporting to the malpractice carrier.

ATTACHMENT 22



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5. Review monthly incident summaries, identify trends, and ensure these are referred to the Quality Management and Peer Review Committee.
6. Work with the Quality Management Department staff to submit regular timely reports of all meetings and identified concerns to the Quality Management and Peer Review Committee.
7. Review forms as requested by the Quality Management and Peer Review Committee and providers to determine the appropriateness for use in the medical record.
8. Determine if the new forms are needed or revision of existing forms required and work with the Quality Management Department to complete these revisions or creations.
9. Determine when forms can be discontinued.
10. Determine correct placement of forms in the Medical Record in conjunction with the Director of the Health Information Management Department.
11. Review policy and procedure related to medical record standards, quality of care and compliance, and forward to the Quality Management Committee for review and approval.
12. Work with the Quality Management Department staff to submit regular timely reports of all meetings and decisions on forms to the Quality Management and Peer Review Committee.

May 2022

**ATTACHMENT 22**



STANDARD OPERATING POLICIES AND PROCEDURES

POLICY TITLE:	Appointment and Credentialing Procedure for Provider Applicants to Springfield Clinic Medical Staff and Ambulatory Surgery Center	Page 1 of 4
WRITTEN OR REVISED BY:	Onboarding Manager, Business Development	
APPROVED BY:	Quality Management Credentialing Committee Chair	Date: 5/7/21

**Purpose:**

The purpose of the Credentialing policy is to outline the process for validating professional competence for participating providers.

**Policy and Procedure:**

Each applicant must meet high standards in professional competence, judgment and integrity to the satisfaction of the Credentialing Committee and the Board of Directors. Applicants must complete an application packet and satisfy the credentialing criteria in addition to the following qualifications:

1. Disclose all information about any previous and/or currently pending challenges to licensure or certification in any jurisdictions, any malpractice claims and judgments, and any loss of membership in a professional organization.
2. Release information from present and past malpractice insurance carriers and state licensing authorities to Springfield Clinic.
3. Appear, if requested, for an interview with the Credentialing Committee or Board of Directors.
4. Provide three (3) professional references from individuals who are knowledgeable about the individual's competence and good moral character.
5. Permit a Springfield Clinic representative to consult with persons who have been associated with the individual and/or who may have information bearing on the individual's competence and qualifications.

**Applicant must provide Springfield Clinic appropriate documentation of the following:**

1. Possession of a current, valid, and unrestricted license or certification in the jurisdiction in which they practice.
2. A license/certification free from any restrictions or suspensions during the past five (5) years.
3. For those currently practicing, malpractice insurance coverage that meets the minimum requirement of the state in which they practice or the amount set forth by the board of directors.
4. Free from serious malpractice claims, settlements, or judgments.
5. In good standing with Medicare/Medicaid and free from any serious state/federal sanctions during the past three (3) years.
6. Free from any history of fraud or other felony convictions.
7. Free from substance abuse / illegal drug use.
8. Free from any disciplinary action for substance abuse / illegal drug use during the past five (5) years.

**Policy Title:** Appointment and Credentialing Procedure for Provider Applicants to Springfield Clinic Medical Staff and Ambulatory Surgery Center

**Application Form and Attestations:**

1. The application form must be completed fully and signed where required with the provider's original signature. This form includes attestations and statements regarding the individual provider and the following items:
  - a. Attest lack of any physical or mental impairment that would substantially impede the practitioner's ability to carry out the scope of his or her duties.
  - b. Attest lack of impairment due to present chemical dependency or substance abuse.
  - c. History of loss of license and/or felony convictions.
  - d. History of loss or limitation of privileges or disciplinary activity.
  - e. Attestation to the correctness and completeness of the application.
2. The individual must submit his or her work history with month and year included and/or current Curriculum Vitae.
3. The individual must sign a Waiver of Liability & Consent for Release of Information.

**Application Form and Attachments Review:**

The Credentialing Specialist reviews the documents for completeness including adequate work history, answers to the health related questions, and any necessary explanations for application answers. The Credentialing Specialist requests a signed attestation plus authorization to release information to Springfield Clinic.

1. Education verification.
2. Professional Liability Insurance
  - a. The Credentialing Committee checks the face sheet from the malpractice insurance carrier. The documentation must be current and be written as an additional named insured with Springfield Clinic's malpractice liability policy.
3. The Credentialing Specialist queries the NPDB/HIPDB Report (for sanctions and malpractice history) as well as AMA.
4. Professional Liability Claims History (if applicable).
5. Three (3) letters of professional recommendation.
6. Verification of Privileges and information regarding good standing from current primary hospital affiliation (if applicable).
7. DEA (if applicable).
8. State issued Controlled Substance License (if applicable).
9. State License for State of Illinois as well as all other states where current or inactive licenses have been issued.
10. Work History.
11. Healthcare Professional Credentialing and Business Data gathering form (required by the State of Illinois).
12. Diploma and/or Certificate.
13. Written verification of boards/board certification.
14. Curriculum Vitae.
15. Current ACLS/BLS/PALS (as required by provider type).

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**Policy Title:** Appointment and Credentialing Procedure for Provider Applicants to Springfield Clinic Medical Staff and Ambulatory Surgery Center

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Credentialing information shall be no more than 180 days (6 months) old at the time the Credentialing Committee reviews the individual provider. All credentialing information shall be date stamped and initialed when received into the Credentialing office.

**Credentialing Committee:**

The Credentialing Committee shall consist of the Chairman of the Quality Management Committee, the Chief Medical Officer, Springfield Clinic Medical Directors, the Director of Quality Management, the Director of APRN/PAs, the Manager of Quality Management and the Onboarding Manager.

Members of the Credentialing Committee shall be responsible for:

1. Ensuring the credentialing files are complete.
2. Reviewing the file to approve or deny the applicant.
3. Making a recommendation to the Board of Directors for approval.

The Chairman of the Board shall oversee the credentialing process and be consulted on any potential action to be taken by the Credentialing Committee or the Board of Directors. They shall meet the following minimum requirements.

**Credentialing Process:**

1. Once a signed contract is received from the provider, the provider's Curriculum Vitae is then given to the Credentialing Specialist to create a new provider file. *All credentialing files shall be stored in a locked cabinet when not being utilized by the credentialing staff or after business hours. After the credentialing process is completed, the documents will be maintained in electronic format.*
2. As each credentialing item is received in the Credentialing Department it is reviewed for accuracy and completeness. Requests are to be made to the provider to supply any information that may be missing or substantially varies from the information provided. When each item has been reviewed, it is placed in the file and the appropriate item on the credentialing checklist is noted, initialed and dated when received.
3. Once all items have been initialed, the Onboarding Manager reviews the file for completeness. Quality Management is notified on a monthly basis of the new providers who are ready to be presented to the Credentialing Committee.
4. After the Onboarding Manager review of the completed provider file, the file is presented to Springfield Clinic's Chief Medical Officer for review. The provider may be granted temporary privileges pending review and approval of the Credentialing Committee and Board of Directors. The Chief Medical Officer signature on the Springfield Clinic Application Form will document approval for temporary privileges.
5. The Credentialing Committee meets on a monthly basis to review files. The Committee meets and reviews each of the files that Credentialing has deemed complete. The review includes requests for office and ASC privileges, based on the provisions set forth in Springfield Clinic's by-laws and contracts. The provider is either approved; denied or additional information is requested. If the provider is approved the Committee Chair will sign and date the credentialing file, and a recommendation for approval and granting of privileges is forwarded to the Board of Directors.

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**Policy Title:** Appointment and Credentialing Procedure for Provider Applicants to Springfield Clinic Medical Staff and Ambulatory Surgery Center

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6. The Board of Directors reviews the Credentialing Committee's findings and the applicant's credentials. The Board must make a decision within a reasonable period; not to exceed 60 days. The applicant must receive notification of any Board decision within 60 days.
7. The Board may:
  - a. Approve the provider and grant privileges; and a welcome letter is then sent;
  - b. Pend the application and request more information; or
  - c. Deny the applicant who then receives a denial letter. In response, the applicant has the right to a fair hearing as set forth in Springfield Clinic's bylaws.
8. Once the provider has been approved by the Board of Directors they are placed on active status with the medical staff.
9. The provider is notified in writing of the findings of the Credentialing Committee and the Board of Directors within 60 business days.

Any information obtained regarding a provider will be considered confidential and will be maintained in the member's file. Member files are stored electronically accessible only by authorized personnel during regular business hours.

**Appeals:**

The provider may appeal any decision to the Board of Directors. The appeal must be filed within 60 days of notification. The Board shall schedule a meeting within 60 days of the receipt of appeal. The credentialing file shall be available to the provider at least 30 days prior to the appeal. The Board of Directors decision shall be final.

**Review and Correction of Credentialing Information:**

Providers shall be given reasonable opportunity to review information protected by law contained in the credentialing file and correct any errors. The applicant shall be informed of their right to review the information in their file in the application cover letter.

The provider has the right to be informed of the status of their credentialing application.

The applicant shall be informed in writing within 10 business days of the meeting of the Credentialing Committee of any information obtained during the credentialing process that varies substantially from the information provided by the practitioner.

The applicant shall have 10 business days to review the information and respond. The information shall be sent with an explanatory cover letter via first class mail. The appeal shall be sent to the attention of the Onboarding Manager at 1025 S. 6<sup>th</sup> Street, Springfield, IL 62703 and will then be presented to the Credentialing Committee for review at the next regularly scheduled meeting, not to exceed 45 days.

Reviewed/revised: 7/1/08, 7/21/11, 12/18/12, 11/6/14, 8/1/15, 2/22/18, 5/24/19, 5/7/21

**Attachment 22****Cardiac Catherization****2. Criterion 1110.225(b) Establishment or Expansion of Cardiac Catheterization Services**

The Clinicians below have privileges at the two hospitals in Springfield.

Last Name	First Name	Title	Springfield Memorial Hospital	St John's Hospital
Agarwal	Sunile	MD	x	x
Aggarwal	Bhuvnesh	MD	x	x
Chen	Stephen	DO	x	x
House	Amanda	APRN	x	x
Jha	Saurabh	MD	x	x
Khan	Muhammad	MD	x	x
Maricle	Elizabeth	APRN	x	x
Narla	Venkata	MD	x	x
Nester	John	MD	x	x
Patel	Nileshkumar	MD	x	x
Popp	Maryna	DO	x	x
Rees	Ashely	APRN	x	x
Schuette	Tasha	PA-C	x	x
Wisnasky	Krystel	APRN	x	x
Yording	Ann	APRN	x	x



**Attachment 22 Need – Utilization**

No additional cardiac catheterization service shall be started unless each facility in the planning area offering cardiac catheterization services operates at a level of 400 procedures annually.

- a. The planning area for cardiac catheterization shows the location of two hospitals in Springfield and one in Quincy that provide cardiac catheterization services within HSA 3:
  - Springfield Memorial Hospital – 701 N First Street, Springfield
  - HSHS St John’s Hospital – 800 East Carpenter Street, Springfield
  - Blessing Hospital – Broadway at 11<sup>th</sup> Street, Quincy
  
- b. The number of cardiac catheterizations performed at these two hospitals is as follows, for the year 2020, the most recent year reported. Source: Question 17 HFSRB Hospital Profiles – CY 2020. pdf
  - Springfield Memorial Hospital – 4,964 procedures; 5 labs
  - HSHS St John’s Hospital – 11,365 procedures; 10 labs
  - Blessing Hospital – 2,677 procedures; 3 labs

Hospital	LABS	Procedures 2020	Procedure per LAB
St. John’s	10	11,365	1,114
Memorial	5	4,964	993
Blessing	3	2,677	892

- We note that Quincy Medical Group received approval to establish a cardiac catheterization services as part of its approval for a new surgery center in Project No. 18.042. QMG projected that it would perform 629 procedures at its one lab facility. If met, this projection is well in excess of the state standard for 200 procedures. We also note that none of the projection procedures would come from the QMG facility.

Each of these hospitals far exceeds the standard of 200 annual procedures per lab.

- c. Springfield Clinic physicians referred or conducted the following number of cardiac catheterizations in each of the past 3 years.

2019: 2,312

2020: 2,300

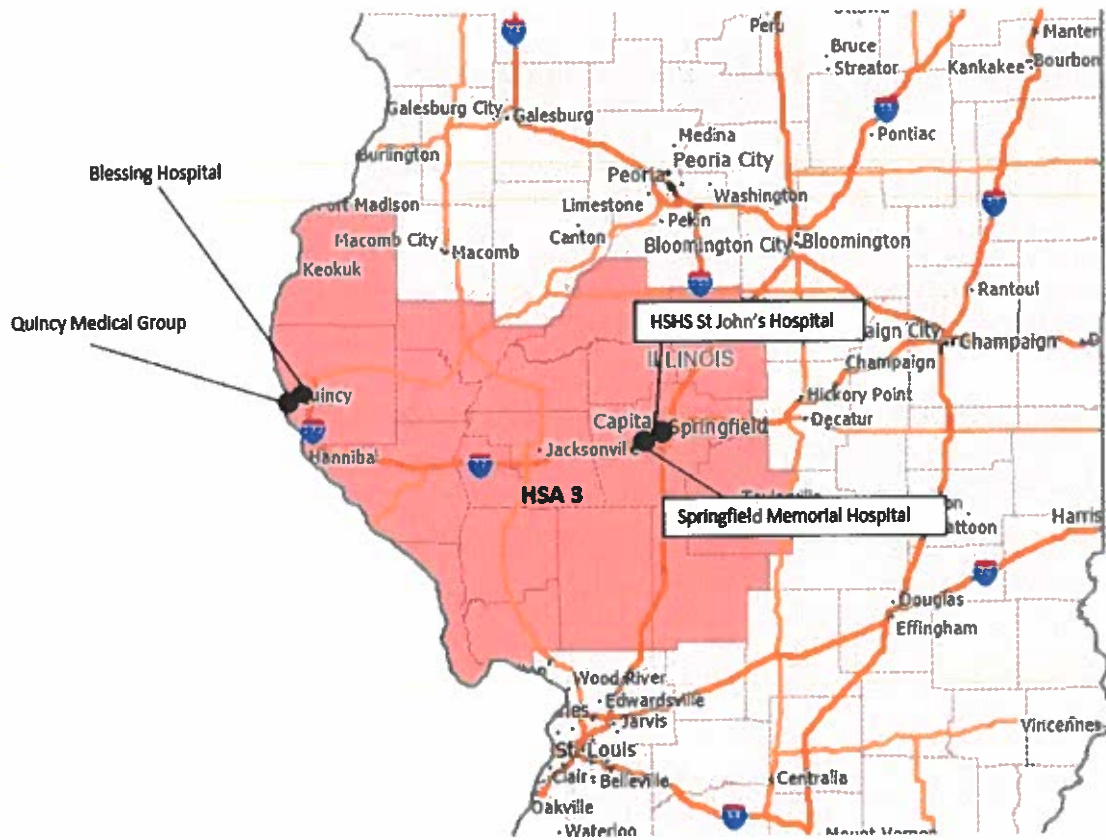
2021: 2,414

A table of procedures by physician for each of the past 3 years is included in this section. This information shows that Springfield Clinic physicians referred and conducted more than 2,000 cardiac catheterizations each year for the past three years at existing hospitals. Springfield Clinic is committed to meeting the need for interventional cardiac services, including catheterizations, generated by the members of the Springfield Clinic group.

**Springfield Clinic**  
**Historical Cardiac Catheterization Case Volume - 2019 through 2021**

	# of Cases			Grand Total
	2019	2020	2021	
AGARWAL MD, SUNIL K	741	523	466	1,730
AGGARWAL MD, BHUVNESH	649	414	440	1,503
PATEL MD, NILESHKUMAR J	210	513	587	1,310
CHEN DO, STEPHEN Y	472	410	350	1,232
KHAN MD, MUHAMMAD F	201	355	358	914
POPP DO, MARYNA		59	205	264
NESTER MD, JOHN E	39	26	7	72
<b>Total Case Volume</b>	<b>2,312</b>	<b>2,300</b>	<b>2,413</b>	<b>7,025</b>

*\*Cardiac Catheterization data used for reviews include: Diagnostic Cath, Carotid Angiograms, PCI, Peripheral Vascular Cases*





A COMMUNITY OF CARING

Springfield Clinic 1st • 800 Building  
800 North 1st Street  
Springfield, IL 62702  
217.578.7541 • 800.444.7541  
www.SpringfieldClinic.com

Approved by the Board of Directors 4/16/2022 for Ambulatory Surgery Center (ASC)

June 17, 2022

Mr. John Kiley, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Re: Springfield Clinic – Springfield Ambulatory Surgery Center (the Surgery Center)

Dear Mr. Kiley:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application to establish cardiac catheterization services to Review Criterion §1110.235(e) (1) in support of the proposed expansion of services at the Surgery Center.

During 2020 and 2021, I referred approximately the following number of patients for cardiac catheterization services to the hospitals listed below.

Hospital Name	2020	2021
Memorial Medical Center	396	416
St. John's Hospital	18	24

I estimate that I will refer 150 cardiac catheterization patients to the Surgery Center during its second year of operation.

Attached is a patient origin analysis by zip code of my 2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

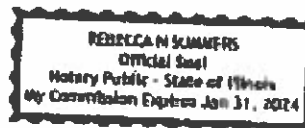
Blainey A. Arterval, MD

Given under my hand and official seal,

this 17 day of June, 2022.

My Commission expires Jan 31, 2024

Rebecca Summers  
NOTARY PUBLIC





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Springfield Clinic 1st - 800 Building  
800 North 1st Street  
Springfield, IL 62702  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

Accredited by the Accreditation Association for Ambulatory HealthCare (AAAHC)

June 17, 2022

Mr. John Kniery, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 3rd Floor  
Springfield, IL 62761

Re: Springfield Clinic – Springfield Ambulatory Surgery Center (the Surgery Center™)

Dear Mr. Kniery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application to establish cardiac catheterization services to Review Criterion §110.235(c) (3) in support of the proposed expansion of services at the Surgery Center.

During 2020 and 2021, I referred approximately the following number of patients for cardiac catheterization services to the hospitals listed below.

Hospital Name	2020	2021
Memorial Medical Center	326	306
St. John's Hospital	29	52

I estimate that I will refer 150 cardiac catheterization patients to the Surgery Center during its second year of operation.

Attached is a patient origin analysis by zip code of my 2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

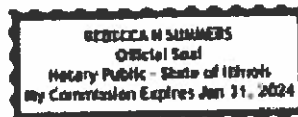
Muhammad Khan, MD

Given under my hand and official seal,

This 17<sup>th</sup> day of June, 2022.

My Commission expires: Jan 31, 2024

Rebecca Summers  
NOTARY PUBLIC





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Springfield Clinic 1st - 800 Building  
800 North 1st Street  
Springfield, IL 62702  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

Accredited by the Accreditation Association for Ambulatory HealthCare (AAAHC)

June 17, 2022

Mr. John Knierly, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Re: Springfield Clinic - Springfield Ambulatory Surgery Center (the Surgery Center)

Dear Mr. Knierly:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application to establish cardiac catheterization services to Review Criterion §1110.235(c) (3) in support of the proposed expansion of services at the Surgery Center.

During 2020 and 2021, I referred approximately the following number of patients for cardiac catheterization services to the hospitals listed below.

Hospital Name	2020	2021
Memorial Medical Center	52	196
St. John's Hospital	7	9

I estimate that I will refer 120 cardiac catheterization patients to the Surgery Center during its second year of operation.

Attached is a patient origin analysis by zip code of my 2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Very truly yours,

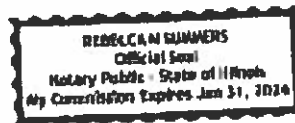
Maryna Popp, DO

Given under my hand and official seal,

this 17 day of June, 2022.

My Commission expires Jan 31, 2024

Rebecca Summers  
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Springfield, IL 62707  
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Accredited by the Accreditation Association for Ambulatory HealthCare (AAAHC)

June 17, 2022

Mr. John Knery, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Re: Springfield Clinic - Springfield Ambulatory Surgery Center (the Surgery Center)

Dear Mr. Knery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application to establish cardiac catheterization services to Review Criterion §111D.235(c) (3) in support of the proposed expansion of services at the Surgery Center.

During 2020 and 2021, I referred approximately the following number of patients for cardiac catheterization services to the hospitals listed below:

Hospital Name	2020	2021
Memorial Medical Center	457	550
St. John's Hospital	56	37

I estimate that I will refer 150 cardiac catheterization patients to the Surgery Center during its second year of operation.

Attached is a patient origin analysis by zip code of my 2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Nilesh Kumar Patel, MD

Given under my hand and official seal

this 17 day of June, 2022.

My Commission expires: Jan 31, 2024

Rebecca Summers  
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800 North 1st Street  
Springfield, IL 62702  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

Accredited by the Accreditation Association for Ambulatory Health Care (AAAHC)

June 17, 2022

Mr. John Knierly, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Re: Springfield Clinic - Springfield Ambulatory Surgery Center (the Surgery Center')

Dear Mr. Knierly:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application to establish cardiac catheterization services to Review Criterion §1110.235(c) (3) in support of the proposed expansion of services at the Surgery Center.

During 2020 and 2021, I referred approximately the following number of patients for cardiac catheterization services to the hospitals listed below.

Hospital Name	2020	2021
Memorial Medical Center	502	450
St. John's Hospital	21	16

I estimate that I will refer 150 cardiac catheterization patients to the Surgery Center during its second year of operation.

Attached is a patient origin analysis by zip code of my 2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Very truly yours,

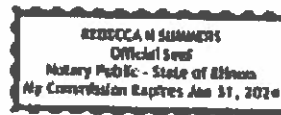
Sunil Agarwal, MD

Given under my hand and official seal,

this 17 day of June, 2022.

My Commission expires: Jan 31, 2024

Rebecca Summers  
NOTARY PUBLIC





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Springfield, IL 62702  
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Accredited by the Accreditation Association for Ambulatory HealthCare (AAAHC)

June 17, 2022

Mr. John Knierly, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Re: Springfield Clinic - Springfield Ambulatory Surgery Center (the Surgery Center™)

Dear Mr. Knierly:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application to establish cardiac catheterization services to Review Criterion §110.235(c) (3) in support of the proposed expansion of services at the Surgery Center.

During 2020 and 2021, I referred approximately the following number of patients for cardiac catheterization services to the hospitals listed below.

Hospital Name	2020	2021
Memorial Medical Center	391	331
St. John's Hospital	19	19

I estimate that I will refer 120 cardiac catheterization patients to the Surgery Center during its second year of operation.

Attached is a patient origin analysis by zip code of my 2021 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

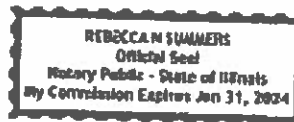
  
Stephen Chen, MD

Given under my hand and official seal,

this 17<sup>th</sup> day of June, 2022.

My Commission expires: Jan 31, 2024

Rebecca Summers  
NOTARY PUBLIC



B Aggarwal, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	
Pt ZipCode	2021	Grand Total
62630	62	62
62568	38	38
62702	37	37
62704	29	29
62703	28	28
62712	14	14
62636	14	14
62707	11	11
62626	10	10
62711	9	9
62629	9	9
62618	8	8
62561	6	6
62670	6	6
62690	6	6
62557	6	6
62684	6	6
62538	6	6
62615	6	6
62640	5	5
62677	5	5
62563	5	5
62540	4	4
62546	4	4
62691	4	4
62613	4	4
62082	4	4
62688	3	3
62530	3	3
62049	3	3
62073	3	3
62673	3	3
62639	3	3
62694	3	3
62520	3	3
62663	3	3
62571	2	2
62693	2	2
62611	2	2
62548	2	2
62664	2	2
62668	2	2
62642	2	2

B Aggarwal, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOB Year	Grand Total
Pt ZipCode	2021	
61723	2	2
62612	2	2
62673	2	2
62082	2	2
62331	2	2
62347	2	2
62627	2	2
62378	2	2
62628	2	2
62363	1	1
60181	1	1
62621	1	1
62360	1	1
62631	1	1
62339	1	1
62682	1	1
62319	1	1
62353	1	1
61453	1	1
62701	1	1
62631	1	1
62323	1	1
62030	1	1
63119	1	1
62570	1	1
61420	1	1
62401	1	1
62625	1	1
62667	1	1
62512	1	1
62521	1	1
62693	1	1
62510	1	1
62336	1	1
62331	1	1
62614	1	1
62674	1	1
62353	1	1
62354	1	1
62781	1	1
62617	1	1
62638	1	1
62681	1	1

**B Aggravated, MD - Patient Origin Analysis by Zip Code - 2021 Patients**

<b># of Cases</b>	<b>DOS Year</b>	
<b>Pt ZipCode</b>	<b>2021</b>	<b>Grand Total</b>
62043	1	1
<b>Grand Total:</b>	<b>440</b>	<b>440</b>

MI Khan, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	Grand Total
Pt ZipCode	2021	
62702	31	31
62650	29	29
62704	28	28
62703	28	28
62049	20	20
62056	11	11
62629	11	11
62818	9	9
62707	8	8
62711	8	8
62673	8	8
62626	8	8
62613	7	7
62568	7	7
62712	7	7
62017	7	7
62561	6	6
62655	5	5
62050	5	5
62674	4	4
62563	4	4
62640	4	4
62082	4	4
62560	4	4
62051	3	3
62539	3	3
62692	3	3
62094	3	3
62621	3	3
62463	3	3
62690	3	3
62471	3	3
62531	3	3
62069	3	3
62548	2	2
62086	2	2
62693	2	2
62536	2	2
62677	2	2
62092	2	2
62538	2	2
62627	2	2

Dr Khan, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	
PT ZipCode	2021	Grand Total
62073	2	2
62033	2	2
62424	2	2
62619	2	2
62019	2	2
06074	1	1
61430	1	1
83086	1	1
62611	1	1
62689	1	1
62612	1	1
61433	1	1
62014	1	1
62670	1	1
62401	1	1
62681	1	1
83730	1	1
62691	1	1
62313	1	1
61439	1	1
62623	1	1
62011	1	1
62320	1	1
62601	1	1
62340	1	1
62346	1	1
62628	1	1
62347	1	1
62345	1	1
62684	1	1
62631	1	1
62321	1	1
62638	1	1
62330	1	1
62044	1	1
62701	1	1
62643	1	1
62081	1	1
62644	1	1
61931	1	1
46112	1	1
62091	1	1



**MI Khan, MD - Patient Origin Analysis by Zip Code - 2021 Patients**

# of Cases	DOS Year	
Pt ZipCode	2021	Grand Total
47933	1	1
80923	1	1
62663	1	1
62667	1	1
<b>Grand Total</b>	<b>358</b>	<b>358</b>

M Popp, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases Pt ZipCode	DOS Year	
	2021	Grand Total
62702	23	23
62703	15	15
62711	12	12
62704	11	11
62656	9	9
62650	9	9
62563	8	8
62613	6	6
62568	5	5
62707	5	5
62629	5	5
62712	5	5
62673	4	4
62561	4	4
62692	3	3
62049	3	3
62694	3	3
62664	3	3
62548	3	3
62515	3	3
62684	3	3
61723	3	3
62615	3	3
62663	2	2
62545	2	2
62612	2	2
62611	2	2
62690	2	2
62665	2	2
62668	2	2
62885	2	2
62626	2	2
33909	1	1
62685	1	1
62670	1	1
62557	1	1
62531	1	1
33908	1	1
62666	1	1
62701	1	1
62682	1	1
62558	1	1
62546	1	1





N Patel, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	Grand Total
Pt ZipCode	2021	
62676	81	81
62702	49	49
62703	45	45
62704	43	43
62630	31	31
62568	21	21
62629	16	16
62712	15	15
62711	13	13
62707	13	13
62679	12	12
61723	11	11
62563	11	11
62684	11	11
62540	9	9
62558	8	8
62690	8	8
62692	8	8
62677	7	7
62613	7	7
62664	7	7
62561	7	7
62691	6	6
62640	6	6
62615	6	6
62612	6	6
62670	5	5
62666	5	5
62082	5	5
62532	4	4
62701	4	4
62548	4	4
62644	4	4
62681	3	3
62628	3	3
62530	3	3
62073	3	3
62520	3	3
62618	2	2
62536	2	2
62682	2	2
62543	2	2
62518	2	2

N Petal, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	Grand Total
Pt ZipCode	2021	
62663	2	2
62625	2	2
62526	2	2
62694	2	2
62645	2	2
62512	2	2
62556	2	2
62791	2	2
62617	2	2
62638	2	2
62537	1	1
62705	1	1
62401	1	1
62014	1	1
62522	1	1
62015	1	1
62092	1	1
62538	1	1
62009	1	1
62539	1	1
62610	1	1
62624	1	1
62673	1	1
61501	1	1
62560	1	1
62521	1	1
62363	1	1
62617	1	1
61813	1	1
62628	1	1
62480	1	1
62032	1	1
62601	1	1
62634	1	1
79934	1	1
62635	1	1
62671	1	1
62533	1	1
62674	1	1
62049	1	1
61532	1	1
62642	1	1
60107	1	1

N Patel, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOC Year	Grand Total
Pt ZipCode	2021	
62643	1	1
62688	1	1
62348	1	1
62378	1	1
62050	1	1
62493	1	1
62831	1	1
62693	1	1
62056	1	1
62414	1	1
62661	1	1
62372	1	1
62350	1	1
62313	1	1
62069	1	1
62319	1	1
62865	1	1
62848	1	1
62331	1	1
39327	1	1
62355	1	1
Grand Total	387	387



S Agarwal, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	Grand Total
Pt ZipCode	2021	
62636	61	61
62704	47	47
62702	41	41
62709	32	32
62630	21	21
62629	18	18
62711	16	16
62712	15	15
62368	12	12
62673	12	12
62664	10	10
62363	10	10
62684	10	10
62613	7	7
62626	6	6
62707	6	6
62049	6	6
62640	5	5
62615	3	3
62690	3	3
62612	3	3
62627	4	4
62694	4	4
62320	4	4
62361	4	4
62691	3	3
62670	3	3
62634	3	3
62319	3	3
62677	3	3
62346	3	3
62360	3	3
61723	3	3
62312	3	3
62033	2	2
62688	2	2
62330	2	2
62625	2	2
62372	2	2
62331	2	2
62646	2	2
62348	2	2
62540	2	2

S Agarwal, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	Grand Total
Pt ZipCode	2021	
62791	2	2
62503	2	2
62556	2	2
62092	2	2
62644	2	2
62611	2	2
63079	2	2
61493	1	1
62533	1	1
62533	1	1
61550	1	1
62075	1	1
62558	1	1
62401	1	1
62545	1	1
61674	1	1
62549	1	1
62063	1	1
61630	1	1
62692	1	1
66804	1	1
62618	1	1
62635	1	1
61515	1	1
61749	1	1
62673	1	1
62642	1	1
62096	1	1
62563	1	1
62682	1	1
62649	1	1
34698	1	1
61751	1	1
61432	1	1
62567	1	1
62693	1	1
62661	1	1
62077	1	1
35635	1	1
62378	1	1
62663	1	1
62622	1	1
62551	1	1

S Agarwal, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	Grand Total
Pt ZipCode	2021	
62337	1	1
62666	1	1
62630	1	1
62518	1	1
62631	1	1
Grand Total	466	466

S Chen, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	Grand Total
Pt ZipCode	2021	
62630	38	38
62709	35	35
62704	31	31
62702	29	29
62711	28	28
62707	14	14
62670	11	11
62712	11	11
62629	9	9
62615	8	8
62368	7	7
62618	7	7
62636	6	6
62684	6	6
62363	5	5
62346	4	4
62345	4	4
62692	4	4
62338	4	4
62673	4	4
62049	4	4
62681	3	3
62690	3	3
62340	3	3
62082	3	3
62320	3	3
62628	3	3
62694	2	2
62361	2	2
62644	2	2
62337	2	2
62617	2	2
62677	2	2
62640	2	2
62621	2	2
62611	2	2
62336	2	2
62668	2	2
62601	2	2
62631	2	2
61342	2	2
62518	1	1
62691	1	1

S Chen, MD - Patient Origin Analysis by Zip Code - 2021 Patients

# of Cases	DOS Year	
Pt ZipCode	2021	Grand Total
62373	1	1
62626	1	1
62312	1	1
62530	1	1
62091	1	1
62331	1	1
62666	1	1
62333	1	1
62430	1	1
62633	1	1
62269	1	1
62033	1	1
63401	1	1
62642	1	1
62275	1	1
62338	1	1
62363	1	1
62339	1	1
62567	1	1
61723	1	1
62378	1	1
62661	1	1
62695	1	1
62663	1	1
62812	1	1
62092	1	1
62313	1	1
61738	1	1
62016	1	1
62672	1	1
62522	1	1
62674	1	1
62613	1	1
Grand Total	330	330

**Attachment 22****Cardiac Catheterization****3. Criterion 1110.255(c) Unnecessary Duplication of Services**

**Any application proposing to establish cardiac catheterization services must indicate if it will reduce the volume of existing facilities below 200 catheterizations.**

The introduction of a catheterization service by Springfield Clinic with a projected volume of 840 cases in the second year of operation, will not reduce the volumes of any of the existing three services below 400 annual cath per lab. As shared earlier, the existing facilities operate at the following levels, according to the State's most recent inventories for the year 2020:

- Springfield Memorial Hospital, Springfield – 4,964 procedures; 5 labs; 993 procedures per lab
- HSHS St John's Hospital, Springfield – 11,365 procedures; 10 labs; 1.114 procedures per lab
- Blessing Hospital, Quincy – 2,677 procedures; 3 labs; 892 procedures per lab
- We note that Quincy Medical Group Received approval to establish a cardiac catheterization service as part of its approval for a new surgery center in Project No. 18.042. Utilization data is not yet available, but QMG projected it would perform 629 procedures in its one lab facility.

Even if all of the 840 procedures/cases were to relocate from the local hospitals in Springfield, those hospital's volumes would remain well over the standard.

As a result, the proposed project does not result in an unnecessary duplication of service.

**20. Unnecessary Duplication of Services (letters) - Applicant must contact all facilities currently providing the service within the planning area in which the applicant facility is located, to determine the impact the project will have on the patient volume at existing services.**

The CEO of Springfield Clinic not only sent the attached letters to care facilities, he personally met with representatives of the two Springfield hospitals to discuss the Project. He also met and hand delivered the letter to the president of QMG. Springfield Clinic values its strong relationship with area hospitals and believes it is important to meet personally and to address any questions. A letter attesting to the hand delivery or mailing is attached.



Springfield Clinic Main Campus  
1025 South 6th Street • P.O. Box 19248  
Springfield, IL 62794-9248  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

Accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC)

July 13, 2022

Mr. John Kniery, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Re: Springfield Clinic – Cardiac Catheterization Project  
Attestation of Delivery of Notice to Providers  
of Cardiac Catheterization Services in Planning Area

Dear Mr. Kniery:

In compliance with Section 11110.255 of the Review Board regulations we have provided notice to all facilities in the Planning Area that perform cardiac catheterization procedures. Because we value our relationship with our two Springfield hospitals, I believed it important to meet personally with them. Those letters, as well as the letter to QMG, I attest were hand delivered on the following dates. In the case of Blessing Hospital, the letter was mailed. A copy of each letter is also included with the application.

- Ms. Carol Brockmiller/QMG - hand-delivered by me 6/24/22
- Mr. Ed Curtis/Memorial Medical Center - hand-delivered by Benjamin McLain on my behalf on 7/1/22/following the in-person meeting
- Mr. Damond Boatwright/St. John's Hospital - hand-delivered by me on 7/6/22
- Ms. Maureen Kahn/Blessing Hospital - sent by certified mail on 7/11/22

Sincerely,

A handwritten signature in black ink that reads "Ray Williams".

Ray Williams  
Chief Executive Officer

Attachments Enclosed

ATTACHMENT 22





**A COMMUNITY OF CARING**

**Springfield Clinic Main Campus**  
1025 South 6th Street • P.O. Box 19248  
Springfield, IL 62794-9248  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

*Accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC)*

July 1, 2022

Mr. Edgar Curtis  
President and CEO  
Springfield Memorial Hospital  
340 W. Miller Street  
Springfield, IL 62781

**Re: Intent to file a CON for Cardiac Catheterization**

Dear Mr. Curtis:

It was a pleasure meeting with you to discuss recent developments at Springfield Clinic and the community we serve together. We value our relationship as community partners dedicated to central Illinois in providing high-quality, accessible and exceptional health care both in hospital and clinic settings. As community-based organizations, we both strive to ensure the patients of central Illinois are served to the highest degree.

As we discussed, Springfield Clinic will soon be submitting a Certificate of Need permit application to establish cardiac catheterization services at Springfield Clinic's Springfield Ambulatory Surgery Center. The location of the project surgery center is 1025 S. 6th Street, Springfield, Illinois.

Regulations of the Illinois Health Facilities and Services Review Board require that Springfield Clinic notifies all providers of cardiac catheterization services within Health Service Area 3. I am sending this notice to you with the request that you provide us with a statement as to the impact you believe our project might have on Springfield Memorial Hospital's cardiac catheterization services.

If you have any questions about this project, please contact me at 217.528.7541.

Thank you for considering this request.

Sincerely,

A handwritten signature in black ink that reads "Ray Williams".

Ray Williams  
Chief Executive Officer

**ATTACHMENT 22**



A COMMUNITY OF CARING

Springfield Clinic Main Campus  
1025 South 6th Street • P.O. Box 19248  
Springfield, IL 62794-9248  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

Accredited by the Accreditation Association for Ambulatory HealthCare (AAAHC)

July 6, 2022

Damond Boatwright  
President and CEO  
HSHS St John's Hospital  
800 E Carpenter St  
Springfield, IL 62769

Re: Intent to file a CON for Cardiac Catheterization

Dear Mr. Boatwright:

Springfield Clinic will soon be submitting a Certificate of Need permit application to establish cardiac catheterization services at Springfield Clinic – Springfield Ambulatory Surgery Center. The location of the project surgery center is 1025 S. 6th Street, Springfield, Illinois.

Regulations of the Illinois Health Facilities and Services Review Board require that we notify all providers of cardiac catheterization services within Health Service Area 3. We are sending this notice to you with the request that you provide us with a statement as to the impact you believe our project might have on HSHS St John's Hospital cardiac catheterization services.

If you have any questions about this project, please contact me at 217/528-7541.

Thank you for considering this request.

Sincerely,

A handwritten signature in black ink that reads "Ray Williams".

Ray Williams  
Chief Executive Officer

ATTACHMENT 22



A COMMUNITY OF CARING

Springfield Clinic Main Campus  
1025 South 6th Street • P.O. Box 19248  
Springfield, IL 62794-9248  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

Accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC)

June 24, 2022

Ms. Carol Brockmiller  
President and CEO  
Quincy Medical Group  
1025 Maine St  
Quincy, IL 62301

Re: Intent to file a CON for Cardiac Catheterization

Dear Ms. Brockmiller:

Springfield Clinic will soon be submitting a Certificate of Need permit application to establish cardiac catheterization services at Springfield Clinic – Springfield Ambulatory Surgery Center. The location of the project surgery center is 1025 S. 6th Street, Springfield, Illinois.

Regulations of the Illinois Health Facilities and Services Review Board require that we notify all providers of cardiac catheterization services within Health Service Area 3. We are sending this notice to you with the request that you provide us with a statement as to the impact you believe our project might have on Quincy Medical Group cardiac catheterization services. We note that none of our cardiologists presently perform procedures at Quincy Medical Group and consequently do not believe our project to directly impact QMG.

If you have any questions about this project, please contact me at 217/528-7541.

Thank you for considering this request.

Sincerely,

A handwritten signature in black ink that reads "Ray Williams".

Ray Williams  
Chief Executive Officer

ATTACHMENT 22



**A COMMUNITY OF CARING**

Springfield Clinic Main Campus  
1025 South 6th Street • P.O. Box 19248  
Springfield, IL 62794-9248  
217.528.7541 • 800.444.7541  
www.SpringfieldClinic.com

*Accredited by the Accreditation Association for Ambulatory Healthcare (AAAHNC)*

July 11, 2022

Ms. Maurcen A. Kahn  
President and CEO  
Blessing Hospital  
1005 Broadway  
Quincy, IL 62301

Re: Intent to file a CON for Cardiac Catheterization

Dear Ms. Kahn:

Springfield Clinic will soon be submitting a Certificate of Need permit application to establish cardiac catheterization services at Springfield Clinic – Springfield Ambulatory Surgery Center. The location of the project surgery center is 1025 S. 6th Street, Springfield, Illinois.

Regulations of the Illinois Health Facilities and Services Review Board require that we notify all providers of cardiac catheterization services within Health Service Area 3. We are sending this notice to you with the request that you provide us with a statement as to the impact you believe our project might have on Blessing Hospital's cardiac catheterization services. We note that none of our cardiologists presently perform procedures at Blessing Hospital and consequently do not believe our project to directly impact Blessing.

If you have any questions about this project, please contact me at 217/528-7541.

Thank you for considering this request.

Sincerely,

A handwritten signature in black ink that reads "Ray Williams".

Ray Williams  
Chief Executive Officer

ATTACHMENT 22

**Attachment 22**

**Cardiac Catherization**

**4. Criterion 1110.225(d) Peer-Review Modernization of Existing Cardiac Catheterization Laboratories**

This Project establishes rather than modernizes services and this subsection is inapplicable.

**Attachment 22****Cardiac Catherization****5. Criterion 1110.225(e) Support Services**

The following support services are available at Springfield Clinic:

- ✓ Nuclear Medicine Laboratory
- ✓ Echocardiography service
- ✓ Electrocardiography laboratory and services, including stress testing and continuous cardiogram monitoring
- ✓ Pulmonary function unit
- ✓ Blood bank
- ✓ Hematology laboratory - coagulation laboratory
- ✓ Microbiology laboratory
- ✓ Blood Gas laboratory
- ✓ Clinical pathology laboratory with facilities for blood Chemistry

Springfield Clinic LLP provides a full complement of Ancillary services at our current location, 1025 S. Sixth St, Springfield, IL 62703. Pulmonary function testing services are provided by a trained Respiratory Therapist and Board-Certified Pulmonologist. Springfield Clinic's Cardiovascular service line includes an accredited Echocardiography and Nuclear Medicine Stress lab, including Multiple Gated Acquisition Scans (MUGA), supported by Registered Diagnostic Cardiac Sonographers, Registered Cardiac Nurses, Nuclear Medicine Technicians, and Board-Certified Cardiologists. Springfield Clinic also provides Electrocardiogram, Cardiac monitoring, and Pacemaker device management services. Cardiac Computed Tomography testing is also available. Springfield Clinic's Cardiovascular providers refer patients to Outpatient Cardiac Rehab programs when necessary. Springfield Clinic also has a fully accredited Vascular Lab supported by Registered Vascular sonographers and Board-Certified Vascular Surgeons.

Springfield Clinic LLP is a full-service laboratory that includes the departments of Chemistry, Immunochemistry, Hematology, Blood Banking, Microbiology, Serology, Immunology and Urinalysis. Lab Services will include ABGs (Arterial Blood Gas). The Laboratory Medical Director is knowledgeable and educated on the requirements of a Laboratory offering transfusions and operating a blood bank. Springfield Clinic will facilitate the receipt of blood products from a local transfusion service to dispense packed cells, platelets and FFP (Fresh Frozen Plasma).

Pathology services at Springfield Clinic are contracted through the Pathology Associates of Central Illinois (PACI).

**Attachment 22**

**Cardiac Catherization**

**6. Criterion 1110.225(f) Laboratory Location**

- ☐ The proposed Project will have two cath labs and will be located immediately adjacent to each other in accordance with Review Board regulations.



Attachment 22

**Cardiac Catherization**

**7. Criterion 1110.225(g) Staffing**

**21. Staffing - Applicant must document that the following personnel will be available:**

**1) Cath Lab Director Board-Certified in Internal Medicine, Pediatrics or Radiology with subspecialty training in Cardiology or Cardiovascular Radiology.**

**Dr. S. Agarwal**

**2) A physician with training in cardiology and/or radiology present during examination with extra physician backup personnel available.**

**All physicians performing procedures will have appropriate, verified training and privileges commensurate.**

**3) Nurse specially trained in critical care of cardiac patients, knowledge of cardiovascular medication, and understanding of catheterization equipment.**

**Nurses will be hired in the cath lab who have verified experience and training in cath lab procedures, working with critical care patients, cardiac recovery experience, moderate sedation procedures, ACLS/BLS certification, and competency with cath lab equipment and safety.**

**4) Radiologic technologist highly skilled in conventional radiographic techniques and angiographic principles, knowledgeable in every aspect of catheterization instrumentation, and with thorough knowledge of the anatomy and physiology of the cardiovascular system.**

**Radiologic technologist will be hired in the cath lab who have verified experience and training in cath lab procedures, ACLS/BLS certification, and competency with cath lab equipment and safety.**

5) Cardiopulmonary technician for patient observation, handling blood samples and performing blood gas evaluation calculations.

The SC Lab will be providing these services. Blood drawn in the cath lab will be handled in accordance with Clinic policies and by staff who demonstrate competency in these processes.

6) Monitoring and recording technician for monitoring physiologic data and alerting physician to any changes.

Nursing staff and Radiologic technologist will be hired in the cath lab who have verified experience and training in cath lab procedures, working with critical care patients, cardiac recovery experience, moderate sedation procedures, ACLS/BLS certification, and competency with cath lab equipment and safety.

7) Electronic radiologic repair technician to perform systematic tests and routine maintenance; must be immediately available in the event of equipment failure during a procedure.

Contracts with equipment suppliers and vendors will provide assurances of immediate availability on days and times to address equipment needs

8) Darkroom technician well trained in photographic processing and in the

This should not be applicable as our technology will all be digital.

**Attachment 22**

**Cardiac Catherization**

**8. Criterion 1110.225(h) Continuity of Care**

Springfield Clinic has Transfer Agreements with both St. John's Hospital and Memorial Medical Center. Attached please find copies of the agreements. Also attached is a Springfield Clinic statement of Policy and Procedures regarding hospital transfers. Also attached is a table showing that all clinicians who will be performing cardiac catheterization privileges presently have privileges at both hospitals in Springfield.

## TRANSFER AGREEMENT BETWEEN: ST. JOHN'S HOSPITAL

AND

## SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER

In the interest of good patient care, and in an effort to maintain adequate continuity of care, a mutual understanding and agreement is attained between ST. JOHN'S HOSPITAL and SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER, concerning the following enumerated conditions and procedures to be used in the transfer of patients between institutions when such transfer is medically appropriate:

1. The transferring institution will assume the responsibility of notifying the institution to which the patient is to be transferred that, when medically appropriate, the patient is ready to be discharged and ready for transfer. At this time, the transferring institution will determine whether the institution to which the patient is to be transferred has accommodations for the patient. Transportation arrangements for the patient to either institution or the patient's physician and the proper authorities of the transferring institution will be apprised of the arrangements.

2. Relative to the transfer of medico-administrative information, the transferring institution will prepare a Nursing Care Follow-Up Summary of the patient, signed by the patient's physician, and will forward this Summary with the patient to the institution to which the patient is transferred.

3. In the event the patient's physician does not have medical staff privileges at ST. JOHN'S HOSPITAL, he may refer his patient, on a personal basis, to a physician who is a member of the hospital staff, or he may request application to the Associate or Courtesy Staff and pursue the care of his patient in accordance with the Bylaws, Rules and Regulations of the Medical Staff of ST. JOHN'S HOSPITAL.

4. Each institution will separately be responsible for the billing and collecting of charges incurred by the patient while in residence at the institution, commencing on the date of admission and ending on the date of discharge. The referring institution will assume the responsibility for notifying the financially responsible party or agency of the patient's transfer.

5. ST. JOHN'S HOSPITAL will offer recommendations on quality of nursing care in the SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER and the SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER will implement the recommendations on quality of nursing care made by ST. JOHN'S HOSPITAL.

6. ST. JOHN'S HOSPITAL will offer availability of Department Heads for consultation for inservice training programs, and the SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER will share knowledge and skills gained by staff in providing nursing care to patients.

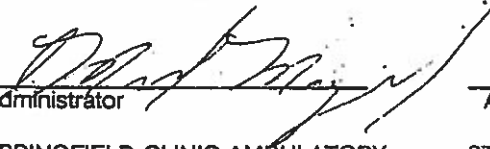
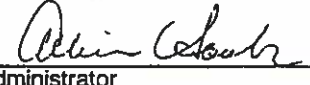
ATTACHMENT 22

Transfer Agreement - Page 2

7. Laboratory, X-Ray, and therapy services will be rendered by ST. JOHN'S HOSPITAL to patients of the SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER either as outpatients or as inpatients, depending on the orders of the patient's physician.

8. ST. JOHN'S HOSPITAL and the SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER will provide proper accounting of personal effects upon admission and dismissal with each being accountable for discrepancies occurring within its own facility.

9. This agreement shall remain in force until cancelled by either ST. JOHN'S HOSPITAL or SPRINGFIELD CLINIC AMBULATORY SURGICAL TREATMENT CENTER, such cancellation to be preceded by written notice of intention at least thirty (30) days prior to date of cancellation.

 _____ Administrator	 _____ Administrator
--	---

SPRINGFIELD CLINIC AMBULATORY  
SURGICAL TREATMENT CENTER

ST. JOHN'S HOSPITAL

1025 South Seventh Street

800 East Carpenter Street

Springfield, Illinois 62703

Springfield, Illinois 62769

April 23, 1993  
Date

## TRANSFER AGREEMENT

THIS AGREEMENT shall be effective as of the 12th day of May, 1993 ("Effective Date") between Memorial Medical Center ("Hospital"), an Illinois not-for-profit corporation and Springfield Clinic Ambulatory Surgical Treatment Center ("Facility"), a for-profit corporation.

WHEREAS, the Hospital is an acute care institution;

WHEREAS, the Facility is an institution or agency not specializing in acute care; and

WHEREAS, Hospital and Facility desire to assure continuity of care and treatment appropriate to the needs of patients, and to use the skills, resources, and physical plant of Hospital in a coordinated and cooperative fashion to improve patient care at both the acute and post-acute stages of illness.

NOW, THEREFORE, IN CONSIDERATION of the mutual advantages occurring to the parties, the parties hereby covenant and agree with each other as follows:

## ARTICLE I

The parties shall be independent contractors and neither party shall have the right to act as the agent or representative of the other or to take any action which purports to bind the other. The governing body of each party shall continue to have exclusive control of its management, assets, and affairs, and neither party by virtue of this Agreement shall assume any liability for any debts or obligations which have been or which may be incurred by the other.

## ARTICLE II

Whenever the attending physician of any patient of either party shall determine that a transfer of such patient to Hospital is medically appropriate, the parties shall take whatever steps may be necessary to effect the transfer as promptly as possible. The transfer of patients shall be in accordance with those procedures established by and agreed upon by the parties. The parties shall give preference in their admission policies to patients requiring transfer, subject to availability of bed space, and provided that all of the usual conditions for admission are met. Each party shall give notice to the other, as far in advance as possible, of an impending transfer. Prior to initiating a transfer, the transferring party shall obtain confirmation from a representative of the receiving party (to be designated by the receiving party and identified in the transfer procedures referred to above) that the patient has been accepted for admission to such party.

It shall be the responsibility of the transferring party, with input from the attending physician initiating transfer as necessary, to make arrangements for transfer in accordance with the transfer procedures referred to above, to determine the form of transportation that is medically appropriate, and to assure that the patient receives the appropriate level of care during transfer. The responsibilities of the transferring party will cease when the patient has been transferred to the custody of the person at the receiving party (to be designated by the receiving party) who will accept patients on behalf of said party.

## ARTICLE III

In establishing its admission policies for patients transferred from the Facility pursuant to Article II, the Hospital shall be guided by the following plan:

- (A) Patients designated as emergencies by their attending physicians shall be admitted to the Hospital without delay;
- (B) Patients not designated strictly emergency, but who require early admission to the Hospital, shall be placed on the Hospital's urgent list; and
- (C) Patients designated as elective admissions shall be booked for future admission according to the established routine of the Hospital.

#### ARTICLE IV

The parties shall exchange all medical and other information which may be necessary or useful in the care and treatment of patients transferred between them or which may be relevant in determining whether such patients can be adequately cared for otherwise than in either party. All such information shall be provided by the transferring party in advance, where possible, and in any event, at the time of the transfer and shall be recorded on a transferral and referral form which shall be mutually agreed upon by the parties. This information shall include, but shall not be limited to, current medical findings, diagnosis, rehabilitation potential, a brief summary of the course of treatment followed, nursing and dietary information useful in the care of the patient, ambulation status, and pertinent administrative and social information. The name of the physician treating the patient at the transferring party and, if known, the name of the physician expected to treat the patient at the receiving party shall also be included.

#### ARTICLE V

The transfer of patients' personal effects and valuables shall be in accordance with those procedures established by and agreed upon by the parties. A standard inventory form shall be adopted and used by both parties for identifying patients' personal effects and valuables. The personal effects and valuables of a patient transferred to the Hospital shall be the responsibility of the Facility until delivered to and accepted by the appropriate personnel of the Hospital (to be designated by the Hospital and identified in the transfer of valuables procedures referred to above) at which time such personal effects and valuables shall become the sole responsibility of the Hospital. The personal effects and valuables of a patient transferred to the Facility shall be the responsibility of the Hospital until delivered to and accepted by a representative of the Facility (to be designated by the Facility and identified in the transfer procedures described above) at which time such personal effects and valuables shall become the sole responsibility of the Facility. The designated representatives of the Facility may be the attendants/driver of the ambulance (or other form of transportation) transporting the patient, or a relative or friend of the patient.

#### ARTICLE VI

Charges for services performed by one party for the patients transferred from the other party pursuant to this Agreement shall be collected by the party rendering such services directly from the patient or from other sources normally billed. Neither party shall have any liability to the other for such charges, except to the extent that such liability would exist separate and apart from this Agreement. Nor shall either party receiving a transferred patient be responsible for collecting any account receivable of the other party from such patient which may still be outstanding after such transfer takes place. The cost of transporting a patient from one party to the other shall be the responsibility of the patient, his family or a third party payor.

#### ARTICLE VII

This Agreement shall commence upon the Effective Date hereof and shall continue until terminated by either party at any time upon the giving of at least thirty (30) days prior written notice. Notwithstanding any notice which may have been given, however, this Agreement shall be automatically terminated:

- (A) Whenever either party shall have its license to operate revoked, suspended, or not renewed; or
- (B) Whenever either party's agreement with the Secretary of Health and Human Services under Section 1866 of the Social Security Act (or under any amendment thereof) is terminated.

ARTICLE VIII

The Facility shall be maintained and operated in accordance with all applicable state, local and federal laws or regulations, shall make available to the Hospital upon request, the reports of its most recent inspection by a state licensing agency or such other regulatory or accrediting body, as may be applicable, and shall immediately inform the Hospital of its receipt of any notice of deficiency or threatened suspension, revocation or non-renewal of its operating license, or of the termination of the agreement referred to in Section (B) of Article VII.

ARTICLE IX

Each party shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other. The Facility will indemnify, defend and hold harmless the Hospital and its agents, employees, physicians, officers, directors and representatives from any and all claims and losses accruing or resulting in connection with the performance of this Agreement which are due to the negligent or willful acts or omissions of the Facility or any of its agents, employees, officers, directors or representatives. The Hospital will indemnify, defend and hold harmless the Facility and its agents, employees, physicians, officers, directors and representatives from any and all claims and losses accruing or resulting in connection with the performance of this Agreement which are due to the negligent or willful acts or omissions of the Hospital or any of its agents, employees, physicians, officers, directors or representatives. If either party becomes involved as a party to litigation in connection with services provided under this Agreement, that party shall give the other party written notice immediately. The party so notified, as its sole election, may enter into such litigation to protect its interests as they may appear.

ARTICLE X

The Facility shall maintain insurance in such amounts as are reasonable and customary in the industry to guard against those risks which are customarily insured against in connection with the ownership and operation of facilities of comparable type and size, shall furnish to the Hospital a certificate of insurance as evidence of its insurance coverage, and shall notify the Hospital immediately of any notice from an insurance carrier of an intent to modify or terminate the Facility's insurance coverage.

ARTICLE XI

Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall first be obtained from the party whose name is to be used.

ARTICLE XII

Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract with any other hospital, nursing home, home health agency, school or other entity on either a limited or general basis, while this Agreement is in effect.

ARTICLE XIII

This Agreement may be modified, amended or supplemented by agreement of both parties, but no such modification, amendment, or supplement shall be binding on either party unless and until the same is attached hereto in writing and signed by authorized officials of both parties.



ARTICLE XIV

This Agreement shall be governed by and interpreted according to the laws of the State of Illinois.

ARTICLE XV

This Agreement may not be assigned, either in whole or in part, by either party without the express written consent of the other.

ARTICLE XVI

Any notice pertaining to this Agreement shall be sent to the parties at the addresses indicated below or to such other address as may later be designated.

To the Hospital:

Memorial Medical Center  
800 North Rutledge  
Springfield, Illinois 62781  
Attention: Senior Vice President and  
Chief Financial Officer

To the Facility:

Springfield Clinic Ambulatory Surgical Treatment Center  
1025 South Seventh Street  
Springfield, Illinois 62703  
Attention: Administrator

ARTICLE XVII

This Agreement supersedes all previous agreements between the parties.

Signed at Springfield, State of Illinois, this 13th day of May, 1993.

Hospital:

MEMORIAL MEDICAL CENTER  
800 North Rutledge  
Springfield, Illinois 62781

By: V. Paul Smith  
V. Paul Smith  
Senior Vice President and  
Chief Financial Officer

Facility:

SPRINGFIELD CLINIC AMBULATORY  
SURGICAL TREATMENT CENTER  
1025 South Seventh Street  
Springfield, Illinois 62703

By: [Signature]  
Administrator



## STANDARD OPERATING POLICIES AND PROCEDURES

POLICY TITLE:	Hospital Admission (Unplanned)	Page 1 of 1
WRITTEN OR REVISED BY:	Director, Ambulatory Surgery Center	
APPROVED BY:	Medical Director, Ambulatory Surgery Center	
		Effective date: 03-31-2021

**PURPOSE:**

A patient may be transferred to a hospital following a procedure for continued care.

**POLICY:****1 For a Transfer:**

In the event the patient is unstable or if the condition is of new onset and the possibility of instability or deterioration exists:

- A. The surgeon or proceduralist will be contacted initially, if orders given for anesthesiologist to assess, then anesthesia will be contacted. Obtain an order to transfer.  
(1) Exception: If a pediatric patient is critical, the surgeon may direct the patient to St. John's Hospital (regardless of insurance) if pediatric intensive care is necessary in consultation with the primary care physician.
- B. Call the Admitting Department of the accepting hospital to make a reservation and leave orders.
- C. Give report to the RN.
- D. Chart in the EHR an ASC-hospital transfer order.
- E. Document transfer and final assessment in the nurse's notes.
- F. A copy of the pre-operative record, transfer to hospital order, copy of advanced directive if patient has one and anesthesia record is made and sent with the patient. The originals are kept in the Ambulatory Surgery Center for completion of documentation on the post-operative call. Oral reports of patient's events will be given to the ambulance personnel for transfer.
- G. At time of transfer, the attending physician (surgeon, proceduralist or internist) will assume patient care responsibility.
- H. ASC Director, ASC QM Manager and Phone nurses will be notified of transfer.
- I. Transfer patient via ambulance.

Asc/policies&procedures/hospitaladmission/unplanned

**Attachment 22**

**Cardiac Catherization**

**9. Criterion 1110.225(i) Multi-Institution Variances**

This Project will not be a multi-institutional project and this section appears inapplicable.

**Attachment 33**

**Availability of Funds**

The Project will be funded entirely from internal sources. Springfield Clinic provided confidential audited financial statements to the Review Board that evidence availability of funds. In addition, Springfield Clinic has a large multi-million line of credit, which it has not drawn on, for any additional working cash needs.

**Section VIII, 1120.130 – Financial Viability**

**Attachment 35**

Because all of the capital expenditures for this Project are funded through internal sources, this Section is not applicable.

## Section IX. 1120.140 - Economic Feasibility

## Attachment 36

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

The Project will be financed through cash on hand and securities. Springfield Clinic's cash position is sufficient to cover this project. In addition, Springfield Clinic has a rolling line of credit sufficient to cover the total project expenses.

**B. Conditions of Debt Financing.**

The Project is being paid for through cash and securities and therefore, these criteria do not apply.

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

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		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$	Mod. \$	
	New	Mod.	New	Circ*	Mod.	Circ*	(A x C)	(B x E)	
Cath Labs	\$621.21	0	5,335				\$3,314,130	0	\$3,314,130
Contingency	\$62.12	0	5335				\$331,413	0	\$331,413
<b>TOTALS</b>	<b>\$683.33</b>	<b>0</b>	<b>5332</b>				<b>\$3,645,543</b>	<b>0</b>	<b>\$3,645,543</b>

\* Circulation is -

We recognize that the construction costs exceed the state standard. Attached is a Statement of Probable Cost from our construction contractor for explaining the basis for the costs for the Project.

**D. Project Operating Costs**

	2024
Operating Costs	\$ 2,362,025
Number of Procedures	840
Annual Operating Cost Per Unit	\$ 2,811.93
2022 Dollars	

**E. Total Effect of Project on Capital Costs**

Annual Project Depreciation	\$ 1,290,251
No. Procedures	
Capital Cost per Procedure	\$ 1,536

**O'Shea Statement of Probable Cost**

Springfield Clinic  
Cath Lab Project

7/08/22





**Table of Contents**

- 1) Letter
- 2) Statement of Probable Costs
  - a) Exhibit A - Plans, Specifications, and Addenda
  - b) Exhibit B - Allowances
  - c) Exhibit C - Assumptions & Clarifications, Responsibility Matrix, Budget Contingency Definitions
  - d) Exhibit D - Schedule of Work
  - e) Exhibit E - Alternate Prices
  - f) Exhibit F - Unit Prices
- 3) Preliminary Cost Breakdown



July 8, 2022

Tom Fitch  
Springfield Clinic  
1025 South Sixth Street  
Springfield, IL 62703

Re: SC Cath Lab Project

Dear Tom:

This letter serves as our opinion of probable cost for the Project referenced above. Our cost estimate is based on the Preliminary Budget Package prepared by Farnsworth Group dated February 25, 2022.

- Base Bid: Five Million Three Hundred Ninety-Seven Thousand Five Hundred Forty-Four Dollars (\$5,397,544)
- Alternate #1: Eighteen Thousand Seven Hundred Three Dollars (\$18,703)
- Alternate #2: Three Hundred Thirty-Four Thousand Two Hundred Forty-Eight Dollars (\$334,248)
- Alternate #3: One Hundred Fifty-Four Thousand Seven Hundred Eighty-Three Dollars (\$154,783)
- Alternate #4: Five Hundred Sixty-Four Thousand Nine Hundred Eighty-Four Dollars (\$564,984)
- Alternate #5: Two Hundred Thirty-Two Thousand Two Hundred Eighty-Five Dollars (\$232,285)

Total SOPC Amount: Six Million Seven Hundred Two Thousand Five Hundred Forty-Seven Dollars (\$6,702,547).

We have worked closely with Farnsworth Group and ME1 Engineering to determine an accurate Scope of Work for the Project.

I have included several Exhibits with this letter to further clarify allowances, assumptions and clarifications, schedule, alternate prices, and unit prices. In addition, O'Shea Builders has included a Preliminary Cost Breakdown for the Cath Lab Project.

Thank you very much for the opportunity to serve you, and please let us know if you have any questions or need additional information.

Sincerely Yours,

Jon Feekes  
O'Shea Builders



**Exhibit A – Plans, Specifications and Addenda**

- 1) Preliminary Plan with Notations prepared by Farnsworth Group dated February 25, 2022 for the Cath Lab Buildout.
- 2) Building Addition Plans prepared by Farnsworth Group dated July 30, 2021.

**Exhibit B – Allowances**

1. O'Shea Builders has included **Seven Thousand Four Hundred Dollars (\$7,400.00)** for Temporary Partitions to maintain safe construction barriers. This allowance amount is based upon the current documents identified in Exhibit A and our understanding of the sequence of Work. In the event that additional phasing is required due to Owner direction, additional funds may be requested as part of a Change Order.
2. O'Shea Builders has included **Nine Thousand Three Hundred Seventy-Five Dollars (\$9,375)** for floor prep to address latexing and leveling of existing concrete floor slabs as required for the installation of flooring products at the two Cath Lab rooms only.

**Exhibit C – Assumptions & Clarifications****EXCLUSIONS**

1. Design Services
2. Payment & Performance bond
3. Premium Time / After Hours Shift Work except for shut downs and tie-ins.
4. Temporary Utility Consumables: Water and Electricity used during construction.
5. Furniture, Fixtures, and Equipment (FF&E)
6. Hazardous Abatement
7. Commissioning
8. Moisture Mitigation
9. Illinois Department of Public Health (IDPH) plan review fees.

**QUALIFICATIONS**

1. Review of Construction Documents for permitting is not yet complete with all of the authorities having jurisdiction over the Project. The Construction Documents, in their current state, reflect what we consider to be a fully code-compliant Project. Review comments made by an authority having jurisdiction may result in additional costs. Such costs will be considered a change in Scope and will result in a Change Order.
2. The Construction Documents identify certain upgrades, improvements, and replacements of the existing facility building components and systems. The Statement of Probable Cost only includes the Cost of Work to complete those upgrades, improvements, and replacements of the existing facility building components and systems specifically shown in the Construction Documents. Any further upgrades, improvements, and replacements of the existing facility building components and systems discovered and deemed necessary will be considered a change in Scope and will result in a Change Order.
3. Main Project (Base Bid) does not include CCTV, Access Control, Cath Lab Sound System, Nurse Call, or Sound-Masking. Reference Exhibit E Alternate.
4. Main Project (Base Bid) does not include Testing & Balance. Reference Exhibit E Alternate.
5. Main Project (Base Bid) does not include Firestopping, Window Treatments, Marker Boards, Lockers or Inspection and Testing. Reference Exhibit E Alternate.
6. Preconstruction Services is not included in Base Bid. Reference Exhibit E Alternate.


**CLARIFICATIONS**

1. Insurance:
  - a. The amount to be charged for insurance as described in Section 8.2.9 of the Agreement shall be one percent (1.00%) for general liability insurance multiplied by the Cost of Work as defined in Article 8 of the Agreement.
  - b. The amount to be charged for performance and payment bonds as described in Section 8.2.9 of the Agreement, if required, shall be one percent (1.00%) multiplied by the Cost of Work as defined in Article 8 of the Agreement.
  - c. The amount for any other insurance required shall be charged at the actual cost of the policy.
2. Preliminary Diagnostic Imaging Equipment for the two Cath Lab's is based on Philips Allura Cath Lab information provided by Farnsworth Group to aid in budgeting. Final equipment selection by owner and is subject to change.
3. Metal Fabrications for supporting floor structure from below as well as boom supports from above included in the budget.

4. Unistrut rail system figured in each of the Cath Lab procedure rooms.
5. Architectural Casework – Plastic Laminate Base, Wall, Full Height and Nurse Stations with Solid Surface Tops.
6. Manufactured Stainless Steel Casework figured for inside the two Cath Lab procedure rooms. These consist of Full Height, Wall, and Stainless Steel Countertops.
7. Doors/Frames/Hardware include (7) recovery rooms with ICU automatic sliding doors. The restricted corridor area around the Cath Lab procedure rooms are figured with auto opening push button assemblies.
8. Existing envelope where glazing is present will be infilled to accommodate the lead lined drywall at the Cath Lab procedure rooms.
9. The control room will have (2) lead lined borrow lights for viewing.
10. Gypsum Board Assemblies includes Lead Lined drywall, 2x2 suspended ceiling system, Perimeter soffit inside both Cath Lab procedure rooms, and allowance for Armstrong Woodgrain feature at the Reception desk at the waiting room.
11. Flooring figured as Rubber Flooring system in the Restricted Area of the Cath Lab with the balance of the floor being LVT with rubber base.
12. Budget includes (7) Marker boards
13. Budget Includes Curtain Track at the (7) Recovery Rooms
14. Budget includes (31) retainer mounted corner guards, Wall and Bumper Rail in the corridors, Bumper Rail at the "headwall" of the Recovery Rooms, and Sheet Wall Protection in the corridors.
15. Budget includes (40) Metal Lockers.
16. Budget included (4) Fire Extinguisher Cabinets.
17. Budget includes Toilet Accessories at the Men's and Women's Locker Rooms, Single Use Toilet Rooms, Sink Areas and Breakrooms.
18. Window Treatments figured as an Allowance amount.
19. Fire Suppression Sprinkler System Included.
20. Plumbing Scope Includes the following:
  - a. Domestic Cold Water, Hot Water and Hot Water Recirculation. All systems are Type "L" Copper piping with wrought copper fittings. Systems tied into existing risers installed under the Four Story "Core" Project.
  - b. Sanitary Waste and Vent. Systems are Schedule 40 PVC/DWV pipe and fittings with solvent weld connections. Systems tied into existing risers.
  - c. Medical Air, Oxygen, and Vacuum. System will be Type "L" Copper pipe and fittings approved for Medical Gas usage (Cleaned and Capped) with silver soldered connections. Systems will tied into the existing risers installed under the Core project.
  - d. Plumbing Fixtures:
    - i. (4) Water Closets (Staff Restrooms and Public Restrooms)
    - ii. (4) Lavatories
    - iii. (6) Sinks (Nurse Station, Cath Labs, Soiled Utility, and Breakrooms
    - iv. (1) Emergency Eye-Wash Station
    - v. (1) Mop Sink
    - vi. (1) Clinical Sink (Soiled Utility)
    - vii. (1) 2-Station Surgical Scrub Sink at Cath Lab Control room.  
(\$10,000 was budgeted for this item)
    - viii. (1) Bi-level Electric Water Cooler with Bottle Filler at waiting room
    - ix. (6) 3" Floor Drains – located in staff restrooms, and public restrooms
    - x. (2) 4" Floor Drains – located in equipment rooms


- e. Medical Gas Equipment figured (1) Zone Valve Box for Oxygen, Vacuum, and Medical Air. (2) Pressure Switches, and (1) Medical Gas Alarm Panel.
21. HVAC Scope included the following:
- a. Provide Supply, Return and Exhaust Air Duct. This also assumed ducted return air to CATH Labs.
  - b. Provide (17) VAV Terminals with Reheat
  - c. Hot Water piping and Control Valves as required.
  - d. Provide (4) Return Air Flow Control Valves
  - e. Provide (12) Laminar Flow HEPA Diffusers
  - f. Provide all diffusers and grilles as required
  - g. Provide (2) CRAC Units to serve Equipment Rooms, including setting condensers on roof rails and refrigeration piping.
  - h. Provide Building Automation Controls, including Room Pressure Monitors as required
  - i. Provide Mechanical Insulation
  - j. Test and Balance system.
22. Electrical Scope included the following:
- a. Temporary Power and Lighting
  - b. CCTV, Access Control, and Cath Lab Sound System
  - c. Nurse Call
  - d. Sound Masking
  - e. Lighting and Lighting Control
  - f. Normal power to the lab main equipment and dual voltage panels for each room.

EXHIBIT C - RESPONSIBILITY MATRIX

	O'Shea Builders Responsibility (Included in construction budget)	Owner Responsibility (Not included in construction budget)	Not in Project	Comments
<b>CONTRACT TYPE: CONSTRUCTION MANAGEMENT</b>				
<b>CONTINGENCIES</b>				
Design Fee Contingency		X		
Estimating Contingency			X	
Escalation Contingency			X	
Construction Manager's Contingency	X			
Owner Contingency		X		
<b>INSURANCE &amp; BONDS</b>				
Insurance, Builder's Risk	X			
Insurance, General Liability & Umbrella	X			
Insurance, OCIP administration			X	
Insurance, Pollution	X			
Insurance, Professional Liability		X		
Performance & Payment Bond			X	
<b>GENERAL</b>				
Start Up & Training	X			
Commissioning			X	
<b>Consultant Fees: Design, Legal, etc.</b>				
Architectural		X		
Civil		X		
Structural		X		
MEP Design		X		
Special: Auditorium, Sound, Kitchen, etc.		X		
Legal		X		
Master Planning		X		
Certificate of Need (CON)		X		
Other		X		
1-Year Warranty	X			
Financing		X		
Hazardous Materials: Testing & Abatement		X		
Inspection & Testing Fees	X			
Geotechnical Report			X	
Site Survey / Topographic Survey			X	
Model/BIM Service			X	
Equipment for Storage		X		
Land Costs			X	
Landscaping & Irrigation			X	
Maintenance Contract			X	
Mock-ups - On-Site			X	
Mock-ups - Off-Site			X	
Peer Review - Enclosure			X	
Peer Review - MEP System			X	
Peer Review - Structural			X	
<b>Permits</b>				
City	X			
County	X			
EPA	X			
Illinois Dept. of Public Health (IDPH) plan review fees		X		
Preconstruction Fees	X			see AIT #1
Printing Costs	X			
Sales Tax			X	
Unforeseen Conditions		X		
Utility Company charges, including but not limited to tap and connection	X			
Utility Company charges, including but not limited to impact or assessment fees		X		
Utilities - Construction consumption		X		
Utilities - Permanent Electrical Service	X			
Utilities - Permanent Gas Service	X			
Utilities - Other Permanent Service	X			

x = costs included  
 f = furnish only included  
 i = install only included  
 p = partial scope included



	O'Shea Builders Responsibility (Included in construction budget)	Owner Responsibility (Not included in construction budget)	Not in Project	Comments
<b>FF&amp;E</b>				
Artwork		X		
Athletic Equipment		X		
Computer Equipment		X		
Food Service Equipment			X	
Appliances		X		
Furniture - Movable		X		
Fixed Seating			X	
Signage - Interior (other than code required)		X		
Signage - Exterior Building and Site		X		
Tack Boards/Marker boards	X			
Acoustical Treatment			X	
<b>SYSTEMS</b>				
Audio/Visual Equipment & Systems	X			Cath Lab Only
Background Music Systems		X		
Sound Masking System	X			
Elapsed Time Clocks		X		
Fire Alarm	X			
Intercom	X			
Networking Equipment		X		
Public Address/Paging			X	
Re-Radiating System		X		
Security CCTV	X			
Facial Recognition System			X	
Card Access Technology Systems	X			
Synchronous Clock System		X		
UPS System		X		
Low Voltage Systems (conduit & rough-in)	X			
Voice/Data Systems				
Backbone conduit & rough-in	X			
Cabling	X			
Termination Equipment (Patch panels, jacks, terminations, etc.)		X		
Head End Equipment (PBX, Servers, Switches, etc.)		X		
Wireless LAN		X		
<b>HOSPITAL SPECIFIC FF&amp;E</b>				
Exam Lights		X		
Film Illuminator		X		
Glove Box/Dispenser		X		
Pre-Manufactured Headwall Units			X	
Hospital Beds		X		
Operating Room Lights		X		
Over-Bed Lights		X		
Privacy Curtain & IV Tracks	X			
Sharps Receptacle/container		X		
TVs		X		
TV and Monitor Brackets		X		
<b>HOSPITAL SPECIFIC SYSTEMS</b>				
Local Observation Cameras (Non-Security)		X		
Nurse Call	X			
Nurse Server			X	
Patient Monitoring		X		
Patient Tracking (individual location ID)		X		
Staff Tracking (individual location ID)		X		

x = costs included  
 f = furnish only included  
 i = install only included  
 p = partial scope included

**Budget Contingency Definitions for Pre-Construction & Construction Phases as Construction Manager**

PHASE	NAME	RESPONSIBLE PARTY	DESCRIPTION
Pre-Construction	Estimating Contingency	O'Shea	<ul style="list-style-type: none"> <li>Costs associated with areas of the design that are not yet defined.</li> <li>Currently set at 0%.</li> </ul>
Pre-Construction	Escalation Contingency	O'Shea	<ul style="list-style-type: none"> <li>Cost increases due to market changes and projected construction schedule; reflects both material and labor costs. Nothing included at this time.</li> </ul>
Construction	Construction Manager's Contingency	O'Shea	<ul style="list-style-type: none"> <li>The Construction Manager's Contingency is reserved for the Construction Manager's exclusive use to cover those costs considered reimbursable as the Cost of the Work but not included in a Change Order.</li> <li>Contingency Amount is \$99,571</li> </ul>
Construction	Owner's Contingency	Owner	<ul style="list-style-type: none"> <li>Costs associated with unforeseen conditions, errors/omissions, code/regulatory change, work deliberately excluded from Construction Documents, and Owner initiated changes.</li> <li>Currently set at \$0.00</li> </ul>



SC Cath Lab Project

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**Exhibit D – Schedule of Work**

A schedule will be detailed and provide at time of contract. For budgetary purposes, the construction duration is Eight Months from start of physical construction until Substantial Completion.

**Exhibit E – Alternate Prices**

**Alternate #1:**

Add Preconstruction Services

Add: ..... \$18,703

**Alternate #2:**

Project Preparation Work not included in Base Bid

Add Subtotal: ..... \$334,248

**\*An Itemized List of Scope:**

Traffic Control:.....	\$6,083
Execution Requirements:.....	\$167,325
Site Preparations:.....	\$132,083
Building Demolition:.....	\$13,397
Selective Demolition:.....	\$3,493
Site Concrete (patching):.....	\$663
Fencing:.....	\$11,204

**Alternate #3:**

Additional Scope of Work not included in Base Bid

Add Subtotal: ..... \$154,783

**\*An Itemized List of Scope:**

Test & Inspections:.....	\$14,970
Firestopping:.....	\$24,623
Visual Display Boards:.....	\$2,651
Lockers:.....	\$10,820
Window Treatments:.....	\$10,820
Test & Balancing:.....	\$10,279
Nurse Call:.....	\$22,722
Sound System & Sound Masking:.....	\$24,345
CCTV & Access Control:.....	\$33,542

**Alternate #4:**

Provide Prefabricated All-Inclusive Modular Operating Room Ceiling System (Cleansuite or Similar)

Add: ..... \$564,984

**Alternate #5:**

Provide Medical Gas and Vacuum System Infrastructure

Add: ..... \$232,285

SC Cath Lab Project

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**Exhibit F – Unit Prices**

Unit Price #1: Not Applicable



Bid Package	Grand Total
<b>--- Base Estimate ---</b>	
BP 00700 - General Conditions/Prof Staff	345,610
BP 02475 - Caissons	49,738
BP 03300 - Cast-In-Place Concrete	235,460
BP 04200 - Masonry	213,400
BP 05100 - Structural Steel	636,120
BP 05430 - Slotted Metal Channel/Unistrut	29,280
BP 06100 - Rough Carpentry	32,033
BP 06400 - Casework	80,923
BP 07140 - Waterproofing	2,289
BP 07410 - Metal Roof/Wall Panels	44,653
BP 07500 - Roofing & Sheet Metal	81,917
BP 07810 - Cementitious Fireproofing	103,577
BP 07950 - Expansion Control	18,564
BP 08100 - Doors/Frames/Hardware	147,848
BP 08330 - Coiling Doors	1,028
BP 08500 - Windows	137,866
BP 09200 - Gypsum Board - Interior	393,891
BP 09210 - Gyp Board - Exterior Wall Assembly	259,324
BP 09600 - Flooring	103,380
BP 09900 - Paints & Coatings	30,807
BP 10150 - Toilet Partitions	4,490
BP 10190 - Cubicle Track & Curtains	2,942
BP 10260 - Wall and Corner Protection	76,558
BP 10520 - Fire Protection Specialties	1,941
BP 10800 - Toilet Accessories	5,844
BP 12300 - Manufactured Casework	130,858
BP 14510 - Temp Material Hoist	16,146
BP 15300 - Fire Protection	71,360
BP 15400 - Plumbing	307,929
BP 15700 - HVAC	844,901
BP 16000 - Electrical	986,868
<b>Total</b>	<b>5,397,544</b>



**Section X, Safety Net Impact Statement****Attachment 37**

**Project's material impact on safety net services to the community, including the impact on racial and health care disparities; impact on other providers to cross subsidize safety net services; information for past 3 fiscal years regarding amount of charity care and Medicaid care provided.**

We do not believe the Project will materially impact safety net services or racial and health care disparities in the community. The Project is expected to significantly improve accessibility to high quality, lower-cost cardiac care services for Springfield Clinic existing patients and the residents of central Illinois and surrounding communities. The Clinic established a Patient Advocate Center in May of 2021 to assist patients navigate the complexities of securing care when uninsured or utilizing out of network providers. Springfield Clinic has a robust self-pay program that offers significant discounts on all services including provider, ancillary and facility. No interest payment plans are also available to accommodate patients' different financial needs.

Springfield Clinic is dedicated to serving our communities and ensuring that medical care and services are easily accessible and well-coordinated, especially in our remote rural communities. No matter where our patients live in central Illinois, our communities should rest assured that the health care you receive at one of our satellite locations will have the same high-quality care you would expect in Springfield. Springfield Clinic currently has 12 locations where we provide a significant amount of clinical care to rural residents through Rural Health Clinics (RHCs). We will add 3 additional locations (Teutopolis, Macomb and Moweaqua) by the end of 2022. RHCs enhance the provision of primary care services in underserved communities and utilize a sliding fee scale with varying discounts available based on patient family size and income in accordance with federal poverty guidelines.

Our Cardiology providers practice within many of these communities providing outreach efforts to ensure patients can receive care close to home. Our outreach program encompasses keeping and providing care to the communities who need it most. Our providers travel to community "outreach" locations to provide their expertise in the same manner provide in our home base locations. We pride ourselves in collaborating with our rural hospital partners to ensure options for their patients are available.

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>Year FY 19</b>	<b>Year FY 20</b>	<b>Year FY 21</b>
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Charity (cost in dollars)</b>			
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>Year FY 19</b>	<b>Year FY 20</b>	<b>Year FY 21</b>
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Medicaid (revenue)</b>			
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>





Approximately 65% of visits are Medicare patients and 5% of visits are Medicaid patients for our Cardiology Providers. Over the three years, we've held steady in the percentage for both Medicare and Medicaid and the care of those patients who are seen by our Cardiology Department. Our cardiology team not only provides care in Springfield, but they also provide care in many outlying rural markets.

Year	Medicaid %	Medicare %
2019	4%	63%
2020	4%	66%
2021	5%	65%

Springfield Clinic is deeply invested in the different communities that we serve. That begins with a dedicated, collaborative approach with other local health care organizations. Through COVID-19, we have partnered closely with local hospitals and departments of public health to provide easy access to testing and treatments. That commitment to our communities extends beyond the services we provide. For nearly 10 years, we have supported local nonprofits through our SC Gives program, and we are currently developing a Springfield Clinic Foundation that will increase our ability to give back to the communities that we call home.

Springfield Clinic's SC Gives program donates to community organizations to help it fulfill its wish list. The mission is to recognize and give back to those who have helped care for our community. We allocate over \$100,000 annually for our SC Gives program.

**Charity Care****Attachment 38**

Shown below is the amount of charity care provided by Springfield Clinic.

<b>CHARITY CARE</b>			
	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>
<b>Net Patient Revenue</b>	\$46,593,756	\$40,243,897	\$46,146,731
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0
Ratio of Charity Care Cost to Net Patient Rev.	0	0	0