

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

Re: Springfield Clinic (the "Clinic")  
Cardiac Catheterization Project No. 22-027 (the "Project")

Dear Mr. Kniery,

Springfield Clinic remains enthusiastic about our Project to add cardiac catheterization services to our existing surgery center in Springfield. We believe that our Project increases needed access and will provide high-quality care in an ambulatory environment preferred by many patients, in a manner encouraged by CMS, and at a lower cost to patients as well as the Medicaid and Medicare programs. We also believe this Project complies with all of your regulations and standards (except, as for most projects you see, certain project costs).

When this Board previously considered this Project in December, Board members had several questions. Since that time we have worked to address those questions. To respond to questions raised by Board members, we are modifying our application ("Type B") and providing new information. Specifically, we have taken the following steps as further discussed in the supplemental submission included with this letter, including the action described below.



1. Reduced Project Costs. Recent inflationary factors have put pressure on construction and other costs. Nevertheless, in working with our contractor, architect and equipment providers, we are able to modify our application to reduce costs by \$1,121,365, or approximately 8.6%. Attachments to this submission reflect these cost reductions. We have modified the Project Costs and made associated modifications in Attachments 7, 9 and 36 and have extended the Project Complete date by six months. Although construction costs continue to rise, we have been able to reduce other project costs.

2. Addressed Negative Finding on Duplication of Services. We have worked with State Board staff to address the only other negative finding in the original State Board Report. We believe we have made progress on this finding and hope to have it revised by the next time we next appear before the Board.

3. Improved Access to Care. In our original presentation to the Board, we had discussed how this Project is needed to avoid patient delays in receiving needed procedures. The attached materials discuss how, presently, patients experience an average delay of 41 days from stress test to a hospital procedure. This Project could reduce that time to one week.

4. Impact on Hospitals. One question that arose during our initial appearance was the impact our Project may have on hospitals. Our Project received support from various area rural hospitals with whom we work, and materials in the attachment reinforce this support. The materials document that the number of cardiac catheterization procedures performed in Springfield has increased dramatically and is expected to continue to grow. For example, between 2004 and 2019, the number of catheterization procedures at Springfield hospitals increased from 11,085 to 19,180, approximately 4% annually, while the number of cath labs has remained at 15. The 840 procedures we project is essentially only the amount of one year's annual growth. Consequently, there should be no loss of procedures by hospitals and thus no negative impact.



5. Collaboration with FQHCs. Board members asked questions regarding our collaboration with FQHCs. The supplemental materials detail Springfield Clinic's long partnerships with area FQHCs and county health departments, particularly in providing specialty care that is often needed in an FQHC environment.

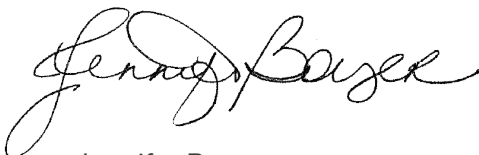
6. Evidence of Medicaid Service Expansion. Springfield Clinic was surprised during its initial appearance by an expression, relayed orally for the first time that day, that it was providing insufficient Medicaid services, when it is actually a top provider of Medicaid services in Central Illinois. The supplemental materials provide information validating this and detail work being performed by Springfield Clinic with the Department of Health Care and Family Services to ensure that their data and ours are consistent. These efforts have been productive and remain ongoing. Through a separate filing we plan to present additional data once this work with IDHFS is complete.

The Clinic's surgery center, like many other ASTCs, previously had not been enrolled in the Medicaid program. That policy changed in 2022 with enrollment into the program and with new MCO contracts. The data in the attachments go into more detail regarding the expansion in Medicaid Services at our surgery center so far this year.

Board members have often heard Applicants make promises on Medicaid services that history shows are unfilled. We believe the documented history evidences our commitment for expanded Medicaid services.

We look forward to presenting our Project to you at your August 15 Board meeting.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Boyer".

Jennifer Boyer,  
Senior Vice President of Operations, Springfield Clinic



# Supplemental Submission for Application to Establish Cardiac Catheterization Services

PROJECT NO. 22-027

*Presented to the Illinois Health Facilities and  
Services Review Board*



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June 15, 2023

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 No. 22-027

Dear Mr. Kniery,

Springfield Clinic (the “Clinic”) respectfully submits this supplemental submission in support of its application to establish cardiac catheterization services at its ambulatory surgical treatment center (“ASTC”) in Springfield. This submission proposes a reduction in the total project costs (Type B Modification), provides additional information regarding the project and applicant, and responds to questions and concerns raised by Board members, local community leaders, and representatives from the Illinois Department of Healthcare and Family Services (“IDHFS”). The Clinic requests to reappear before the Illinois Health Facilities and Services Review Board (the “Board”) at its August 15, 2023 meeting.



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## I. Introduction

During the December 2022 Board meeting, concerns were raised regarding the Clinic's commitment to serving the Illinois Medicaid population, the safety of performing cardiac catheterization procedures in an outpatient setting, and the potential impact of the project on area hospital facilities. The Clinic has taken these concerns seriously, and, as detailed in this submission, has taken various steps to address the concerns raised and to clarify any misunderstanding, particularly in relation to the Clinic's commitment to serving the Medicaid population and supporting health equity in the communities it serves. The Clinic looks forward to the opportunity to further address these concerns when it reappears before the Board.

**Springfield Clinic is seeking to establish cardiac catheterization services (specifically, two cardiac catheterization labs) at its Springfield ASTC.** The approval of these services will greatly enhance the availability and accessibility of these critical health care services to residents throughout central Illinois, including, among others, the medically underserved and indigent population.

For nearly 20 years, the number of catheterization labs in Springfield has remained stagnant while the volume of patients receiving services at these locations has increased 58 percent. **As a result, patients' access to needed catheterization care is limited in the area.** Patients are experiencing long wait times and, in many cases, are taking matters into their own hands in an attempt to expedite their care and avoid potentially dangerous or life-threatening side effects brought on by those delays. This increase in volume is evidence that additional labs can help meet this demand while **having little to no impact on the hospitals.**

Centers for Medicare and Medicaid Services (CMS), the authority on these matters, has presented **clear and strong support for the safety of routine, low-acuity cardiac catheterization procedures to be completed in outpatient settings.** By enabling this access for patients, CMS has not only presented a way to relieve the bottleneck patients currently experience at hospitals, but they've also triggered **tremendous cost-saving opportunities for both the patient as well as Medicare and Medicaid.**

Springfield Clinic has a great story to tell as it relates to its service to the Medicaid population and supporting health equity in our communities, which are deeply important to our core mission. **Simply put, Springfield Clinic is one of the top providers of Medicaid services throughout central Illinois, and continues to look for ways to expand access.**



## II. Participation in the Medicaid Program

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### a. **Response to IDHFS' Concerns**

During the public comment period of the December Board meeting, a letter from IDHFS regarding the potential impact the project could have on Medicaid enrollees was read into the record. That letter referenced certain data collected by IDPH and ultimately questioned Springfield Clinic's willingness and commitment to provide Medicaid services to Central Illinois residents. While Springfield Clinic is not aware of any legal authority permitting the approach taken during the public comment period, it takes the concerns raised by IDHFS seriously. As detailed below, following the December Board meeting, Springfield Clinic has taken steps to ensure IDHFS has complete, accurate data regarding the patient population it serves and has sought to clarify any misunderstanding regarding its ongoing commitment to caring for Central Illinois Medicaid patients.

Springfield Clinic sees as many as 8,000 patients a day. The letter from IDHFS referenced Ambulatory Surgical Treatment Center (ASTC) profile data, a service line that sees an average of just 150 patients a day, specifically from 2018 and 2020. The data that was cited was for calendar years 2018 to 2020, before Springfield Clinic's ASTC was approved to participate in the Medicaid Program. This detail looked at a moment in time and does not take into account Managed Care Organization (MCO) participation, which IDHFS has informed us they do not have sight lines into. It also does not account for our application and timing of Medicaid certification for the ASTC, nor the overall breadth of Springfield Clinic's efforts to care for the Medicaid population.

Without this additional data and context, IDHFS was unable to have full sight lines into the continual efforts Springfield Clinic engages in to create health equity in our community. The Clinic will submit corrected information per the Declaratory Ruling Request for approval to correct our ASTC filings from the past to accurately reflect that data.



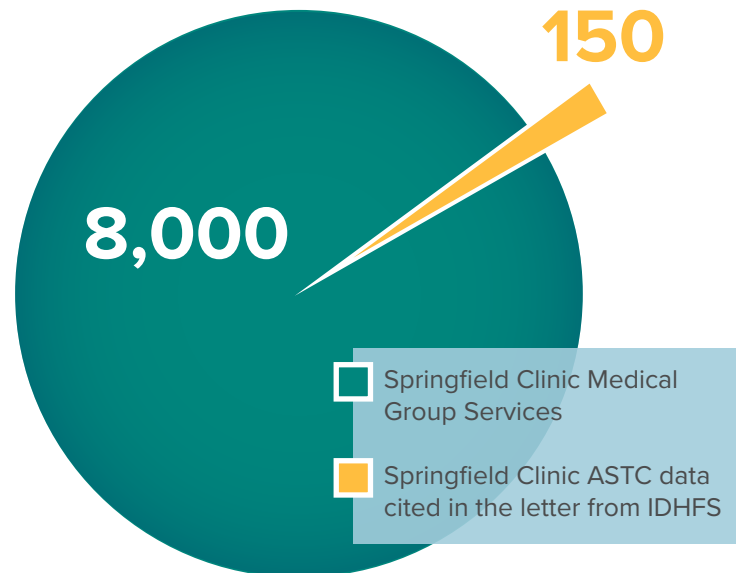
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## II. Participation in the Medicaid Program continued...



**FIG. 2.1 | Springfield Clinic Daily Average of Patients Served**



Source: Springfield Clinic Daily Average Patients Service - Internal Data

### b. Technical Assistance Meeting with IDHFS

Following the December Board meeting, and consistent with guidance obtained during a technical assistance meeting with the Board's Administrator and the Board's then General Counsel, Springfield Clinic met with representatives of IDHFS, including its Director, to address IDHFS' concerns. The Clinic was able to provide IDHFS with complete, accurate data regarding its patient population served throughout central Illinois, demonstrating its long standing and extensive efforts to serve the Medicaid population. **The data shared at this meeting is presented throughout this submission.**

It was acknowledged during the meeting that IDHFS' comments in the letter and during the December Board meeting were focused solely on the Clinic's ASTC and not the Clinic's entire practice. A work group between the Clinic and IDHFS was established to validate that data was being submitted and received accurately. Springfield Clinic remains available to assist in ensuring accuracy for both entities' records going forward.



*II. Participation in the Medicaid Program continued...*



In addition to reaching out to IDHFS, we have met with legislative and community stakeholders, including Senators Kim Lightford and Doris Turner, who had previously expressed opposition to this project, to provide the data and accurate information about Springfield Clinic’s efforts to improve health equity in our community.

**c. History of Improving Health Equity**

Springfield Clinic has been a provider partner for the Medicaid patient population since its inception in 1965. A high level timeline of major initiatives established by the Clinic to serve the Medicaid population can be seen below.

**Springfield Clinic Medicaid Services Timeline**

- 1965** ● Springfield Clinic begins accepting Medicaid
- 1994** ● Springfield Clinic launches Rural Health Initiative
- 2019** ● Springfield Clinic launches Community of Caring rebrand, featuring major Medicaid Expansion Initiative
- 2020** ● 29,576 (11%) of Springfield Clinic patients are Medicaid patients
- 2021** ● 36,513 (13%) of Springfield Clinic patients are Medicaid patients
- 2022** ● 38,923 (15%) of Springfield Clinic patients are Medicaid patients, Medicaid Certification acquired for ASC
- 2023** ● ASC begins using certification to see Medicaid patients, goal of 5-7% of all cases being Medicaid
  - Springfield Clinic adds an ASC in Peoria
  - Springfield Clinic Proposes Cath Lab with goal to support ASC Medicaid expansion



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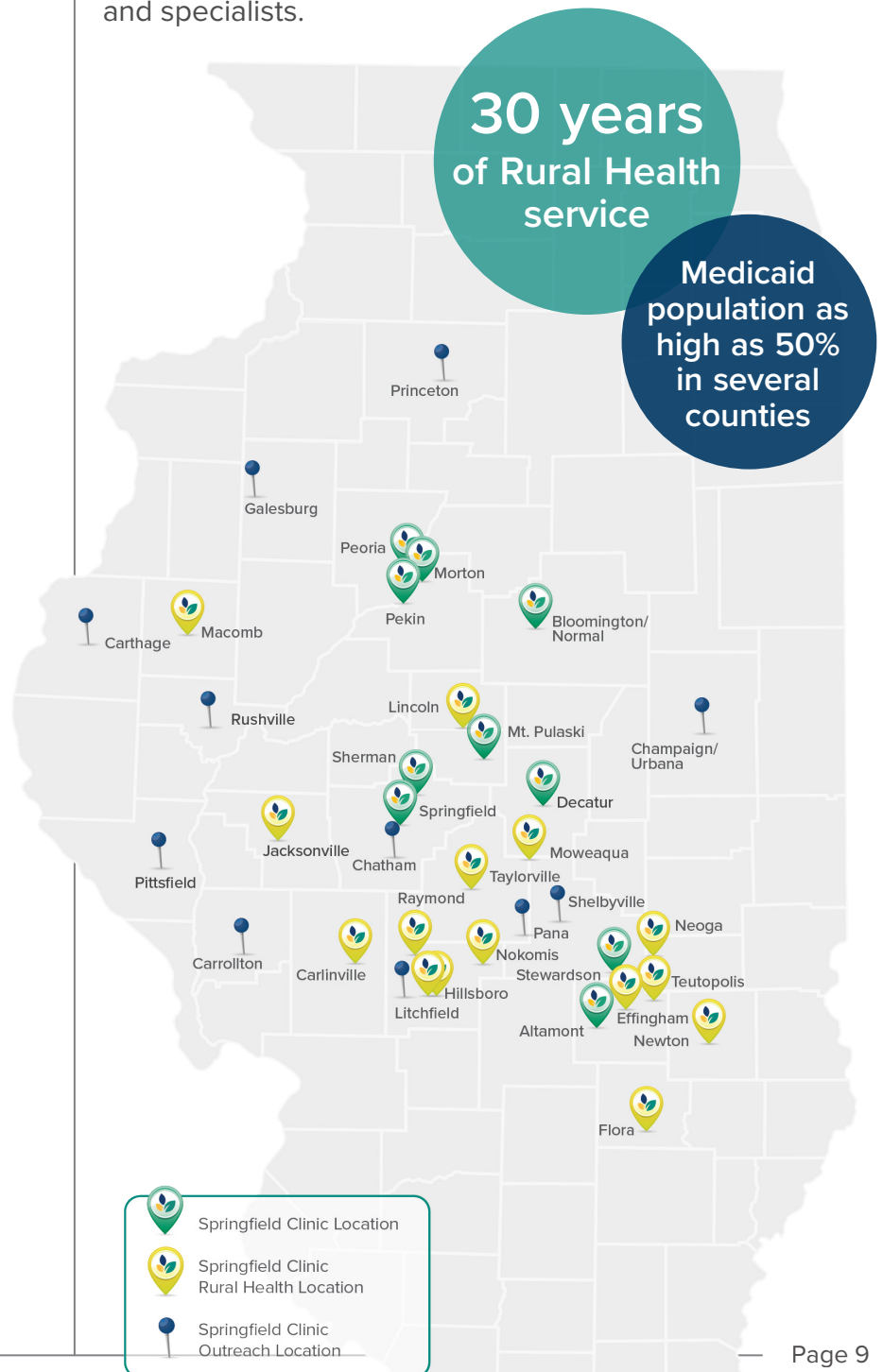
## II. Participation in the Medicaid Program continued...



### 1994

#### 30 Years of Developing Robust Rural Health Networks

In 1994, the Clinic established a Rural Health Initiative in an attempt to address growing medical deserts which were impacting Medicaid patients throughout the state. Over 30 years, the Clinic has built a vast network with 15 Rural Health locations throughout our 20-county footprint, bringing access to high-quality primary care physicians and specialists.



II. Participation in the Medicaid Program continued...



● **1994 continued...**

In many of these counties, Medicaid patients comprise 40 to 50 percent of our overall patient population. If not for the services Springfield Clinic provides in the vast majority of these Rural Health locations, patients in these areas would have little to no access to health care at all.

● **2019**

**An Intentional Commitment in 2019 to Expand Medicaid Care**

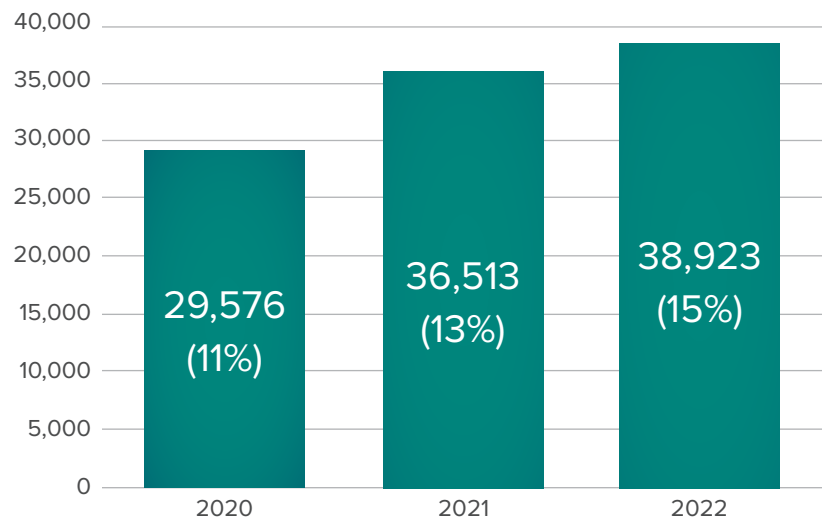
In 2019, Springfield Clinic launched a new brand under the banner of a “Community of Caring.” A multi-year Medicaid Expansion Initiative was established as a part of that rollout, the fruit of which our community is now experiencing.

● **2020 – 2022**

**3 Years of Intentional Medicaid Expansion**

From 2020 to 2022, Springfield Clinic grew its number of unique Medicaid patients from 29,576 to 36,513 to 38,923 patients, representing an increase from 11 to 15 percent of our overall patient population.

**FIG. 2.2 | Springfield Clinic Medicaid Payers by Unique Patients**



Source: Market Intelligence - Springfield Clinic Operations Explorer Data specific for ALL Clinic Locations - Review by Initial Payer Grouping = Medicaid, Medicare & DOS as of 03/02/2023



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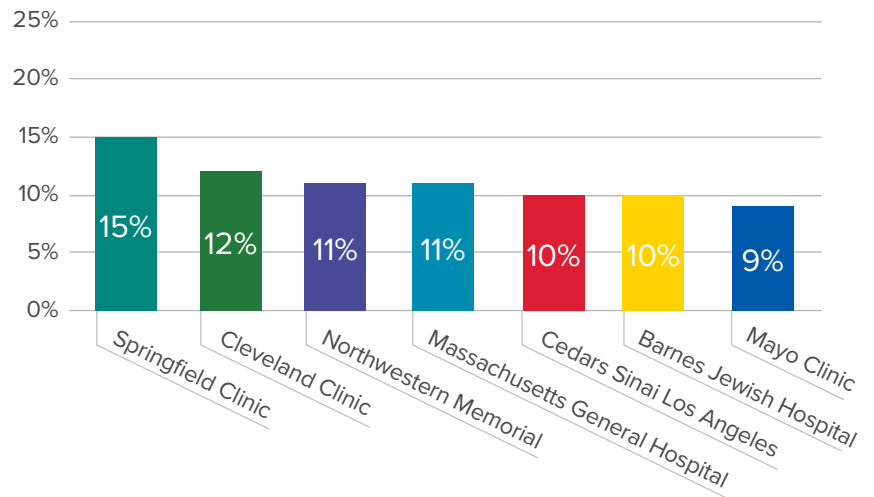
## II. Participation in the Medicaid Program continued...



### ● 2020 – 2022 continued...

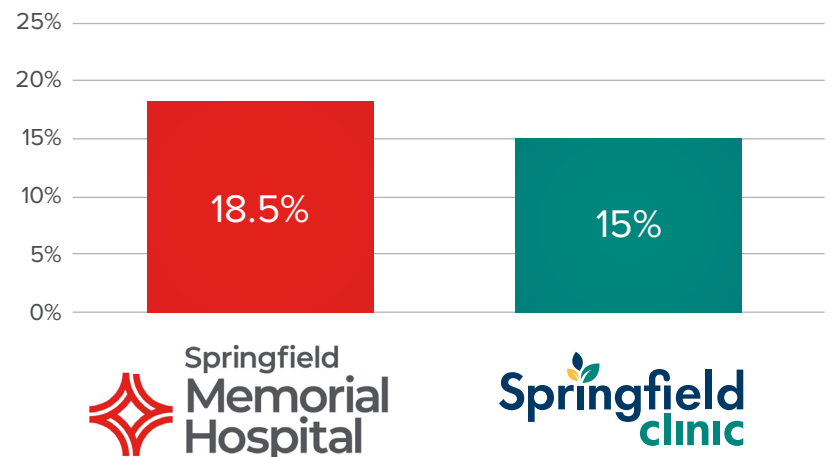
In comparison, a Medicaid patient population of 15 percent, places Springfield Clinic above many of the top 20 health care providers nationally and in the same range of Medicaid care provided at Springfield Memorial Hospital.

**FIG. 2.3 | Percent of Medicaid Patients Seen by Top National Health Care Organizations**



Source: Emerson, J., Gamble, M. (2022). Payer mix in the nation's top 20 hospitals. Becker's Healthcare. <https://www.beckerspayer.com/payer/payer-mix-in-the-nation-s-top-20-hospitals.html>

**FIG. 2.4 | Percent of Patients Medicaid**



Source: 2020 Hospital Profile Reports - Springfield Memorial Hospital - <https://hfsrb.illinois.gov/inventoriesdata/facilityprofiles.html>



*II. Participation in the Medicaid Program continued...*



● **2020 – 2022 continued...**

Fifteen percent actually understates the total amount of Medicaid care provided by Springfield Clinic. **Many critical care specialists and hospitalists at both Springfield Memorial and HSHS St. John’s Hospitals in Springfield ARE Springfield Clinic physicians.** We partner with the hospitals to provide those services along with a wide variety of specialty services (listed below). As a result, what is seen in the hospitals’ Medicaid percentages includes a large volume of care provided by Springfield Clinic physicians.



**Springfield Memorial Hospital**

- Bariatric Surgery
- Cardiology
- Colorectal Surgery
- Critical Care Specialist
- Ear Nose & Throat
- Endocrinology
- Gastroenterology
- General Surgery
- Gynecologic Oncology
- Gynecology
- Hospitalist
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/Gynecology
- Oncology/Hematology
- Ophthalmology
- Orthopedics
- Physical Medicine & Rehab



**HSHS St. John’s Hospital**

- Bariatric Surgery
- Cardiology
- Colorectal Surgery
- Critical Care
- Dermatology
- Ear Nose & Throat
- Endocrinology
- Gastroenterology
- General Surgery
- Gynecologic Oncology
- Hospitalist
- Infectious Disease
- Interventional Spine Care
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/Gynecology
- Oncology/Hematology
- Ophthalmology
- Orthopedics



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*II. Participation in the Medicaid Program continued...*



● **2020 – 2022 continued...**



**Springfield Memorial Hospital continued...**

- Plastic Surgery
- Podiatry
- Pulmonology
- Radiation Oncology
- Trauma Surgery
- Urology
- Vascular Surgery



**HSHS St. John's Hospital continued...**

- Physical Medicine & Rehab
- Plastic Surgery
- Podiatry
- Pulmonology
- Radiation Oncology
- Trauma Surgery
- Urology
- Vascular Surgery

Additionally, many Springfield Clinic physicians see Medicaid at a much greater rate than 15 percent. For instance, so far in 2023, 38 percent of all pediatric patients at the Clinic are Medicaid patients. Those patients have full access to the resources at Springfield Clinic. The Clinic has long operated with an internal policy that states that no physician can deny a patient referred by another Springfield Clinic physician.

See Appendix A (Pages 41-42).





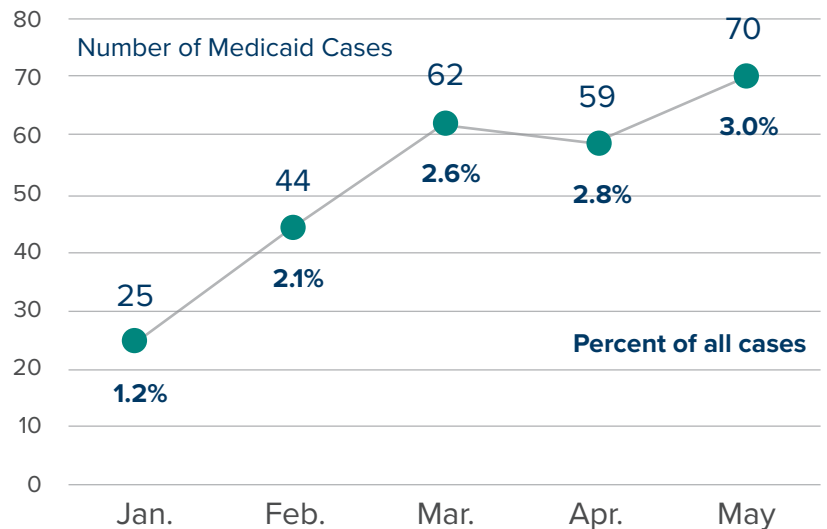
*II. Participation in the Medicaid Program continued...*



**2023**

In late 2022, Springfield Clinic took the next step in the Community of Caring Medicaid Expansion Initiative by applying for Medicaid certification in our ASTCs in both Springfield and Peoria (opening fall 2023). Upon approval, we began to ramp up the number of Medicaid patients receiving care at our Springfield ASTC. To date, Medicaid patients have grown to represent three percent of all cases, and our commitment is to continue to grow that number to five to seven percent over the remainder of 2023.

**FIG. 2.5 | 2023 Monthly ASTC Medicaid Patients**



**Procedures performed in the following specialties:** Colon & Rectal Surgery, Ear, Nose & Throat, Gastroenterology, General Surgery, Interventional Pain Management, Obstetrics & Gynecology, Ophthalmology, Orthopedics, Plastic & Reconstructive Surgery, Urology & Vascular Surgery

*Source: Springfield Clinic ASC Internal Data - Review by number of Medicaid patients scheduled and procedure performed as of 6/1/2023*



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**Springfield Clinic is committed to continued growth of Medicaid at the ASTC and anticipates 5-7% acceptance by the end 2023.**

## II. Participation in the Medicaid Program continued...

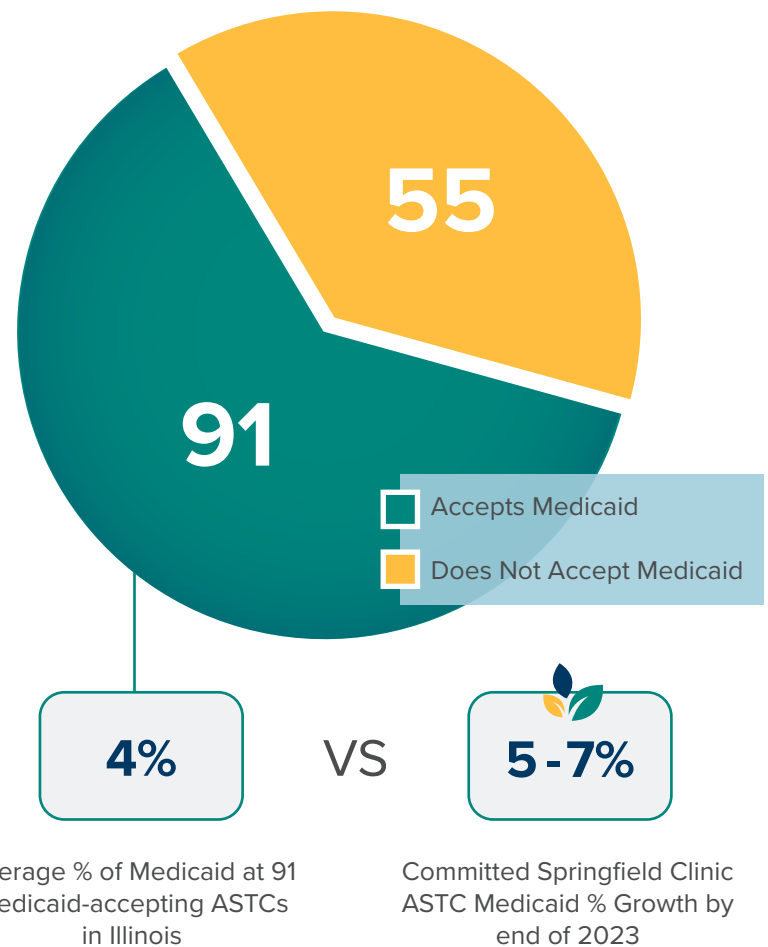


### ● 2023 continued...

According to the 2020 Illinois ASTC State Board Report Summary, there are 146 ASTCs in Illinois. Ninety-one (62 percent) accept Medicaid and 55 (38 percent) do not. Of the 91 that do accept Medicaid, the median percent of Medicaid patients cared for is four percent.

| See Appendix B (Pages 43-53).

**FIG. 2.6 | Illinois ASTC Medicaid Acceptance**



Source: 2020 ASTC Report; <https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx>

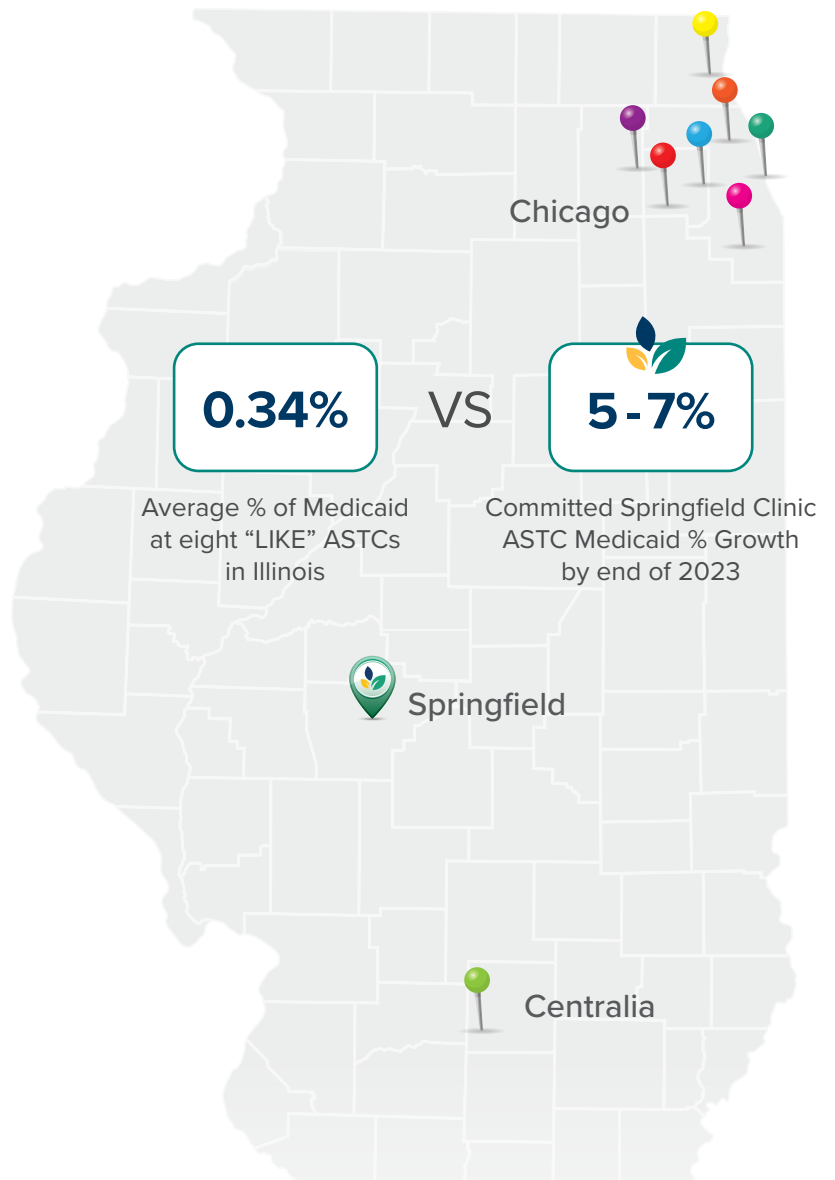


*II. Participation in the Medicaid Program continued...*



**2023 continued...**

Furthermore, of those 146 ASTCs, there are eight “LIKE” comparisons to Springfield Clinic’s ownership structure. The median percent of Medicaid patients cared for in those eight surgery centers is 0.34 percent.



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The Community of Caring Medicaid Expansion Initiative, including our most recent expansion in the ASTC, has not only cemented Springfield Clinic as one of the largest providers of Medicaid Services statewide, but also has put us on a short list of the most enthusiastic Medicaid partners in the setting where catheterization lab procedures would be performed.

## II. Participation in the Medicaid Program continued...

### d. Participation in MCO Programs

In addition to traditional Medicaid, we are establishing contracts with the MCOs for patients to receive care in the Springfield Clinic ASTC in Springfield. The Clinic has historically contracted with all area MCOs for physician services, including:

#### Commercial Plans

Blue Cross Community Health Plans
Blue Cross Community MMAI
Humana MMAI plan
Meridian Health Plan
MeridianComplete (MMAI)
Molina
Molina Dual Options Medicare-Medicaid Plan
YouthCare

#### Government plans

Tricare - Non-network providers
VA/Optum VACCN - VA Choice/Patient-Centered Community Care Programs

On this front, having contracts in place to allow Medicaid patients access to Springfield Clinic services is the highest priority.

**In November 2021, Blue Cross Blue Shield of Illinois (BCBSIL) terminated Springfield Clinic from their commercial PPO network. The Clinic was adamant that MCO contracts remain intact so as to not impact our Medicaid patients. As a result, those contracts continue to this day with BCBSIL.**

II. Participation in the Medicaid Program continued...



**e. Discount Policy Comparable to Charity Care Policies**

Springfield Clinic also has a Patient Discounts Policy that covers the entire Clinic, including the ASTC. This policy outlines multiple ways patients are eligible for discounted care and is used in a physician-ownership setting such as the Clinic’s as a comparable solution to charity care policies at non-for-profit health care organizations. Discount option number one of this policy has long been used for Medicaid patients to access services in the Springfield ASTC, including 2018 and 2020, the time periods noted in the letter from IDHFS .

| See Appendix C (Pages 54–57).

**f. Relationships with Federally Qualified Health Centers (FQHCs)**

Chair Savage, Board member Martell and former Board member Murray requested information about our partnership with FQHCs throughout the state. We accept and actively care for patients from the 10 FQHC groups within the 20 counties Springfield Clinic serves and will similarly see referrals from the FQHCs in our ASTCs for catheterization services.

FQHC Groups Cared for by Springfield Clinic
Cass County Health Clinic
Central Counties Health Centers, Inc.
Chestnut Health Systems, Inc.
Christopher Greater Area Rural Health Planning Corporation
Community Health Improvement Center
Community Health Partnership of Illinois
Heartland Community Health Clinic
Macoupin County Public Health Department
SIU Medicine
Southern Illinois Healthcare Foundation

Source: NPI Database; [https://npidb.org/organizations/ambulatory\\_health\\_care/federally-qualified-health-center-fqhc\\_261qf0400x/il/](https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/il/)



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II. Participation in the Medicaid Program continued...

Illinois Federally Qualified Health Centers



Locations of the 10 FQHC groups cared for by Springfield Clinic.



- Springfield Clinic Location
- Springfield Clinic Rural Health Location
- Springfield Clinic Outreach Location
- FQHC Location



*II. Participation in the Medicaid Program continued...*



At the suggestion of board members, we have solidified relationships with a formal operating agreement with Southern Illinois Healthcare Foundation (SIHF) and are in the process of formalizing agreements with others, including SIU Medicine, who has always been an extensive and collaborative partner.

Springfield Clinic & SIU Relationship	
SPECIALTY	COLLABORATION/INTERACTION
Cardiology	Associate Professors, Dr. Chen & Dr. Jha
Critical Care	Hospital-funded shared call/patients  Education/teaching  ED & ENT residents
Family Practice	Rotation coordination
Gynecological Oncology	Cross-coverage, Dr. MacZura (SC) & Dr. Brard (SIU)
Hospital Medicine	Consults  Colon & Rectal Surgery, General Surgery, Internal Medicine, Orthopedics, Neurology, Plastic Surgery & Pulmonary  Residency/teaching
Med Group	Accept referrals regardless of payer
Neurology	Takes own call  Resident teaching, Dr. Gelber
Neurosurgery	APRN collaborative agreement  Shared call/patients  Rotation coordination & resident training  Education/teaching



*II. Participation in the Medicaid Program continued...*

### Springfield Clinic & SIU Relationship

SPECIALTY	COLLABORATION/INTERACTION
Occupational Medicine	Rotation coordination
Oncology	Hematology/Oncology teaching
Ophthalmology	Sublease space at St. John's Pavilion with use of personnel & software, Dr. Abraham of SIU Ophthalmology
Orthopedics	Shared call  SC Resident teaching, Sports Medicine/Orthopedics  SC Resident Co-chair, Dr. Wottowa
Physical Medicine & Rehabilitation	Shared call at MMC  SC own call at HSHS  SC Resident teaching, Dr. Stover
Psychiatry	Service support & referrals
Research	Collaborative Studies  SIU provides training & sometimes acts as Institutional Review Board  SC provides patients & our physicians are included on the studies
Rheumatology	Shared call  Adjunct Professor, Dr. Pick
Urology	Shared call



II. Participation in the Medicaid Program continued...



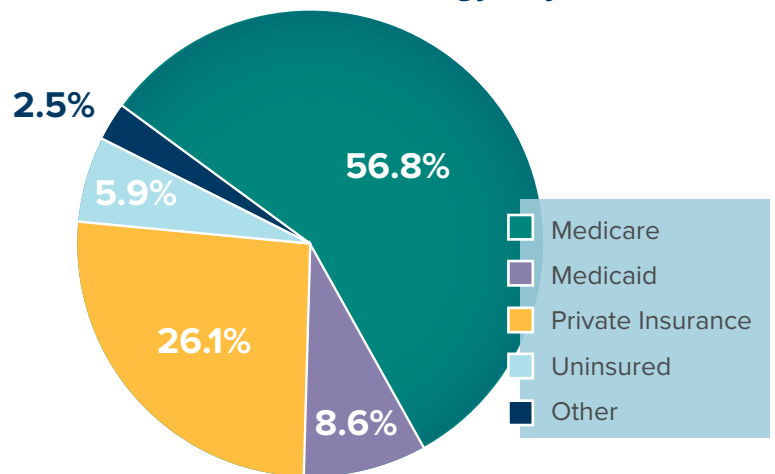
**g. Medicaid Population Related to Cardiology**

The Clinic’s permit application submitted in 2022 noted that, of all the patients seen by a Springfield Clinic Cardiology provider, five percent were on Medicaid. This five percent represents only Springfield Clinic cardiology patients who received an Outpatient Cath procedure in the last three years, with the overall Springfield Clinic Cardiology patient base annually presenting at ten to twelve percent. The Board, and several letters of opposition, questioned whether the Springfield Clinic Cardiology department constituted a robust-enough effort to care for the Medicaid population.

Statistics from a Journal of the American Heart Association study in 2019 show, however, that Medicaid patients only make up a small portion of cardiology patients at large, with an aging Medicare population representing far and away the largest demographic and payer group. The study, which looked at over 550,000 patients, yielded that nearly 60 percent of all cardiology patients have Medicare, while just 8.6 percent have Medicaid. **As such, Springfield Clinic stands above the national percentage at ten to twelve percent and anticipates this percentage to increase given the recent Springfield Clinic ASTC Medicaid certification and with the approval of two cath labs at its Springfield ASTC.**

| See Appendix A (Pages 41–42).

**FIG. 2.7 | Nationwide Cardiology Payer Mix**



Source: Srivastava, G. et. al. (2019). Association of Hospital Racial Composition and Payer Mix With Mortality in Acute Coronary Syndrome. Journal of the American Heart Association. <https://www.ahajournals.org/doi/full/10.1161/JAHA.119.012831>



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*II. Participation in the Medicaid Program continued...*



**h. Commitment to a Culture of Health Equity**

Springfield Clinic has over 650 providers who come from a multitude of diverse backgrounds who are committed to providing patients with a community of caring. The Springfield Clinic Board of Directors provides the highest level of oversight and guidance to the organization and is tied to its communities as well. Additionally, all Springfield Clinic staff participate in DEI training on an annual basis.

**Springfield Clinic Board of Directors**



**WILLIAM PUTMAN, MD, BOARD CHAIR**  
Center for Women's Health



**RAJAN KOCHAR, MD, MPH**  
Gastroenterology



**LESLIE ACAKPO-SATCHIVI, MD, PHD, FAANS**  
Neurological Surgery



**PAUL PACHECO, MD**  
Colon & Rectal Surgery



**RAMANATH BHANDARI, MD**  
Ophthalmology



**MURTY RENDUCHINTALA, MD**  
Hospital Medicine



**LESLIE DIGNAN-MOORE, MD**  
Center for Women's Health



**PREET PAUL SINGH, MD**  
Cancer Center



**JAMES FULLERTON, MD**  
General Surgery



**STEVEN TSORAIDES, MD**  
Colon & Rectal Surgery



**BRYAN KELLENBERGER, MD**  
Family Medicine



**BRETT WOLTERS, MD**  
Orthopedics



*II. Participation in the Medicaid Program continued...*



Springfield Clinic extends these efforts through community outreach programs that continue to grow as a core component of Springfield Clinic’s Community of Caring mission:

**Keep Kids in School Program**

Springfield Clinic partners annually with District 186, the public school district in Springfield, for the Keep Kids in School program, providing hundreds of free physicals to students who would have otherwise been removed from school for not complying with this requirement.

**Back-to-School Backpack Giveaway**

Springfield Clinic also partners with Molina Healthcare, a managed care services provider under the Medicaid and Medicare programs, for a back-to-school backpack giveaway that provides hundreds of underserved, urban students with essential school supplies for the year.



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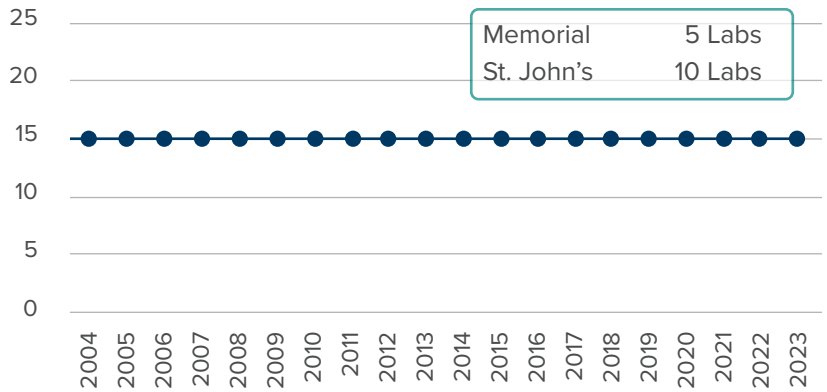
### III. Growing Demand for Access



#### a. Critical Need for Additional Access

Expanding access to cardiac catheterization services in central Illinois could not be timelier or more important. In 2004, there were 15 hospital-base cath labs in Springfield. Today, nearly 20 years later, there are still just 15 cath labs in Springfield.

**FIG. 3.1 | 18 Year Cath Lab Presence in Springfield**



Source: Review of ASTC for years 2004 -2020 - <https://hfsrb.illinois.gov/inventoriesdata/facilityprofiles.html>

While the number of Cath labs has remained stagnant for 20 years, **the volume of procedures creating pressure on these locations has increased 58 percent from 11,085 (2004) cases to 19,180 (2019).**

**FIG. 3.2 | Cardiac Cases in Springfield Cath Labs**



\*2019 is the last non-COVID-19 year for which we have data.

Source: Data as supplied by State Health Facilities & Service Review Board Hospital Profiles (2005-2008; 2015 – 2020). Dotted line data not provided.



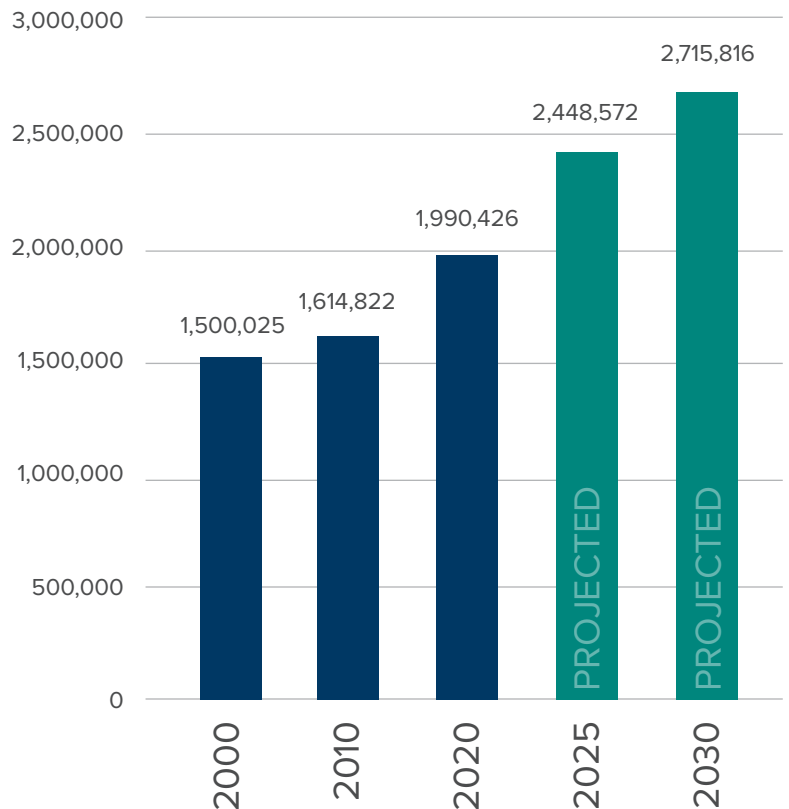
III. Growing Demand for Access continued...



There are two primary factors that have the needle firmly in the red for our communities when it comes to the ability to meet the access demands:

1. The rapidly growing 65+ population, brought on by the aging of the baby boomer generation equates to nearly 60 percent of all cardiac catheterization procedures performed. In 2020, that demographic represented 16 percent of our population. By 2030, they will represent 27 percent. Central Illinois' cath lab infrastructure, as it exists, is in no way prepared to meet future demand, let alone current demand.

**FIG. 3.3 | Illinois Census Data & Projections, Persons 65 and Older**



Source: US Census Bureau, Population estimates & projections, State of IL

2. Springfield serves as a funnel for many communities who, at one time, were able to quickly transfer patients to the Springfield higher acuity hospitals. The lack of



### III. Growing Demand for Access continued...

increased cath lab access and staffing concerns in Springfield has led to rural communities experiencing delayed transfers and sending patients further from their home. Springfield Clinic addresses these issues through partnerships with area hospitals, who are now asking for our partnership in catheterization procedures.

**Springfield Clinic partners with seven independent critical access hospitals with direct contracts that are payer agnostic.**



### III. Growing Demand for Access continued...



The attached letter of support from the Southern Central Hospital Alliance (SCHA) illustrates the growing concern for patients in these communities who must rely on Springfield to shoulder a continually increasing weight.

| See Appendix D (Pages 58–59).

#### b. Correlation Between Wait Times and Poor Outcomes

Because outpatient cardiology procedures are relatively new, cardiology associations are still assessing appropriate wait time protocols for the multitude of different CMS-approved procedures.

However, those associations are strongly considering mounting evidence that shows a correlation between extended wait times and poor outcomes for patients experiencing them.

“

Overall, 1.4% of patients had a major cardiac event, namely, death, myocardial infarction or congestive heart failure. These events occurred over a median wait of 35 days for outpatients. Patients awaiting cardiac catheterization may experience major adverse events, which may be preventable.

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*Source: Madhu K. N. et. al. (2003). The risks of waiting for cardiac catheterization: a prospective study. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC134132/>*

Currently, Springfield Clinic sees an average **delay in care by 41 days from a positive stress test** to a catheterization procedure performed in the hospital setting. Those times could be reduced to less than one week for many patients with the addition of two new cath labs at Springfield Clinic.



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### III. Growing Demand for Access continued...

#### c. Patient Concerns Related to Wait Times

Patients awaiting cardiac cath procedures may experience major adverse events, such as death, myocardial infarction or heart failure. Because of the fear of these potential outcomes, patients are taking exceptional measures to try to expedite their access and subvert the backlog. Below are actual examples of patient experiences brought on by this existing dynamic.



##### Patient 1

Patient 1 is 65-year-old female Medicare patient with diabetes who has a positive stress test requiring diagnostic cardiac catheterization as the next step. In her case, the wait time to get a procedure scheduled at the hospital was three weeks. She was aware that her stress test was abnormal and, given her continued symptoms and anxiety, she decided to go to the Emergency Department in Lincoln. She waited for two days at the Lincoln hospital before getting transferred to a hospital in Springfield where this procedure could be performed. In doing so, she amassed significant additional expense to herself with a multiple-day stay at the hospital, which ultimately results in additional expense and strain on the Medicare system.



##### Patient 2

Patient 2 is a 70-year-old male Medicare patient with chest pain, found to have suffered a minor heart attack. The patient went to Carlinville Area Hospital's Emergency Department and was transferred to a hospital in Springfield at midnight. But, because the hospital has elective cases (that could safely be performed in an outpatient setting) scheduled until 5 p.m., they can't accommodate a procedure for this patient until late in the evening two days later. Again, for patient two, he has amassed significant additional expense to himself with a multiple-day stay at the hospital, which ultimately results in additional expense and strain on the Medicare system.



## IV. Cost Savings to Patients and Payer Systems

### a. Clear and Strong Support from CMS on Grounds of Cost-Effectiveness

Outpatient surgery centers have, for years, provided patients with access to the same procedures they may otherwise receive at the hospital, at a fraction of the cost. This more cost-effective path to have procedures like colonoscopies or hip replacements performed is now available in cardiology for a large number of routine, low-acuity catheterization procedures.

Not only does this reduce the financial burden on the patient but it also reduces the burden on government payer systems. **In fact, CMS estimated in 2020 that moving 5 percent of coronary interventions nationwide from a hospital outpatient setting to ASTCs would reduce Medicare payments by about \$20 million and beneficiary co-pays by about \$5 million.**



Source: Neale, T. (2019). CMS Finalizes Rule Allowing Reimbursement of PCI in Ambulatory Centers. TCTMD, Produced by the Cardiovascular Research Foundation (CRF). <https://www.tctmd.com/news/cms-finalizes-rule-allowing-reimbursement-pci-ambulatory-centers#:~:text=Coming%20soon%20to%20an%20ambulatory,starting%20in%20calendar%20year%202020.>



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IV. Cost Savings to Patients and Payer Systems continued...

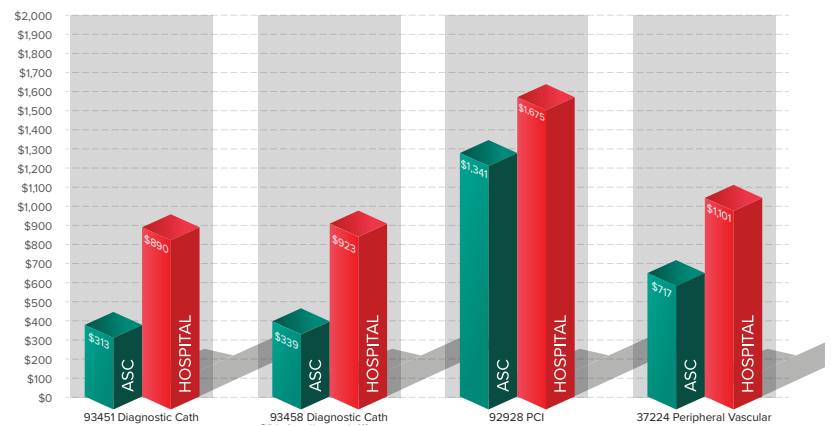


**b. Cost Savings are Wide Reaching for Outpatient Cardiology Patients and Payers**

A more nuanced breakdown of the Current Procedural Terminology (CPT) codes and types of procedures approved by CMS in outpatient settings shows a full-scale cost savings opportunity. In some instances, patients could see as much as a 65 percent reduction in cost for their procedure. As such, CMS stands strongly behind approval of applications like this to allow patients access to lower cost, high-quality care.

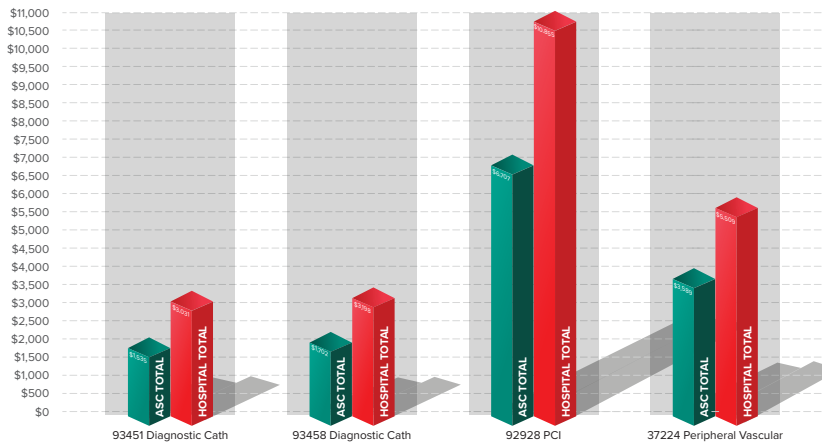
See Appendix E (Pages 60–62).

**FIG. 4.1 | Cath Procedure Cost Comparison - Patient Pay Average**



Source: Medicare.gov. (2023). <https://www.medicare.gov/procedure-price-lookup/>

**FIG. 4.2 | Cath Procedure Cost Comparison - Total Cost**



Source: Medicare.gov. (2023). <https://www.medicare.gov/procedure-price-lookup/>



## V. Safety

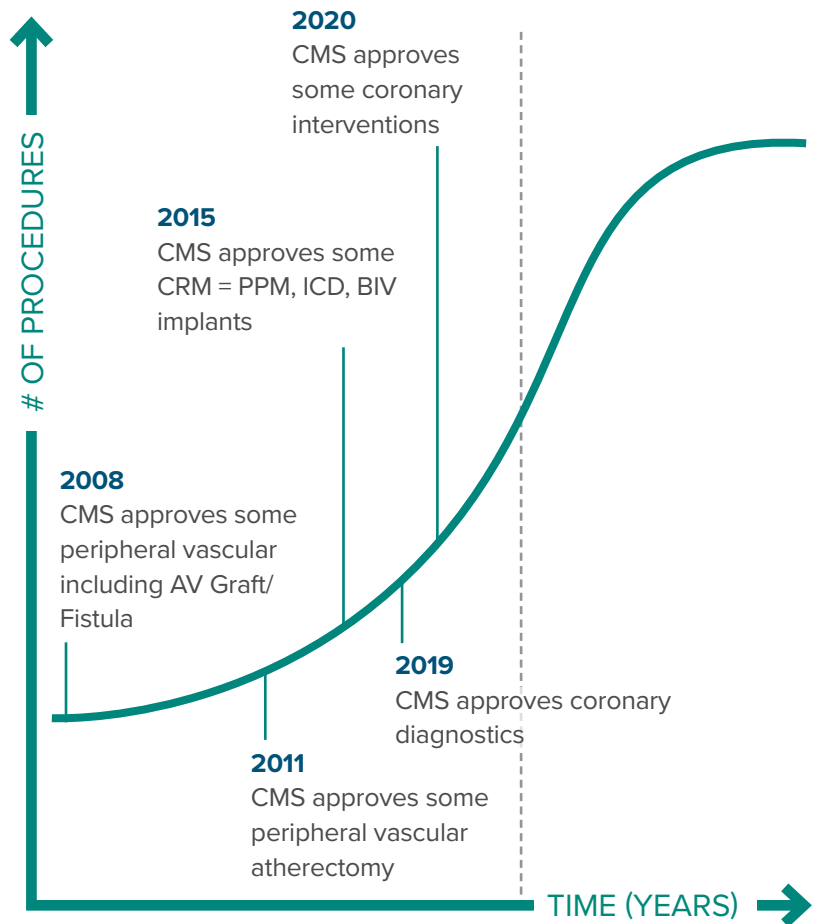


### a. Clear and Strong Support from CMS on Grounds of Safety and Quality

In addition to cost savings, CMS has taken a clear position supporting the safety and quality of routine cardiac procedures in outpatient settings, and Medicare now has anywhere from 70 to 100 approved CPT codes for ASC cardiology procedures while continually reviewing to add more.

In response to Board Member Katz’s question from the December meeting, all procedures performed at the Springfield Clinic ASTC would be within the scope approved by CMS.

**FIG. 5.1 | ASC Allowable Reimbursement Evolution**



Source: 2021 OPPS/ASC Final Rule, CMS

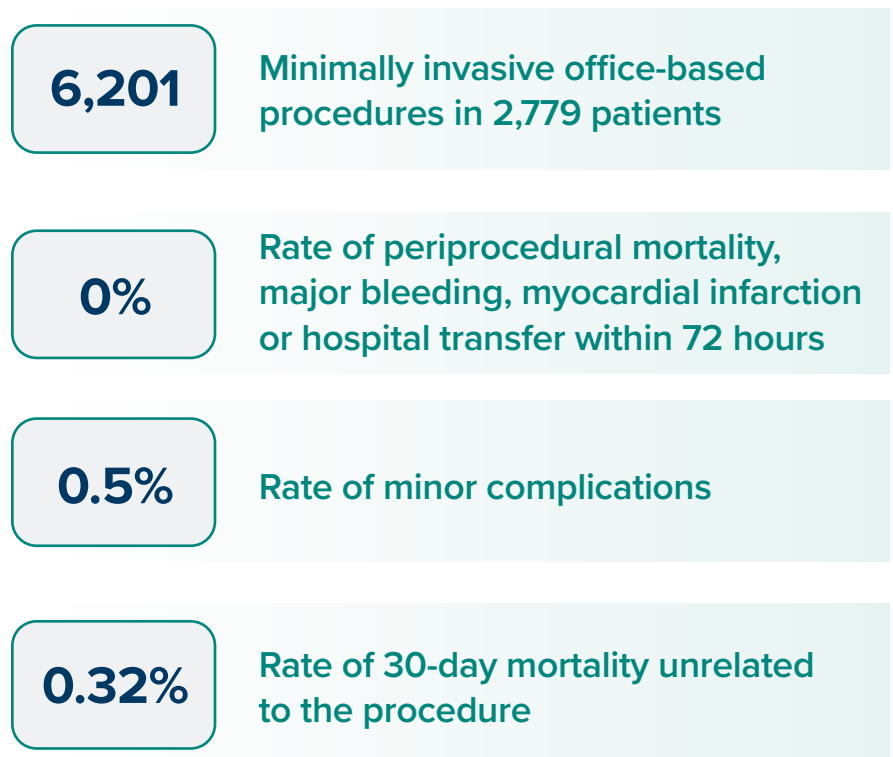


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## V. Safety continued...

CMS' position is the result of extensive studies like those performed by cardiovascular associations such as the Journal of Vascular Surgery.

**FIG. 5.2 | Safety of Vascular Interventions Performed in an Office-Based Lab in Patients with Low/Moderate Procedural Risk**



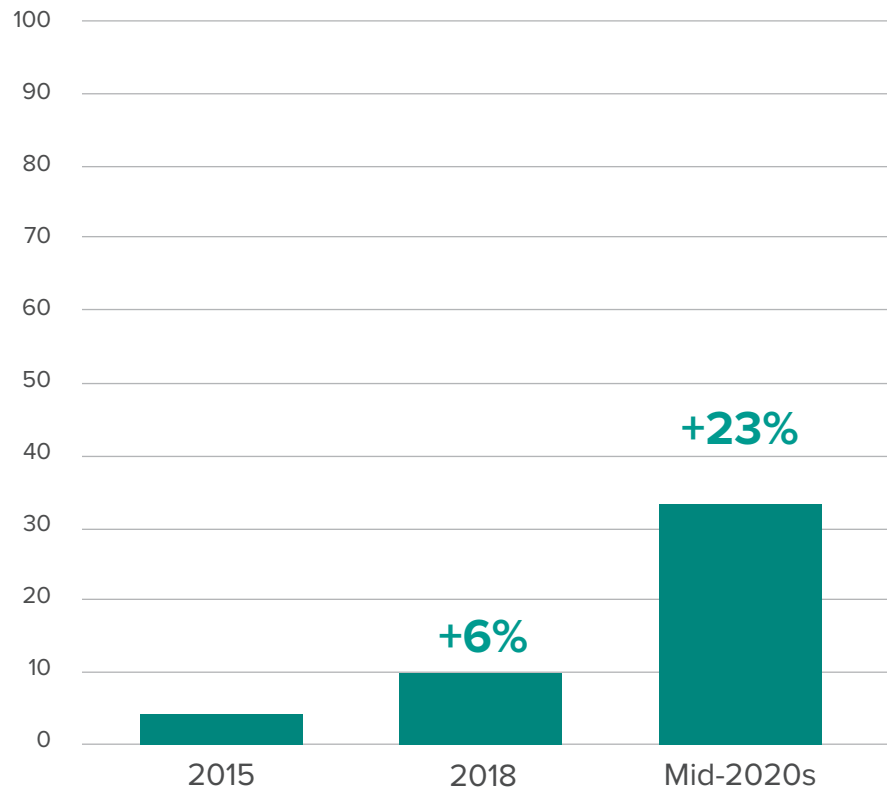
*Source: Journal of Vascular Surgery. (2021). Safety of Vascular Interventions Performed in an Office-Based Lab in Patients with Low/Moderate Procedural Risk. Society for Vascular Surgery.*

Growth is being driven nationally by these innovations now allowing for safer, more cost-effective access to cardiac catheterization procedures in the outpatient setting. While ASTCs accounted for an estimated 10 percent of ALL cardiology procedures in 2018, Bain & Company expects that they will account for 30-35 percent of such procedures by the mid-2020s as lower costs and favorable outcomes drive change.

V. Safety continued...



**FIG. 5.3 | Percentage of Cardiology Procedures Performed in Ambulatory Surgery Centers**



Sources: VMG; Definitive Healthcare; Ambulatory Surgery Center Association; MedPac; Bain & Company Medtech Physician Survey (n=360)

**b. Transfer Agreements in Place**

Additionally, in response to Board member LeGrand, Katz and Hardy-Waller’s requests, Springfield Clinic has transfer agreements with both Springfield Memorial Hospital and HSHS St. John’s Hospital. Protocols are also in place ensuring patients meet the criteria for procedures to be performed in the ASTC. If criteria is not met, patients are scheduled at the hospital. Upon approval, we will continue to work with Springfield Memorial Hospital and HSHS St. John’s Hospital in the event transfer is necessary.



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## VI. Hospital Impact

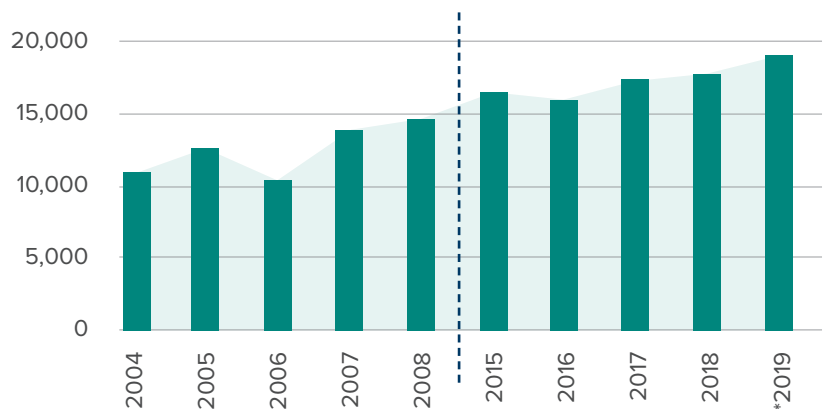


### a. Impact to Hospitals is Negligible When Considering Annual Volume Increase

Increasing the number of catheterization labs in Springfield for the first time in nearly 20 years from 15 to 17 not only supports the rapidly growing demand for access, but it does so while posing no threat to the viability of our partners at the local hospitals.

As stated previously in the application, the number of catheterization procedures performed annually between Springfield Memorial and HSHS St. John’s Hospitals increased from 11,085 in 2004 to 19,180 in 2019. Over that 15-year period, that’s an **average growth of four percent annually**.

**FIG. 6.1 | Cardiac Cases in Springfield Cath Labs**



\*2019 is the last non-covid year for which we have data.

*Source: Data as supplied by State Health Facilities & Service Review Board Hospital Profiles (2005-2008; 2015 – 2020). Dotted line data not provided.*

Springfield Clinic projects to complete 840 cases a year between the two catheterization labs being applied for, **which is equal to the annual four percent growth in volume that Springfield has seen for 15 years.**



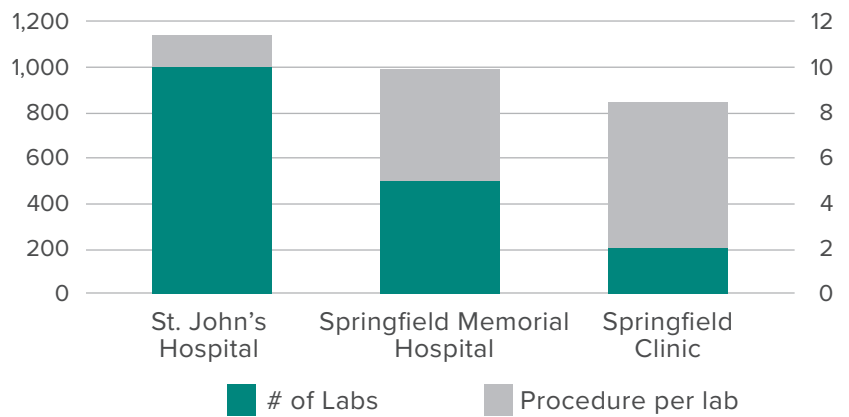
VI. Hospital Impact continued...



In performing these 840 cases, Springfield Clinic would merely be helping to support the annual growth while creating no negative impact to either hospitals’ ability to perform well above the minimum requirements for each of their labs.

In addition, the Clinic will care for patients consistent with our broad payer mix strategy as outlined in our Medicaid Expansion Initiative and as such expect no disproportionate impact to the hospitals in regard to payer mix.

**FIG. 6.2 | IL State Standards - Needs & Utilization per Facility**



Source: 2020 Hospital Profiles Report - <https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx>

**b. Potential Regulatory Impact**

Lastly, each procedure from room set up through clean up will average 90 minutes. With 840 annual cath procedures, we anticipate approximately 1,260 hours of room utilization time.



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## VII. Negative Findings

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### a. **Unnecessary Duplication of Services Review Criterion**

The Clinic's application to add cardiac catheterization services to its existing ASTC is the second such project to be presented to the Board. When the first cardiac catheterization project (Proj. No. 18-042) was considered, the Board staff made a positive finding on unnecessary duplication of services based on the following conclusion based on representations by the applicant: (1) the applicant referred and performed over 400 cardiac catheterization procedures in the three years prior to filing its certificate of need application; and (2) the proposed project would not reduce existing cardiac catheterization programs below 200 procedures. This finding was consistent with the Board's review criteria. As discussed in greater detail below, this project similarly satisfies the Board's review criteria and a positive finding should result.

#### **i. Surgery Center will not Reduce Cardiac Catheterization Volumes below 200 Procedures at Existing Facilities**

The Board's rules specific to cardiac catheterization services require that an application proposing to establish cardiac catheterization services indicate if it will reduce the volume of existing facilities below 200 catheterization procedures. (77 Ill. Admin. Code § 1110.225©). As shown in the table below, there are seven hospitals located in the E-01 planning area, but only two, Springfield Memorial Hospital ("SMH") and HSHS St. John's Hospital ("SJH") operate cardiac catheterization programs. As documented in Springfield Clinic's application, the referring physicians anticipate they will collectively perform 840 cardiac catheterization procedures by the second year of operation. While all of the projected procedures will not come entirely from one of two hospitals, even if that were to occur, SMH and SJH will not fall below the 200 catheterization threshold set forth in the Board's rule. In fact, if all 840 procedures were transferred from SMH to the Springfield Clinic Surgery Center, SMH will still perform over 3,800 cardiac catheterization procedures,

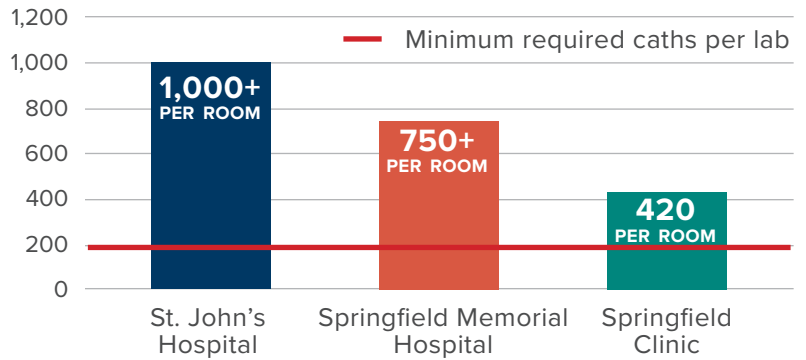


VII. Negative Findings continued...



or 761 catheterization procedures per lab. Likewise, SJH would continue to perform over 11,300 catheterization procedures, or 1,029 procedures per lab. Even if it did lose 2,600 outpatient cases, however, its volume would still remain well above the minimum-required 200 catheterizations.

**FIG. 7.1 | Projected Volume of Caths Per Lab Compared to Minimum Requirement**



Source: 2020 Hospital Profiles Report - <https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx>

Facility	Cath Labs	'20 Procedures
HSHS St. John's Hospital	10	11,365
Lincoln Memorial Hospital	0	0
Mason District Hospital	0	0
Pana Community Hospital	0	0
Sarah D. C. Memorial Hospital	0	0
Springfield Memorial Hospital	5	4,964
Taylorville Memorial Hospital	0	0

**ii. Impact on Existing Facilities**

Subsection (2) of this criterion requires applicants proposing to establish cardiac catheterization services to contact all facilities with cardiac catheterization programs in the planning area to determine the impact the project will have on **patient volume** at the existing program. In response to the Clinic's request for impact statement, SMH stated it anticipated it would "lose over 2,600 outpatient cases." It's unclear how SMH determined the impact that was three times as high as the total anticipated cases (840) to be performed at the surgery center. As noted above, even if it did lose 2,600 outpatient cases, however, its volume would still remain well above 200 catheterizations.



## VII. Negative Findings continued...

Importantly, any emphasis on the economic impact to existing area providers should be discounted as the criteria pertains solely to patient volume (not financial losses to competing providers) and the economic losses are unsupported here as they are premised on inflated figures. Despite SMH's concerns, economic impact is not consistent with the Board's standards or the Board's core tenet of cost containment. As discussed in Section IV, performing cardiac catheterization procedures in an ASTC is a lower cost setting than a hospital and should be an important factor in the Board's decision.

### b. Reasonableness of Project Costs Review Criterion

Springfield Clinic seeks to modify the project by reducing the total project costs by \$1,121,365 as detailed below. As the change in the cost of the project is less than 10% of the original estimated project cost, this change constitutes a Type B modification pursuant to 77 Ill. Admin. Code 1130.650.

See *Appendix F (Pages 63-70)*.

Original Total Project Cost:	\$13,094,365
Current Total Project Cost:	\$11,973,000
Savings:	\$ 1,121,365

#### Cost Increases

- Construction contracts (escalation from last year)

#### Cost Decreases

- Contingencies
- A/E Fees
- Consulting & other fees
- Movable or other equipment (not in construction contracts)
- Other costs to be capitalized

#### Reasons for Cost Modifications

- Completed final design by A/E team
- Final guaranteed max price proposal from contractor
- Final equipment cost negotiations
- Cost certainty for previously assumed costs items
- Reduced cost uncertainty allowed for lower contingency

# Appendices

SPRINGFIELD CLINIC SUPPLEMENTAL APPLICATION FOR  
CARDIAC CATHETERIZATION LABS



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# | APPENDIX A



## STANDARD OPERATING POLICIES AND PROCEDURES

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POLICY TITLE:	<b>Acceptance of Springfield Clinic Established Patients</b>	Page 1 of 1
WRITTEN OR REVISED BY:	Manager, Quality Management	
APPROVED BY:	Vice President and Chief Medical Officer	Effective date: 2/16/2021
APPROVED BY:	Chairman of the Board	Effective date: 2/16/2021

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**Purpose:**

The purpose of this policy is to facilitate a patient-centered approach to attracting and retaining patients at Springfield clinic.

**Policy:**

Springfield Clinic providers and staff will follow the steps outlined below for accepting new/referred patients and honoring established patient transfer requests:

- Intra-departmental Transfers (same call group / specialty):** At the patient's request, all departments will allow a patient to transfer to another physician in the call group/specialty a minimum of one time.
- Pediatric Patients age 18 transition to Adult Medicine:** Pediatric patients, upon reaching age 18, will be assisted in transitioning to Adult Medicine. These patients will be rotated to a Clinic primary care physician. Clinic primary care physicians will be offered the opportunity to participate in the rotation; however, new physicians who are accepting patients will be strongly encouraged to be in the rotation.
- Patients referred from a Clinic Specialist to a Clinic Primary Care Provider:** The Clinic primary care provider will accept the referral of the "Springfield Clinic patient" that is referred within the Clinic.
- Patients referred from a Clinic Primary Care Provider to a Clinic Specialist:** The Clinic specialist will accept the referral of the "Springfield Clinic patient" that is referred within the Clinic.
- Springfield Clinic Employees and Immediate Household Family Members:** All medical practices will automatically accept Springfield Clinic employees and their immediate household family members as patients of Clinic services.

Originated: 11/30/2010

Reviewed – no changes: 12/11/2013, 6/30/2014, 3/11/2015, 3/30/2018, 2/16/20 4/4/2019, 2/16/2021

## APPENDIX B

# Appendix B | Independent ASTC Medicaid Acceptance Report

						Fiscal Year Reported - 2020 ASTC Questionnaire Data File		
Facility ID	Year	Facility Name	Facility City	Health Service Area	County	Beginning Date	Ending Date	Ownership Type
	146	ASTC Facilities						
7000920	2020	Northwest Surgicare	Arlington Heights	007	Cook	1/1/2020	12/31/2020	Partnership (registered with county)
7001043	2020	Ingalls Same Day Surgery	Tinley Park	007	Cook	7/1/2019	6/30/2020	Limited Partnership (RA required)
7001076	2020	MIDWEST CENTER FOR DAY SURGERY	DOWNERS GROVE	007	DuPage	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7001084	2020	The Hope Clinic for Women, Ltd.	Granite City	011	Madison	1/1/2020	12/31/2020	Corporation (RA required)
7001209	2020	Northwest Community Day Surgery Center	Arlington Heights	007	Cook	10/1/2019	9/30/2020	Limited Liability Company (RA required)
7001217	2020	Valley Ambulatory Surgery Center	St. Charles	008	Kane	1/1/2020	12/31/2020	Limited Partnership (RA required)
7001449	2020	Peoria Day Surgery Center	Peoria	002	Peoria	1/1/2020	12/31/2020	Sole Proprietorship
7001530	2020	Peoria Ambulatory Surgery Center	Peoria	002	Peoria	1/1/2020	12/31/2020	Corporation (RA required)
7001548	2020	The Oak Brook Surgical Centre, Inc.	Oak Brook	007	DuPage	1/1/2020	12/31/2020	Corporation (RA required)
7001555	2020	Children's Outpatient Center Services at Westchest	Westchester	007	Cook	9/1/2019	8/30/2020	Limited Liability Partnership (RA required)
7001753	2020	Rush SurgiCenter-Professional Building	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Partnership (RA required)
7001761	2020	Rockford Endoscopy Center	Rockford	001	Winnebago	1/1/2020	12/31/2020	Sole Proprietorship
7001779	2020	Dreyer Ambulatory Surgery Center	Aurora	008	Kane	1/1/2020	12/31/2020	Partnership (registered with county)
7001811	2020	Bel-Clair Ambulatory Surgical Treatment Center, LT	Belleville	011	St Clair	1/1/2020	12/31/2020	Corporation (RA required)
7001860	2020	The Center for Surgery	Naperville	007	DuPage	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7001928	2020	Rockford Ambulatory Surgery Center	Rockford	001	Winnebago	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7002082	2020	AMBULATORY SURGICENTER OF DOWNERS GROVE	DOWNERS GROVE	007	DuPage	1/1/2020	12/31/2020	Sole Proprietorship
7002090	2020	River North Sameday Surgery, LLC	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7002116	2020	The Center for Orthopedic Medicine, LLC	Bloomington	004	McLean	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002132	2020	NovaMed Eye Surgery Center of Maryville, LLC	Maryville	011	Madison	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002140	2020	Advantage Health Care, Ltd	Wood Dale	007	DuPage	1/1/2020	12/31/2020	Corporation (RA required)
7002165	2020	Fox Valley Orthopaedic Institute	Geneva	008	Kane	1/1/2020	12/31/2020	Corporation (RA required)
7002181	2020	Loyola Ambulatory Surgery Center	Oak Brook Terrace	007	DuPage	1/1/2020	12/31/2020	Limited Partnership (RA required)
7002231	2020	LGH-A/Golf ASTC, LLC dba: Golf Surgical Center	Des Plaines	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002249	2020	Bloomington Eye Institute, LLC	Bloomington	004	McLean	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002256	2020	ADVANCED AMBULATORY SURGICAL CENTER	CHICAGO	006	Cook	1/1/2020	12/31/2020	Sole Proprietorship
7002272	2020	The Surgery Center at 900 North Michigan Avenue, L	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002298	2020	Ambulatory Surgery Center of Centralia	Centralia	005	Marion	1/1/2020	12/31/2020	Limited Partnership (RA required)
7002306	2020	ORTHOPAEDIC SURGERY CENTER OF ILLINOIS	SPRINGFIELD	003	Sangamon	10/1/2019	9/30/2020	Limited Liability Partnership (RA required)
7002330	2020	Elmhurst Outpatient Surgery Center LLC	Elmhurst	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002371	2020	The Danville Polyclinic, ASTC	Danville	004	Vermilion	1/1/2020	12/31/2020	Sole Proprietorship
7002413	2020	EASTLAND MEDICAL PLAZA SURGICENTER LLC	BLOOMINGTON	004	McLean	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002439	2020	Carle Surgicenter	Danville	004	Vermilion	1/1/2020	12/31/2020	Other Not for Profit Ownership
7002470	2020	PALOS SURGICENTER LLC	PALOS HEIGHTS	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002504	2020	Edwardsville Ambulatory Surgery Center LLC	Glen Carbon	011	Madison	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002512	2020	Bloomington Normal Healthcare Surgery Center LLC	Normal	004	McLean	1/1/2020	12/31/2020	Limited Liability Company (RA required)

# Appendix B | Independent ASTC Medicaid Acceptance Report

		Net Revenue by Payment Source						
Accepts Medicaid	Medicaid %	Medicaid	Medicare	Medicare %	Other Public Payment	Private Insurance	Private Pay	Total Net Revenue
Yes / No	2.32%	\$24,692,179.73	\$218,408,487.18	21%	\$26,781,981.90	\$724,795,864.21	\$68,715,880.63	\$1,063,394,393.65
Median %	0.03%			0.39%				
Like SC ownership type - Limited Partnership (RA required)	0.34%							
Yes	-0.04%	(\$1,484.38)	\$1,709,031.07	0.78%	\$248,481.14	\$350,622.97	\$1,479,982.94	\$3,786,633.74
No	0.00%	\$0.00	\$1,916,103.00	0.88%	\$0.00	\$919,356.00	\$450,763.00	\$3,286,222.00
No	0.00%	\$0.00	\$1,124,565.00	0.51%	\$9,682.00		\$346,428.00	\$1,480,675.00
Yes	37.54%	\$908,451.00	\$0.00	0.00%	\$0.00	\$16,119.00	\$1,495,526.00	\$2,420,096.00
Yes	1.39%	\$183,352.00	\$2,803,649.00	1.28%		\$9,953,875.00	\$291,944.00	\$13,232,820.00
Yes	-0.003%	(\$326.38)	\$2,290,328.44	1.05%	\$440,033.62	\$7,459,619.48	\$268,636.41	\$10,458,291.57
Yes	1.10%	\$10,100.00	\$249,819.00	0.11%	\$16,139.00	\$612,815.00	\$33,194.00	\$922,067.00
Yes	0.91%	\$38,593.07	\$934,679.30	0.43%	\$3,952.00	\$3,019,941.00	\$253,106.10	\$4,250,271.47
No	0.00%	\$0.00	\$201,953.00	0.09%	\$0.00	\$4,798,453.00	\$661,632.00	\$5,662,038.00
Yes	32.66%	\$8,883,663.00		0.00%	\$115,354.00	\$18,173,989.00	\$24,001.00	\$27,197,007.00
Yes	0.01%	\$1,214.53	\$3,581,626.12	1.64%	\$82,811.00	\$15,423,394.05	\$98,011.27	\$19,187,056.97
Yes	3.55%	\$295,571.00	\$1,383,407.00	0.63%	\$136,759.00	\$5,737,140.00	\$762,584.00	\$8,315,461.00
No	0.00%	\$0.00	\$1,600,355.00	0.73%	\$0.00	\$10,878,301.00	\$14,401.00	\$12,493,057.00
No	0.00%	\$0.00	\$23,490.00	0.01%	\$53,374.00	\$310,936.00	\$0.00	\$387,800.00
Yes	2.08%	\$82,000.00	\$825,000.00	0.38%	\$47,000.00	\$2,750,894.00	\$245,000.00	\$3,949,894.00
No	0.00%	\$0.00	\$1,559,657.00	0.71%		\$3,345,476.00	\$1,746,373.00	\$6,651,506.00
No	0.00%			0.00%		\$3,021,020.49	\$708,459.81	\$3,729,480.30
Yes	-0.05%	(\$2,724.00)	\$852,968.00	0.39%	\$9,940.00	\$4,308,297.00	\$445,006.00	\$5,613,487.00
Yes	2.06%	\$172,975.00	\$847,013.00	0.39%	\$74,745.00	\$7,294,673.00	\$8,866.00	\$8,398,272.00
Yes	1.64%	\$57,320.00	\$2,150,556.00	0.98%	\$26,250.00	\$1,235,783.00	\$19,593.00	\$3,489,502.00
Yes	48.81%	\$214,600.00	\$0.00	0.00%	\$2,945.00	\$104,013.00	\$118,131.00	\$439,689.00
No	0.00%	\$0.00	\$922,859.00	0.42%	\$4,876.00	\$8,846,804.00	\$48,407.00	\$9,822,946.00
Yes	2.02%	\$34,246.00	\$253,200.00	0.12%	\$1,289,127.00	\$60,551.00	\$61,259.00	\$1,698,383.00
Yes	0.11%	\$793.00	\$259,333.00	0.12%	\$0.00	\$437,410.00	\$10,432.00	\$707,968.00
Yes	0.11%	\$5,724.00	\$2,745,876.00	1.26%	\$85,523.00	\$1,395,913.00	\$1,004,215.00	\$5,237,251.00
No	0.00%		\$698,283.16	0.32%	\$1.00	\$171,071.61	\$790,608.89	\$1,659,964.66
No	0.00%	\$0.00	\$375,697.00	0.17%	\$0.00	\$5,845,508.00	\$3,762,046.00	\$9,983,251.00
Yes	1.07%	\$11,801.93	\$499,453.44	0.23%	\$2,493.99	\$574,709.63	\$19,129.60	\$1,107,588.59
Yes	1.35%	\$65,857.00	\$1,809,471.00	0.83%		\$2,972,546.00	\$22,493.00	\$4,870,367.00
Yes	-0.01%	(\$897.00)	\$1,658,312.00	0.76%	\$1,039,237.00	\$5,560,894.00	\$4,425,753.00	\$12,683,299.00
Yes	1.29%	\$21,177.00	\$602,761.00	0.28%	\$15,534.00	\$805,728.00	\$191,762.00	\$1,636,962.00
Yes	6.86%	\$2,256,437.00	\$14,156,052.00	6.48%	\$5,485.00	\$16,202,689.00	\$266,728.00	\$32,887,391.00
Yes	5.06%	\$130,750.00	\$370,450.00	0.17%	\$450.00	\$2,078,650.00	\$3,000.00	\$2,583,300.00
No	0.00%	\$0.00	\$2,030,724.51	0.93%	\$0.00	\$2,413,699.36	\$44,776.91	\$4,489,200.78
Yes	1.90%	\$33,685.00	\$484,728.00	0.22%	\$139,223.00	\$1,113,671.00	\$0.00	\$1,771,307.00
Yes	8.48%	\$1,255,867.00	\$3,838,264.00	1.76%	\$0.00	\$9,606,436.00	\$107,523.00	\$14,808,090.00



# Appendix B | Independent ASTC Medicaid Acceptance Report

						Fiscal Year Reported - 2020 ASTC Questionnaire Data File		
Facility ID	Year	Facility Name	Facility City	Health Service Area	County	Beginning Date	Ending Date	Ownership Type
	146	ASTC Facilities						
7002520	2020	Quad City Ambulatory Surgery Center	Moline	010	Rock Island	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002538	2020	Kendall Pointe Surgery Center, LLC.	Oswego	009	Kendall	1/1/2020	12/31/2020	Sole Proprietorship
7002579	2020	Algonquin Road Surgery Center, LLC	Lake in the Hills	008	McHenry	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002645	2020	Six Corners Sameday Surgery LLC	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002652	2020	Tinley Woods Surgery Center	Tinley Park	007	Cook	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7002678	2020	NovaMed Surgery Center of Chicago Northshore, LLC	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002694	2020	Springfield Clinic LLP	Springfield	003	Sangamon	1/1/2020	12/31/2020	Limited Partnership (RA required)
7002702	2020	Oak Surgical Institute LLC	Bradley	009	Kankakee	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002710	2020	Digestive Disease Endoscopy Center	Normal	004	McLean	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002728	2020	Renal Intervention Center	Morton	002	Tazewell	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002785	2020	Deerpath Ambulatory Surgical Center LLC	Morris	009	Grundy	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002801	2020	Marion Healthcare LLC	Marion	005	Williamson	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002827	2020	Fullerton Surgery Center	Chicago	006	Cook	1/1/2020	12/31/2020	Sole Proprietorship
7002835	2020	Rockford Orthopedic Surgery Center d/b/a Ortholli	Rockford	001	Winnebago	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002843	2020	Novamed Surgery Center of Oak Lawn dba Center For	Oak Lawn	007	Cook	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7002876	2020	Center for Digestive Health	Bourbonnais	009	Kankakee	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002900	2020	Pain Care Surgery	Marion	005	Williamson	1/1/2020	12/31/2020	Corporation (RA required)
7002926	2020	North Shore Endoscopy Center	Lake Bluff	008	Lake	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002959	2020	Champaign Surgicenter, LLC	Champaign	004	Champaign	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7002975	2020	Lakeshore Surgery Center	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003015	2020	Elgin Gastroenterology Endoscopy Center, LLC	Elgin	008	Kane	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7003023	2020	DMG Surgical Center, LLC	Lombard	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003049	2020	Riverside Ambulatory Surgery Center	Bourbonnais	009	Kankakee	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003056	2020	Gastrointestinal Institute, LLC	Normal	004	McLean	1/1/2020	12/31/2020	Sole Proprietorship
7003072	2020	SURGICORE	CHICAGO	006	Cook	1/1/2020	12/31/2020	Corporation (RA required)
7003080	2020	Ravine Way Surgery Center LLC	Glenview	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003098	2020	DuPage Medical Group Surgery Westmont	Westmont	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003118	2020	Illinois Sports Medicine & Orthopedic Surgery Cent	Morton Grove	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003120	2020	Blessing Hospital ASTC	Quincy	003	Adams	10/1/2019	9/30/2020	Other Not for Profit Ownership
7003121	2020	DuPage Eye Surgery Center, LLC	Wheaton	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003122	2020	HOFFMAN ESTATES SURGERY CENTER, LLC	Hoffman Estates	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003124	2020	CFH ASC, LLC	Peoria	002	Peoria	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003127	2020	Midwest Endoscopy Center, LLC	Naperville	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)

# Appendix B | Independent ASTC Medicaid Acceptance Report

		Net Revenue by Payment Source						
Accepts Medicaid	Medicaid %	Medicaid	Medicare	Medicare %	Other Public Payment	Private Insurance	Private Pay	Total Net Revenue
Yes / No	2.32%	\$24,692,179.73	\$218,408,487.18	21%	\$26,781,981.90	\$724,795,864.21	\$68,715,880.63	\$1,063,394,393.65
Median %	0.03%			0.39%				
Like SC ownership type - Limited Partnership (RA required)	0.34%							
Yes	2.30%	\$444,740.00	\$7,395,346.00	3.39%	\$361,674.79	\$11,134,414.28	\$1,300.00	\$19,337,475.07
No	N/A			0.00%				\$0.00
Yes	-0.15%	(\$12,585.00)	\$948,875.00	0.43%	\$1,256,584.00	\$5,993,514.00	\$99,810.00	\$8,286,198.00
No	N/A	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00
No	0.00%		\$1,561,259.00	0.71%	\$4,209.00	\$5,519,037.00	\$196,707.00	\$7,281,212.00
Yes	3.09%	\$96,158.32	\$1,974,524.86	0.90%	\$6,663.71	\$798,168.90	\$234,546.21	\$3,110,062.00
Yes	0.004%	\$5,706.00	\$24,966,473.00	11.43%	\$3,012,119.00	\$112,106,825.00	\$7,199.00	\$140,098,322.00
Yes	0.31%	\$18,331.00	\$2,320,938.00	1.06%	\$22,561.00	\$3,495,508.00	\$23,971.00	\$5,881,309.00
Yes	0.03%	\$1,273.00	\$516,219.00	0.24%	\$22,715.00	\$3,759,485.00	\$26,835.00	\$4,326,527.00
Yes	3.82%	\$89,913.23	\$1,710,999.99	0.78%	\$25,990.44	\$498,597.63	\$25,389.58	\$2,350,890.87
Yes	0.90%	\$37,043.00	\$811,766.00	0.37%	\$5,485.00	\$3,253,159.00	\$3,999.00	\$4,111,452.00
Yes	4.64%	\$183,528.00	\$1,016,674.00	0.47%	\$101,395.00	\$2,281,513.00	\$376,112.00	\$3,959,222.00
Yes	5.42%	\$111,029.00	\$33,410.00	0.02%	\$0.00	\$1,837,978.00	\$65,322.00	\$2,047,739.00
Yes	0.16%	\$33,890.47	\$2,711,268.33	1.24%		\$17,286,510.56	\$1,325,600.11	\$21,357,269.47
Yes	1.44%	\$31,112.00	\$1,060,018.00	0.49%	\$196,875.00	\$758,276.00	\$119,162.00	\$2,165,443.00
Yes	0.02%	\$803.00	\$1,138,397.69	0.52%		\$2,840,315.66	\$11,791.56	\$3,991,307.91
Yes	27.37%	\$128,331.00	\$187,522.00	0.09%	\$2,952.00	\$150,105.00	\$0.00	\$468,910.00
No	0.00%	\$0.00	\$539,833.00	0.25%	\$15,120.00	\$2,035,673.00	\$56.00	\$2,590,682.00
Yes	2.00%	\$505,650.00	\$3,078,650.00	1.41%	\$2,900.00	\$21,461,550.00	\$220,250.00	\$25,269,000.00
No	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$3,196,764.00	\$435,923.00	\$3,632,687.00
No	0.00%	\$0.00	\$639,613.00	0.29%	\$0.00	\$3,727,084.00	\$63,121.00	\$4,429,818.00
NO	0.00%		\$3,916,656.00	1.79%		\$33,959,960.55		\$37,876,616.55
Yes	6.34%	\$171,850.77	\$1,416,549.11	0.65%	\$9,758.09	\$1,102,663.94	\$9,758.09	\$2,710,580.00
Yes	2.94%	\$81,239.03	\$854,914.24	0.39%	\$4,801.77	\$1,798,419.89	\$25,828.07	\$2,765,203.00
No	0.00%	\$0.00	\$49,004.00	0.02%	\$0.00	\$439,561.00	\$23,626.00	\$512,191.00
No	0.00%	\$0.00	\$1,664,319.00	0.76%	\$8,982.00	\$8,498,431.00	\$59,513.00	\$10,231,245.00
No	N/A			0.00%				\$0.00
No	0.00%	\$0.00	\$1,866,346.98	0.85%	\$1,415,427.46	\$7,643,986.77	\$109,856.46	\$11,035,617.67
Yes	11.66%	\$2,543,270.00	\$3,870,476.00	1.77%	\$349,893.00	\$14,433,474.00	\$606,499.00	\$21,803,612.00
Yes	0.18%	\$21,776.00	\$4,605,804.00	2.11%	\$0.00	\$6,539,412.00	\$691,107.00	\$11,858,099.00
Yes	0.02%	\$2,056.00	\$10,935,109.00	5.01%		\$1,085,961.00		\$12,023,126.00
Yes	0.16%	\$34,760.00	\$5,781,996.00	2.65%	\$211,708.00	\$15,169,232.00	\$169,385.00	\$21,367,081.00
No	0.00%	\$0.00	\$397,689.06	0.18%		\$5,407,443.63	\$5,225.00	\$5,810,357.69

# Appendix B | Independent ASTC Medicaid Acceptance Report

						Fiscal Year Reported - 2020 ASTC Questionnaire Data File		
Facility ID	Year	Facility Name	Facility City	Health Service Area	County	Beginning Date	Ending Date	Ownership Type
	146	ASTC Facilities						
7003128	2020	Physicians' Surgery Center, LLC	Carbondale	005	Jackson	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003129	2020	Ireland Grove Center for Surgery	Bloomington	004	McLean	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003130	2020	North Shore Surgical Center	Linconwood	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003131	2020	BELMONT/HARLEM SURGERY CENTER, LLC	CHICAGO	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003133	2020	Surgicare of Chicago	Chicago	006	Cook	1/1/2020	12/31/2020	Corporation (RA required)
7003135	2020	Plainfield Surgery Center, LLC	Plainfield	009	Will	1/1/2020	1/31/2020	Limited Liability Company (RA required)
7003136	2020	RSC Illinois LLC	Moline	010	Rock Island	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003138	2020	Ashton Center for Day Surgery	Hoffman Estates	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003140	2020	Aiden Center for Day Surgery, LLC	Addison	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003143	2020	Marion Eye Surgery Center LLC	Mt Vernon	005	Jefferson	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003144	2020	Vernon Square SurgiCenter	Vernon Hills	008	Lake	1/1/2020	12/31/2020	Corporation (RA required)
7003145	2020	Olympian surgical suites	Champaign	004	Champaign	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003148	2020	Midland Surgical Center	Sycamore	001	DeKalb	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003150	2020	Gold Coast Surgicenter, LLC	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003155	2020	Central Illinois Endoscopy Center LLC	Peoria	002	Peoria	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003156	2020	Northwestern Grayslake Ambulatory Surgery Center	Grayslake	008	Lake	9/1/2019	8/31/2020	Other Not for Profit Ownership
7003159	2020	Southwestern Medical Center, LLC d.b.a Magna Surgi	Bedford Park	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003160	2020	AmSurg Surgery Center	Joliet	009	Will	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7003162	2020	DMG PAIN MANAGEMENT SURGERY CENTER, LLC	NAPERVILLE	009	Will	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003164	2020	Loyola University Ambulatory Surgery Center	Maywood	007	Cook	7/1/2019	6/30/2020	Other Not for Profit Ownership
7003165	2020	Illinois Hand & Upper Extremity Center	Arlington Heights	007	Cook	1/1/2020	12/31/2020	Corporation (RA required)
7003167	2020	Barrington Pain and Spine Institute	Barrington	008	Lake	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003168	2020	LINDENHURST SURGERY CENTER LLC	LINDENHURST	008	Lake	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003170	2020	Gailey Eye Surgery-Decatur, LLC	Decatur	004	Macon	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003171	2020	South Loop Endoscopy & Wellness Center	Chicago	006	Cook	1/1/2020	12/31/2020	Corporation (RA required)
7003172	2020	Physicians Surgery Center at Good Samaritan, LLC d	Mt. Vernon	005	Jefferson	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7003173	2020	Northwestern Medicine Surgery Center	Warrenville	007	DuPage	9/1/2019	8/31/2020	Limited Liability Company (RA required)
7003174	2020	The Glen Endoscopy Center	Glenview	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003178	2020	Effingham Surgical Partners, LLC dba Effingham Amb	Effingham	005	Effingham			Limited Liability Company (RA required)
7003179	2020	Oak Lawn Endoscopy Center	Oak Lawn	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003180	2020	Northwestern Grayslake Endoscopy Center	Grayslake	008	Lake	9/1/2019	8/31/2020	Other Not for Profit Ownership
7003181	2020	FULLERTON KIMBALL MEDICAL & SURGICAL CENTER	CHICAGO	006	Cook	1/1/2020	12/31/2020	Corporation (RA required)
7003182	2020	Elmwood Park Same Day Surgery Center	Elmwood Park	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)

# Appendix B | Independent ASTC Medicaid Acceptance Report

		Net Revenue by Payment Source						
Accepts Medicaid	Medicaid %	Medicaid	Medicare	Medicare %	Other Public Payment	Private Insurance	Private Pay	Total Net Revenue
Yes / No	2.32%	\$24,692,179.73	\$218,408,487.18	21%	\$26,781,981.90	\$724,795,864.21	\$68,715,880.63	\$1,063,394,393.65
Median %	0.03%			0.39%				
Like SC ownership type - Limited Partnership (RA required)	0.34%							
Yes	7.16%	\$168,302.00	\$1,011,726.00	0.46%	\$78,066.00	\$1,092,985.00	\$70.00	\$2,351,149.00
Yes	0.16%	\$29,223.00	\$2,629,169.00	1.20%	\$40,036.00	\$14,787,255.00	\$474,896.00	\$17,960,579.00
Yes	-0.09%	(\$4,987.00)	\$2,472,666.00	1.13%	\$9,816.00	\$2,953,015.00	\$95,109.00	\$5,525,619.00
Yes	0.31%	\$11,577.97	\$1,046,048.53	0.48%	\$1,267.61	\$2,584,028.51	\$34,164.00	\$3,677,086.62
No	0.00%			0.00%		\$1,477,337.00	\$27,879.00	\$1,505,216.00
No	0.00%	\$0.00	\$153,850.00	0.07%	\$0.00	\$2,612,601.00	\$0.00	\$2,766,451.00
Yes	4.31%	\$293,218.00	\$1,852,840.00	0.85%	\$46,657.00	\$3,626,467.00	\$987,941.00	\$6,807,123.00
No	0.00%	\$0.00	\$295,204.00	0.14%	\$0.00	\$7,597,618.00	\$279,393.00	\$8,172,215.00
No	0.00%	\$0.00	\$31,740.00	0.01%	\$0.00	\$1,250,530.00	\$178,382.00	\$1,460,652.00
Yes	4.08%	\$166,860.00	\$1,744,710.00	0.80%	\$190,597.00	\$1,343,463.00	\$644,005.00	\$4,089,635.00
No	0.00%	\$0.00	\$45,208.30	0.02%	\$748,065.01	\$504,014.40	\$748,065.01	\$2,045,352.72
No	0.00%	\$0.00	\$291.00	0.00%		\$1,060,874.00	\$339,634.00	\$1,400,799.00
Yes	1.89%	\$54,815.47	\$480,842.85	0.22%	\$4,878.84	\$2,290,620.61	\$67,379.77	\$2,898,537.54
No	0.00%		\$244,712.31	0.11%		\$13,873,441.36	\$21,580.24	\$14,139,733.91
Yes	1.13%	\$75,810.00	\$2,178,367.00	1.00%	\$45,821.00	\$4,260,334.00	\$123,015.00	\$6,683,347.00
Yes	12.30%	\$1,377,546.00	\$2,090,297.00	0.96%	\$877,208.00	\$6,648,234.00	\$205,443.00	\$11,198,728.00
Yes	4.11%	\$151,018.00	\$1,400,551.00	0.64%	\$0.00	\$2,105,526.00	\$13,715.00	\$3,670,810.00
Yes	-0.04%	(\$2,819.37)	\$2,356,162.74	1.08%	\$280,929.81	\$4,364,782.03	\$429,219.56	\$7,428,274.77
No	0.00%		\$726,852.00	0.33%		\$1,706,649.02		\$2,433,501.02
Yes	3.21%	\$562,740.00	\$3,571,631.00	1.64%	\$129,935.00	\$13,244,811.00	\$26,404.00	\$17,535,521.00
No	0.00%			0.00%		\$1,554,161.00	\$153,708.00	\$1,707,869.00
Yes	0.27%	\$10,665.47	\$1,187,186.55	0.54%		\$2,683,042.36	\$134,179.77	\$4,015,074.15
Yes	0.98%	\$21,153.00	\$982,889.00	0.45%		\$931,567.00	\$217,153.00	\$2,152,762.00
Yes	0.35%	\$6,547.07	\$1,078,224.27	0.49%	\$56,089.34	\$717,264.19	\$23,300.36	\$1,881,425.23
Yes	0.07%	\$2,042.00	\$49,851.49	0.02%		\$2,671,565.95	\$59,824.32	\$2,783,283.76
Yes	1.05%	\$58,399.00	\$774,628.00	0.35%	\$58,308.00	\$4,340,977.00	\$355,274.00	\$5,587,586.00
Yes	3.68%	\$384,647.00	\$1,203,585.00	0.55%	\$1,369,055.00	\$7,558,484.00	(\$53,898.00)	\$10,461,873.00
No	0.00%	\$0.00	\$687,986.86	0.32%	\$674.03	\$2,492,636.45	\$563,802.15	\$3,745,099.49
No	N/A			0.00%				\$0.00
Yes	0.02%	\$764.00	\$589,021.00	0.27%	\$1,200.00	\$3,171,730.00	\$482,781.00	\$4,245,496.00
Yes	4.60%	\$429,086.00	\$1,206,165.00	0.55%	\$119,501.00	\$7,546,423.00	\$29,386.00	\$9,330,561.00
Yes	0.24%	\$6,784.96	\$636,802.29	0.29%	\$0.00	\$2,145,452.87	\$19,094.63	\$2,808,134.75
No	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$196,371.69	\$0.00	\$196,371.69

# Appendix B | Independent ASTC Medicaid Acceptance Report

						Fiscal Year Reported - 2020 ASTC Questionnaire Data File		
Facility ID	Year	Facility Name	Facility City	Health Service Area	County	Beginning Date	Ending Date	Ownership Type
	146	ASTC Facilities						
7003183	2020	WESTERN DIVERSEY SURGICAL CENTER	CHICAGO	006	Cook	1/1/2020	12/31/2020	Corporation (RA required)
7003185	2020	Metroeast Endoscopic Surgery Center, LLC	Fairview Heights	011	St Clair	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7003186	2020	Palos Hills Surgery Center	Palos Hills	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003187	2020	HSHS St. John's Surgery Suites Montvale	Springfield	003	Sangamon	7/1/2019	6/30/2020	Other Not for Profit Ownership
7003188	2020	Hawthorn Place Outpatient Surgery Center, L.P.	Vernon Hills	008	Lake	1/1/2020	12/31/2020	Limited Partnership (RA required)
7003189	2020	Westmont Surgery Center DBA Salt Creek Surgery Cen	Westmont	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003190	2020	United Shockwave Services, LTD	LaGrange	007	Cook	1/2/2020	12/31/2020	Corporation (RA required)
7003192	2020	Orthotec Surgery C	Elmhurst	007	DuPage	1/1/2020	12/31/2020	Corporation (RA required)
7003193	2020	Preferred Surgicenter, LLC	Orland Park	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003194	2020	Monroe County Surgical Center	Waterloo	011	Monroe	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003196	2020	Hyde Park Same Day Surgicenter	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003197	2020	Hauser Ross Ambulatory Surgery Center	Sycamore	001	DeKalb	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003198	2020	Hinsdale Surgical Center	Hinsdale	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003200	2020	Massac County Surgery Center LLC dba The Orthopaed	Metropolis	005	Massac	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003201	2020	Southwest Surgery Center LLC	Mokena	009	Will	1/1/2020	12/31/2020	Limited Liability Partnership (RA required)
7003205	2020	Naperville Surgical Centre	Naperville	007	DuPage	1/1/2020	12/31/2020	Limited Partnership (RA required)
7003206	2020	Eye Surgery Center LLC	Belleville	011	St Clair	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003207	2020	Rush Copley Surgicenter LLC dba Castle Surgicenter	Aurora	008	Kane	7/1/2019	6/30/2020	Limited Liability Company (RA required)
7003208	2020	Advocate Surgery Center-Libertyville	Libertyville	008	Lake	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003209	2020	NorthPointe Surgery Center	Roscoe	001	Winnebago	1/1/2020	12/31/2020	Other Not for Profit Ownership
7003210	2020	Northwest Endo Center, LLC	Arlington Heights	007	Cook	10/1/2019	9/30/2020	Limited Liability Company (RA required)
7003211	2020	River Forest Surgery Center, LLC	River Forest	007	Cook	1/1/2020	12/31/2021	Limited Liability Partnership (RA required)
7003212	2020	Uropartners Surgery Center	Des Plaines	007	Cook	1/1/2020	12/31/2020	Limited Partnership (RA required)
7003213	2020	Northwest Community Foot and Ankle Center, LLC	Des Plaines	007	Cook	10/1/2019	9/30/2020	Limited Liability Company (RA required)
7003214	2020	Associated Surgical Center	Arlington Heights	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003215	2020	Presence Lakeshore Gastroenterology, LLC	Des Plaines	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003216	2020	Silver Cross Ambulatory Surgery Center	New Lenox	009	Will	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003217	2020	Schaumburg Surgery Center	Schaumburg	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003218	2020	Rogers Park One Day Surgery Center	Chicago	006	Cook	1/1/2020	12/31/2021	Corporation (RA required)
7003219	2020	Chicago Vascular ASC, LLC	Westmont	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003220	2020	CFHASC, LLC II	PEORIA	002	Peoria	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003221	2020	Lurie Children's Surgery Center in Northbrook	Northbrook	007	Cook	9/1/2019	8/30/2020	Limited Liability Company (RA required)

# Appendix B | Independent ASTC Medicaid Acceptance Report

		Net Revenue by Payment Source						
Accepts Medicaid	Medicaid %	Medicaid	Medicare	Medicare %	Other Public Payment	Private Insurance	Private Pay	Total Net Revenue
Yes / No	2.32%	\$24,692,179.73	\$218,408,487.18	21%	\$26,781,981.90	\$724,795,864.21	\$68,715,880.63	\$1,063,394,393.65
Median %	0.03%			0.39%				
Like SC ownership type - Limited Partnership (RA required)	0.34%							
No	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$834,887.63	\$222,111.74	\$1,056,999.37
Yes	6.26%	\$153,563.00	\$518,581.00	0.24%	\$127,583.00	\$1,641,074.00	\$10,500.00	\$2,451,301.00
Yes	0.18%	\$12,221.16	\$793,545.14	0.36%	\$39,190.03	\$5,859,437.58	\$13,188.12	\$6,717,582.03
Yes	3.82%	\$130,110.63	\$1,706,146.48	0.78%	\$72,171.13	\$1,499,230.70	\$0.00	\$3,407,658.94
Yes	-0.03%	(\$3,062.14)	\$1,682,845.16	0.77%	\$4,111,011.91	\$5,820,225.57	\$239,671.48	\$11,850,691.98
No	0.00%	\$0.00	\$1,288,035.00	0.59%		\$16,545,590.00	\$197,600.00	\$18,031,225.00
Yes	6.04%	\$84,555.51	\$500,051.74	0.23%		\$808,118.88	\$8,304.50	\$1,401,030.63
No	0.00%	\$0.00	\$59,327.00	0.03%	\$0.00	\$1,207,197.00	\$58,358.00	\$1,324,882.00
No	0.00%		\$770,273.26	0.35%		\$4,837,043.82	\$175,200.75	\$5,782,517.83
No	0.00%	\$0.00	\$34,440.00	0.02%	\$0.00	\$27,839.00	\$0.00	\$62,279.00
Yes	0.09%	\$7,303.00	\$643,165.00	0.29%	\$0.00	\$925,034.00	\$6,662,583.00	\$8,238,085.00
No	0.00%	\$0.00	\$910,868.00	0.42%	\$5,595.00	\$714,810.00	\$116,337.00	\$1,747,610.00
Yes	-0.04%	(\$3,289.00)	\$3,549,799.00	1.63%	\$13,110.00	\$5,288,502.00	\$343,217.00	\$9,191,339.00
Yes	5.30%	\$380,328.00	\$1,363,441.00	0.62%	\$0.00	\$5,410,707.00	\$21,528.00	\$7,176,004.00
Yes	0.03%	\$8,315.00	\$3,948,704.00	1.81%	\$0.00	\$11,834,652.00	\$8,893,128.00	\$24,684,799.00
Yes	-0.01%	(\$1,026.00)	\$1,134,206.49	0.52%	\$719,739.00	\$6,943,590.00	\$92,299.00	\$8,888,808.49
Yes	0.78%	\$22,137.94	\$1,973,686.09	0.90%	\$66,761.76	\$710,336.30	\$72,844.58	\$2,845,766.67
Yes	0.06%	\$1,527.00	\$975,240.00	0.45%	\$0.00	\$1,461,815.00	\$0.00	\$2,438,582.00
Yes	0.79%	\$36,803.42	\$1,019,086.55	0.47%	\$990,714.85	\$2,547,813.85	\$83,805.20	\$4,678,223.87
Yes	0.51%	\$34,314.00	\$1,946,013.00	0.89%	\$86,448.00	\$4,619,618.00	\$0.00	\$6,686,393.00
No	0.00%		\$305,572.00	0.14%		\$2,825,998.00	\$26,600.00	\$3,158,170.00
Yes	0.01%	\$200.00	\$744,545.00	0.34%	\$7,797.00	\$855,119.00	\$524,160.00	\$2,131,821.00
Yes	0.02%	\$1,921.58	\$2,083,059.86	0.95%	\$0.00	\$5,784,973.80	\$843,569.92	\$8,713,525.16
No	0.00%		\$262,480.00	0.12%		\$966,080.00	\$33,304.00	\$1,261,864.00
Yes	3.54%	\$133,208.01	\$428,244.45	0.20%	\$0.00	\$2,707,970.40	\$498,004.00	\$3,767,426.86
Yes	0.05%	\$1,482.76	\$58,567.57	0.03%	\$6,419.79	\$55,120.00	\$2,960,796.04	\$3,082,386.16
Yes	-0.04%	(\$4,133.33)	\$2,413,547.53	1.11%	\$6,533.69	\$7,400,461.00	\$119,492.08	\$9,935,900.97
No	0.00%	\$0.00	\$725,935.00	0.33%	\$0.00	\$40,901.00	\$14,238,599.00	\$15,005,435.00
No	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$22.00	\$22.00
Yes	0.01%	\$136.03	\$971,825.44	0.44%	\$0.00	\$127,219.96	\$67,972.07	\$1,167,153.50
No	0.00%	\$0.00	\$8,844.00	0.00%	\$1,795.00	\$62,080.00	\$0.00	\$72,719.00
Yes	3.66%	\$207,886.00	\$1,958,152.00	0.90%	\$10,059.00	\$3,507,238.00	\$3,353.00	\$5,686,688.00

# Appendix B | Independent ASTC Medicaid Acceptance Report

						Fiscal Year Reported - 2020 ASTC Questionnaire Data File		
Facility ID	Year	Facility Name	Facility City	Health Service Area	County	Beginning Date	Ending Date	Ownership Type
	146	ASTC Facilities						
7003222	2020	Rush Oak Brook Surgery Center	Oak Brook	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003223	2020	Quad City Endoscopy Surgery Center	Moline	010	Rock Island	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003224	2020	Palos Health Surgery Center, LLC	Orland Park	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003225	2020	Midwest Eye Center	Calumet City	007	Cook	1/12/2020	12/31/2020	Corporation (RA required)
7003226	2020	Chicago Surgery Center	Chicago	006	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003227	2020	Eye Surgery Center Hinsdale	Hinsdale	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003229	2020	Physicians' Surgical Centre	O'Fallon	011	St Clair	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003230	2020	Vascular Access Centers of Illinois at Morgan Park	Chicago	006	Cook	10/1/2019	9/30/2020	Limited Liability Company (RA required)
7003231	2020	Premier Cardiac Surgery Center, LLC	Merrionette Park	007	Cook	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003232	2020	Naperville Fertility Center	Naperville	007	DuPage	1/1/2020	12/31/2020	Corporation (RA required)
7003233	2020	Ophthalmology Surgery Center of Illinois LLC	Itasca	007	DuPage	1/1/2020	12/31/2020	Limited Liability Company (RA required)
7003235	2020	Anderson Surgery Center LLC	Edwardsville	011	Madison	1/1/2020	12/31/2020	Limited Liability Company (RA required)

# Appendix B | Independent ASTC Medicaid Acceptance Report

		Net Revenue by Payment Source						
Accepts Medicaid	Medicaid %	Medicaid	Medicare	Medicare %	Other Public Payment	Private Insurance	Private Pay	Total Net Revenue
Yes / No	2.32%	\$24,692,179.73	\$218,408,487.18	21%	\$26,781,981.90	\$724,795,864.21	\$68,715,880.63	\$1,063,394,393.65
Median %	0.03%			0.39%				
Like SC ownership type - Limited Partnership (RA required)	0.34%							
No	0.00%		\$2,677,081.59	1.23%	\$5,570,842.90	\$33,382,779.00	\$19,872.78	\$41,650,576.27
Yes	7.51%	\$256.00	\$1,522.00	0.00%	\$257.00	\$1,373.00	\$0.00	\$3,408.00
No	0.00%	\$0.00	\$766,967.00	0.35%	\$0.00	\$2,218,171.00	\$60,766.00	\$3,045,904.00
Yes	12.31%	\$86,275.00	\$246,672.00	0.11%	\$0.00	\$367,019.00	\$1,100.00	\$701,066.00
No	0.00%	\$0.00	\$26,021.00	0.01%	\$0.00	\$1,289,521.00	\$13,000.00	\$1,328,542.00
No	0.00%	\$0.00	\$55,970.00	0.03%	\$0.00	\$53,891.00	\$3,750.00	\$113,611.00
No	0.00%	\$0.00	\$83,291.34	0.04%	\$618.19	\$20,463.88	\$0.00	\$104,373.41
No	N/A			0.00%				\$0.00
No	0.00%	\$0.00	\$3,619,451.00	1.66%		\$138,716.00		\$3,758,167.00
No	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$1,897,527.00	\$187,667.55	\$2,085,194.55
Yes	31.62%	\$409,133.00	\$693,762.00	0.32%	\$0.00	\$147,436.00	\$43,519.00	\$1,293,850.00
No	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$11,093.00	\$11,093.00



## APPENDIX C



## STANDARD OPERATING POLICIES AND PROCEDURES

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POLICY TITLE:	<b>Patient Discounts</b>	Page 1 of 2
WRITTEN OR REVISED BY:	Billing Compliance Manager	
APPROVED BY:	Director of Patient Accounting	Effective date:
REVIEWED/APPROVED BY:	VP Ancillary Services and Managed Care	Date: 4/6/2021

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### POLICY:

There are **three** ways that providers can give discounts to patients. Laws and contractual agreements with insurance companies govern these methods. When a patient signs a contract with an insurance company for coverage, that patient cannot be relieved from meeting the terms of that contract. This means that if they are required to pay a co-pay, a co-insurance amount, or a deductible, a physician cannot “write off” those fees to keep the patient from having to pay them.

1. **A physician can choose to no-charge a patient for his/her service (this does not include ancillary services).**
2. **A physician can also choose to give the service at a reduced fee. This reduction should not lower the charge below the Medicare fee schedule (if a Medicare fee exists).**
3. **A physician can choose to honor the insurance disallowance from a non-contracted insurance payer in order to reduce the patient’s out-of-pocket cost.**

### Office Procedure

**The office must build a case at the time of posting the charge in order for the Patient Accounting Department to post the disallowance at the time of posting the insurance payment.**

### Hospital/ASC Procedure

**It is necessary for the provider to write “Accept Non-contracted insurance” on the 3X5 hospital card, the ASC Encounter form or the electronic note prior to submission to the Coding Unit for processing.**

**COURTESY DISCOUNTS:** For each of the above scenarios it is important to remember that some discounts would be a violation of anti-kickback provisions. No discounts can be granted to patients in the following examples of anti-kickback violations:

- A. When the patient is a health care professional who may be in a position to refer patients to the treating physician.
- B. When the patient is an immediate relative of a health care professional who may be in a position to refer patients to the treating physician.

Discounting is best done at the time the charge is posted. The CPT code is entered with a fee of \$0.00.

### FURTHER INSTRUCTIONS ON SCENARIOS:

1. **A physician can choose to no-charge a patient for his/her service (this does not include ancillary).**  
If it is reduced to \$0.00 after the insurance company has been billed, and the charge is applied to deductible, we are required to notify that insurance company so they can remove that fee from the

Policy Title: Patient Discounts

deductible amount. The physician is not doing the patient a favor by reducing the fee after the fact because the patient will still have to meet their deductible next time; otherwise the insurance will never begin paying on their charges.

- If a physician wants to reduce the fee after an insurance company has applied the charges to deductible, send the physician a copy of the Patient Discount clarification letter. This will give him/her alternatives to consider rather than keeping the patient from meeting their deductible.

If a charge is reduced to \$0.00 after the insurance company has paid, we must refund the payment to the insurance company.

**2. A physician can also choose to give the service at a reduced fee.  
(This fee should not be lower than the Medicare fee)**

This is also best done at the time the charges are posted. Enter the discounted fee.

If we bill the insurance before reducing the fee, and the charges were applied to the deductible and if the amount he wishes to reduce the fee by is less than the approved amount, we must still notify the insurance company.

- If a physician wants to reduce the fee after an insurance company has applied the charges to deductible, send the physician a copy of the Patient Discount clarification letter to notify him/her that we must inform the insurance company of the change.

If the insurance has paid for a fee before it is reduced, and he wishes to reduce the fee by more than the approved amount, we must refund the insurance.

- If a physician wants to reduce the fee after an insurance company has paid, send the physician a copy of the Patient Discount clarification letter to notify him/her that we must refund the insurance.

*Example 1:*

**Charge amount is \$100.00**  
**Insurance approved 80.00**  
**Insurance paid 80% 64.00**

Dr. now wants the fee reduced by 50%. This will make the charge amount \$50.00. We cannot assume we can keep \$50.00 of the insurance payment to pay this charge in full as the policy only covers 80% of an approved amount. We must contact the insurance company to ask them how they would like us to handle the fee reduction after we have received clarification from the physician that this is what he wants to do.

**NOTE: If the insurance had applied the example above to the deductible, we would have to notify the insurance company as well.**

*Example 2:*

**Charge amount is \$100.00**  
**Insurance paid 80.00**  
**Insurance paid 80% 64.00**

Dr. now wants to reduce the fee to \$85.00. We do not have to notify the insurance company because the fee is still greater than the approved amount.

**3. A physician also has the option to honor the disallowance from a non-contracted insurance.**

This **does not** mean the amount left after the insurance company pays is to be “written off”. It means we will post a credit or disallowance for the difference between the amount we charged and the amount the insurance company approved. This is the best way to handle discounts given “after the

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**Policy Title: Patient Discounts**

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Page 3 of 3

fact”, especially to patients who are upset by the insurance company’s U&C (usual and customary rate) listed on the EOB.

*Example 3:*

**Charge amount is \$100.00**  
**Insurance approved 80.00**  
**Insurance paid 80% 64.00**

Dr. wants to honor the non-contracted insurance disallowance of \$20.00. The patient is still responsible for their co-insurance amount of \$16.00. This usually satisfies an upset patient and still allows the physician to abide by the law.

*Example 4:*

**Charge amount is \$100.00**  
**Insurance approved 80.00**  
**Ins. applied the entire 80.00 to deductible**

Dr. wants to honor the non-contracted insurance disallowance. We still only post disallowance for \$20.00. The patient is responsible for their deductible of \$80.00 according to their insurance contract.

*Example 5:*

**Charge amount is \$100.00**  
**Insurance approved 80.00**  
**Ins. applied 40.00 to deductible**  
**Ins. paid 80% of the remaining 40.00 – making Ins. payment of \$32.00**

Dr. wants to honor the non-contracted insurance disallowance. We still only post the disallowance for \$20.00. The patient is responsible for their \$40 deductible and their co-insurance amount of \$8.00

Originated: 11/30/2005

Reviewed/revised: 5/5/2011; 10/19/17, 4/6/21 reviewed; no updates

## APPENDIX D



July 15, 2022

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

Re: Springfield Clinic – Springfield Ambulatory Surgery Center  
Establishment of Cardiac Catherization – Letter of Support

Dear Mr. Kniery:

We write in support of Springfield Clinic's application for a Certificate of Need to establish cardiac catherization services at its surgery center in Springfield.

The Southern Central Hospital Alliance was formed in 2019 and includes Carlinville Area Hospital & Clinics, Pana Community Hospital, Hillsboro Area Hospital and Jersey Community Hospital. The alliance allows our four rural hospitals to collaborate on mutually beneficial opportunities to maintain professional, community-based, high-quality healthcare in our local communities. We together serve distinct, rural, southern Central Illinois communities, and share similar missions, goals and challenges. We believe we serve the needs of our patients who have limited access to care in our rural area.

One of the challenges of rural hospitals in Illinois, like ours, is to find the quality of physicians and clinicians that our patients deserve.

Pana Community Hospital, Hillsboro Area Hospital and Carlinville Area Hospital have developed a successful collaboration with Springfield Clinic. Springfield Clinic physicians travel to our communities frequently to see patients in our area. This allows our patients to receive care, including specialized care, without leaving our community. Because of our aging population it is very beneficial for our patients to have increased access to services like specialized cardiology.

We support Springfield Clinic establishing cardiac catherization services at its surgery center. Having this is a necessary component in Springfield Clinic's recruitment efforts to attract top cardiology talent that ultimately will service our facilities in turn.

Very truly yours,

A handwritten signature in black ink, appearing to read "Trina J. Casner".

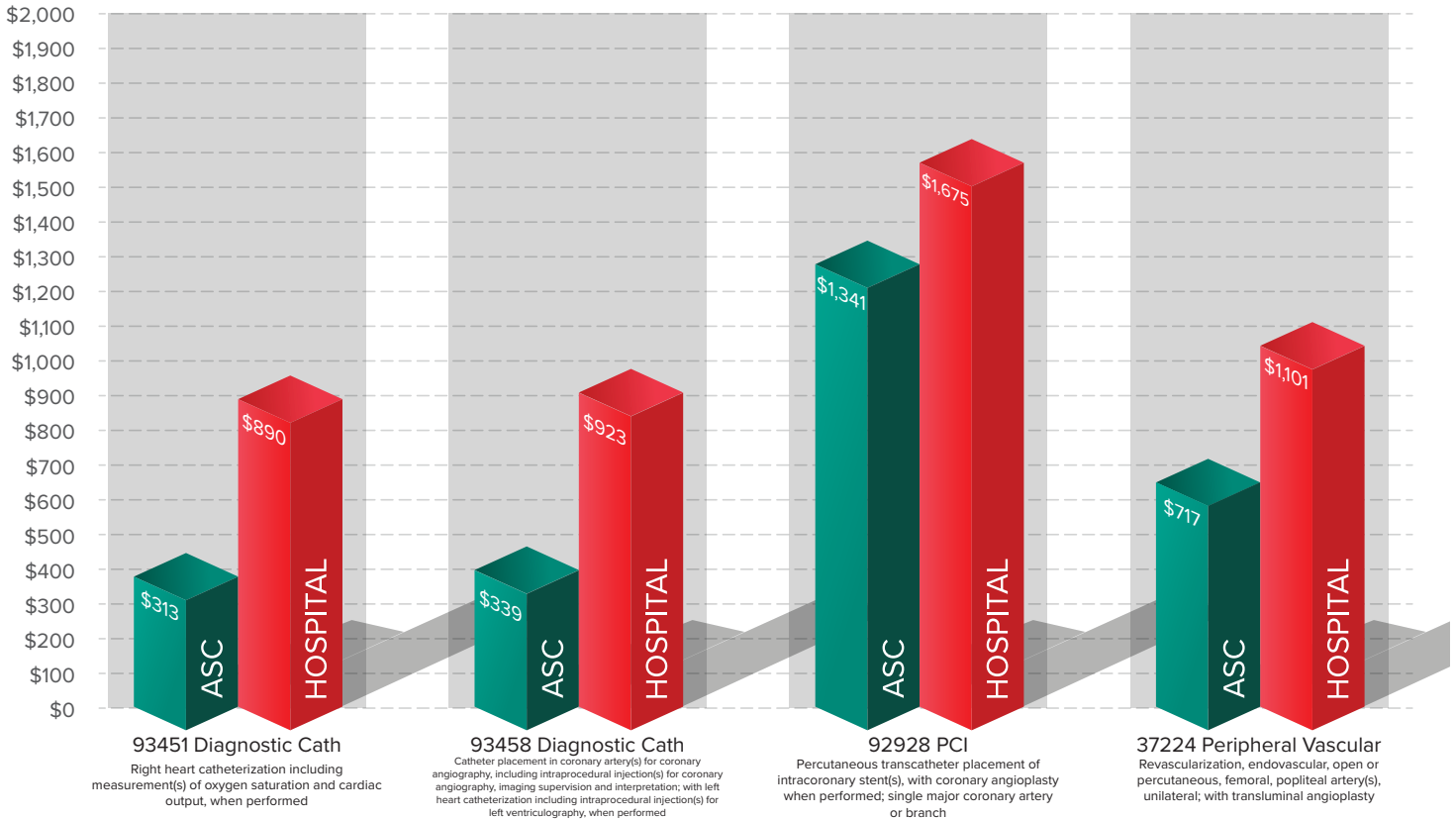
Trina J. Casner

A handwritten signature in black ink, appearing to read "R. Diane Clark p.p. Beth King".

40218655.1

## APPENDIX E

## Cath Procedure Cost Comparison - Patient Pay Average



Patient pay (average) - includes facility and projected doctor fees - additional costs may apply.

Total Cost is the "Medicare approved amount," which is the total the doctor or supplier is paid for this procedure. Medicare generally pays 80% of this amount and the patient pays 20%.

Costs shown here don't include actual physician fees.

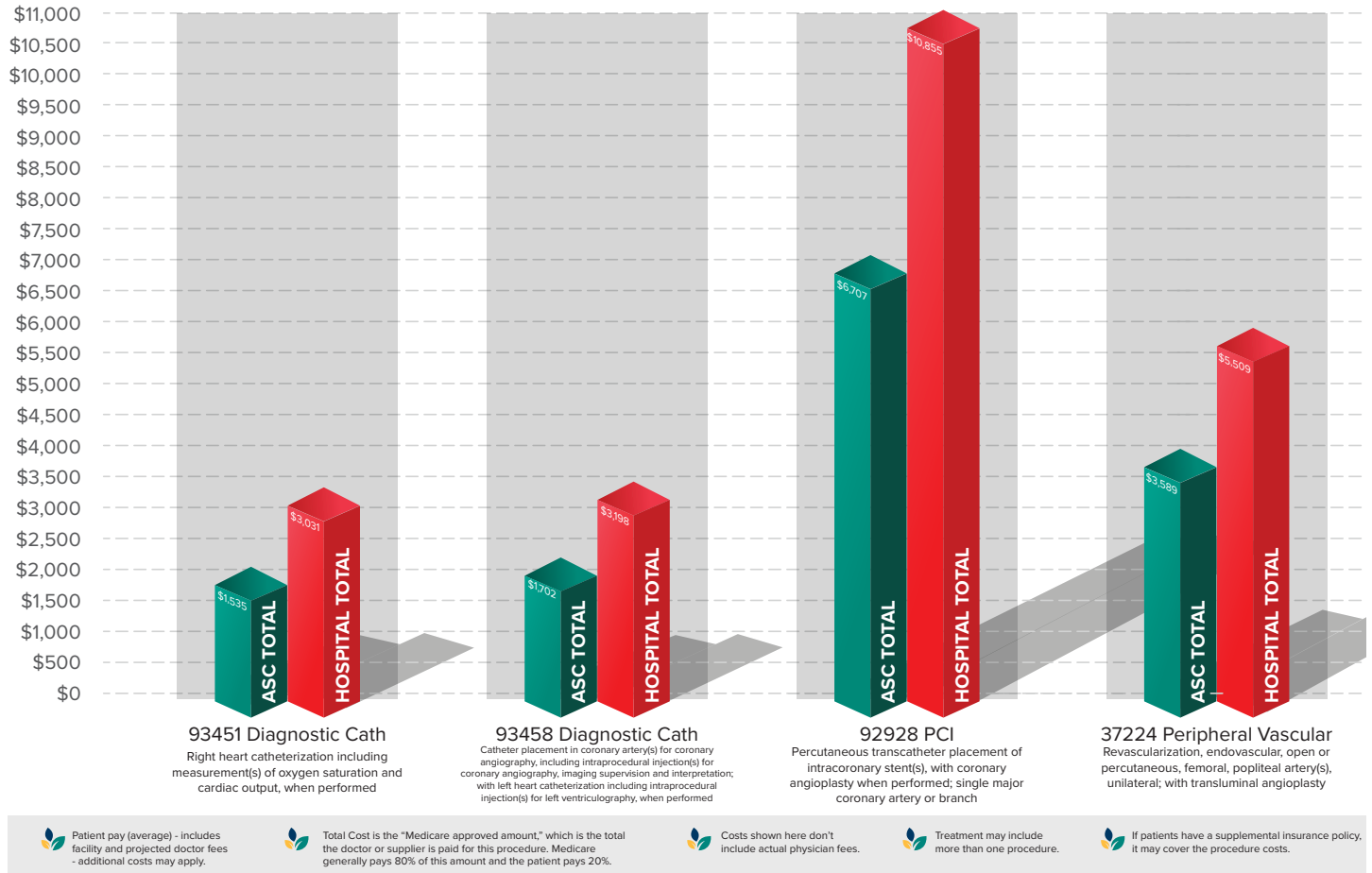
Treatment may include more than one procedure.

If patients have a supplemental insurance policy, it may cover the procedure costs.

Source: Medicare.gov. (2023). <https://www.medicare.gov/procedure-price-lookup/>



## Cath Procedure Cost Comparison - Total Cost



Source: Medicare.gov. (2023). <https://www.medicare.gov/procedure-price-lookup/>

## APPENDIX F

**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	\$138,200	\$104,996	\$243,196
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	3,487,718	2,649,744	6,137,462
Modernization Contracts			
Contingencies	104,632	79,492	184,124
Architectural/Engineering Fees	236,229	179,471	415,700
Consulting and Other Fees	110,812	84,188	195,000
Movable or Other Equipment (not in construction contracts)	4,179,153	59,147	4,238,300
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	251,942	169,093	421,035
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$8,587,210</b>	<b>\$3,385,790</b>	<b>\$11,973,000</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$8,587,210	\$3,385,790	\$11,973,000
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>\$8,587,210</b>	<b>\$3,385,790</b>	<b>\$11,973,000</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.  Estimated start-up costs and operating deficit cost is \$ _____.

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>
Indicate the stage of the project’s architectural drawings:  <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> None or not applicable</span> <span><input type="checkbox"/> Preliminary</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Schematics</span> <span><input checked="" type="checkbox"/> Final Working</span> </div>
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2024</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):  <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.  <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent “certification of financial commitment” document, highlighting any language related to CON Contingencies  <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.                 </div>
APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**State Agency Submittals** [Section 1130.620(c)]

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

**Section I, Project Costs and Source of Funds**

**Attachment 7**

**Section 1120.110, Project Costs and Source 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	\$138,200	\$104,996	\$243,196
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	3,487,718	2,649,744	6,137,462
Modernization Contracts			
Contingencies	104,632	79,492	184,124
Architectural/Engineering Fees	236,229	179,471	415,700
Consulting and Other Fees	110,812	84,188	195,000
Movable or Other Equipment (not in construction contracts)	4,179,153	59,147	4,238,300
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	251,942	169,093	421,035
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$8,587,210</b>	<b>\$3,385,790</b>	<b>\$11,973,000</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$8,587,210	\$3,385,790	\$11,973,000
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>\$8,587,210</b>	<b>\$3,385,790</b>	<b>\$11,973,000</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.**

**ATTACHMENT 7**

## Appendix F | Modification to Project Costs and Attachments 7, 9 and 36

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	\$ 243,196	\$ 138,200	\$ 104,996
Site Survey & Soil Investigation	\$ 6,100	\$ 3,466	\$ 2,634
Site Preparation	\$ 132,083	\$ 75,058	\$ 57,025
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ 6,137,462	\$ 3,487,718	\$ 2,649,744
Modernization Contracts	\$ -	\$ -	\$ -
Contingencies	\$ 184,124	\$ 104,632	\$ 79,492
A/E Fees	\$ 415,700	\$ 236,229	\$ 179,471
<b>Consulting &amp; Other Fees</b>	<b>\$ 195,000</b>	<b>\$ 110,812</b>	<b>\$ 84,188</b>
City Permit Fees	\$ 23,500	\$ 13,354	\$ 10,146
IDPH Fees	\$ 38,500	\$ 21,878	\$ 16,622
CON Related Fees	\$ 50,000	\$ 28,413	\$ 21,587
Test & Balance	\$ -	\$ -	\$ -
Legal	\$ 35,000	\$ 19,889	\$ 15,111
Commisioning	\$ 15,000	\$ 8,524	\$ 6,476
Equipment Planning	\$ -	\$ -	\$ -
Interior Signage Design	\$ 8,000	\$ 4,546	\$ 3,454
Agency Interaction	\$ 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>\$ 4,238,300</b>	<b>\$ 4,179,153</b>	<b>\$ 59,147</b>
Furniture	\$ 95,000	\$ 53,985	\$ 41,015
Signage	\$ 12,000	\$ 6,819	\$ 5,181
Artwork	\$ 30,000	\$ 17,048	\$ 12,952
Philips (azurion, pre/post, hemo, injector, lead shield)	\$ 2,634,526	\$ 2,634,526	
Balloon Pumps + Brackets	\$ 114,400	\$ 114,400	
2-channel I-med pump	\$ 8,868	\$ 8,868	
Temporary Pacemaker	\$ 12,653	\$ 12,653	
Recliner, Admit	\$ 7,500	\$ 7,500	
Sink, Stainless Steel Automatic Scrub w/Soap Dispenser & Cart, Procedure, General (Code/MH, etc)	\$ 31,592	\$ 31,592	
EKG, 12-lead	\$ 6,196	\$ 6,196	
Laryngoscope Set, Video - Anesthesia (Glidescope)	\$ 9,296	\$ 9,296	
Cabinet, Warming, Dual, Freestanding	\$ 22,991	\$ 22,991	
Pump, Infusion, Syringe	\$ 13,093	\$ 13,093	
Clean Suite	\$ 9,224	\$ 9,224	
Clean Suite	\$ 472,258	\$ 472,258	
Cart, Metro (Roll Top)	\$ 13,862	\$ 13,862	
Blood Bank	\$ 143,000	\$ 143,000	
Cows	\$ 55,000	\$ 55,000	
Stainless Steel Cabinets in Cath Labs	\$ 167,559	\$ 167,559	
Anesthesia Machine, General	\$ 186,644	\$ 186,644	
Cabinet, Storage, Clinical, Narcotic (1 SMALL PER ROOM, 1	\$ 160,325	\$ 160,325	
Defibrillator, LP15	\$ 19,196	\$ 19,196	
Stretcher, Transport	\$ 13,117	\$ 13,117	
Bond Issuance Expense During Construction			
FMV of Leased Space or Equipment			

ATTACHMENT 7

## Appendix F | Modification to Project Costs and Attachments 7, 9 and 36

	Total	Clinical	Non-Clinical
<b>Other Costs to Be Capitalized</b>	\$ 421,035	\$ 251,942	\$ 169,093
<i>Security</i>	\$ 84,341	\$ 47,928	\$ 36,413
<i>Wifi Systems</i>	\$ 14,030	\$ 7,973	\$ 6,057
<i>Network Closets</i>	\$ 15,000	\$ 8,524	\$ 6,476
<i>Telephone System</i>	\$ 45,000	\$ 25,572	\$ 19,428
<i>Computers, Printers &amp; End User Devices</i>	\$ 100,000	\$ 56,827	\$ 43,173
<i>IT Cabling</i>	\$ 45,299	\$ 25,742	\$ 19,557
<i>Sound Masking System</i>	\$ 13,570	\$ 7,711	\$ 5,859
<i>Nurse Call System</i>	\$ 21,011	\$ 21,011	
<i>Test &amp; Balance</i>	\$ 20,516	\$ 11,659	\$ 8,857
<i>Window Treatments</i>	\$ 4,600	\$ 2,614	\$ 1,986
<i>Lockers</i>	\$ 8,363	\$ 8,363	\$ -
<i>Tests &amp; Inspections</i>	\$ -	\$ -	\$ -
<i>Firestopping</i>	\$ 42,447	\$ 24,121	\$ 18,326
<i>Visual Display Boards</i>	\$ 6,860	\$ 3,898	\$ 2,962
Acquisitions of Building or Other Property (excluding land)			
<b>TOTAL USE OF FUNDS</b>	\$ 11,973,000	\$ 8,587,210	\$ 3,385,790
<b>Source of Funds</b>			
Cash and Securities	\$ 11,973,000	\$ 8,587,210	\$ 3,385,790
Pledges			
Gifts & Bequests			
Bond Issue			
Mortgages			
Leases			
Govt Appropriations			
Grants			
Other Funds			
<b>TOTAL SOURCE OF FUNDS</b>	\$ 11,973,000	\$ 8,587,210	\$ 3,385,790

ATTACHMENT 7

**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	\$8,587,210	0	5,335	5,335	0	0	0
Total Clinical	\$8,587,210	0	5335	5335	0	0	0
<b>NON-REVIEWABLE</b>							
Public Spaces	\$1,394,717	0	1675	1675	0	0	0
Stairs, Elevators, Circulation	1,200,837	0	1,235	1,235	0	0	0
Building Support Systems	\$548,501	0	718	718	0	0	0
Administration and Breakroom	\$241,735	0	426	426	0	0	0
Total Non-clinical	\$3,385,790	0	4,054	4,054	0	0	0
<b>TOTAL</b>	<b>\$11,973,000</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.

ATTACHMENT 9



**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	\$653.69	0	5,335				\$3,487,436	0	\$3,487,436
Contingency	\$19.61	0	5,335				\$104,619	0	\$104,619
<b>TOTALS</b>	<b>\$673.30</b>	<b>0</b>	<b>5,335</b>				<b>\$3,592,055</b>	<b>0</b>	<b>\$3,592,055</b>
* Circulation is -									

**ATTACHMENT 36**



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**A COMMUNITY OF CARING**





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1025 South 6th Street | Springfield, IL 62703  
217.528.7541 | 800.444.7541 | [www.SpringfieldClinic.com](http://www.SpringfieldClinic.com)

