

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Belmont/Harlem Surgery Center, LLC		
Street Address:	3101 N. Harlem Avenue		
City and Zip Code:	Chicago, IL 60634		
County:	Cook	Health Service Area:	VI Health Planning Area: 030

Legislators

State Senator Name:	Omar Aquino
State Representative Name:	Eva Dina Delgado

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

Exact Legal Name:	Belmont/Harlem Surgery Center, LLC
Street Address:	3101 N. Harlem Avenue
City and Zip Code:	Chicago, IL 60634
Name of Registered Agent:	Christopher C. Mahr
Registered Agent Street Address:	3101 N. Harlem Avenue
Registered Agent City and Zip Code:	Chicago, IL 60634
Name of Chief Executive Officer:	Christopher Mahr
CEO Street Address:	3101 N. Harlem
CEO City and Zip Code:	Chicago, IL
CEO Telephone Number:	773/889-2000

Type of Ownership of Applicants

- ☐ Non-profit Corporation
☐ For-profit Corporation
☒ Limited Liability Company
☐ Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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County:	Cook	Health Service Area:	VI Health Planning Area: 030

Legislators

State Senator Name:	Omar Aquino
State Representative Name:	Eva Dina Delgado

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

Exact Legal Name:	Ascension Health
Street Address:	4600 Edmunson Road
City and Zip Code:	St. Louis, MO 63134
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Joseph R. Impicicche
CEO Street Address:	4600 Edmunson Road
CEO City and Zip Code:	St. Louis, MO 63134
CEO Telephone Number:	314/733-8000

Type of Ownership of Applicants

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

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

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Legislators

State Senator Name:	Omar Aquino
State Representative Name:	Eva Dina Delgado

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

Exact Legal Name:	Presence Health Services
Street Address:	200 South Wacker Drive 12 th floor
City and Zip Code:	Chicago, IL 60606
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South La Salle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Keith Parrott
CEO Street Address:	200 South Wacker Drive 12 th floor
CEO City and Zip Code:	Chicago, IL 60606
CEO Telephone Number:	855/692-6482

Type of Ownership of Applicants

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

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Company Name:	Axel & Associates, Inc.
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E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects****Facility/Project Identification**

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County:	Cook	Health Service Area:	VI Health Planning Area: 030

Legislators

State Senator Name:	Omar Aquino
State Representative Name:	Eva Dina Delgado

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

Exact Legal Name:	Alexian Brothers-AHS Midwest Region Health Co. (operating as AMITA Health)
Street Address:	200 South Wacker Drive 12 th floor
City and Zip Code:	Chicago, IL 60606
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South La Salle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Keith Parrott
CEO Street Address:	200 South Wacker Drive 12 th floor
CEO City and Zip Code:	Chicago, IL 60606
CEO Telephone Number:	855/692-6482

Type of Ownership of Applicants

- ☒ Non-profit Corporation
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E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Exemption Contact

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

Name:	Julie Roknich
Title:	Vice President, Senior Associate General Counsel
Company Name:	AMITA Health
Address:	2601 Navistar Drive Lisle, IL 60532
Telephone Number:	224/273-2320
E-mail Address:	Julie.Roknich@amitahealth.org
Fax Number:	

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Presence Healthcare Services
Address of Site Owner:	2380 E. Dempster Street Des Plaines, IL 60016
Street Address or Legal Description of the Site:	3101 N. Harlem Avenue Chicago, IL 60634
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Current Operating Identity/Licensee

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

Exact Legal Name:	Belmont/Harlem Surgery Center, LLC		
Address:	3101 N. Harlem Avenue Chicago, IL 60634		
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	

Operating Identity/Licensee after the Project is Complete

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

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

Organizational Relationships

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

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site.

In 2014, Advent Health System Sunbelt Healthcare Corporation (“AdventHealth”) and Ascension Health entered into an affiliation agreement under which it joined certain management and operations of their Illinois hospitals and ASTCs (“Illinois Facilities”) under the joint operating company known as Alexian Brothers-AHS Midwest Regional Health Co., d/b/a “AMITA Health. In late 2021, AdventHealth and Ascension Health made the mutual decision to terminate the affiliation agreement, disaffiliate each of their Illinois Facilities from the AMITA Health system and wind up the affairs of AMITA Health (“the Disaffiliation”). Notwithstanding AMITA Health’s operation and management of the Illinois Facilities, at all times, ownership of the Illinois Facilities remained and will, after the Disaffiliation, remain with AdventHealth or Ascension Health, respectively. Specifically, the seventeen facilities under Presence Alexian Brothers Health System (formerly part of Presence Health and Alexian Brothers Health System) will continue to operate and will be organized under the umbrella of Presence Alexian Brothers Health System, and will continue to be clinically and operationally integrated with Ascension Health. The four AdventHealth hospitals will continue to operate under the Adventist Midwest Health umbrella and will continue to be clinically and operationally integrated with AdventHealth. The individual license holders will not change and ownership/control of the physical assets (buildings, equipment, etc.) of the individual facilities will not change.

The Illinois Facilities consist of the following, and Certificate of Exemption applications are being filed for each of the Illinois Facilities concurrently:

- Alexian Brothers Medical Center (located in Elk Grove Village)
- St. Alexius Medical Center (located in Hoffman Estates)
- Alexian Brothers Behavioral Health Hospital (located in Hoffman Estates)
- Presence Chicago Hospitals Network d/b/a Saint Joseph Hospital – Chicago
- Presence Chicago Hospitals Network d/b/a Presence Resurrection Medical Center
- Presence Chicago Hospitals Network d/b/a Presence Saint Mary of Nazareth Hospital
- Presence Chicago Hospitals Network d/b/a Presence Saint Elizabeth Hospital
- Presence Chicago Hospitals Network d/b/a Presence Holy Family Medical Center (located in Des Plaines)
- Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital (located in Evanston)
- Presence Central and Suburban Hospitals Network d/b/a Presence Saint Joseph Hospital – Elgin
- Presence Central and Suburban Hospitals Network d/b/a Presence Saint Joseph Medical Center (located in Joliet)
- Presence Central and Suburban Hospitals Network d/b/a Presence St. Mary’s Hospital (located in Kankakee)
- Presence Central and Suburban Hospitals Network d/b/a Presence Mercy Medical Center (located in Aurora)
- Adventist Midwest Health d/b/a Adventist La Grange Memorial Hospital
- Adventist Midwest Health d/b/a Adventist Hinsdale Hospital
- Adventist Bolingbrook Hospital
- Adventist GlenOaks Hospital
- Hoffman Estates Surgery Center, LLC
- Belmont/Harlem Surgery Center, LLC (located in Chicago)

- Presence Lakeshore Gastroenterology, LLC d/b/a Des Plaines Endoscopy Center
- PCHC GI JV L.L.C. (assumed name: AMITA Health Endoscopy Center Lincoln Park)

This Certificate of Exemption application addresses the change of ownership of Belmont/Harlem Surgery Center, LLC.

Please refer to ATTACHMENT 6, Criterion 1130.520(b)(1)(C) Structure of Transaction, for a description of the proposed transaction.

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: \$ _____

Fair Market Value: \$ _____

Project Status and Completion Schedules

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

Anticipated exemption completion date (refer to Part 1130.570): _____ June 1, 2022 _____

State Agency Submittals

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

X All reports regarding outstanding permits

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

CERTIFICATION

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

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

This Application is filed on the behalf of Belmont/Harlem Surgery Center, LLC

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

SIGNATURE

Mike Mulay

PRINTED NAME

Treasurer

PRINTED TITLE

SIGNATURE

Christopher C. Mahr

PRINTED NAME

Chairman

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Signature of Notary

Seal

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of Ascension Health

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

Christine K. McCoy
SIGNATURE

Christine K. McCoy
PRINTED NAME

Secretary
PRINTED TITLE

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

Signature of Notary

Seal

Matthew Jagger
SIGNATURE

Matthew Jagger
PRINTED NAME

Treasurer
PRINTED TITLE

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

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf **Alexian Brothers-AHS Midwest Region Health Co., d/b/a AMITA Health**

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


SIGNATURE

Keith Parrott
PRINTED NAME

President
PRINTED TITLE

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

Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

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- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf **Alexian Brothers-AHS Midwest**
Region Health Co., d/b/a AMITA Health_____

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



SIGNATURE

SIGNATURE

PRINTED NAME

G. Thor Thordarson

PRINTED NAME

PRINTED TITLE

Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Signature of Notary

Seal

Seal

*Insert the EXACT legal name of the applicant

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

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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

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

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

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

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 6</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 7.

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$4,729,082	\$4,494,940	\$3,677,087
Amount of Charity Care (charges)	\$15,589	\$17,646	\$16,678
Cost of Charity Care	\$3,763	\$5,229	\$1,084

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

File Number

0195292-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BELMONT/HARLEM SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 25, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2022 .

Jesse White

Authentication #: 2201303258 verifiable until 01/13/2023
Authenticate at: <http://www.ilsos.gov>

SECRETARY OF STATE

ATTACHMENT1

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ASCENSION HEALTH
N00062003

was created under the laws of this State on the 5th day of August, 1999, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 20th day of January, 2022.


Secretary of State



Certification Number: CERT-01202022-0113

ATTACHMENT I

File Number

3128-198-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of JANUARY A.D. 2022 .***

Jesse White

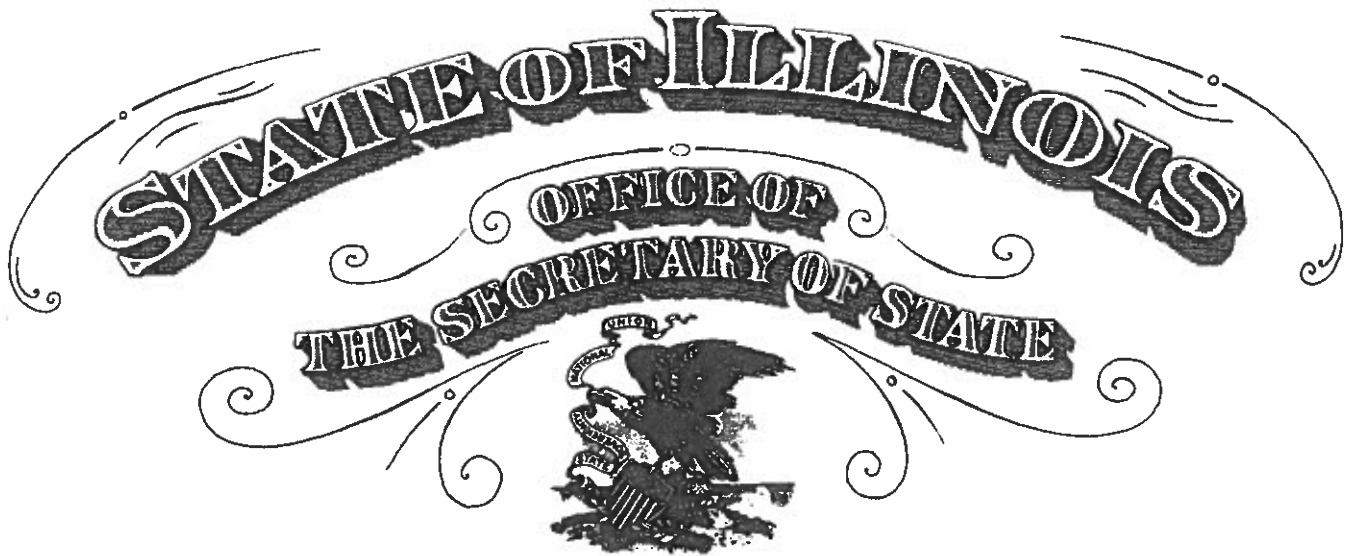
Authentication #: 2201303032 verifiable until 01/13/2023

Authenticate at: <http://www.ilsos.gov>

SECRETARY OF STATE ATTACHMENT 1

File Number

6964-462-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of JANUARY A.D. 2022 .

Jesse White

Authentication #: 2202003506 verifiable until 01/20/2023
Authenticate at: <http://www.ilsos.gov>

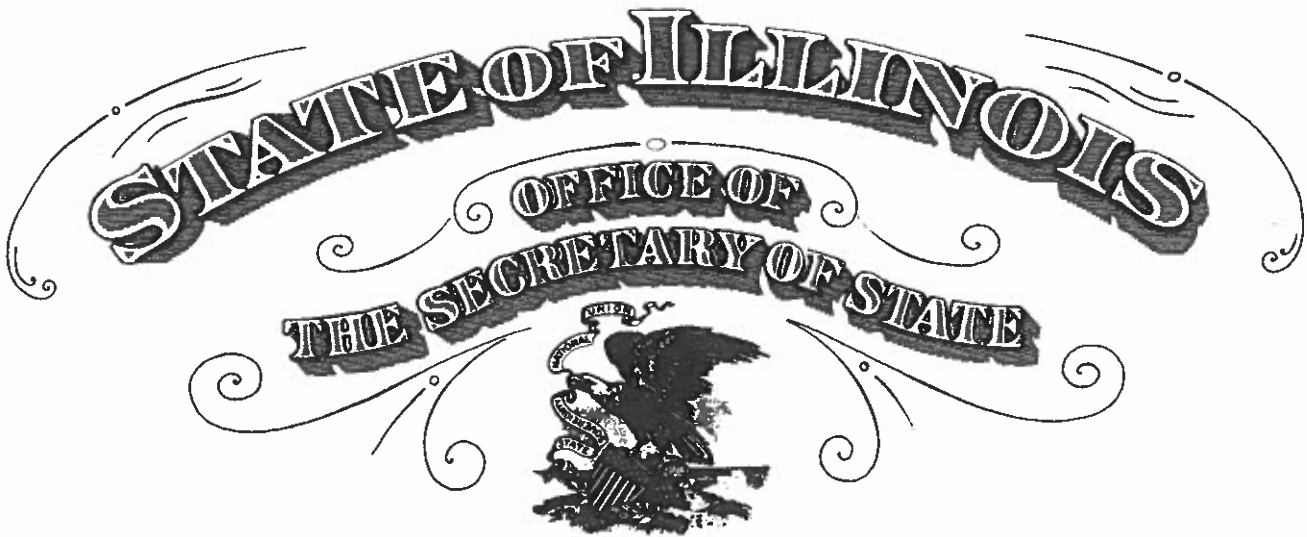
SECRETARY OF STATE ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Exemption (“COE”) application, the applicants attest that the Belmont/Harlem Surgery Center site is owned by Presence Healthcare Services.

File Number

0195292-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BELMONT/HARLEM SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 25, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

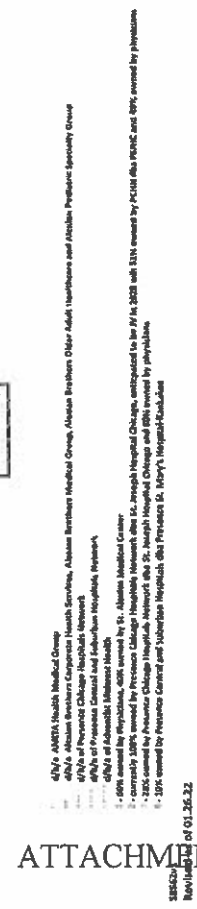


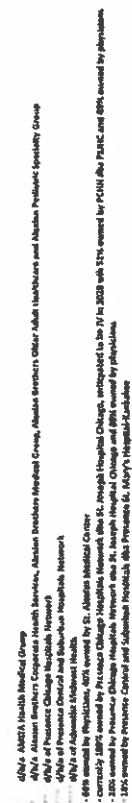
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2022 .

Jesse White

Authentication #: 2201303258 verifiable until 01/13/2023
Authenticate at: <http://www.ilsos.gov>

SECRETARY OF STATE ATTACHMENT 3





BACKGROUND OF APPLICANT

With the signatures provided on the Certification pages of this Certificate of Need (“CON”) application, each of the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this Certificate of Exemption (“COE”) application. Further, with the signatures provided on the Certification pages of this COE application, each of the applicants authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted, including, but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

Attached is a list of the licensed health care facilities owned by Ascension Health.

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 04/30/2022
Lic Number 7003131

Date Printed 03/03/2021

Belmont/Harlem Surgery Center, LLC
3101 N Harlem Ave
Chicago, IL 60634-4543

FEE RECEIPT NO.

Illinois Department of Public Health
122380

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm, partnership, or other name appears on this certificate is licensed with the provisions of this Illinois statute and is hereby authorized to engage in the activity as indicated below.

Ngazi O. Ezike, MD
Director

Ambulatory Surgery Treatment Center
Effective: 05/01/2021

Belmont/Harlem Surgery Center, LLC
3101 N. Harlem Ave
Chicago, IL 60634

04/30/2022 7003131

Illinois Department of Public Health

Illinois Department of Public Health • P.O. Box 1919 • Springfield, IL 62719-1919

Belmont/Harlem Surgical Center, LLC

Chicago, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Ambulatory Health Care Accreditation Program

December 20, 2018

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #452703
Print/Reprint Date: 04/16/2019


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

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



ASCENSION HEALTH HOSPITAL LISTING (Wholly Own

by location

ALABAMA

Ascension St. Vincent's Birmingham
Ascension St. Vincent's East
Ascension St. Vincent's Chilton
Ascension St. Vincent's Blount
Ascension St. Vincent's St. Clair

BALTIMORE, MD

Ascension Saint Agnes Hospital

BINGHAMTON, NY

Lourdes Hospital

CHICAGO, IL

AMITA Health Mercy Medical Center
AMITA Health Resurrection Medical Chicago
AMITA Health Saints Mary and Elizabeth Medical Center, Saint Elizabeth Campus
AMITA Health Saints Mary and Elizabeth Medical Center, Saint Mary Campus
AMITA Health Holy Family Medical Center
AMITA Health Saint Joseph Hospital, Elgin
AMITA Health Alexian Brothers Medical Center Elk Grove Village
AMITA Health Rehabilitation Hospital Elk Grove Village
AMITA Health Saint Francis Hospital
AMITA Health St. Alexium Medical Center Hoffman Estates
AMITA Health Women & Children's Hospital Hoffman Estates
AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estates
AMITA Health Saint Joseph Medical Center
AMITA Health St. Mary's Hospital

FLORIDA AND GULF COAST

Ascension Providence Hospital
Ascension St. Vincent's Riverside
Ascension St. Vincent's Southside
Ascension St. Vincent's Clay County
Ascension Sacred Heart Emerald Coast
Ascension Sacred Heart Bay
Ascension Sacred Heart Pensacola
The Studer Family Children's Hospital at Ascension Sacred Heart
Ascension Sacred Heart Gulf

INDIANA

Ascension St. Vincent Anderson
Ascension St. Vincent Avon
Ascension St. Vincent Dunn

ATTACHMENT 5

Ascension St. Vincent Warrick
 Ascension St. Vincent Clay
 Ascension St. Vincent Carmel
 Ascension St. Vincent Mercy
 Ascension St. Vincent Evansville
 St. Vincent Hospital for Women & Children
 St. Vincent Rehabilitation Institute
 Ascension St. Vincent Fishers
 Peyton Manning Children's Hospital at Ascension St. Vincent
 Ascension St. Vincent Heart Center
 Ascension St. Vincent Hospital
 Ascension St. Vincent Castleton
 Ascension St. Vincent Indianapolis South
 Ascension St. Vincent Seton Specialty Hospital
 Ascension St. Vincent Stress Center
 Ascension St. Vincent Women's Hospital
 Ascension St. Vincent Kokomo
 Ascension St. Vincent Orthopedic Hospital
 Ascension St. Vincent Noblesville South
 Ascension St. Vincent Jennings
 Ascension St. Vincent Plainfield
 Ascension St. Vincent Salem
 Ascension St. Vincent Williamsport
 Ascension St. Vincent Randolph

KANSAS

Ascension Via Christi Hospital (Manhattan)
 Ascension Via Christi Hospital (Pittsburg)
 Wamego Health Center
 Ascension Via Christi St. Francis
 Ascension Via Christi St. Joseph
 Ascension Via Christi St. Teresa
 Ascension Via Christi Rehabilitation Hospital
 Ascension Via Christi Behavioral Health

MICHIGAN

Ascension Borgess Allegan Hospital
 Ascension Brighton Center for Recovery
 Ascension St. John Hospital
 Ascension St. John Children's Hospital
 Ascension Borgess-Lee Hospital
 Ascension River District Hospital
 Ascension Genesys Hospital
 Ascension Borgess Hospital
 Ascension Macomb-Oakland Hospital, Madison Heights Campus
 Ascension Providence Hospital, Novi Campus
 Ascension Borgess-Pipp Hospital
 Ascension Providence Rochester Hospital
 Ascension St. Mary's Hospital, Saginaw Campus
 Ascension Providence Hospital, Southfield Campus
 Ascension Standish Hospital

Ascension St. Joseph Hospital
Ascension Macomb-Oakland Hospital, Warren Campus

OKLAHOMA

Ascension St. John Jane Phillips
Ascension St. John Broken Arrow
Ascension St. John Nowata
Ascension St. John Owasso
Ascension St. John Sapulpa
Ascension St. John Medical Center

TENNESSEE

Ascension Saint Thomas Hickman
Ascension Saint Thomas River Park
Ascension Saint Thomas Rutherford
Ascension Saint Thomas Behavioral Health Hospital
Ascension Saint Thomas Hospital - Midtown
Ascension Saint Thomas Hospital - West
Ascension Saint Thomas DeKalb
Ascension Saint Thomas Highlands
Ascension Saint Thomas Stones River

TEXAS

Dell Seton Medical Center at The University of Texas
Dell Children's Medical Center
Ascension Seton Medical Center Austin
Ascension Seton Northwest
Ascension Seton Southwest
Ascension Seton Shoal Creek
Ascension Seton Bastrop
Ascension Seton Highland Lakes
Ascension Seton Hays
Ascension Seton Edgar B. Davis
Ascension Seton Williamson
Ascension Seton Smithville
Ascension Providence
Ascension Providence DePaul Center

WISCONSIN

Ascension NE Wisconsin - St. Elizabeth Campus
Ascension SE Wisconsin Hospital - Elmbrook Campus
Ascension Calumet Hospital
Ascension SE Wisconsin Hospital - Franklin Campus
Ascension Wisconsin Hospital - Greenfield
Ascension Wisconsin Hospital - Menomonee Falls
Ascension Columbia St. Mary's Hospital Ozaukee
Ascension SE Wisconsin Hospital - St. Joseph Campus
Ascension Sacred Heart Rehabilitation Hospital
Ascension St. Francis Hospital

Ascension NE Wisconsin - Mercy Campus
Ascension All Saints Hospital - Wisconsin Avenue Campus
Ascension All Saints Hospital - Spring Street Campus
Ascension Wisconsin Hospital - Waukesha

Ascension Health ASCs (Wholly Owned)

St. Vincent's One Nineteen ASC
Interventional Rehabilitation Center, LLC
Founders Circle
Maryland Surgeons Center of Columbia, LLC
George Thomas Grace MD Surgery Center
St. John North Macomb Surgery Center
St. John Surgery Center ASC St. Clair Shores
Mt Pleasant ASC
Ascension SE Wisconsin at Mayfair Road

Alabama
Florida
Kansas
Maryland
Maryland
Michigan
Michigan
Wisconsin
Wisconsin

Ascension Health SNFs (Wholly Owned)

Ascension Living Carroll Manor	District of Columbia
Ascension Living St. Cathering Laboure Place	Florida
Ascension Casa Scalabrini	Illinois
Ascension Heritage Village	Illinois
Ascension Nazarethville Place	Illinois
Ascension Resurrection Life	Illinois
Ascension Resurrection Place	Illinois
Ascension Saint Anne Place	Illinois
Ascension Saint Benedict	Illinois
Ascension Saint Joseph Village	Illinois
Ascension Villa Franciscan	Illinois
Sacred Heart Village	Indiana
Via Christi Village - Hays Inc	Kansas
Via Christi Village Manhattan, Inc	Kansas
Via Christi Village Mclean Inc	Kansas
Via Christi Village Pittsburgh, Inc	Kansas
Via Christi Village Ridge	Kansas
Villa St. Joseph	Kansas
Borgess Gardens	Michigan
Ascension Living Sherbrooke Village	Missouri
Our Lady of Peace Nurdin Care Residence	New York
Ascension Living Via Christi Village Ponca City	Oklahoma
Ascension Living Alexian Village Tennessee	Tennessee
Ascension Living Providence Village	Texas
St. Catherine Center	Texas
Alexian Village of Milwaukee	Wisconsin
Ascension Living - Lakeshore at Siena	Wisconsin
Franciscan Woods	Wisconsin
Wheaton Franciscan HC - Terrace at St. Franciscan	Wisconsin

REQUIREMENTS FOR EXEMPTIONS INVOLVING
THE CHANGE OF OWNERSHIP OF A HEALTH CARE FACILITY
SECTION 1130.520

Criterion 1130.520(b)(1)(A) Names of the parties

The parties named as an applicant are:

Belmont Harlem Surgery Center, LLC, the current and proposed licensee
Ascension Health, which currently has and will continue to have “ultimate control”
over the licensee
Presence Health Services, which holds a controlling interest in the ASTC
Alexian Brothers-AHS Midwest Region Health Co. (operating as AMITA Health), which
currently has certain designated “control” over the licensee through the Affiliation
Agreement between Adventist Health System Sunbelt Healthcare Corporation and
Ascension Health, with an original effective date of October 30, 2014.

Criterion 1130.520(b)(1)(B) Background of the parties

Provided in ATTACHMENT 1, as applicable, are Certificates of Good Standing for each
applicant identified above. Provided in ATTACHMENT 5 are:

1. An identification of each applicant’s licensed health care facilities
2. The applicants’ authorization permitting the HFSRB and IDPH access to documents
necessary to verify the information submitted

Criterion 1130.520(b)(1)(C) Structure of transaction

The transaction is structured as a mutual termination of the Affiliation Agreement
between Adventist Health System Sunbelt Healthcare Corporation (“AdventHealth”) and
Ascension Health (“Ascension Health”) with an original effective date of October 30,
2014 (the “Affiliation Agreement”), and wind up of the affairs of the joint operating
company known as Alexian Brothers-AHS Midwest Regional Health Co. d/b/a “AMITA
Health” (“AMITA”) formed pursuant to the Affiliation Agreement. The two (2)
members of AMITA are Adventist Midwest Health (“AMH”), whose sole corporate
member is Adventist Health System/Sunbelt Inc. and Presence Alexian Brothers Health
System (“PABHS”), whose sole corporate member is Ascension Health. AdventHealth
and Ascension Health will enter into an Agreement to Terminate Affiliation Agreement
and Related Agreements (the “Disaffiliation Agreement”). AdventHealth and Ascension
Health anticipate that their Disaffiliation Agreement will be signed and effective as of
March 31, 2022.

Key points of the disaffiliation are:

1. There will be no impact on the ownership and control of the facility’s assets,
which continue to remain with its original sponsor (Ascension Health).

2. There will be no impact on licensure. The facility's license will not change and it will continue to hold the license.
3. The facility will continue to operate under the umbrella of Presence Alexian Brothers Health System and be clinically and operationally integrated with Ascension Health.

Criterion 1130.520(b)(1)(D) Name of the person who will be licensed or certified entity after the transaction

Please see Criterion 1130.520(b)(1)(A), above.

Criterion 1130.520(b)(1)(E) List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organization structure with a listing of controlling or subsidiary persons.

Current and proposed organizational charts are provided in ATTACHMENT 4.

Criterion 1130.520(b)(1)(F) Fair market value of assets to be transferred

Not applicable, as no assets will change ownership. All assets are currently owned and will continue to be owned by Ascension Health.

Criterion 1130.520(b)(1)(G) The purchase price or other forms of consideration to be provided for those assets

The proposed transaction does not have a purchase price as the ownership of the facility's assets will not change.

Criterion 1130.520(b)(2) Affirmation that any projects for which Permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section.

Applicant Ascension Health holds seven Certificate of Need Permits:

Permit 20-012 addresses the establishment of an ASTC on the campus of AMITA Health Saint Joseph Hospital Chicago. Notification of project completion has been filed and a final cost report will be filed consistent with filing requirements.

Permit #20-043 addresses a modernization project at AMITA Health Mercy Medical Center Aurora, and has been obligated

Permit #21-013 addresses a modernization project at AMITA Health Saint Alexius Medical Center, and has been obligated

Permit #21-017 addresses a modernization project at AMITA Health Resurrection Medical Center Chicago, does not involve a HFSRB-designated "Category of Service", and will be obligated consistent with Section 1130

Permit #21-018 addresses a modernization project at AMITA Health Saint Mary Hospital Chicago, does not involve a HFSRB-designated "Category of Service", and will be obligated consistent with Section 1130

Permit #21-020 addresses a modernization project at Alexian Brothers Medical Center, does not involve a HFSRB-designated "Category of Service", and will be obligated consistent with Section 1130

Permit #21-023 addresses the establishment of an infusion therapy center in Romeoville, and has been obligated.

With the signatures in the certification section of this Certificate of Exemption application, the applicants affirm that each of the above-identified projects will be completed in accordance with all applicable provisions of Section 1130.

Criterion 1130.520(b)(3) If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the charity care policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction.

No changes to the charity care policy currently in effect are anticipated; and with the signatures in the certification section of this Certificate of Exemption application, the applicants affirm that the current charity care policy will remain in effect for, at minimum, a two-year period following the change of ownership transaction.

A copy of the charity care policy is attached as APPENDIX A.

Criterion 1130.520(b)(4) A statement as to the anticipated benefits of the proposed changes in ownership to the community

The disaffiliation of AMITA will allow Ascension to more nimbly meet the changing needs and expectations of the communities served by the facility in the rapidly evolving healthcare environment

Criterion 1130.520(b)(5) The anticipated or potential cost savings, if any, that will result for the community and facility because of the change in ownership.

To date, no anticipated savings have been quantified by the applicants.

Criterion 1130.520(b)(6) A description of the facility's quality improvement mechanism that will be utilized to ensure quality control.

Ascension places great importance in quality control, and implements best practice models through its individual hospitals. Quality improvement mechanisms at the facility will not initially change, but will be evaluated against parallel programs used in other Ascension hospitals, with adjustments being made as appropriate to enhance clinical and non-clinical opportunities for improvement.

A copy of the facility's quality assurance policies is attached as APPENDIX B.

Criterion 1130.520(b)(7) A description of the selection process that the acquiring entity will use to select the facility's governing body

No change will be made to the selection process for the facility's governing body. The governing board consists of three persons elected by the Members owning Class A Units and three persons appointed by the members owning Class B Units (Presence Health Services). Class A Units are owned by Physician Interest Holders.

Criterion 1130.520(b)(9) A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.

While there may be a need for some changes in the future because of financial conditions in the health care industry, at this time, no changes to the scope of services provided at the facility are anticipated to occur within 24 months of the proposed transaction. However, the ASTC is exploring potential changes in the facility's ownership structure to allow for new physician ownership; and if changes to the ownership structure that require the filing and approval of a Certificate of Exemption application are anticipated, that application will be prepared and filed consistent with Part 1130.

SUBJECT: CHARITY**PURPOSE:**

This policy is to assist the Business Office Manager in recognizing low-income families. It is intended to comply with all federal guidelines and will create a procedure that follows the poverty guidelines instituted by the Department of Health and Human Services as it pertains to discounting the patient's financial responsibility towards procedure(s) performed in the center.

PROCEDURE:

1. The poverty guidelines are set by the U.S. Department Health and Human services. The guidelines are reviewed and updated annually.
2. Those patients who are identified as low income or indigent are to complete the application for financial assistance. They are to submit the application to the Business Office Manager for review against the poverty guidelines and for approval prior to their scheduled date of the procedure.
3. A social security number or immigrant visa, and a picture ID must be provided.
4. The Business Office Manager will send a letter of confirmation to the patient with the results of the review. A copy of the letter is to be kept on the left side of the patient's chart, as well as noted in the billing record of the health information system.

GUIDELINES FOR DETERMINING ELIGIBILITY FOR CHARITY

1. Patient must complete the Financial Assistance Application.
2. Social security number or immigrant visa, along with a photo ID must be provided.
3. Prior year complete Federal tax return must be submitted along with the application. If taxes were not filed, payment check stubs for the prior three months must be submitted.
4. Determination is made based on the current year Federal Poverty Guidelines based for the number of persons in the household.
5. An approval letter will be sent to the patient, and the ordering physician's office will be notified. A copy of the letter is to be kept on the left side of the patient's chart, as well as noted in the billing record of the health information system.

6. If the application is denied, the patient will be notified by letter of the estimated facility charge. Should they choose to proceed with surgery as a self-pay patient, the facility will apply the approved self pay policy to the patients account.
7. The Business Office Manager will keep a file of original applications and copies of approval/denial letters.

SEE EXHIBIT J THRU L

SUBJECT: PERFORMANCE IMPROVEMENT PLAN

The Center's management and staff are committed to developing and carrying out an ongoing performance improvement program. Experience has proven that quality cannot be assured, but it can be monitored continuously and improved effectively through a concerted effort by all individuals. Performance Improvement is a dynamic process that focuses on the evaluation of patient outcomes to determine methods of improving care.

An emphasis on performance improvement is a link among all medical and clinical personnel providing patient care and the numerous individuals involved in the care to achieve a standard of excellence in an objective and comprehensive manner that will benefit patients.

GLOSSARY:

Aspects of care:	Clinical activities that involve a high volume of patients, entail a high degree of risk for patients or tend to produce problems for staff or patients
Concurrent:	A study that begins with a current manifestation and links this effect to occurrences at the same point in time, related to care in progress
High risk:	Patients at risk if the aspect of care is not provided correctly and in a timely manner
High volume:	The aspect of care that occurs frequently or affects a large number of patients
Indicator:	Well defined measurable objective statements related to the structure, process or outcomes of care
Occurrence screens:	Data that are utilized to identify individual variations in care which are reviewed and confirmed by peer review and used to identify trends/patterns
Outcomes:	The intended or realistically expected correction of the patient's problem by a certain point in time
Standard:	A criterion used by general agreement to determine whether something is as it should be. An agreed upon level of excellence. An established norm determined by opinion, authority, research and/or theory
Threshold:	Preestablished level or point at which intensive evaluation of care or practice is indicated for the monitoring activity for the purpose of setting realistic goals for performance improvement.

OBJECTIVES

Objectives of the program are

1. To improve overall patient care and services through systematic monitoring and evaluation;
2. To ensure continuing improvement by putting into effect an ongoing, comprehensive, and a workable program;
3. To involve all levels of staff in the improvement process;
4. To provide higher quality care and services at lower costs;
5. To utilize indicators and related thresholds;
6. To routinely collect data related to the indicators and compare the level of performance with the thresholds for evaluation;
7. To collect data on sentinel and rate-based indicators based on important aspects of care and/or services that reflect structure, process and outcomes;
8. To monitor and evaluate important aspects of care when the thresholds for evaluation have been reached; and,
9. To ensure identification and solution of problems.

A Performance Improvement/Medical Advisory Committee shall be established which shall meet at least once per calendar quarter. Documentation of the committee activities will be presented to the Governing Body for review.

PURPOSE

The purpose of the committee is as follows:

1. Develop mechanisms necessary to detect and identify performance which is inconsistent with the standards of the center;
2. Collect data to determine that standards are being met;
3. Recommend corrective action which will bring performance into compliance with standards; and
4. Plan follow-up studies to evaluate the effectiveness of corrective actions.

MEMBERSHIP

The committee members shall include:

Medical Director
 Administrative and clinical director(s)
 At least one other physician
 Center personnel as desired and appropriate

RESPONSIBILITIES

The Governing Body has the overall responsibility for developing, maintaining and supporting the ongoing, comprehensive program. The Medical Director is responsible for monitoring the program.

The committee is charged with the following quality assurance and performance improvement activities:

1. Assures the provision of quality patient care by requiring and supporting the establishment and maintenance of an effective Performance Improvement program
2. Monitors, coordinates and integrates all committee activities and ensures participation of all disciplines. The committee receives all reports regarding but not limited to, infection control, patient transfers, tissue review, medical records review, safety and fire, medication handling and storage, risk management, and patient safety.
3. Monitors and evaluates the quality and appropriateness of patient care and clinical performance and identifies variances or problems to be assessed. The Performance Improvement/ recommends actions to be taken for correction and follow up or directs the appropriate committee or individual(s) to take necessary action. Actions taken are then reported back to the Committee.
4. Reports at least quarterly to the Governing Body. A surgery center manager is responsible for providing the Committee report/minutes to the Governing Body.

COMMITTEE MEMBER FUNCTIONS

Functions of Committee Members

1. The Medical Director and administrative manager have the following functions and responsibilities:
 - a. Develops and ensures implementation of the Performance Improvement Program using input from all levels of staff;
 - b. Participates with the clinical staff in the identification of clinical functions and indicators and in the establishment of thresholds for evaluation;
 - c. Serves as primary coordinator and director of the program, accepting full responsibility and accountability for the following:
 - assists with monitoring of the program
 - recommends corrective actions
 - oversees actions taken
 - provides status reports to the Governing Body
 - assists in developing new policies and procedures
 - changes staffing and environment as needed
 - assists in developing educational programs for the employees and staff

- ensures support of the Performance Improvement program
2. The clinical manager or designee has the following functions and responsibilities:
 - a. Shares in the overall responsibility for developing and ensuring implementation of the Performance Improvement program in clinical areas;
 - b. Participates with the Medical Director and other managers in the identification of clinical functions and ensures the following:
 - identification of indicators
 - establishment of thresholds for evaluation
 - identification of the yearly monitoring calendar which specifies clinical functions and frequencies for monitoring activities
 - identification of clinical staff for data collection and evaluation
 - implementation of appropriate action(s) and
 - evaluation of the impact of actions taken;
 - c. Ensures clinical staff involvement by promoting team spirit and participation in the program;
 - d. Communicates results of findings and actions with all staff members;
 - e. Conducts regular meetings to allow for staff involvement and to elicit staff ideas and feedback regarding improvement of patient care and services;
 - f. Determines corrective action in collaboration with the staff, interdisciplinary team members and the Medical Director and Performance Improvement/Medical Advisory Committee;
 - g. Assists in the collection and analysis of data on important aspects of care and/or services; and
 - h. Reports to the Medical Director on a quarterly basis, the monitoring activities, results, actions and recommendations for further action.

AREAS FOR REVIEW

Areas and activities for routine review include the following:

1. unanticipated event reports
2. medical record review
3. infection control reports
4. follow up patient phone calls
5. patient satisfaction surveys
6. communication from physicians/employees
7. patient morbidity/mortality
8. inconsistencies between pre and post procedure diagnosis
9. unanticipated hospital admissions

The medical staff shall conduct ongoing comprehensive self assessment of the quality of care provided, including the appropriateness of care. Physicians will perform peer review. All other reviews may be conducted by center staff with the medical staff reviewing summary information.

Areas of review may address the following:

1. History and Physical done on each patient prior to admission
2. Appropriateness of treatment in accordance with history
3. Appropriate lab and radiology based on history, physical, and planned procedure
4. Drug usage reviews
5. Review of patient care services from contracted sources
6. Infection control reports
7. Review of services provided including the availability of services; e.g., under use, overuse, timeliness of scheduling, etc.
8. Timely procedure reports written or dictated immediately following the procedure and signed by the physician
9. Pathology summaries regarding pre and post diagnosis review

There shall be no limit as to the number of studies which can be conducted. However, it is preferred that studies be focused upon an opportunity to improve patient care, the cost of care, or the compliance with a standard or a recommendation.

ASPECTS OF CARE

Aspects of care to review may include:

1. High volume aspects: Procedures that occur frequently
Nursing activities frequently performed
Nursing care that affects large number of patients
2. High risk aspects: Areas that carry potential for liability and/or patient injury
Care delivered inconsistent with standards
Acts of omission/commission
Failure to recognize cardiac arrhythmias
Failure to perform aseptic techniques
Failure to provide patient education
3. Problem prone aspects: Procedures that cause patient/staff anxiety
Activities needing improved efficiency

INDICATORS

Indicators will focus on the patient, the staff, and the system and relate to the structure, process or outcome of care/service. All serious clinical events such as adverse effects and complications and unexpected changes in patient health status (infection, nerve damage, altered skin integrity) will be reviewed.

THRESHOLDS

A threshold is established for each indicator. These are written as percentages not ranges. Consideration of the level of care must be given realistically and may be less than 100%. These thresholds are evaluated and revised at least annually.

Sources of Data may include the following, in addition to other sources:

- review of licensure/certification/accreditation findings
- variance reports
- patient satisfaction surveys
- medical records reviews
- personnel credentialing/in-service records
- post-procedure phone calls
- direct observation of staff
- review of physician orders
- patient complaints

Sample size of data is at least 5% of the monitored patient population or 10 patients/event.

Analysis and evaluation identifies trends or patterns of care. Action plans/solutions are then developed and enacted to solve the problems or improve care. The effectiveness of these actions are assessed through continuous monitoring. If the action/solution is ineffective, another plan is developed. A time limit shall be set for reevaluation.

COMMUNICATION

Relevant information from the Performance Improvement program will be disseminated as necessary to the affected individuals and groups in the following ways:

1. Written and/or oral reports
2. Performance Improvement review meetings at least quarterly
3. Quarterly reports to Governing Board

The Performance Improvement/Medical Advisory Committee will evaluate the objectives, scope of the organization and effectiveness of the center annually.