

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: Genesis Medical Center, Aledo		
Street Address: 409 NW Ninth Avenue		
City and Zip Code: Aledo, Illinois 61231		
County: Mercer	Health Service Area: 010	Health Planning Area: C05

Legislators

State Senator Name: Sen. Win Stoller (District #37)
State Representative Name: Rep. Daniel Swanson (District #74)

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

Exact Legal Name: Genesis Medical Center, Aledo
Street Address: 409 NW Ninth Avenue
City and Zip Code: Aledo, Illinois 61231
Name of Registered Agent: L&W Agents, Inc.
Registered Agent Street Address: 3551 17 th Street, Suite 110
Registered Agent City and Zip Code: Moline, Illinois 61265
Name of Chief Executive Officer: Douglas Cropper
CEO Street Address: 1227 East Rusholme Street
CEO City and Zip Code: Davenport, Iowa 52803
CEO Telephone Number: (563) 421-6510

Type of Ownership of Applicants

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

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

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Legislators

State Senator Name: Sen. Win Stoller (District #37)
State Representative Name: Rep. Daniel Swanson (District #74)

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

Exact Legal Name: Genesis Health System d/b/a Genesis Medical Center, Silvis
Street Address: 801 Illinois Drive
City and Zip Code: Silvis, Illinois 61282
Name of Registered Agent: L&W Agents, Inc.
Registered Agent Street Address: 3551 17 th Street, Suite 110
Registered Agent City and Zip Code: Moline, Illinois 61265
Name of Chief Executive Officer: Douglas Cropper
CEO Street Address: 1227 East Rusholme Street
CEO City and Zip Code: Davenport, Iowa 52803
CEO Telephone Number: (563) 421-6510

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership	
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Legislators

State Senator Name: Sen. Win Stoller (District #37)
State Representative Name: Rep. Daniel Swanson (District #74)

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

Exact Legal Name: Mercy Health Network, Inc. d/b/a MercyOne
Street Address: 1449 NW 128 th Street, Suite 200
City and Zip Code: Clive, Iowa 50325
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 400 East Court Avenue
Registered Agent City and Zip Code: Des Moines, Iowa 50309
Name of Chief Executive Officer: Robert Ritz
CEO Street Address: 1449 NW 128 th Street, Suite 200
CEO City and Zip Code: Clive, Iowa 50325
CEO Telephone Number: 515-358-9240

Type of Ownership of Applicants

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

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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Legislators

State Senator Name: Sen. Win Stoller (District #37)
State Representative Name: Rep. Daniel Swanson (District #74)

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

Exact Legal Name: Trinity Health Corporation
Street Address: 20555 Victor Parkway
City and Zip Code: Livonia, Michigan 46152
Name of Registered Agent: The Corporation Company
Registered Agent Street Address: 30600 Telegraph Road
Registered Agent City and Zip Code: Bingham Farms, Michigan 48025
Name of Chief Executive Officer: Michael A. Slubowski
CEO Street Address: 20555 Victor Parkway
CEO City and Zip Code: Livonia, Michigan 46152
CEO Telephone Number: (734) 343-1000

Type of Ownership of Applicants

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

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

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Post Exemption Permit Contact

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

Name: Edward Rogalski
Title: Administrator
Company Name: Genesis Medical Center, Aledo
Address: 409 NW Ninth Avenue, Aledo, Illinois 61231
Telephone Number: 309-582-9250
E-mail Address:
Fax Number:

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Genesis Medical Center, Aledo
Address of Site Owner: 409 NW Ninth Avenue, Aledo, Illinois 61231
Street Address or Legal Description of Site:
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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: Genesis Medical Center, Aledo		
Address: 409 NW Ninth Avenue, Aledo, Illinois 61231		
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Genesis Medical Center, Aledo

Address: 409 NW Ninth Avenue, Aledo, Illinois 61231

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

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

Provide in the space below, 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.

Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation ("Genesis Illinois"), Genesis Medical Center, Aledo, an Illinois not-for-profit corporation ("Genesis-Aledo"), Mercy Health Network, Inc. d/b/a MercyOne, a Delaware nonstock corporation ("MercyOne"), and Trinity Health Corporation, an Indiana nonprofit corporation ("Trinity," and collectively with Genesis Illinois, Genesis-Aledo, and MercyOne, the "Applicants"), hereby seek exemptions from the Illinois Health Facilities and Services Review Board (the "Review Board") to allow consummation of a proposed transaction (the "Transaction") between Genesis Illinois and Genesis-Aledo, on the one hand, and MercyOne and Trinity, on the other hand.

Separate COE Applications have been filed for Genesis-Illinois and Genesis-Aledo. The COE Applications are identical, except for the cover pages.

Genesis Illinois & Genesis-Aledo

Genesis Illinois owns and operates Genesis Medical Center, Silvis, a 137-bed general acute care hospital located at 801 Illini Drive, Silvis, Illinois ("Genesis Medical Center-Silvis").

Genesis Illinois is also the sole corporate member of Genesis Medical Center, Aledo, an Illinois not-for-profit corporation, which owns and operates Genesis Medical Center, Aledo, a critical access hospital located at 409 NW Ninth Avenue, Aledo, Illinois ("Genesis Medical Center-Aledo").

Genesis Illinois and Genesis-Aledo have identical governing boards.

Genesis Illinois has a sister entity, Genesis Health System, an Iowa nonprofit corporation ("Genesis Iowa"), which operates healthcare facilities in Iowa. Genesis Illinois and Genesis Iowa have identical governing boards and can act jointly, but neither entity has control over the other.

MercyOne

MercyOne, which is headquartered in central Iowa, is one of the largest health systems in Iowa. MercyOne operates 18 hospitals in Iowa and South Dakota (3 of which are joint ventured) and is affiliated with an additional 22 hospitals in Iowa. In 2021, MercyOne had more than 3 million patient visits and provided more than \$136 million in community benefits to the communities served by MercyOne. MercyOne has more more than 18,000 colleagues.

Trinity

Trinity, the sole corporate member of MercyOne, is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 123,000 colleagues and nearly 27,000 physicians and clinicians caring for diverse communities across 26 states. Nationally recognized for care and patient experience, the Trinity system includes 88 hospitals, 135 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. Based in Livonia, Michigan, Trinity has annual operating revenue of \$21.5 billion and returned \$1.4 billion to its communities in the form of charity care

and other community benefit programs. Trinity is not affiliated with any of the Iowa-based healthcare entities currently using the name "Trinity" or "Trinity Health."

The Transaction

The Transaction has been structured as a membership substitution, pursuant to which MercyOne will become the sole corporate member of Genesis Illinois. The Transaction is a part of a larger global transaction involving MercyOne, Trinity, Genesis Illinois, and Genesis Iowa.

The COEs only describe and seek approval for the membership substitution involving MercyOne and Genesis Illinois (although it bears noting that the MercyOne-Genesis Iowa membership substitution will proceed side by side with the MercyOne-Genesis Illinois membership substitution).

There is no "purchase price" associated with the Transaction. However, Trinity and Mercy One have agreed to allocate no less than \$17,500,000 of capital to Genesis Illinois to be shared by the Genesis Medical Center-Silvis and Genesis Medical Center-Aledo prior to the fifth anniversary of the Closing Date of the Transaction, subject to Trinity's and MercyOne's standard processes, including submission of appropriate business plans.

The Transaction is contingent upon the approval of the Review Board. The Transaction is currently scheduled to close on March 1, 2023, subject to the Review Board granting the COE Applications.

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: \$ As above
Fair Market Value: \$ As above

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): The Transaction is currently scheduled to close on March 1, 2023, subject to the Review Board granting this COE.

State Agency Submittals

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

The Application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 Genesis Medical Center, Aledo *
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

Douglas P. Cropper
PRINTED NAME

President & CEO
PRINTED TITLE


SIGNATURE

Edward J. Rogalski
PRINTED NAME

Administrator GMC-Aledo & GMC-DeWitt
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of Dec. 2022


Signature of Notary

Seal



Genesis Medical Center, Aledo

Notarization:
Subscribed and sworn to before me
this 13th day of Dec. 2022


Signature of Notary

Seal



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- 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 Genesis Health System d/b/a Genesis Medical Center, Silvis* 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 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

Douglas P. Cropper
PRINTED NAME

Theresa Lynn Summers-Main
PRINTED NAME

President & CEO
PRINTED TITLE

GMC-Silvis President / Nursing Services Executive

PRINTED TITLE

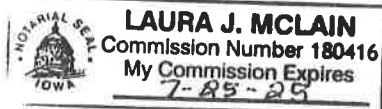
Notarization:
Subscribed and sworn to before me
this 13th day of Dec 2022

Notarization:
Subscribed and sworn to before me
this 13th day of Dec 2022

Laura J. McLain
Signature of Notary

Laura J. McLain
Signature of Notary

Seal



Seal



Genesis Health System d/b/a Genesis Medical Center Silvis

CERTIFICATION

The Application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 Mercy Health Network, Inc. d/b/a Mercy One* 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 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

Robert Ritz
PRINTED NAME

CEO
PRINTED TITLE



SIGNATURE

Michael Wegner
PRINTED NAME

EVP, CFO & COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of December 2022

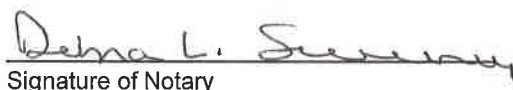


Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this 12 day of December 2022



Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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);
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- 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 Trinity Health Corporation* 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 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.

Michael A. Slubowski

SIGNATURE

Michael A. Slubowski
PRINTED NAME

President & CEO

PRINTED TITLE

Linda S. Ross

SIGNATURE

Linda S. Ross
PRINTED NAME

Executive Vice President & Chief Legal Officer

PRINTED TITLE

Notarization:

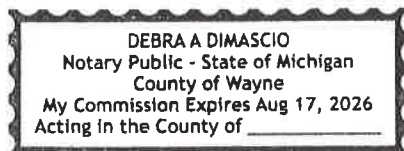
Subscribed and sworn to before me

this 13th day of December, 2022

Debra A Dimascio

Signature of Notary

Seal



Notarization:

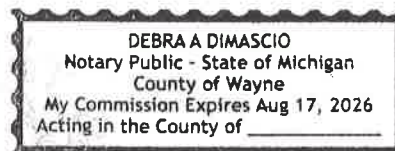
Subscribed and sworn to before me

this 13th day of December, 2022

Debra A Dimascio

Signature of Notary

Seal



*Insert 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)

- ☐ 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.
- ☒ Non-profit Corporation. 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	X
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

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)(8) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

SECTION IV. CHARITY CARE INFORMATION

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

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

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

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

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		
2	Site Ownership		
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		
5	Background of the Applicant		
6	Change of Ownership		
7	Charity Care Information		

Section I

Attachment 1

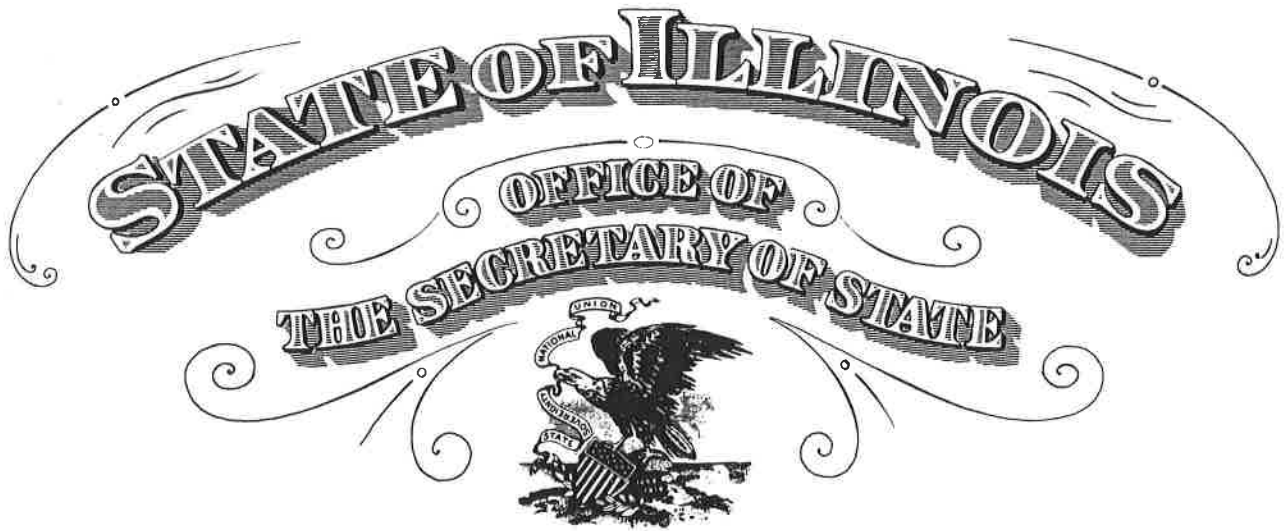
Applicant Identification

The Certificates of Good Standing for Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation ("Genesis Illinois"), Genesis Medical Center, Aledo, an Illinois not-for-profit corporation ("Genesis-Aledo"), Mercy Health Network, Inc. d/b/a MercyOne, a Delaware nonstock corporation ("MercyOne"), and Trinity Health Corporation, an Indiana nonprofit corporation ("Trinity," and collectively with Genesis Illinois, Genesis-Aledo, and MercyOne, the "Applicants"), are attached at ATTACHMENT 1.

Separate COE Applications have been filed for Genesis Illinois and Genesis-Aledo. The COE Applications are identical, except for the cover pages.

File Number

5530-200-6



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

GENESIS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 22, 1988, ADOPTED THE ASSUMED NAME GENESIS MEDICAL CENTER, SILVIS ON JULY 25, 2016, 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 15TH
day of DECEMBER A.D. 2022 .***

Jesse White

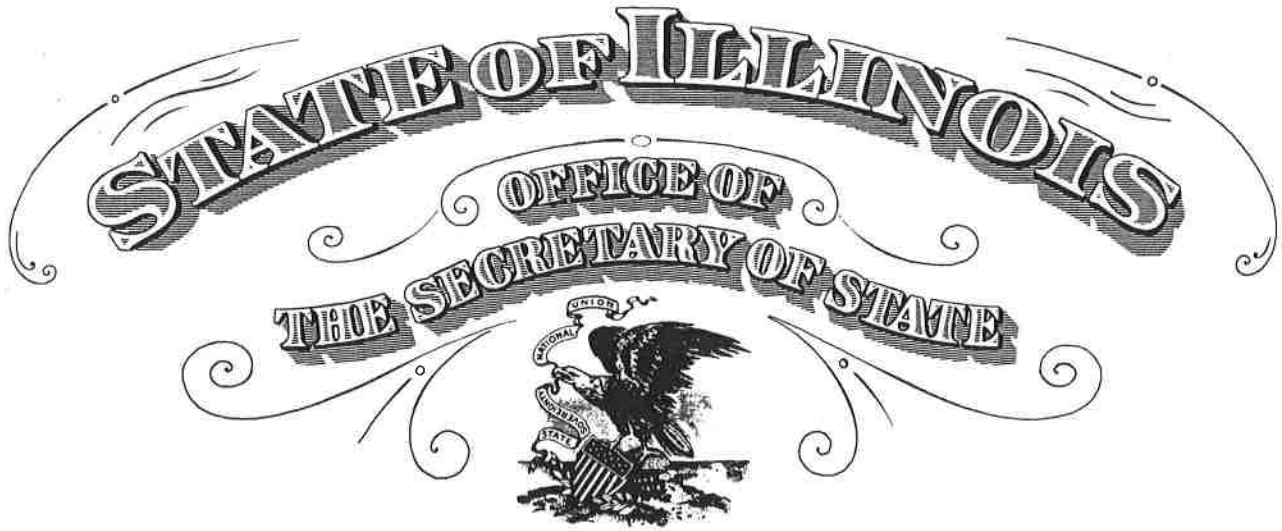
SECRETARY OF STATE

Authentication #: 2234902782 verifiable until 12/15/2023

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

File Number

6820-586-7



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

GENESIS MEDICAL CENTER, ALEDO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 03, 2012, 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 15TH
day of DECEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2234902776 verifiable until 12/15/2023

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERCY HEALTH NETWORK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERCY HEALTH NETWORK, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 1998.



2913995 8300C

SR# 20224280771

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205107126

Date: 12-15-22

0023

Attachment 1

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TRINITY HEALTH CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 10, 1978, and was in existence or authorized to transact business in the State of Indiana on December 15, 2022.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 15, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

197811-279 / 20222917682

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on January 14, 2023.

Attachment 1

Section I
Attachment 2
Site Ownership

1. Genesis Illinois currently owns and operates Genesis Medical Center, a 137-bed general acute care hospital located at 801 Illini Drive, Silvis, Illinois ("Genesis Medical Center-Silvis").
2. Genesis Illinois currently owns the land, buildings, and other real estate comprising the Genesis Medical Center-Silvis campus.
3. Following the Transaction, Genesis Illinois will continue to own the land, buildings, and other real estate comprising the Genesis Medical Center-Silvis campus.
4. Genesis-Aledo owns and operates Genesis Medical Center-Aledo, a critical access hospital located at 409 NW Ninth Avenue, Aledo, Illinois ("Genesis Medical Center-Aledo").
5. Genesis-Aledo currently owns the land, buildings, and other real estate comprising the Genesis Medical Center-Aledo campus.
6. Following the Transaction, Genesis-Aledo will continue to own the land, buildings, and other real estate comprising the Genesis Medical Center-Aledo campus.
7. An Affidavit from Douglas Cropper, the CEO of Genesis Illinois, in support of this Criterion is attached at ATTACHMENT 2.



December 16, 2022

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Site Ownership (Genesis Health System Change of Ownership)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation ("Genesis Illinois"), currently owns and operates Genesis Medical Center-Silvis campus, a 137-bed general acute care hospital located at 801 Illini Drive, Silvis, Illinois ("Genesis Medical Center-Silvis").
2. Genesis Illinois currently owns the land, buildings, and other real estate comprising the Genesis Medical Center-Silvis campus.
3. Following the membership substitution transaction with Mercy Health Network, Inc. d/b/a Mercy One, a Delaware nonstock corporation ("MercyOne"), Genesis Illinois will continue to own the land, buildings, and other real estate comprising the Genesis Medical Center-Silvis campus.
4. Genesis Medical Center, Aledo, an Illinois not-for-profit corporation ("Genesis-Aledo"), owns and operates Genesis Medical Center-Aledo, a critical access hospital located at 409 NW Ninth Avenue, Aledo, Illinois ("Genesis Medical Center-Aledo").
5. Genesis-Aledo currently owns the land, buildings, and other real estate comprising the Genesis Medical Center-Aledo campus.
6. Following the membership substitution transaction with MercyOne, Genesis-Aledo will continue to own the land, buildings, and other real estate comprising the Genesis Medical Center-Aledo campus.

Sincerely,


Douglas P. Cropper
President & CEO
Genesis Health System

Subscribed and Sworn to before me
this 16th day of December, 2022.


Notary Public



Attachment 2

Section I
Attachment 3
Operating Entity/Licensee

1. Genesis Illinois is currently the licensee and operator of Genesis Medical Center-Silvis.
2. A copy of the general acute care hospital license for Genesis Medical Center-Silvis is attached at ATTACHMENT 3.
3. Genesis Illinois will continue to be the licensee and operator of Genesis Medical Center-Silvis following the Transaction.
4. The Certificate of Good Standing for Genesis Illinois is attached at ATTACHMENT 1.
5. Genesis Illinois is the sole corporate member of Genesis-Aledo.
6. Genesis-Aledo is currently the licensee and operator of Genesis Medical Center-Aledo.
7. A copy of the general acute care hospital license for Genesis Medical Center-Aledo is attached at ATTACHMENT 3.
8. Genesis-Aledo will continue to be the licensee and operator of Genesis Medical Center-Aledo following the Transaction.
9. The Certificate of Good Standing for Genesis-Aledo is attached at ATTACHMENT 1.



**Illinois Department of
PUBLIC HEALTH** HF 125347

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Amaal V.E. Tokars
Acting Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
6/30/2023		0005413
General Hospital		
Effective: 07/01/2022		

Genesis Health System
dba Genesis Medical Center - Silvis
801 Illini Dr

Silvis, IL 61282

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

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 6/30/2023

Lic Number 0005413

Date Printed 4/14/2022

Genesis Health System
dba Genesis Medical Center - Silvis
801 Illini Dr
Silvis, IL 61282

FEE RECEIPT NO.

Attachment 3

#E-084-22

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

 Illinois Department of PUBLIC HEALTH		
HF 124497		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.		
Ngozi O. Ezike, M.D. Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE 1/31/2023	CATEGORY	ID NUMBER 0005868
Critical Access Hospital		
Effective: 02/01/2022		
Genesis Medical Center Aledo 409 Northwest 9th Ave Aledo, IL 61231		
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18		

Exp. Date 1/31/2023

Lic Number 0005868

Date Printed 12/22/2021

Genesis Medical Center Aledo

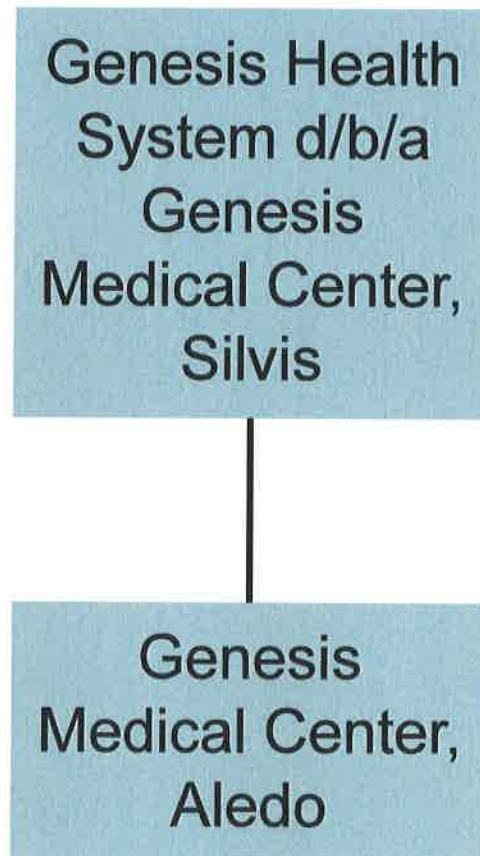
409 Northwest 9th Ave
Aledo, IL 61231

FEE RECEIPT NO.

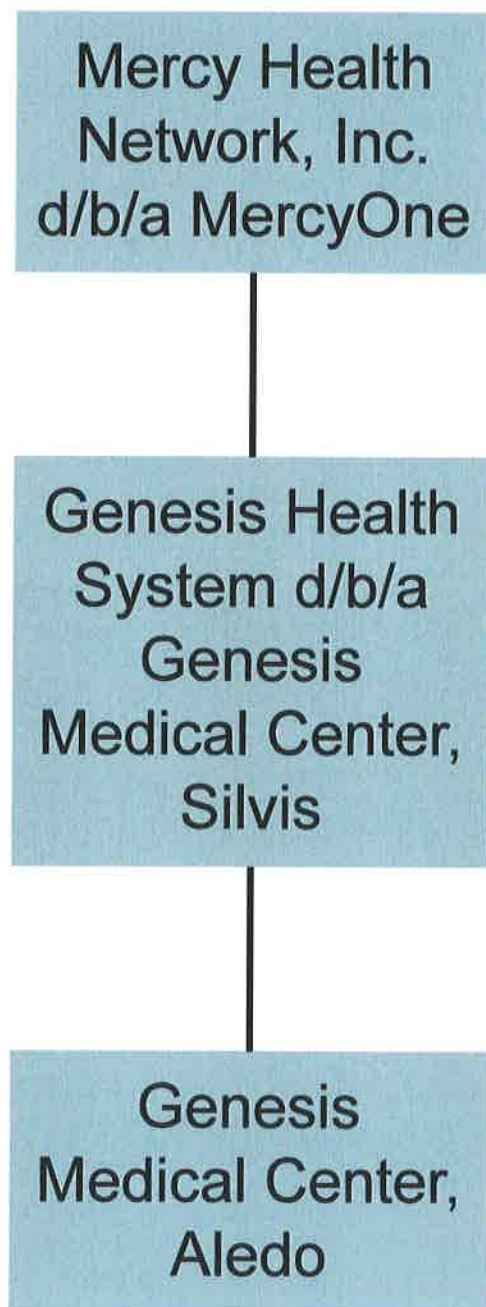
Section I
Attachment 4
Organizational Relationships

The organizational charts for Genesis Illinois, MercyOne and Trinity are attached at ATTACHMENT 4.

Attachment 4 Pre-Transaction Structure



Attachment 4 Post-Transaction Structure



Section III
Attachment 5

Criterion 1110.110(a), Background of The Applicants

Genesis Illinois & Genesis-Aledo

1. Genesis Health System d/b/a Genesis Medical Center, Silvis ("Genesis Illinois"), is an Illinois not-for-profit corporation.
2. Genesis Illinois owns and operates Genesis Medical Center, a 137-bed general acute care hospital located at 801 Illini Drive, Silvis, Illinois ("Genesis Medical Center-Silvis").
3. Genesis Illinois is also the sole corporate member of Genesis Medical Center, Aledo, an Illinois not-for-profit corporation (Genesis-Aledo").
4. Genesis-Aledo owns and operates Genesis Medical Center-Aledo, a critical access hospital located at 409 NW Ninth Avenue, Aledo, Illinois.
5. A map showing Genesis Illinois' and Genesis-Aledo's locations is attached at ATTACHMENT 5.
6. Genesis Illinois has a sister entity, Genesis Health System, an Iowa nonprofit corporation ("Genesis Iowa"), which operates healthcare facilities in Iowa. Genesis Illinois and Genesis Iowa have identical governing boards and can act jointly, but neither entity has control over the other.
7. There have been no adverse actions taken against any facility owned or operated by Genesis Illinois or Genesis-Aledo during the three (3) years prior to the filing of these COE Applications. A letter certifying the above information is attached at ATTACHMENT 5.
8. An authorization letter granting access to the Review Board and the Illinois Department of Public Health ("IDPH") to verify information about Genesis Illinois and Genesis-Aledo is attached at ATTACHMENT 5.

MercyOne

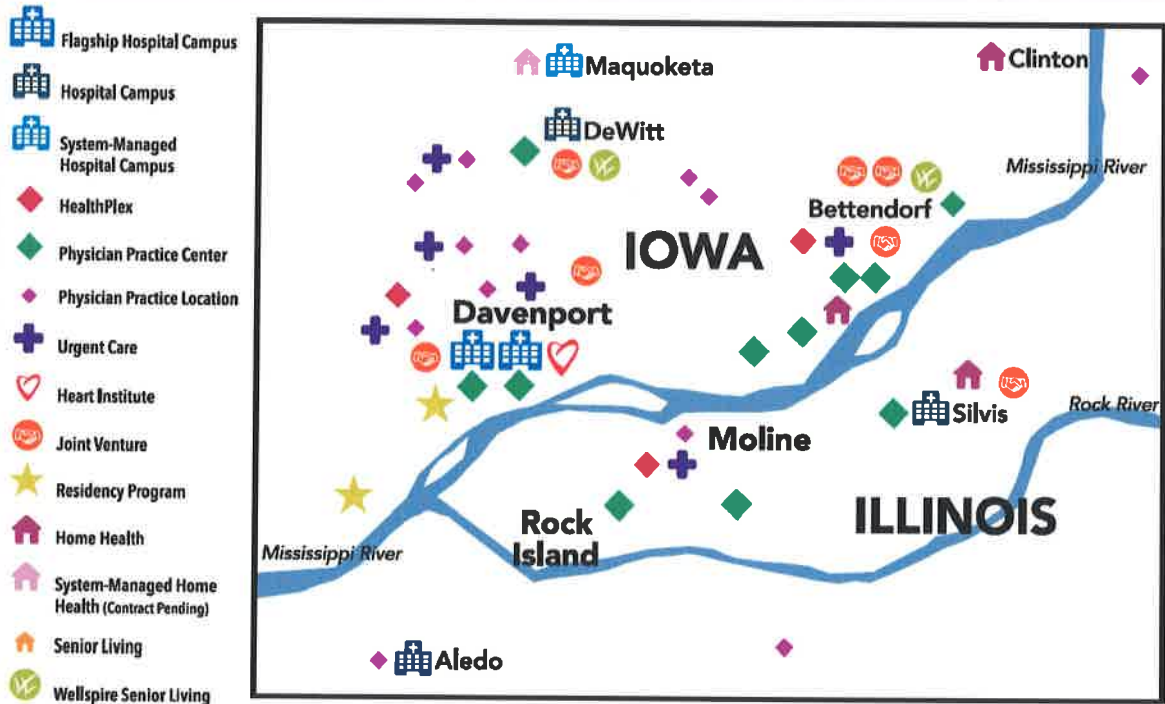
1. Mercy Health Network, Inc. d/b/a Mercy One ("MercyOne"), is a Delaware nonstock corporation.
2. MercyOne, which is headquartered in central Iowa, is one of the largest health systems in Iowa. MercyOne operates 18 hospitals in Iowa and South Dakota (3 of which are joint ventured) and is affiliated with an additional 22 hospitals in Iowa. In 2021, MercyOne had more than 3 million patient visits and provided more than \$136 million in community benefits to the communities served by MercyOne. MercyOne has more than 18,000 colleagues. A fact sheet showing MercyOne's Iowa facilities is attached at ATTACHMENT 5.
3. MercyOne does not currently own or operate any Illinois licensed healthcare facilities. Thus, there have been no adverse actions taken against any Illinois licensed facilities owned or operated by MercyOne during the three (3) years prior to the filing of these COE Applications. A letter certifying the above information is attached at ATTACHMENT 5.
4. An authorization letter granting access to the Review Board and IDPH to verify information about MercyOne is attached at ATTACHMENT 5.

Trinity

1. Trinity Health Corporation ("Trinity") is an Indiana nonprofit corporation.
2. Trinity is the sole corporate member of MercyOne.
3. Trinity is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 123,000 colleagues and nearly 27,000 physicians and clinicians caring for diverse communities across 26 states. Nationally recognized for care and patient experience, the Trinity system includes 88 hospitals, 135 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. Based in Livonia, Michigan, Trinity has annual operating revenue of \$21.5 billion and returned \$1.4 billion to its communities in the form of charity care and other community benefit programs. Trinity is not affiliated with any of the Iowa-based healthcare entities currently using the name "Trinity" or "Trinity Health."
4. Trinity has an AA- bond rating from Fitch Ratings and S&P Global Ratings. Trinity's rating letters are attached at ATTACHMENT 5.
5. In terms of licensed Illinois healthcare facilities, Trinity is the sole corporate member of Loyola University Health System d/b/a Loyola Medicine, an Illinois not-for-profit corporation. Loyola Medicine is a leading Catholic academic medical center with a multidisciplinary focus on delivering outstanding patient care, leading-edge research and rigorous medical, nursing and graduate education. Loyola Medicine operates Foster G. McGaw Hospital-Loyola University Medical Center in Maywood, Illinois, Gottlieb Memorial Hospital in Melrose Park, Illinois, and MacNeal Hospital in Berwyn, Illinois.
6. There have been no adverse actions taken against any Illinois licensed facilities owned, controlled or operated by Trinity during the three (3) years prior to the filing of these COE Applications. A letter certifying the above information is attached at ATTACHMENT 5.

7. An authorization letter granting access to the Review Board and IDPH to verify information about Trinity Health is attached at ATTACHMENT 5.

Our Footprint



December 13, 2022

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: No Adverse Actions Certification (Genesis Health System Change of Ownership)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. There have been no adverse actions taken against any facility owned or operated by Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation ("Genesis Illinois"), or Genesis Medical Center, Aledo, an Illinois not-for-profit corporation ("Genesis-Aledo"), during the three (3) years prior to the filing of their respective Certificate of Exemption ("COE") Applications.

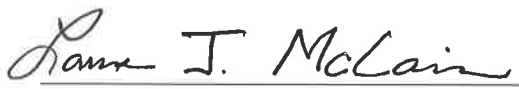
2. There have been no adverse actions taken against any facility owned or operated by Genesis Illinois or Genesis-Aledo during the three (3) years prior to the filing of their respective COE Applications.

Sincerely,



Douglas P. Cropper
President & CEO
Genesis Health System

Subscribed and Sworn to before me
this 13th day of December, 2022.


Notary Public



Attachment 5

December 13, 2022

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Authorization to Access Information (Genesis Health System Change of Ownership)

Dear Mr. Constantino:

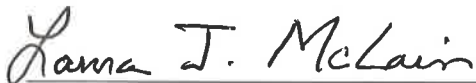
I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation, and Genesis Medical Center, Aledo, an Illinois not-for-profit corporation, with their respective Certificate of Exemption ("COE") Applications. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process said COE Applications.

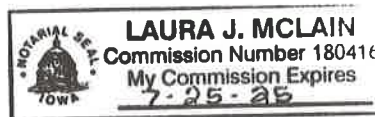
Sincerely,



Douglas P. Cropper
President & CEO
Genesis Health System

Subscribed and Sworn to before me
this 13th day of December, 2022.


Notary Public



Attachment 5

Fact Sheet

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.



MercyOne is a connected system of health care facilities and services dedicated to helping people and communities live their best lives.

The system's more than 230 clinics, medical centers, hospitals and care locations are located throughout the state of Iowa and beyond. Today, the nonprofit health system generates more than \$3 billion in combined revenue and employs more than 18,000 colleagues.

Headquartered in central Iowa, MercyOne was founded in 1998 through a collaboration between Catholic Health Initiatives (now CommonSpirit Health) and Trinity Health – two of the country's foremost, not-for-profit Catholic health organizations.



For additional information, please visit [MercyOne.org](https://www.MercyOne.org)



3 MILLION+
PATIENT VISITS



230+
CARE LOCATIONS
18 owned or joint venture medical centers
23 affiliated hospitals



18,000+
COLLEAGUES



81,000+
ANNUAL
HOSPITAL STAYS



8,000+
NEWBORNS
DELIVERED
ANNUALLY



136 MILLION+
COMMUNITY
BENEFITS
Through education, community health services, charity care and unreimbursed Medicaid cost

Numbers are based on fiscal year 2021

Attachment 5



Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Core Values

Reverence

We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially the most vulnerable.

Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice

We foster right relationships to promote the common good, including sustainability of the Earth.

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity

We are faithful to who we say we are.

Join our Circle of Care

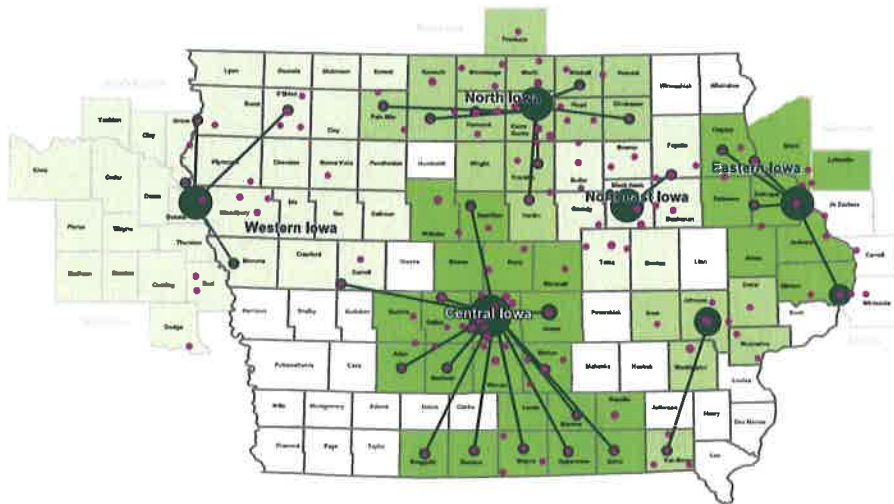
Our colleagues are the power of MercyOne. They have helped us create an award-winning circle of care for our patients and the communities we are privileged to serve.

Every colleague at MercyOne is encouraged to grow personally and professionally by pursuing their unique career development journey. Supported by managers and our organization, colleagues are empowered to take on challenges and experiences that help them reach their career goals.



See opportunities at
[MercyOne.org/careers](https://www.mercyone.org/careers)

OUR COMMUNITIES



● Medical Centers

● Ambulatory Care Locations

OWNED MEDICAL CENTERS & HOSPITALS

Central Iowa

- MercyOne Centerville Medical Center
- MercyOne Children's Hospital
- MercyOne Des Moines Medical Center
- MercyOne Newton Medical Center
- MercyOne West Des Moines Medical Center

Eastern Iowa

- MercyOne Clinton Medical Center
- MercyOne Elkader Medical Center
- MercyOne Dubuque Medical Center
- MercyOne Dyersville Medical Center

North Iowa

- MercyOne North Iowa Medical Center (Mason City)
- MercyOne New Hampton Medical Center

Northeast Iowa

- MercyOne Cedar Falls Medical Center
- MercyOne Oelwein Medical Center
- MercyOne Waterloo Medical Center

Western Iowa

- MercyOne Primghar Medical Center
- MercyOne Siouxland Medical Center (Sioux City)

AFFILIATE PARTNERS

- | | | |
|--|---|--|
| ● Adair County Memorial Hospital | ● Hawarden Regional Healthcare | ● Mercy Iowa City |
| ● Burgess Health Center | ● Knoxville Hospital & Clinics | ● Mercy Iowa City - Rehab Hospital |
| ● Dallas County Hospital | ● Kossuth Regional Health Center | ● Mitchell County Regional Health Center |
| ● Davis County Hospital | ● Madison County Health Care System | ● Monroe County Hospital & Clinics |
| ● Decatur County Hospital | ● Manning Regional Healthcare Center | ● Palo Alto County Health System |
| ● Dunes Surgical Hospital (South Dakota) | ● MercyOne Clive Behavioral Health Hospital | ● Ringgold County Hospital |
| ● Franklin General Hospital | ● MercyOne Clive Rehabilitation Hospital | ● Van Buren County Hospital |
| ● Guttenberg Municipal Hospital | | ● Van Diest Medical Center |
| ● Hancock County Health System | | ● Wayne County Hospital |
| ● Hansen Family Hospital | | |

Attachment 5

December 12, 2022

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2 nd Floor
Springfield, Illinois 62761

Re: No Adverse Actions Certification (Genesis Health Change of Ownership)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, as follows:

1. Mercy Health Network, Inc. d/b/a Mercy One, a Delaware nonstock corporation ("MercyOne"), does not own or operate any Illinois licensed facilities.
2. As a consequence, there have been no adverse actions taken against any Illinois licensed facilities owned or operated by MercyOne, during the three (3) years prior to the filing of the Genesis Health System d/b/a Genesis Medical Center, Silvis, and Genesis Medical Center,

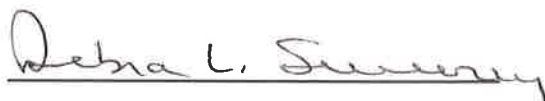
Aledo, Certificate of Exemption Applications.

Sincerely,



Robert Ritz
CEO
MercyOne

Subscribed and Sworn to before me
this 12 day of December, 2022.



Notary Public



0042

Attachment 5

December 12, 2022

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Authorization to Access Information (Genesis Health Change of Ownership)

Dear Mr. Constantino:

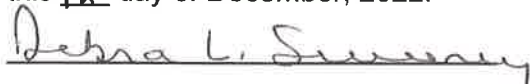
I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Mercy Health Network, Inc. d/b/a Mercy One, a Delaware nonstock corporation, in support of the Genesis Health System d/b/a Genesis Medical Center, Silvis, and Genesis Medical Center, Aledo, Certificate of Exemption ("COE") Applications. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process said COE Applications.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Ritz".

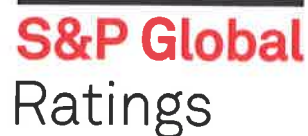
Robert Ritz
CEO
MercyOne

Subscribed and Sworn to before me
this 12 day of December, 2022.

A handwritten signature in black ink, appearing to read "Debra L. Sweeney".

Notary Public





RatingsDirect®

Trinity Health Credit Group, Michigan; CP; System

Primary Credit Analyst:

Cynthia S Keller, Augusta + 1 (212) 438 2035; cynthia.keller@spglobal.com

Secondary Contact:

Kay Sifferman, Austin +1 (346) 282 3264; kay.sifferman@spglobal.com

Table Of Contents

Credit Highlights

Outlook

Enterprise Profile--Very Strong

Financial Profile--Very Strong

Related Research

Trinity Health Credit Group, Michigan; CP; System

Credit Profile

Franklin Cnty, Ohio

Trinity Health Credit Group, Michigan

Franklin Cnty (Trinity Health Credit Group) (Mount Carmel Health)

Long Term Rating

AA-/Stable

Affirmed

Credit Highlights

- S&P Global Ratings affirmed its 'AA-' long-term rating on bonds issued by various authorities for Trinity Health Credit Group (Trinity Health), Mich. and Trinity Health's taxable debt.
- We also affirmed our 'AA-/A-1+' dual rating, and 'A-1+' short-term rating on various series of debt issued for Trinity Health. The 'A-1+' short-term component of the dual ratings and our 'A-1+' rating on Trinity Health's commercial paper reflects our view of the credit strengths inherent in the 'AA-' long-term rating, as well as our view that Trinity Health's assets provide sufficient support for any liquidity demands associated with this debt.
- The outlook on all long-term ratings is stable.

Security

Securing the bonds is a security interest in the pledged property of the Trinity Health Obligated Group and certain designated affiliates. Pledged property includes all receipts, revenue, income, and other money received, including rights to receive accounts and health care insurance receivables.

Credit overview

The rating reflects Trinity Health's significant geographic presence with operations in 26 states, revenue diversity with a focus on growth outside of acute-care, and an operating company model that achieves benefits from the system's size, scale, and diversity. These benefits include an internal staffing agency, significant progress toward a single information technology platform, and system wide teams that have been working on labor solutions, clinical standardization, value-based care growth, and improved financial performance.

Although Trinity Health posted operating losses in fiscal years 2020 and 2022, the losses were more than offset by healthy and positive 2021 results above expectations. Fiscal 2023's first-quarter operating performance has weakened significantly due primarily to labor costs and shortages affecting much of the industry. Management has targeted \$1.5 billion of improvement initiatives (both revenue and growth opportunities as well as expense reductions) that would enable Trinity Health to return to positive operating performance in fiscal 2023. The system's long-term goal to reach a 3% operating margin in 2025 seems ambitious given current industry challenges, and while we view some improvement as important for future rating affirmation, we do not believe that achieving a 3% margin is necessary to maintain the rating assuming generally stable balance sheet metrics.

Although several balance sheet metrics have weakened recently, due to operating cash flow support, capital spending,

and investment market volatility, many ratios are consistent or compare favorably with levels before the pandemic.

We have incorporated into this rating affirmation, Trinity Health's Sept. 1, 2022 acquisition of seven hospitals and home health assets previously owned under the MercyOne joint operating agreement (JOA) between Trinity health and CommonSpirit Health. The \$613 million purchase price was funded with \$313 million of internal reserves and \$300 million of commercial paper. The commercial paper is expected to be repaid with a private debt issuance planned for December 2022 with covenants comparable with those in existing loans although documents are not yet ready for our review. In our opinion, the additional \$300 million of debt does not materially impact leverage metrics relative to Trinity Health's \$7 billion in outstanding debt and the cash portion of the purchase price, while meaningful on an absolute basis, when combined with the increased expenses associated with the acquisition net of cash received, reduces proforma cash on hand by about 20 days.

In September 2022, Trinity Health also signed a letter of intent to develop a strategic partnership with Genesis Health System (doing business in Iowa and Illinois) and although we have not factored this into our rating as it is not yet subject to a definitive agreement, we believe this partnership will fit well geographically with Trinity Health's Iowa growth strategy.

The rating reflects our assessment of Trinity Health's:

- National footprint, with a distributed geographic presence through its 88 inpatient facilities, assets in 26 states, and a significant group of employed physicians and nonacute-care services;
- Generally stable balance sheet metrics, many of which compare favorably with fiscal 2019 levels despite recent operating losses and investment market volatility;
- Financial and operational benefits from the Trinity Health Leadership System lean structure that focuses on cost, quality, and efficiencies;
- Extremely well-funded defined-benefit pension plans; and
- Conservative debt structure.

Partially offsetting the strengths, in our view, are Trinity Health's:

- Recently volatile earnings profile due largely to the pandemic and associated labor, supply, and revenue pressures;
- Strategic capital initiatives that may limit balance sheet growth although management has shown willingness to adjust spending in light of cash flow shortfalls;
- Significant noncash generating income associated with the BayCare Health System joint venture, which we remove from our calculations; and
- Financial and implementation risks associated with a system-wide IT installation.

Environmental, social, and governance

We view Trinity Health's social risk favorably in our rating analysis, given its large and broad service area with varied demographic trends. That said, these strengths are somewhat offset by widespread human capital social risks tied to higher labor and salary pressures that began in late 2021 and are likely to continue into 2023. We view health and

safety risks tied to the COVID-19 pandemic as easing but continue to monitor COVID-19 and its variants.

We analyzed Trinity Health's environmental and governance risks and determined that both are neutral to the rating. While there may be certain markets subject to environmental risk, due to the large and diverse locations of the system's assets in 26 states, we do not believe that an environmental event in a single market is a risk for this system.

Outlook

Supporting Trinity Health's stable outlook is its diversified and very strong enterprise profile coupled with an existing management structure that is heavily focused on operational improvement. Because Trinity Health's balance sheet has remained stable and is generally consistent with historical levels, we believe there is sufficient cushion at the current rating level to accommodate a short-term period of volatile operating performance if earnings trend favorably through the outlook period.

Downside scenario

While certain of Trinity Health's financial ratios are below median levels, we believe its diverse system characteristics lower overall credit risk. A negative outlook could be possible with persistently and materially negative margins and thin debt service coverage especially if accompanied by balance sheet dilution. In addition, any significant integration challenges in Iowa may warrant a negative outlook.

Upside scenario

While not expected during the outlook period due to lingering effects of the pandemic, we believe Trinity Health's enterprise profile can support a higher rating and over time we could consider a positive action with a trend of financial performance and balance sheet ratios that are closer to 'AA' category medians. Given Trinity Health's excellent geographic, economic, and financial diversity, we do not believe all metrics need to meet 'AA' rating levels medians to warrant a higher rating.

Enterprise Profile--Very Strong

Diverse market position

We consider Trinity Health to be one of the most diverse systems we rate with limited reliance on any one geographic region or single demographic characteristic. The acute care assets are structured into regional health ministries (RHM) that set strategies and manage daily operations within a framework of system targets and best practices. Trinity Health has three nationally focused practices in long-term care, home health and hospice, and Program of All-Inclusive Care For The Elderly (PACE) and partners in urgent care (136 locations) and telehealth. Ongoing implementation of a common information technology platform and continued evolution of corporate services are expected to improve Trinity Health's financial results.

Michigan is the largest of Trinity Health's RHMs. In fiscal 2022, it accounted for 22% (\$4.3 billion) of the system's total operating revenue and operated eight hospitals with over 110,000 discharges. While Michigan's contribution is meaningful, and the region is typically among the most profitable, Trinity Health has another eight RHMs that each had over \$1 billion of operating revenue in 2022, which we consider strong diversification.

Value focus

Trinity Health has a long history of profitably taking risk and participating in value based and shared savings programs where available. While fee for service remains a large component of its business, Trinity Health has invested heavily in infrastructure to support value-based care and reports that it, along with its partners, currently has responsibility for over 1 million lives. Trinity Health manages its large-employed physician group through a shared governance structure over multiple clinical service lines system-wide that are helping achieve standardization, improved quality, and savings. Management is actively seeking to expand the group while at the same time, focusing on improving access to existing physicians.

Trinity Health operates a Medicare Advantage product, MediGold, that currently has 43,000 enrollees in four states with Connecticut being added in 2023. Part of the expansion is being funded by Trinity Health's 2021 sale of its interest in Gateway Health Plan that yielded almost \$386 million of cash proceeds and dividends. The sale also generated a \$129 million gain on sale that we excluded from net income.

Acquisitions

With a system of this size, annual merger and divestiture activity is typical. While there was limited activity in fiscal 2022, system growth has picked up significantly in fiscal 2023 with the acquisition of assets in Iowa acquired from CommonSpirit and the much smaller affiliation with North Ottawa Community Health System in Michigan (less than \$66 million of total operating revenue in fiscal 2022). Proposed acquisitions include Madera Community Hospital in California and Genesis Health System in Iowa and Illinois. Trinity Health also expects to transfer membership of St. Francis Medical Center in Trenton, New Jersey to Capital Health Hospitals later this year as the hospital was dilutive to financial performance and the system had limited presence in the region.

In September the acquired Iowa assets contributed \$126 million of operating revenue and a \$5 million operating loss (excluding S&P Global Ratings' adjustments). As part of the transaction Trinity Health assumed \$974 million of assets and \$321 million of liabilities including \$125 million of operating leases, less than \$3 million of long-term debt, and about \$59 million of unrestricted reserves.

While Mercy One is one of the largest recent acquisitions the system has made, the overall size remains modest relative to Trinity Health's entire system. This acquisition is strategically important to Trinity Health as the system's market share, presence, and materiality will strengthen meaningfully in Iowa where it competes against Unity Point and the University of Iowa. In addition, management believes that bringing the Iowa operations under a single parent, including eventually on a common IT platform, will generate significant synergies, spread overhead, and create a more favorable environment for future acquisitions. We view achieving these integration and consolidation goals as important to offset the acquisition cost but also recognize that the process could be less complicated given Trinity Health's familiarity with the acquired assets.

Capital spending priorities include outpatient growth and IT

Management has constrained capital spending to around depreciation expense since the start of the pandemic including in fiscal 2022 when actual capital spending was well below Trinity Health's \$1.6 billion budget given weaker-than-expected cash flow.

Management has budgeted higher spending in fiscal 2023 driven in large part by the acquisition of MercyOne that

accounts for about one-third of the proposed \$1.8 billion spend. Outside of this, budgeted capital spending is consistent with prior year levels at slightly above depreciation expense although management has indicated that it will reduce spending if cash flow is below expectations. Spending priorities remain unchanged with a growth focus in certain markets, expanding non-acute care services, and completing implementation of its common technology platform by 2024.

Table 1

Trinity Health Credit Group, Michigan Enterprise Statistics				
	--Three months ended Sept. 30--	--Fiscal year ended June 30--		
	2022	2022	2021	2020
Inpatient discharges	113,638	450,938	496,201	524,223
Equivalent inpatient discharges	266,474	1,029,947	1,112,490	1,132,490
Emergency visits	494,457	1,912,921	1,827,596	2,031,824
Inpatient surgeries	26,053	100,840	112,573	120,987
Outpatient surgeries	69,611	278,552	278,133	227,957
Medicare case mix index	1.8637	1.8731	1.9185	1.8330
FTE employees	98,252	98,146	97,840	102,942
Active physicians	25,900	25,400	25,800	26,700
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	N.A.	40.8	40.8	40.8
Medicaid (%)	N.A.	16.4	16.3	15.9
Commercial/Blues (%)	N.A.	40.9	40.9	41.3

N/A--Not applicable. N.A.--Not available. Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions.

Financial Profile--Very Strong

Operating losses return in fiscal 2022 after remarkable earnings in fiscal 2021

Although Trinity Health did not anticipate repeating fiscal 2021's strongly positive earnings, actual results for fiscal 2022 were weaker than expected due to additional pandemic surges, and continued labor and supply cost escalation. Although management had plans underway to grow volume and revenue as well as normalize expenses to actual volume levels, actions taken were unable to fully offset expense growth. In 2022, Trinity Health spending on labor (agency staff and premium pay offset by savings from vacant positions) was \$329 million higher than normal while total operating revenue declined largely due to a \$478 million drop in CARES Act stimulus funding. Net patient service revenue grew slightly but volume continued to be dampened by staffing challenges that impacted surgical and inpatient capacity.

S&P Global Ratings' calculation of income is lower than Trinity Health's audited results because we exclude all non-cash flowing joint venture earnings and shift any investment income and contributions from other operating revenue to nonoperating revenue for comparability among credits. Most of the equity in earnings of unconsolidated subsidiaries is attributable to BayCare in Florida, which returns little cash to Trinity Health. We also exclude asset impairment charges and restructuring costs from operating performance, both of which occur frequently due to the system's overall size and active portfolio management.

Pro forma debt service coverage including the proposed new borrowing remained solidly positive, bolstered by strong nonoperating revenue. We base our debt service coverage calculation on smoothed debt service for all the system's debt including outside the obligated group and assume variable rate debt at a 3.5% interest rate.

Lean framework anticipated to improve results through fiscal 2023

Trinity Health operates under a lean framework that targets improvements annually to remain in line with its goal to achieve a 3% operating margin by 2025. The system's targeted \$1.5 billion of improvement for fiscal 2023 is focused on revenue growth (\$450 million) and cost reductions (\$1.05 billion). Within the cost reductions, which equate to 70% of the improvement, efforts are focused largely on labor improvements and more efficient administrative and support services. Management has executed on about \$280 million of savings through the summer by reducing 2,200 administrative employees and expects an additional \$70 million of savings will be implemented by the end of calendar 2022. In addition, Trinity Health has developed a new team-based nursing clinical care model that is being implemented in the system and that is ultimately expected to reduce labor costs by 8%.

Our rating incorporates an expected margin improvement in 2023 relative to fiscal 2022 although with continued labor pressures, we believe fully achieving a slightly positive operating margin (excluding S&P Global Rating adjustments) in fiscal 2023 may be challenging as Trinity Health is behind budget through the first quarter of the fiscal year ended September 30 due to higher than budgeted labor costs and continued soft volume. However, there are still three quarters remaining in the fiscal year to recover and trends have been improving with the months of March through September all posting lower operating losses compared with February. With the benefit of management actions including the labor reductions, management expects the operating run rate to incrementally improve, and be positive, through each subsequent quarter in fiscal 2023.

Stable and conservative balance sheet

With ample stimulus funds, revenue cycle improvement, and healthy investment returns in 2020 and 2021, Trinity Health's unrestricted reserves have grown materially providing much better days' cash on hand, cash relative to debt, and leverage metrics. Even after recognizing over \$1 billion of investment losses in fiscal 2022, unrestricted reserves and related ratios remain favorable to prepandemic levels.

Although certain balance sheet metrics remain lower than medians, growth over the past several years brings the ratios closer to rating level norms. In addition, other aspects of Trinity Health's balance sheet are conservative. The system has limited contingent liabilities that account for a small amount of total debt and consist mostly of commercial paper, variable rate demand bonds, and direct bank loans. We do not consider Trinity Health's bank loans to be a risk because the debt is spread among five banks with varying put and maturity dates from 2023 through 2027, Trinity Health has unrestricted reserves totaling almost 10x its contingent liability debt, and the organization has access to the debt markets, if necessary, for refinancing.

Based on an analysis by S&P Global Ratings as of Sept. 30, 2022 Trinity Health has \$3.5 billion of discounted same day available assets that cover its rated self-liquidity obligations (\$600 million of authorized commercial paper and \$633 million of variable rate demand bonds) by almost 3x.

Healthy pension funding

Trinity Health's defined-benefit pension plans are exceptionally well funded with plan assets equal to 98% of the projected benefit obligation on June 30 with an increase in the discount rate helping to offset a decline in the value of the pension assets from investment losses. All of Trinity Health's pension plans are frozen and its other post-employment benefits are also well funded. The strong funding levels are likely to result in lower contributions and pension expense in fiscal 2023, which we view favorably, as Trinity Health is still experiencing financial pressure from labor and expense inflation and has plans for higher capital spending.

Table 2

Trinity Health Credit Group, Michigan Financial Statistics					
	--Three months ended Sept. 30--	--Fiscal year ended June 30--		Medians for 'AA-' rated health care systems	
	2022	2022	2021	2020	2021
Financial performance					
Net patient revenue (\$000s)	4,603,777	18,131,881	17,825,957	16,519,264	3,231,647
Total operating revenue (\$000s)	5,030,540	19,970,910	19,923,627	18,693,277	3,824,089
Total operating expenses (\$000s)	5,171,743	20,178,586	19,410,650	18,817,422	3,687,587
Operating income (\$000s)	(141,203)	(207,676)	512,977	(124,145)	117,865
Operating margin (%)	(2.81)	(1.04)	2.57	(0.66)	2.80
Net nonoperating income (\$000s)	78,074	816,775	829,618	311,867	157,639
Excess income (\$000s)	(63,129)	609,099	1,342,595	187,722	263,968
Excess margin (%)	(1.24)	2.93	6.47	0.99	6.80
Operating EBIDA margin (%)	2.94	4.59	8.34	5.53	8.20
EBIDA margin (%)	4.42	8.34	12.01	7.08	11.70
Net available for debt service (\$000s)	225,766	1,734,205	2,492,129	1,345,037	425,353
Maximum annual debt service (\$000s)	456,179	456,179	456,179	456,179	75,263
Maximum annual debt service coverage (x)	1.98	3.80	5.46	2.95	6.10
Operating lease-adjusted coverage (x)	1.63	2.98	4.10	2.34	4.40
Asset impairment and loss on transfer charges*	0	(113,864)	(111,513)	(206,439)	MNR
Restructuring costs*	0	(72,568)	(76,671)	(212,941)	MNR
Nonoperating equity in earnings of unconsolidated affiliates*	(49,420)	(150,214)	912,860	172,283	MNR
Liquidity and financial flexibility					
Unrestricted reserves (\$000s)	9,763,591	10,675,059	11,494,161	9,309,228	2,800,238
Unrestricted days' cash on hand	180.1	201.9	226.6	189.6	291.9
Unrestricted reserves/total long-term debt (%)	140.1	151.4	162.7	131.5	263.6
Unrestricted reserves/contingent liabilities (%)	712.3	996.5	969.4	690.0	893.5
Average age of plant (years)	12.3	12.3	11.5	10.9	10.8
Capital expenditures/depreciation and amortization (%)	103.1	103.7	95.7	106.3	105.4
Debt and liabilities					
Total long-term debt (\$000s)	6,968,586	7,049,431	7,065,073	7,079,764	1,015,854

Table 2

Trinity Health Credit Group, Michigan Financial Statistics (cont.)

	--Three months ended Sept. 30--	--Fiscal year ended June 30--		Medians for 'AA-' rated health care systems	
	2022	2022	2021	2020	2021
Long-term debt/capitalization (%)	30.6	30.2	28.3	35.3	25.0
Contingent liabilities (\$000s)	1,370,707	1,071,258	1,185,659	1,349,181	286,172
Contingent liabilities/total long-term debt (%)	19.7	15.2	16.8	19.1	24.9
Debt burden (%)	2.23	2.19	2.20	2.40	2.00
Defined-benefit plan funded status (%)	N/A	97.75	100.76	88.67	94.40
Pro forma ratios					
Unrestricted reserves (\$000s)	9,763,591	10,675,059	N/A	N/A	MNR
Total long-term debt (\$000s)	7,268,586	7,349,431	N/A	N/A	MNR
Unrestricted days' cash on hand	180.1	201.9	N/A	N/A	MNR
Unrestricted reserves/total long-term debt (%)	134.3	145.3	N/A	N/A	MNR
Long-term debt/capitalization (%)	31.5	31.1	N/A	N/A	MNR
Miscellaneous					
Medicare advance payments (\$000s)**	29,402	389,485	1,296,581	1,634,160	MNR
Short-term borrowings (\$000s)**	0	0	0	1,000,000	MNR
CARES Act and other grants (\$000s)	100	158,300	632,600	643,600	MNR

N/A--Not applicable. N.A.--Not available. MNR--Median not reported. *Mostly excluded from operating and net income. **Excluded from unrestricted reserves, long-term debt, and contingent liabilities. Proforma ratios include proposed \$300 million of additional debt.

Credit Snapshot

- Group rating methodology: Core.
- Organization description: Trinity Health has a presence in 26 states, with 88 hospitals (owned, managed, and in joint operating agreements/joint ventures), 123,000 employees, and approximately 8,300 employed physicians and clinicians, making it one of the largest not-for-profit health care and home health organizations in the country. Trinity Health is also invested in continuing care with 43 senior living communities, 24 PACE centers, and 39 home health and hospice agencies throughout many states. Most of the Trinity Health's assets are in the Midwest and along the East Coast, although it also has a presence in three western states.
- Swaps: Trinity Health is a party to 15 swaps with a combined notional amount of \$896 million, \$86 million negative mark to market, and no collateral posted at the end of fiscal 2022.

Related Research

Through The ESG Lens 3.0: The Intersection Of ESG Credit Factors And U.S. Public Finance Credit Factors, March 2, 2022

Ratings Detail (As Of December 1, 2022)

Trinity Health Credit Group CP		
Short Term Rating	A-1+	Affirmed
Trinity Hlth Credit Grp taxable bnds Series 2015 due 06/30/2045		
Long Term Rating	AA-/Stable	Affirmed
Trinity Hlth Credit Grp variable rate bnds		
Long Term Rating	AA-/Stable	Affirmed
Connecticut Hlth & Educl Facs Auth, Connecticut		
Trinity Health Credit Group, Michigan		
Connecticut Hth & Educl Facs Auth (Trinity Health Credit Group)		
Long Term Rating	AA-/Stable	Affirmed
Franklin Cnty, Ohio		
Trinity Health Credit Group, Michigan		
Franklin Cnty (Trinity Health Credit Group)		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Idaho Hlth Fac Auth, Idaho		
Trinity Health Credit Group, Michigan		
Idaho Hlth Fac Auth (Trinity Health Credit Group)		
Long Term Rating	AA-/Stable	Affirmed
Idaho Hlth Fac Auth (Trinity Health Credit Group)		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Indiana Finance Authority, Indiana		
Trinity Health Credit Group, Michigan		
Indiana Fin Auth (Trinity Health Credit Group) SYSTEM		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Iowa Fin Auth, Iowa		
Trinity Health Credit Group, Michigan		
Iowa Fin Auth (Trinity Health Credit Group) SYSTEM		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Maryland Hlth & Hgr Ed Facs Auth, Maryland		
Trinity Health Credit Group, Michigan		
Maryland Hlth & Hgr Ed Facs Auth (Trinity Health Credit Group) rev bnds		
Long Term Rating	AA-/Stable	Affirmed
Massachusetts Development Finance Agency, Massachusetts		
Trinity Health Credit Group, Michigan		
Massachusetts Development Finance Agency (Trinity Health Credit Group) (Sisters of Providence Hlth Sys)		
Long Term Rating	AA-/Stable	Affirmed
Michigan Finance Authority, Michigan		
Trinity Health Credit Group, Michigan		
Michigan Finance Authority (Trinity Health Credit Group) hosp rev rmktd 1/25/2022 bnds (Trinity Health Credit Group) ser 2016MI-2 dtd 01/25/2022 due 0		
Long Term Rating	AA-/Stable	Affirmed
Michigan Fin Auth (Trinity Health Credit Group)		

Ratings Detail (As Of December 1, 2022) (cont.)

Long Term Rating	AA-/Stable	Affirmed
Michigan Fin Auth (Trinity Health Credit Group)		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Michigan Fin Auth (Trinity Health Credit Group) hosp rev bnds		
Long Term Rating	AA-/Stable	Affirmed
Michigan Fin Auth (Trinity Health Credit Group) hosp rev bnds		
Long Term Rating	AA-/Stable	Affirmed
Michigan St Hosp Fin Auth, Michigan		
Trinity Health Credit Group, Michigan		
Michigan State Hospital Finance Authority (Trinity Health Credit Group)		
Long Term Rating	AA-/Stable	Affirmed
Michigan State Hospital Finance Authority (Trinity Health Credit Group)		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Michigan St Hosp Fin Auth (Trinity Health Credit Group) rfdg rev bnds		
Long Term Rating	AA-/Stable	Affirmed
Montgomery Cnty, Maryland		
Trinity Health Credit Group, Michigan		
Montgomery Cnty (Trinity Health Credit Group)		
Long Term Rating	AA-/Stable	Affirmed
Montgomery Cnty (Trinity Health Credit Group)		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Montgomery Cnty Hgr Ed & Hlth Auth, Pennsylvania		
Trinity Health Credit Group, Michigan		
Montgomery Cnty Hgr Ed & Hlth Auth (Trinity Health Credit Group)		
Long Term Rating	AA-/Stable	Affirmed
New Jersey Hlth Care Facs Fincg Auth, New Jersey		
Trinity Health Credit Group, Michigan		
New Jersey Hlth Care Facs Fincg Auth (Trinity Health Credit Group)		
Long Term Rating	AA-/Stable	Affirmed
North Carolina Med Care Comm, North Carolina		
Trinity Health Credit Group, Michigan		
North Carolina Med Care Comm (Trinity Health Credit Group) SYSTEM		
Long Term Rating	AA-/A-1+/Stable	Affirmed
St. Mary Hosp Auth, Pennsylvania		
Trinity Health Credit Group, Michigan		
St. Mary Hosp Auth (Trinity Health Credit Group)		
Long Term Rating	AA-/Stable	Affirmed
St. Mary Hosp Auth (Trinity Health Credit Group) hlth sys rev bnds		
Long Term Rating	AA-/A-1+/Stable	Affirmed
Unenhanced Rating	NR(SPUR)	
St. Mary Hosp Auth (Trinity Health Credit Group) hlth sys rev bnds		
Long Term Rating	AA-/Stable	Affirmed

Trinity Health Credit Group, Michigan



Ratings

Long Term Issuer Default Rating AA-

Outstanding Debt Details on Page 3

Rating Outlook

Stable

Applicable Criteria

U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria (November 2020)

Public Sector, Revenue-Supported Entities Rating Criteria (September 2021)

Related Research

Fitch Affirms Trinity Health Credit Group (MI)'s Ratings at 'AA-'; Outlook Stable (December 2022)

Trinity Health's 'AA-' long-term ratings reflect its national size and scale, with a significant market presence in multiple states. The long-term ratings also incorporate Fitch's expectation that Trinity Health will return to sustained stronger operating EBITDA margins notwithstanding their fiscal 2022 results that were behind fiscal 2021 results due to the sector-wide struggle with salary/wage/benefits expense increases and contract labor costs, on top of inflationary pressures. Fitch anticipates gradual incremental improvement to operating margins going forward that will, over the near to medium term, further enhance Trinity Health's unrestricted liquidity position as well as fund anticipated capital spending.

Financial results for audited YE June 30, 2022 reflect a weak operating EBITDA margin of 4.6%, compared to fiscal YE June 2021's very strong operating EBITDA margin of 9.7%. Federal stimulus dollars included in the system's operations were approximately \$619 million in CARES funding recorded in fiscal 2021, and \$140.5 million recorded in fiscal 2022.

Fitch expects Trinity Health's longer-term operating EBITDA margins to be approximately in the 8% range (based on an operating margin target of 3%), which would support capital spending and improve liquidity levels. The inability to reach this level over the next two to three years could place pressure on the existing rating as Trinity Health's operating risk assessment could be reassessed as midrange versus strong.

Trinity Health is one of Fitch's largest rated multi-state systems, with solid market positions in each of its Regional Health Ministries (RHMs or markets), which disperses risk and reduces dependence on any one location for operational success.

Trinity Health has also incorporated significant at-risk components into its payor arrangements, commonly referred to as alternative payment models (APMs). Trinity Health has been an early adopter of at-risk or value-based payment arrangements, developing crucial skillsets in population health management care models, in order to better control, and ultimately reduce, the total cost of care.

Credit Strengths

- Significant levels of unrestricted cash and investments (not including Medicare Advance Payments), equal to 199 days cash on hand, 131% cash to debt outstanding, and net debt (debt minus unrestricted cash and investments) of negative \$2.5 billion.
- Geographic diversity and large size/scale of operations.
- Development of population health skills and willingness to engage in at-risk payor arrangements.

Credit Challenges

- Weaker operating EBITDA margins in fiscal 2022, the result of sector-wide salary/wage/benefits expense increases and inflationary pressures.
- Liquidity and leverage metrics that softened somewhat in fiscal 2022, due to weaker equity market returns.

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Key Rating Drivers

Solid Market Positions and Stable Payor Mix: Trinity Health's revenue defensibility is assessed as mid-range, which is the most favorable assessment in the absence of meaningful taxing authority. Fitch defines revenue defensibility as an organization's ability to influence future reimbursement levels, which is generally limited for hospital providers, particularly over the short term. This is highly dependent on the payor mix, with Medicare, Medicaid and self-pay volumes resulting in a more restricted ability to influence future reimbursement.

Revenue defensibility is also dependent on the organization's market share and market position, along with the economic outlook of the organization's service area(s). Trinity Health's delivery and payor network has a broad national presence and is located in the key states of Michigan, Ohio, Iowa, Nebraska, Idaho, Illinois, New York, Connecticut and Oregon. Many of Trinity Health's key markets have above-average population growth when compared to the overall U.S., and the system's combined Medicaid and self-pay percentage of patients is low, given the markets' generally favorable demographic characteristics.

Despite Headwinds; Incremental Improvement Expected in Margins: Trinity Health's operating risk profile is assessed as 'strong', reflecting both the system's modest financial results in fiscal 2022, but also the expectation that operating margins will continue to improve over the next two to three years. Also favorable in Fitch's opinion is Trinity Health's integrated delivery model, as demonstrated by a historical track record of consistent profitability and positive operations.

Capital spending needs are manageable over the next several years given a young average age of plant, although TogetherCare, a systemwide technology installation, remains ongoing after a brief pause during calendar-year 2020, which will require capital and operational spending over the next two years.

Trinity Health has avoided top-line revenue dislocation, and has seen generally healthy patient volumes; however, additional expenses needed to combat severe staffing shortages have affected margins in fiscal 2022, with an operating margin of -0.9% and an operating EBITDA margin of 4.6%.

Liquidity Improvement is Expected: Trinity Health had greatly improved liquidity and leverage metrics in fiscal YE 2021, and while these have moderated somewhat in fiscal YE 2022, they remain adequate for an 'AA-' rated entity, and continue Trinity Health's longer-term trend of gradual balance sheet improvement. Should operating profitability remain around 8%, this should further enhance Trinity Health's financial stability at the 'AA' rating category under Fitch's forward-looking base case scenario analysis.

Fitch assumes that levels of capital spending will be ramped up in the following years, after reduced annual capital spending during the impact of the coronavirus pandemic. Despite this, and with consistent levels of positive operating results, Fitch expects Trinity Health to maintain a net leverage position with cash-to-adjusted debt that is not expected to fall below 110% even under a modeled stress scenario, which is consistent with a very strong 'aa' financial profile assessment.

Asymmetric Additional Risk Considerations: There are no asymmetric risk factors associated with Trinity Health's rating.

Security

The bonds are general obligations of Trinity Health. The master trust indenture provides for security interests in members' pledged property at the obligated group and certain designated affiliates with pledged property, including all receipts, revenues, income and other moneys received, and rights to receive accounts and health care insurance receivables. Trinity Health has a restricted affiliate structure. The bonds are general unsecured obligations of the Trinity Health Credit Group. Trinity Health's parent is the only member of the obligated group. Most hospital ministries are designated affiliates of the credit group.

Rating History (IDR)

Rating	Action	Outlook/ Watch	Date
AA-	Affirmed	Stable	12/1/22
AA-	Downgraded	Stable	12/23/16
AA	Affirmed	Negative	12/30/15
AA	Assigned	Stable	10/3/13

Rating Sensitivities

Factors that could, individually or collectively, lead to negative rating action/downgrade:

- Fitch's expectation for longer term rating stability is an operating EBITDA margin of approximately 7% to 8%. If operating results fall short of this goal, the outlook or rating could be pressured.
- Balance sheet dilution from either incremental debt or high capital spending, such that cash-to-adjusted debt falls to levels below 100%.

Factors that could, individually or collectively, lead to positive rating action/upgrade:

- At the 'AA-' rating, an upgrade is unlikely in the current operating environment over the two-year outlook period, barring a significant positive addition to Trinity Health's unrestricted cash and investment levels, such that cash-to-adjusted debt is consistently above the 175% range in the stress case.
- Sustainable operating EBITDA margins of approximately 9% or greater.

Credit Profile

Trinity Health, headquartered in Livonia, MI, is one of the largest nonprofit health care systems in the U.S. The system owns or manages 88 hospitals and 135 continuing care locations, including home care, hospice, PACE (Program of All-Inclusive Care for the Elderly) and senior living facilities in 26 states. Trinity Health delivered nearly \$1.4 billion in community benefit in 2022, grew primary care patients to nearly 2.6 million people and has 1.3 million, and growing, MyChart users. In addition, Trinity Health is the second largest PACE provider in the U.S. Trinity Health provides services to nearly 2.0 million people annually (1.3 million of which are attributed lives that Trinity Health has some form of cost-of-care accountability totaling approximately \$11 billion).

Trinity Health employs approximately 123,000 individuals, including 8,300 employed physicians and clinicians. In fiscal 2022, Trinity Health recorded total operating revenues of about \$19.9 billion. Trinity Health has its largest presence in the following states based on operating revenue of the regional health ministry (RHM) markets in those states: Michigan, Ohio, New England, New York and Illinois.

The system's wide geographic diversity and large scale of operations remain primary credit strengths as they help to insulate the system from adverse economic, demographic and operational challenges in any individual market. Additionally, Trinity Health has been expanding its presence in insurance and non-acute service lines, such as long-term care, home health, senior living and outpatient rehabilitation, in order to prepare for additional value-based and at-risk reimbursement models. Trinity Health owns 100% of MediGold and has recently expanded its Medicare Advantage plans in New York, and will move into Connecticut in 2023.

As one of Fitch's largest rated entities, Trinity Health usually has transition and acquisition activity each year. Most recently, Trinity Health acquired the remaining 50% of MercyOne (Iowa) and has signed an LOI with Genesis that, if combined, would create one of Trinity Health's larger state RHMs with \$3.6 billion in revenues.

Revenue Defensibility

Payor mix that is less dependent on governmental or traditionally weaker payors will provide the organization more flexibility in future reimbursement discussions. Trinity Health reported that Medicaid and Self-Pay combined accounted for a comparatively low 20.4% of Trinity Health's gross revenues in fiscal 2022, indicating flexibility. This level has been consistent for the last several fiscal years, and it is Fitch's opinion that there is no immediate downward pressure to Trinity Health's payor mix.

Trinity Health is largely concentrated in 15 markets, typically with demographically favorable characteristics. Trinity Health is the market leader in multiple RHMs, from an inpatient market share standpoint, and is generally the second largest provider in other key markets. This

Outstanding Debt

Connecticut Health & Educational Facilities Authority (CT) (Trinity Health Credit Group) Revenue Bonds	AA-
Franklin County (OH) (CHE Trinity Health Credit Group) Revenue Bonds*	AA-/F1+
Franklin County (OH) (Trinity Health Credit Group) Revenue Bonds	AA-
Idaho Health Facilities Authority (ID) (CHE Trinity Health Credit Group) Hospital Revenue BondsFN1	AA-/F1+
Idaho Health Facilities Authority (ID) (Trinity Health Credit Group) Hospital Revenue Bonds	AA-
Idaho Health Facilities Authority (ID) (Trinity Health Credit Group) Revenue Bonds	AA-
Indiana Health Facility Financing Authority (IN) (Trinity Health Credit Group) Variable Rate Hospital Revenue Refunding BondsFN1	AA-/F1+
Iowa Finance Authority (IA) (Trinity Health Credit Group) Variable Rate Refunding & Revenue BondsFN1	AA-/F1+
Maryland Health & Higher Educational Facilities Authority (MD) (Trinity Health Credit Group) Revenue Bonds	AA-
Massachusetts Health & Educational Facilities Authority (MA) (Catholic Health East) Health System Revenue Bonds	AA-
Michigan Finance Authority (MI) (CHE Trinity Health Credit Group) Hospital Revenue BondsFN1	AA-/F1+
Michigan Finance Authority (MI) (Trinity Health Credit Group) Hospital Revenue & Refunding Bonds	AA-
Michigan Finance Authority (MI) (Trinity Health Credit Group) Hospital Revenue Bonds	AA-
Michigan Finance Authority (MI) (Trinity Health Credit Group) Hospital Revenue Refunding Bonds	AA-
Michigan Finance Authority (MI) (Trinity Health Credit Group) Revenue Bonds	AA-
Michigan State Hospital Finance Authority (MI) (Trinity Health Credit Group) Refunding Revenue BondsFN1	AA-/F1+
Michigan State Hospital Finance Authority (MI) (Trinity Health Credit Group) Variable Rate Revenue BondsFN1	AA-/F1+
Montgomery County (MD) (CHE Trinity Health Credit Group) Revenue BondsFN1	AA-/F1+
Montgomery County (MD) (Trinity Health Credit Group) Revenue Bonds	AA-
Montgomery County Higher Education & Health Authority (PA) (Catholic Health East Issue) Health System Revenue Bonds	AA-
North Carolina Medical Care Commission (NC) (Catholic Health East Issue) Health System Revenue BondsFN1	AA-/F1+

consistently strong market presence in various dispersed geographies gives Trinity Health a measure of essentiality in their varied locations, resulting in Fitch's mid-range assessment.

Trinity Health's overall service area characteristics are generally favorable. Population growth in key states remains in-line with or above the national average and will allow for additional organic volume growth, which Fitch views favorably. Similarly, the median household income levels and poverty rates are generally better than the national average, and as a result, Fitch does not expect any material movement in Trinity Health's overall payor mix over the near term.

Operating Risk

Trinity Health has demonstrated historical operating EBITDA and EBITDA margins averaging 7.7% and 11.4%, respectively, over the last four years (excluding fiscal 2022), indicating that Trinity Health has balance between operating and non-operating income sources, even during the coronavirus pandemic, when labor expenses were less pronounced.

Trinity Health's margins declined in fiscal 2022, after a recent high point in profitability in fiscal 2021. Operational disruptions were caused by elevated costs, primarily in the form of salary/wage/benefits expenses and contract labor (in the form of agency, overtime and travelers). Trinity Health reports that notable progress has been made on their many labor initiatives, with reduced contract labor headcount, an improved and positive net new hire ratio, and reduced turnover rates - all encouraging signs that operational stability and success are achievable.

Trinity Health, like other national health care providers, experienced the coronavirus differently than single site facilities, with the coronavirus spiking at different times in different geographies; some markets experienced Omicron immediately after Delta, without even a few months of 'normalcy'. This dynamic saw development of several new skillsets that will serve the organization well in what Trinity Health refers to as the new "para-COVID" health care environment, such as an internal clinical staffing agency called "FirstChoice", video visits/telehealth capabilities, and newer remote monitoring technology.

Trinity Health continues to implement TogetherCare, which will bring all of Trinity Health into one consistent version of Epic, system-wide, and allow for quality care delivery, coupled with cost savings. The multi-year installation will help decrease administrative costs, limit clinical and non-clinical variation, and increase the system's ability to share and compare data.

Looking forward, Trinity Health is implementing a multi-year financial improvement plan that should result in a positive operating margin in fiscal 2024, and Trinity Health's longer-term goal of a 3% operating margin by fiscal 2025, following full implementation of TogetherCare (Epic). Improvement initiatives are focused on both growth and expense initiatives, with significant administrative and support service adjustments already made in August 2022.

A key component of Trinity Health's future financial success is solving for the labor shortage, largely through the implementation of Trinity Health's "Moonshot" of a three-person patient care model called TogetherTeam. This model, which optimizes efficiency by combining the efforts of bedside nurses, virtual nurses, and care partners, could allow for as much as a 20% reduction in nurse staffing, freeing up critical staff resources, and also act as a training and development program for care partners to advance in their careers. TogetherTeam is being rolled out across the entire Trinity Health system (initially 2,500 beds in 26 states) over the next 17 months, and will initially focus on medical/surgical, step-down and telemetry units. When fully implemented, TogetherTeam is estimated to save 8% on per diem labor costs, build a solid pipeline of future nurses, and decrease turnover rates. Even beyond the expected success of TogetherTeam, Trinity Health has additional revenue enhancement and expense alignment initiatives planned.

Overall, Fitch expects Trinity Health's operating EBITDA margin to be in the strong 8% range after optimization of TogetherCare and TogetherTeam.

The current average age of plant remains healthy for its markets, at approximately 12.3 years (as of fiscal 2022 YE) and Fitch expects capital spending to be around \$1.8 billion in fiscal 2023, with just over \$600 million (50% cash and 50% debt) for the completed MercyOne acquisition. This spending level is elevated when compared to historical levels, which trended more towards

Outstanding Debt

St. Mary Hospital Authority (PA)	
(Catholic Health East Issue) Health	
System Revenue Bonds	AA-
St. Mary Hospital Authority (PA)	
(Catholic Health East) Health	
System Revenue Bonds	AA-
St. Mary Hospital Authority (PA)	
(Trinity Health Credit Group)	
Revenue Bonds	AA-
Trinity Health (MI) Commercial	
Paper Notes	F1+
Trinity Health (MI) Taxable Bonds	AA-
Trinity Health Credit Group (MI)	
Taxable Bonds	AA-

115% of annual depreciation, although this more normalized level of spending is expected to return after fiscal 2023.

Capex anticipated in fiscal 2023 includes still significant continued investment in information technology, changing infrastructure, and growth initiatives that Trinity Health views as necessary to re-think/re-imagine healthcare. Fitch expects future capital spending to be about \$1.0 billion to \$1.2 billion per year on average, which should keep the average age of plant at around, or lower than, the current level.

Management has focused on standardization and centralization across the system. Strategic initiatives have focused on revenue enhancement, expense management, labor optimization and data analytics. Corporate and shared services have been consolidated, including human resources, legal, finance, clinical, marketing and communications, mission integration, strategy and advocacy. Further logistical or structural efficiencies have been realized during the change in work pattern during the coronavirus, with more workers now working remotely, as office space has been consolidated. Trinity Health will soon run on the unified platforms of Epic, Workday and PeopleSoft, with the final Epic waves beginning (and ending) in calendar 2024.

Trinity Health is involved in a significant number of APM, including clinically integrated networks (CIN). System-wide approximately 26,600 Trinity Health affiliated physicians are involved in 17 CINs. Trinity Health maintains various levels of financial risk for 2.0 million people, encompassing \$10.9 billion in costs from limited care management arrangements to highly managed care and at-risk payments. In addition, Trinity Health is committed to expanding their bundle payment for care improvement initiatives and already has bundled payments in their inpatient settings, skilled nursing facilities and comprehensive joint replacement sites.

Financial Profile

Within the context of the system's mid-range revenue defensibility and strong operating risk profile, Fitch expects Trinity Health's balance sheet leverage related ratios to be consistent with the very strong 'aa' financial profile assessment.

At fiscal YE 2022, the system had around \$10.5 billion of unrestricted cash and investments (which does not include \$389.5 million remaining Medicare Advance Payments, to be fully repaid in 2023), which translated to 199 days cash on hand. Trinity Health had approximately \$8.0 billion of total debt outstanding at audited fiscal YE 2022, which calculates to 131% cash to debt outstanding. Trinity Health's net debt position (debt minus unrestricted cash and investments) remained favorably negative at \$2.5 billion.

Trinity Health's pension is funded at 98% on a PBO basis, and Trinity Health will complete full repayment of Medicare Advance Payments in fiscal 2023.

Through Fitch's baseline scenario, or Fitch's best estimate of the most likely scenario of financial performance over the next five years, given the current economic environment and expectations for Trinity Health's future operational performance, Fitch expects that Trinity Health will see incremental improvement in key balance sheet leverage related metrics over time.

Fitch's stress case scenario assumes an economic stress and an issuer-specific portfolio sensitivity stress based on Trinity Health's asset allocation, and some operational stress (reflected in lower operating margins) with volatility in year one followed by a recovery and then growth and general stability in years three through five. Despite the stress of Fitch's conservative forward-looking scenario analysis, Trinity Health maintains levels commensurate with a very strong 'aa' financial profile, consistent with the 'AA' rating category by year three, indicating that Trinity Health is not particularly susceptible to a stress in Fitch's opinion.

Short-Term 'F1+' Self-Liquidity Rating:

Trinity Health maintains sufficient internal liquid resources (composed of cash, investments and dedicated bank credit facilities) and has implemented written procedures to fund any unremarketed put and/or CP roll of the maximum amount of debt supported by self-liquidity as per Fitch criteria.

Asymmetric Additional Risk Considerations

Trinity Health has approximately \$6.9 billion of long-term debt outstanding. Smoothed maximum annual debt service will be \$456 million, and consequently, coverage does not pose an asymmetric risk. Trinity Health's liquidity position is sound and also does not pose an asymmetric risk.

Based on management data, cash and investments were approximately allocated to 30% cash and fixed income, 6% long/short equities, 38% global equities, and 26% private equity, hedge funds and alternative investments.

ESG Considerations

Unless otherwise disclosed in this section, the highest level of ESG credit relevance is a score of '3'. This means ESG issues are credit-neutral or have only a minimal credit impact on the entity, either due to their nature or the way in which they are being managed by the entity. For more information on Fitch's ESG Relevance Scores, visit www.fitchratings.com/esg.

Financial Summary

(\$000, Audited Fiscal Years Ended June 30)	2018	2019	2020	2021	2022	2021AA Cat Medians
Balance Sheet Data						
Unrestricted Cash & Investments	8,698,937	8,782,300	10,135,579	11,288,271	10,465,259	
Total Assets	26,195,700	26,972,104	30,457,076	33,621,747	31,121,354	
Total Debt (Including Current Portion)	7,069,360	7,135,798	8,913,193	7,924,011	8,014,918	
Adjusted Debt	8,189,860	8,253,798	8,913,193	7,924,011	8,014,918	
Net Adjusted Debt	(509,077)	(528,502)	(1,222,386)	(3,364,260)	(2,450,341)	
Unrestricted Net Assets	12,757,910	13,282,719	12,964,568	17,866,583	16,310,756	
Income & Cash Flow Data						
Net Patient Revenue	15,831,298	16,601,888	15,454,773	16,734,960	17,042,518	
Other Revenue	2,463,597	2,652,151	3,348,958	3,393,794	2,860,890	
Total Revenues	18,294,895	19,254,039	18,803,731	20,128,754	19,903,408	2,125,216
Depreciation & Amortization	857,154	861,009	894,959	896,434	876,099	
Interest Expense	224,882	238,944	244,156	236,128	225,797	
Total Expenses	17,944,113	19,021,461	18,758,309	19,317,894	20,082,192	
Income from Operations	350,782	232,578	45,422	810,860	(178,784)	
Operating EBITDA	1,432,818	1,332,531	1,184,537	1,943,422	923,112	
Non-Operating Gains (Losses)	682,904	616,679	403,101	1,612,698	539,518	
Excess (Deficiency) of Revenues over Expenses	1,033,686	849,257	448,523	2,423,558	360,734	
EBITDA	2,115,722	1,949,210	1,587,638	3,556,120	1,462,630	
Operating Lease Expense	224,100	223,600	—	—	—	
Total Pension Expense	(57,423)	(50,052)	(75,239)	(40,751)	62,616	
Adjusted EBITDA	2,282,399	2,122,758	1,512,399	3,515,369	1,525,246	
Net Unrealized Gains (Losses)	95,867	123,793	(21,333)	1,548,700	(1,699,351)	
Net Capital Expenditures	1,117,102	1,269,281	947,612	847,975	894,624	
Maximum Annual Debt Service (MADS)	442,964	442,964	442,964	442,964	456,180	
Key Ratios						
Days Cash on Hand	185.8	176.5	207.1	223.7	198.9	319.7
Days in Accounts Receivable	47.7	44.2	40.5	45.3	44.0	46.1
Cushion Ratio (x)	19.6	19.8	22.9	25.5	22.9	92.8
MADS Coverage — EBITDA (x)	4.8	4.4	3.6	8.0	3.2	7.4
MADS Coverage — Operating EBITDA (x)	3.2	3.0	2.7	4.4	2.0	4.7
MADS/Total Revenue (%)	2.4	2.3	2.4	2.2	2.3	2.0
Profitability & Operational Ratios (%)						
Operating Margin	1.9	1.2	0.2	4.0	(0.9)	3.6
Operating EBITDA Margin	7.8	6.9	6.3	9.7	4.6	9.6
EBITDA Margin	11.2	9.8	8.3	16.4	7.2	13.9
Capital Related Ratios						
Cash/Debt (%)	123.1	123.1	113.7	142.5	130.6	252.9
Cash/Adjusted Debt (%)	106.2	106.4	113.7	142.5	130.6	249.1
Net Adjusted Debt/Adjusted EBITDA	(0.2)	(0.3)	(0.8)	(1.0)	(1.6)	(3.2)
Average Age of Plant (Years)	10.6	11.0	10.9	11.5	12.3	10.8
Capital Expenditures/Depreciation (%)	130.3	147.4	105.9	94.6	102.1	100.8

EBITDA: Earnings before interest, taxes, depreciation & amortization. Note: Fitch may have reclassified certain financial statement items for analytical purposes.
Sources: Fitch Ratings, Fitch Solutions, Trinity Health Credit Group (MI).



Public Finance
Healthcare
U.S.A.

Utilization Data

(Fiscal Years Ended June 30)	2018	2019	2020	2021	2022
Operated Beds	14,854	13,970	12,895	11,610	11,223
Acute Adult Admissions/Discharges	585,000	588,000	524,000	496,000	479,000
Acute Adult Patient Days	2,700,000	2,731,000	2,466,000	2,444,000	2,438,000
Average Length of Stay (Days)	4.6	4.6	4.7	4.9	5.1
Average Daily Census	7,397	7,482	6,756	6,696	6,679
Occupancy (%)	49.8	53.6	52.4	57.7	59.5
Observation Cases	135,840	144,458	129,609	119,364	113,417
Hospital Stays (Admissions plus Observation Cases)	720,840	732,458	653,609	615,364	592,417
Births	44,693	40,147	43,017	41,219	40,844
Inpatient Surgeries	144,514	142,918	120,987	112,573	100,840
Outpatient Surgeries	268,412	276,679	227,957	278,133	278,552
Emergency Department Visits, Net of Admissions	2,373,283	2,353,689	2,031,824	1,827,596	1,912,921
Outpatient/Clinic Visits	20,050,906	21,110,299	18,592,762	20,564,378	20,046,751
Medicare Casemix Index	1.70	1.70	1.80	1.90	1.90

Sources: Fitch Ratings, Fitch Solutions, Trinity Health Credit Group (MI).

Payor Mix

(% Gross Revenues; Fiscal Years Ended June 30)	2018	2019	2020	2021	2022
Medicare	46.6	47.3	47.6	—	48.1
Medicaid	18.5	18.0	17.9	—	18.2
Commercial & Managed Care	32.2	31.9	31.8	—	31.5
Self-Pay	2.7	2.8	2.7	—	2.2
Other	0.0	0.0	0.0	—	0.0
Total	100.0	100.0	100.0	—	100.0

Sources: Fitch Ratings, Fitch Solutions, Trinity Health Credit Group (MI).

Key Definitions

Terms	Definition	Significance
Issuer Default Rating (IDR)	An expression of overall enterprise risk and relative vulnerability to default.	Provides an opinion of the relative ability of an entity to meet financial commitments, expressed as an ordinal measure of credit risk.
Adjusted Debt	Total long-term debt + unfunded pension liability below 80% PBO + 5.0x operating lease expense	Provides an inclusive evaluation of total long-term liabilities.
Cash to Adjusted Debt	Unrestricted cash and investments / adjusted debt	Indicates financial flexibility and cushion against decline in operating profitability.
Net Debt	Total debt – unrestricted cash and investments	Indicates the level of unrestricted liquid asset cushion available to cover debt.
Adjusted EBITDA	EBITDA + pension expense + annual operating lease expense	Provides an indication of cash flow available for the payment of debt service, adjusting for pension and operating lease obligations.
Net Adjusted Debt to Adjusted EBITDA	(Adjusted debt – unrestricted cash and investments) / adjusted EBITDA	Provides an indication of net total leverage position against available operating cash flow.
Base Case	The expected forward-looking case in the current macro-economic environment.	Provides the analytical starting point in the forward-looking analysis, and also informs the rating case.
Rating Case	The potential performance under a common set of assumptions.	Illustrates how cycles affect individual issuers differently, and informs the level of rating stability and credit resiliency.

The FAST scenario results are not a forecast. The results are intended only to illustrate performance under a given set of assumptions made by Fitch for a specific issuer that fall within the range of performance that is consistent with a stable rating. In this sense, the rating case scenario depicts a rating sensitivity and suggests the level of change in performance in stress consistent with the rating assigned. It should not be interpreted as a prediction of actual performance under stress. As an issuer can respond to a decline in portfolio value and profitability in the rating case in varied ways, actual metrics may also vary from those depicted in the scenario analysis.

Source: Fitch Ratings.

The ratings above were solicited and assigned or maintained at the request of the rated entity/issuer or a related third party. Any exceptions follow below.

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December 13, 2022

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: No Adverse Actions Certification (Genesis Health Change of Ownership)

Dear Mr. Constantino:

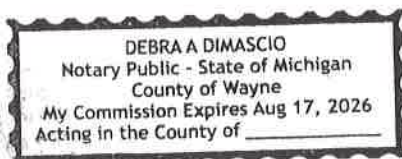
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any Illinois licensed facilities owned or operated by Trinity Health Corporation during the three (3) years prior to the filing of the Genesis Health System d/b/a Genesis Medical Center, Silvis, and Genesis Medical Center, Aledo, Certificate of Exemption Applications.

Sincerely,

Michael A. Slubowski
President & CEO
Trinity Health Corporation

Subscribed and Sworn to before me
this 13th day of December, 2022.

Notary Public





December 13, 2022

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Authorization to Access Information (Genesis Health Change of Ownership)

Dear Mr. Constantino:

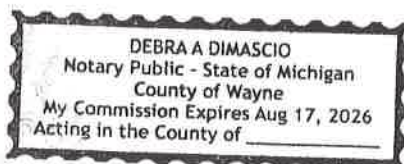
I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Trinity Health Corporation, an Indiana nonprofit corporation, in support of the Genesis Health System d/b/a Genesis Medical Center, Silvis, and Genesis Medical Center, Aledo, Certificate of Exemption ("COE") Applications. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process said COE Applications.

Sincerely,

Michael A. Slubowski
President & CEO
Trinity Health Corporation

Subscribed and Sworn to before me
this 13th day of December, 2022.

Notary Public



Section III
Attachment 6

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

Criterion 1130.520(b)(1)(A), Name of the Parties

1. See Criterion 1110.230(a), Background of The Applicants, in support of this Criterion.

Criterion 1130.520(b)(1)(B), Background of the Applicants

1. See Criterion 1110.230(a), Background of The Applicants, in support of this Criterion.

Criterion 1130.520(b)(1)(C), Structure of the Transaction

1. The Transaction has been structured as a membership substitution, pursuant to which MercyOne will become the sole corporate member of Genesis Illinois. The Transaction is a part of a larger global transaction involving Mercy One, Trinity, Genesis Illinois, and Genesis Iowa. The MercyOne-Genesis Iowa membership substitution will proceed side by side with the MercyOne-Genesis Illinois membership substitution.
2. Separate COE Applications have been filed for Genesis Illinois and Genesis-Aledo. The COE Applications are identical, except for the cover pages.
3. There is no "purchase price" associated with the Transaction. However, Trinity and Mercy One have agreed to allocate no less than \$17,500,000 of capital to Genesis Illinois to be shared by Genesis Medical Center-Silvis and Genesis Medical Center-Aledo prior to the fifth anniversary of the Closing Date of the Transaction, subject to Trinity's and MercyOne's standard processes, including submission of appropriate business plans.
4. The Transaction is contingent upon the approval of the Review Board. The Transaction is currently scheduled to close on March 1, 2023 (the "Closing Date"), subject to the Review Board granting the COE Applications.

Criterion 1130.520(b)(1)(D), Licensed Party

1. Genesis Illinois is currently the licensee and operator of Genesis Medical Center-Silvis.
2. Genesis Illinois will continue to be the licensee and operator of Genesis Medical Center-Silvis following the Transaction.
3. Genesis-Aledo is currently the licensee and operator of Genesis Medical Center-Aledo.
4. Genesis-Aledo will continue to be the licensee and operator of Genesis Medical Center-Aledo following the Transaction.

Criterion 1130.520(b)(1)(E), List of Ownership Interests in the Licensed Party

1. Genesis Illinois is currently the owner, licensee and operator of Genesis Medical Center-Silvis.
2. Genesis Illinois will continue to be the owner, licensee and operator of Genesis Medical Center-Silvis following the Transaction.
3. Genesis Illinois is also the sole corporate member of Genesis-Aledo.
4. Genesis-Aledo is currently the owner, licensee and operator of Genesis Medical Center-Aledo.
5. Genesis-Aledo will continue to be the owner, licensee and operator of Genesis Medical Center-Aledo following the Transaction.

Criterion 1130.520(b)(1)(F), Fair Market Value of Equity Being Transferred

1. The anticipated fair market value of Genesis Medical Center-Silvis is approximately \$95 million, which is the approximate net asset value of Genesis Medical Center-Silvis as of June 30, 2022. This amount is identified solely for purposes of the Genesis Illinois and Genesis-Aledo COEs.
2. The anticipated fair market value of Genesis Medical Center-Aledo is approximately \$5 million, which is the approximate net asset value of Genesis Medical Center-Aledo as of June 30, 2022. This amount is identified solely for purposes of the Genesis Illinois and Genesis-Aledo COEs.

Criterion 1130.520(b)(1)(G), Purchase Price of the Equity Being Transferred

1. There is no "purchase price" associated with the Transaction. However, Trinity and Mercy One have agreed to allocate no less than \$17,500,000 of capital to Genesis Illinois to be shared by Genesis Medical Center-Silvis and Genesis Medical Center-Aledo prior to the fifth anniversary of the Closing Date of the Transaction, subject to Trinity's and MercyOne's standard processes, including submission of appropriate business plans.

Criterion 1130.520(b)(2), Completion of Pending CONs

1. Genesis Illinois, Genesis-Aledo and MercyOne do not currently have any pending Certificate of Need Applications. Trinity is a co-applicant with Loyola Medicine on Project No. 21-030 (Loyola Medicine Southwest Ambulatory Care Center, Tinley Park). Project No. 21-030 was approved by the Review Board on December 14, 2021 and has a project completion date of June 30, 2023. Thus, Project No. 21-030 will not be completed prior to the Closing Date of the Transaction set forth in these COE Applications.

Criterion 1130.520(b)(3), Charity Care Policies

1. The current charity care policies for Genesis Illinois are attached at ATTACHMENT 6. The Genesis Illinois charity care policies are in place at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo.

2. Following the Transaction, Genesis Illinois will be adopting the Trinity charity care policies, copies of which are attached at ATTACHMENT 6.

3. The Trinity charity care policies are not more restrictive than the current Genesis Illinois charity care policies in place at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo.

4. The Trinity charity care policies will remain in place for no less than two years following the Transaction.

Criterion 1130.520(b)(4), Benefits to the Community

1. Following the Transaction, Genesis Medical Center-Silvis will continue to operate for the benefit of the residents of Silvis and the communities surrounding Silvis, including serving poor and underserved individuals through charitable initiatives and activities.

2. Following the Transaction, Genesis Medical Center-Aledo will continue to operate for the benefit of the residents of Aledo and the communities surrounding Aledo, including serving poor and underserved individuals through charitable initiatives and activities.

3. Following the Transaction, the Applicants will work to formulate a plan for strategic partnerships with Loyola Medicine that benefit Genesis Medical Center-Silvis and Genesis Medical Center-Aledo (and the communities served by Genesis Medical Center-Silvis and Genesis Medical Center-Aledo). Potential partnership opportunities may include improved and coordinated access to Loyola Medicine physicians and tertiary/quaternary services within Illinois, access for western Illinois patients to clinical trials offered through Loyola Medicine, the ability to leverage Loyola Medicine and Loyola University Chicago's Health Sciences Division training programs to support future physician and workforce recruitment and/or educational rotations within the service areas for Genesis Medical Center-Silvis and Genesis Medical Center-Aledo, as well as other opportunities identified through future joint planning efforts.

Criterion 1130.520(b)(5), Cost Savings

1. It is anticipated that the proposed Transaction will result in some cost savings at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo. In particular, Genesis Illinois (and Genesis Iowa) will gain access to Trinity's GPO, which should lower the supply and equipment

costs at Genesis Medical Center Silvis and Genesis Medical Center-Aledo. That all said, at this time, it is not possible to predict with specificity the total cost savings that will be realized at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo.

Criterion 1130.520(b)(6), Quality Improvement

1. MercyOne, Genesis Illinois, and Genesis-Aledo have extensive quality improvement programs in place.
2. MercyOne, Genesis Illinois, and Genesis-Aledo are committed to the on-going training and development of the employees and staff at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo (and will continue to act in such a manner after the Closing Date).
3. Following the Transaction, the Applicants will work to formulate a plan for strategic partnerships with Loyola Medicine that benefit Genesis Medical Center-Silvis and Genesis Medical Center-Aledo (and the communities served by Genesis Medical Center-Silvis and Genesis Medical Center-Aledo). Potential partnership opportunities may include improved and coordinated access to Loyola Medicine physicians and tertiary/quaternary services within Illinois, access for western Illinois patients to clinical trials offered through Loyola Medicine, the ability to leverage Loyola Medicine and Loyola University Chicago's Health Sciences Division training programs to support future physician and workforce recruitment and/or educational rotations within the service areas for Genesis Medical Center-Silvis and Genesis Medical Center-Aledo, as well as other opportunities identified through future joint planning efforts.

Criterion 1130.520(b)(7), Governing Body

1. Following the Transaction, Genesis Illinois will continue to be governed by the Genesis Illinois Board of Directors (subject to the reserve powers of Mercy One) and Genesis-Aledo will continue to be governed by the Genesis-Aledo Board of Directors. Genesis Illinois and Genesis-Aledo have identical governing boards.
2. The same individuals who are serving as the members of the governing boards of Genesis Illinois and Genesis-Aledo immediately prior to the Closing Date will continue to serve as the members of the governing boards of Genesis Illinois and Genesis-Aledo following the Closing Date, except for those members who may have resigned. Over time, both MercyOne and Trinity shall have the right to appoint directors to the Genesis Illinois and Genesis-Aledo Board of Directors.

Criterion 1130.520(b)(8), Section 1110.240 Written Response

1. The review criteria set forth in 77 Ill. Admin. Code § 1110.240 have been addressed.

Criterion 1130.520(b)(9), Scope of Service Changes or Charity Care Changes

1. The Transaction set forth in the COEs currently contemplates no changes to the scope of services offered at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo. Notwithstanding the foregoing, the Applicants also understand and agree that the health care industry is a dynamic and competitive industry, and that market and consumer demands may make it necessary at some point in time to alter the service lines and categories of service at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo. To the extent any particular alteration triggers an obligation to file a Certificate of Exemption or Certificate of Need with the

Review Board, the Applicants will first seek a Certificate of Exemption or Certificate of Need from the Review Board.

2. Following the Transaction, Genesis Illinois will be adopting the Trinity charity care policies at Genesis Medical Center-Silvis and Genesis Medical Center-Aledo, copies of which are attached at ATTACHMENT 6.

3. The Trinity charity care policies are not more restrictive than the current charity care policies at Genesis-Silvis.

4. The Trinity charity care policies will remain in place for no less than two years following the Transaction.

Genesis Health System
Board Policy

Subject: Financial Assistance (aka Charity Care)

Effective Date: 03/19/96

Section: Board Policy

Reviewed/Revised: 01/06/22
01/07/21
01/09/20
01/10/19
07/01/18

Responsibility:

Genesis Health System Board of Directors
Vice President, Finance/CFO

Review Cycle: Annual

Approved by:

Steven C. Belsky

Page 1 of 15

I. POLICY:

The Board of Directors of Genesis Health System ("GHS") is committed to its mission to provide quality, compassionate care to all of those in need regardless of ability to pay. In support of this commitment, GHS maintains this Financial Assistance Program ("FAP") policy to provide assistance for eligible individuals with covered health care needs. GHS consists of Genesis Medical Center, Aledo; Genesis Medical Center, Davenport; Genesis Medical Center, DeWitt; Genesis Medical Center, Silvis; and related entities and business units. This FAP applies to the business units designated in Section II below.

II. APPLICABLE BUSINESS UNITS:

☐ All GHS Business Units:

- ☐ Crescent Laundry
- ☐ Crosstown Square
- ☐ Genesis Accountable Care Organization
- ☒ Genesis Convenient Care
- ☐ Genesis EAP
- ☒ Genesis Family Medical Center
- ☐ Genesis FirstMed Pharmacy
- ☒ Genesis Health Group
- ☒ Genesis Health Group, Aledo Rural Health
- ☒ Genesis Health Group, Erie Rural Health
- ☐ Genesis Health Services Foundation
- ☐ Genesis Home Medical Equipment
- ☐ Genesis Hospice

- ☒ Genesis Medical Center, Aledo
- ☒ Genesis Medical Center, Davenport
- ☒ Genesis Medical Center, DeWitt
- ☒ Genesis Medical Center, Silvis
- ☐ Genesis Occupational Health
- ☐ Genesis Philanthropy
- ☒ Genesis Psychology Associates
- ☐ Genesis VNA
- ☐ Genesis Workers Comp Plan & Trust

III. APPLICABLE ORGANIZATIONAL ROLES:

None

IV. PURPOSE:

To meet the needs of the community, GHS has established a fair and equitable Financial Assistance Program (FAP) to provide Financial Assistance that reflects the status of GHS as a non-profit healthcare provider, which promotes its mission. The FAP is focused on offering charity care at some level of payment relief for those patients who are unable to sustain the extraordinary burden of medical expenses due to limited income and resources. The FAP applies to any emergency and other Medically Necessary Care for eligible individuals and is intended to comply with the Code Section 501(r) Requirements.

V. DEFINITIONS:

Please see Appendix 1 for a complete list of definitions used in this FAP.

VI. GENERAL CONSIDERATIONS:

This policy will apply to all patients regardless of race, creed, sex, age or payer. Reasonable efforts will be taken to ensure that any language or hearing barriers are addressed, consistent with the Code Section 501(r) Requirements.

VII. PRACTICE/PROCEDURE:**A. SCOPE:**

1. General. The FAP applies to all emergency and other Medically Necessary Care provided by GHS to eligible patients, including all such care provided in a GHS Hospital Facility by a Substantially-Related Entity. The FAP also applies to care provided by the Genesis Health Group in a GHS Hospital Facility.
2. Exclusions. Patient care that is not considered emergency or Medically Necessary Care, including but not limited to, elective (e.g., bariatric surgery), cosmetic, or other care deemed to be generally non-reimbursable by government payers shall not be considered eligible for charity care payment relief through the Financial Assistance Program.
3. Publicity. Each GHS Hospital Facility will widely publicize the availability of the FAP to all patients. The measures for widely publicizing the FAP are provided in Appendix 2.
4. Illinois Hospital Uninsured Discount Act. In addition to the Code Section 501(r) Requirements, GHS Hospital Facilities located in Illinois are subject to the Illinois Hospital Uninsured Discount Act and the Illinois Fair Patient Billing Act (together, the "Illinois Requirements"). In order to fully comply with the Illinois

Requirements, this FAP is supplemented by the GHS Miscellaneous Discount Policy.

5. Other Programs and Discounts. GHS will make available to all patients information on its FAP as well as other GHS and external programs that may provide payment assistance or coverage for service. This includes patient financing programs with external third parties; the GHS Miscellaneous Discount Policy, which encompasses prompt-pay discounts, other supplemental need-based discounts, and certain discounts provided in connection with the Illinois Requirements for patients at GHS Hospital Facilities located in Illinois. GHS will make affirmative efforts to assist patients in applying for public and private programs for which they may qualify and that may assist them in obtaining and paying for healthcare services.

B. ELIGIBILITY CRITERIA AND FINANCIAL ASSISTANCE:

1. Insured Status. Financial Assistance deemed as charity care may be available for patients who are uninsured or underinsured, if they meet applicable eligibility criteria. An uninsured patient is a patient who has no level of insurance or third-party payment assistance. An underinsured patient is a patient who has some level of insurance or third-party payment assistance but whose out-of-pocket expenses exceed his/her financial abilities.
2. Residency. Patients seeking Financial Assistance must seek non-emergent care from the GHS Hospital Facility closest to their actual residence. If appropriate treatment is not available at the applicable GHS Hospital Facility, then GHS may permit the patient to seek care at another GHS Hospital Facility. To determine residency, the patient must provide valid state-issued identification, a voter registration card, a vehicle registration card, a lease agreement, a utility bill (dated within 60 days), or mail addressed to the patient from a local, state or federal government entity or agency (dated within 60 days).
3. Minimum Balance. The minimum balance on any account to qualify for charity care through Financial Assistance must be equal to or greater than \$500.00 (for care at GHS Illinois Hospital Facilities, the minimum balance is \$300.00 only when applying for the IL Uninsured Discount Act).
4. FAP Application and Criteria. The primary criterion for determining eligibility for Financial Assistance Program is household income, including certain available net assets (excluding GHG Aledo), based on the information requested and provided in the FAP Application, as explained in Section VII.D. An individual will not be denied Financial Assistance based on information that has not been specified or required in the FAP or in the FAP Application.
5. Financial Assistance Sliding Scale. Effective January 1 of each calendar year, Financial Assistance shall be available pursuant to the sliding scale found in Appendix 3, which is based on the most current Federal Poverty Income Guidelines ("FPIG"). Consistent with the sliding scale, 100% Financial Assistance (i.e., full Charity Care) shall be provided to

documented homeless patients, deceased individuals without estates, and underinsured and the uninsured patients earning 200% or less of FPIG.

- a. For Illinois residents receiving care at a GHS Illinois Hospital Facility, the maximum amount that may be collected in a twelve (12) month period for care is 25% of the patient's household income, subject to timely application and the patient's eligibility under the Illinois Requirements.

Furthermore, a patient determined to be eligible for Financial Assistance shall not be financially responsible more than AGB, as defined in Section VII.C., for emergency or other Medically Necessary Care. Discounts available under the FAP are based on gross charges applicable to the service. In addition to, or in lieu of, this FAP, patients may be eligible for discounts pursuant to the GHS Miscellaneous Discount Policy.

6. FPIG. The Patient Financial Services Department shall be responsible for updating the FPIG every calendar year.
7. Extenuating Circumstances. On occasion, extenuating circumstances may exist which would cause GHS to grant Financial Assistance to a patient who may otherwise not meet quantitative criteria. In such cases, the Revenue Cycle Administrator or appropriate Management staff will document why the assistance was granted and supporting documentation will be maintained.
8. Offsets. In the event a patient is awarded a settlement from pursuing legal proceedings or has received financial resources specifically identified to cover the care that was delivered, it is the obligation of the patient to inform GHS and make appropriate payment to GHS at that time. GHS may reverse the decision of Financial Assistance and document accordingly, to the extent allowed by the Code Section 501(r) Requirements.
9. Cooperation. Any patient who fails or refuses to provide requested information to a third party payor that results in a denial will not be eligible for the FAP. A patient who furnishes materially incorrect or fraudulent information in connection with this FAP may be deemed ineligible for Financial Assistance at the sole discretion of GHS.

C. AGB:

For purposes of the FAP, GHS calculates AGB using the look-back method consistent with the Code Section 501(r) Requirements. Members of the public may readily obtain the applicable AGB percentage for each GHS Hospital Facility and a description of the calculation in writing and free of charge by visiting www.genesishealth.com/patients-visitors/, contacting Patient Financial Services (see Section X for contact information), or visiting a GHS Hospital Facility.

D. APPLICATION PROCESS:

1. FAP Application. Patients seeking charity care through Financial Assistance must complete a FAP Application to document income and expenses (liabilities) unless they meet the presumptive eligibility criteria. GHS may ask for (but may not require of patients from its Illinois hospitals) a credit card statement to support the information provided in the FAP Application. FAP Applications may be found online at www.genesishealth.com/patients-visitors/, by contacting Patient Financial Services (see Section X for contact information), or visiting a GHS Hospital Facility.
2. Income Verification. Income (household income) will be estimated yearly by the patient supplying any of the following:
 - A copy of the most recent tax return
 - A copy of the most recent W-2 form and 1099 forms
 - Copies of the 2 most recent pay stubs
 - Written income verification from an employer if paid in cash
3. Completeness. GHS recognizes that not all patients are able to provide complete financial and/or social information. Therefore, approval for Financial Assistance may be determined based on available information.
4. Identification. To verify a patient's name, date of birth and/or address, the patient must provide any of the following:
 - A valid passport
 - A valid birth certificate
 - A certificate of citizenship, U.S. or foreign (including but not limited to DHS Forms N-560 or N-561)
 - An identification card issued by the U.S. or a foreign government (including but not limited to DHS Form I-197)
 - An official military record of service
 - A certification of a foreign birth (including but not limited to form FS-545)
 - A report of birth abroad (including but not limited to Form FS-240)
 - A Certificate of Report of Birth issued by the U.S. Department of State (Form DS-1350) or any similar form issued by a foreign government
 - A verification with the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) database

- A government census record
- A certificate of naturalization, U.S. or foreign (including but not limited to DHS Forms N-550 or N-570)

If the patient is not able to provide a document from the above list, the patient must provide an alternate written means through which GHS can verify the patient's name, date of birth and/or address.

5. External Sources and Presumptive Eligibility. GHS may utilize an external source to perform an analysis for determining applicable levels of Financial Assistance when documentation is not able to be provided (i.e., presumptive eligibility). The external source will meet necessary privacy and accounting requirements and shall utilize relevant national database information. GHS may also utilize previously completed Financial Assistance applications to make presumptive eligibility determinations. In addition, demonstration of one or more of the following will result in a presumptive eligibility determination:

- a. Homelessness
- b. Deceased with no estate
- c. Mental incapacitation with no one to act on patient's behalf
- d. Medicaid eligibility, but not on date of service or for non-covered services
- e. Recent personal bankruptcy
- f. Incarceration in a penal institution

In these instances where assistance is found to be appropriate, notice will be forwarded to patient via reduced balance on their statement, which shall include information regarding how to apply for potentially more generous Financial Assistance within a reasonable period of time.

6. Remaining Balance. All balances owing after Financial Assistance has been provided may be payable in monthly payments pursuant to the standard payment procedures of the GHS Hospital Facility.
7. Referral Sources. Patient referrals may come from the patient or anyone acting on his/her behalf, including medical staff, Continuum Services, Patient Access, and Patient Financial Services. In addition, Patient Financial Services shall routinely review the payment history of accounts to determine possible candidates with emphasis on those with demonstrated payment history that are willing but unable to pay more.
8. Timeline for Establishing Financial Assistance Eligibility.
 - a. A FAP Application will be accepted and processed by GHS at any time during the Application Period pursuant to the procedures outlined in Section VII.E.

- b. The information contained in a FAP Application is valid for sixty (60) days, and, after that time period expires, the application will need to be renewed.
- c. Provisions specifically applicable to GHS Illinois Hospital Facilities:
 - i. GHS shall apply the presumptive eligibility criteria as soon as possible after a patient's receipt of healthcare services by the hospital and prior to the issuance of a bill for healthcare services.
 - ii. Every effort will be made to determine a patient's eligibility for Financial Assistance within sixty (60) days from any of the following: after discharge, from the date of service, after receipt of third party payment or after receiving government denial for Medicaid coverage or disability. This is in accordance with the Illinois Requirements. This provision shall not affect the timeframes established elsewhere in the FAP for notification of the availability of Financial Assistance or the patient's timeframe to apply.

E. BILLING AND COLLECTIONS PROCESS:

As described below, GHS will make reasonable efforts to determine whether a patient is eligible under this FAP for Financial Assistance before it engages in an extraordinary collection action, or ECA. Once a determination is made, GHS may proceed with one or more ECAs, as described herein.

1. FAP Application Processing. Except as provided below, a patient may submit a FAP Application at any time during the Application Period, which is generally 240 days from the date of the first post-discharge bill as defined in Appendix 1. GHS will not be obligated to accept a FAP Application after 240 days from the date of the first post-discharge bill (including patients who have fully paid applicable charges) unless otherwise specifically required by the Code Section 501(r) Requirements. Determinations of eligibility for Financial Assistance will be processed based on the following general categories.
 - a. Presumptive Eligibility Determinations. If a patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP (for example, the determination of eligibility is based on an application submitted with respect to prior care), GHS will notify the patient of the basis for the determination and give the patient a reasonable period of time to apply for more generous assistance before initiating an ECA.
 - b. Notice and Process Where No Application Submitted. Unless a complete FAP Application is submitted or eligibility is determined under the presumptive eligibility criteria of the FAP, GHS will refrain from initiating ECAs for at least 120 days from the date the first post-discharge billing statement

for the care is sent to the patient. In the case of multiple episodes of care, these notification provisions may be aggregated, in which case the timeframes would be based on the most recent episode of care included in the aggregation. Before initiating one or more ECA(s) to obtain payment for care from a patient who has not submitted a FAP Application, GHS shall take the following actions:

- i. Provide the patient with a written notice that indicates Financial Assistance is available for eligible individuals, identifies the ECA(s) that are intended to be taken to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date the written notice is provided;
 - ii. Provide the patient with a Plain Language Summary; and
 - iii. Make a reasonable effort to verbally notify the individual about the FAP and the FAP Application process.
- c. Incomplete FAP Applications. In the case of a patient who submits an incomplete FAP Application during the Application Period, GHS shall notify the patient in writing about how to complete the FAP Application and give the patient seven (7) calendar days to do so. Any pending ECAs shall be suspended during the reasonable opportunity, and the written notice shall (i) describe the additional information and/or documentation required under the FAP or the FAP Application that is needed to complete the application, and (ii) include appropriate contact information.
 - d. Complete FAP Applications. In the case of a patient who submits a complete FAP Application during the Application Period, GHS shall, in a timely manner, suspend any ECAs to obtain payment for the care, make an eligibility determination, and provide written notification, as provided below.
 - e. Restrictions on Deferring or Denying Care. In a situation where GHS intends to defer or deny, or require a payment before providing, Medically Necessary Care because of an individual's nonpayment of one or more bills for previously provided care covered under the FAP, the patient will be provided a FAP Application and a written notice indicating that Financial Assistance is available for eligible patients and stating the deadline, if any, after which GHS will no longer accept and process an application submitted (or, if applicable, completed) by the patient for the previously-provided care at issue. This deadline shall be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement was provided for the previously provided care.

2. Determination Notification.

- a. Determinations. Once a completed FAP Application is received on a patient's account, GHS will evaluate the FAP Application to determine eligibility and notify the patient, patient's legal guardian, and/or responsible party in writing of the final determination within forty-five (45) calendar days. The notification

will include a determination of the amount for which the patient and/or responsible party will be financially accountable. If the application for the FAP is denied, a notice will be sent explaining the reason for the denial and instructions for appeal or reconsideration.

- b. Refunds. GHS will provide a refund for the amount a patient has paid for care that exceeds the amount the patient is determined to be personally responsible for paying under the FAP, unless such excess amount is less than \$5.00.
 - c. Reversal of ECA(s). To the extent a patient is determined to be eligible for Financial Assistance under the FAP, GHS will take all reasonably available measures to reverse any ECA taken against the patient to obtain payment for the care. Such reasonably available measures generally include, but are not limited to, measures to vacate any judgment against the individual, lift any levy or lien on the individual's property, and remove from the individual's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.
3. Appeals. The patient may appeal a denial of eligibility for Financial Assistance by providing additional information to the Patient Financial Services Department within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Patient Financial Services Department Manager for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to patient, legal guardian, and/or responsible party.
 4. Collections. Upon conclusion of the above procedures, GHS may proceed with ECAs against uninsured and underinsured patients with delinquent accounts, as determined in GHS procedures for establishing, processing, and monitoring patient bills and payment plans. Additionally, GHS will consider all uninsured patient balances for evaluation of amounts to be identified as Incurred Adjustments; separate from provision for bad debt. To the extent applicable, GHS will utilize a reputable external bad debt collection agency or other service provider for processing bad debt accounts and shall comply with the Code Section 501(r) Requirements applicable to third parties.

VIII. ADMINISTRATION

- A. General. The FAP is administered by the GHS Patient Financial Services Department at the direction of the Board of Directors of GHS.
- B. Interpretation. GHS has the sole discretion to interpret, enforce, and administer this FAP consistent with all federal, state, and local laws, rules, and regulations that may apply.
- C. Amendment. This FAP may be amended from time to time by the Board of Directors of GHS.

IX. PROVIDER LIST

A list of providers ("Provider List") that provide emergency or Medically Necessary Care at GHS Hospital Facilities is maintained and updated from time to time by Medical Affairs and can be accessed online via www.genesishealth.com, or by contacting Medical Affairs (see below for contact information), or visiting a GHS Hospital Facility.

GHS Medical Affairs
Genesis Health System
1401 West Central Park Avenue
Davenport, Iowa 52804
Phone: (563) 421-1288
Email: MedicalAffairs@genesishealth.com

X. PATIENT FINANCIAL SERVICES

For purposes of obtaining additional information about the Financial Assistance Program or for assistance in completing a Financial Assistance application, please contact the Patient Financial Services office at the following address and phone number:

Genesis Health System
Patient Financial Services
1401 West Central Park Avenue, Suite 2600
Davenport, Iowa 52804
Phone: (563) 421-3408
Toll Free: (800) 250-6020
Email: PatientFinancialServices@genesishealth.com

X. REFERENCES:

- A. GHS Managed Care Policy
- B. GHS Miscellaneous Discount Policy
- C. Fair Debt Collection and Practices Act
- D. Federal Register, Annual Poverty Guidelines
- E. Illinois Fair Patient Billing Act
- F. Illinois Hospital Financial Assistance Under The Fair Patient Billing Act Regulations

XI. SUPERSEDES

N/A

Appendix 1

DEFINITIONS

Amounts Generally Billed or "AGB": The amounts generally billed for emergency or other Medically Necessary Care to individuals who have insurance covering such care, as further explained in Section VII.C.

Application Period: The period during which a Financial Assistance application may be submitted to GHS. Application Period begins on the date care is provided and ends on the later of the 240th day after the date the first post-discharge statement for the care is provided or either: (i) the date specified in a written notice from GHS regarding its intention to initial ECAs; or (ii) in the case of a patient who has been deemed presumptively eligible for Financial Assistance less than 100%, the end of the reasonable time to apply for Financial Assistance as described in Section 2.B.7.

Charity Care: Payment relief through the Financial Assistance Program for which GHS will not seek payment for services rendered based upon a determination that an individual does not have the ability to pay his or her full obligation.

Code Section 501(r) Requirements: The requirements of Section 501(r) of the Internal Revenue Code of 1986, as amended from time to time, and the related Treasury Regulations pertaining to financial assistance, limitations on charges, and billing and collections activities.

Deductibles and Co-Pays: Patient's financial liability for care as determined by individual insurance coverage benefits.

Extraordinary Collections Actions or "ECAs": For purposes of this FAP, ECAs are those activities identified under the Code Section 501(r) Requirements, which may include:

1. Selling an individual's debt to another party, unless the purchaser is subjected to certain restrictions as provided in the Code Section 501(r) Requirements.
2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
3. Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the FAP.
4. Actions that require legal or judicial process, except for claims filed in a bankruptcy or personal injury proceeding.

Family Size: The number of individuals for whom a personal exemption is claimed on the patient's most recent Federal Income Tax return (in the case of a patient who is a dependent, the return of that patient's parent or guardian). If no Federal Income Tax return is filed, then family size will consist of the patient, his or her documented spouse, and his or her documented dependents as defined by the Internal Revenue Code of 1986, as amended from time to time.

Federal Poverty Income Guidelines (FPIG): The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), which are used in comparing levels of applicable Financial Assistance available under the FAP.

Financial Assistance: Payment relief for which GHS will apply to a patient's financial obligation, including Charity Care, as indicated in Appendix 3, provided that an individual eligible for Financial Assistance will not be found financially responsible for more than AGB for emergency or other Medically Necessary Care.

Financial Assistance Program or "FAP": This program to provide Financial Assistance to eligible individuals in furtherance of GHS' mission and in compliance with the Code Section 501(r) Requirements.

Genesis Health System or GHS: For the purpose of this policy, this will consist of Genesis Medical Center, Aledo; Genesis Medical Center, Davenport; Genesis Medical Center, DeWitt; and Genesis Medical Center, Silvis; and related entities and business units.

GHS Hospital Facility: The individual hospital facilities of GHS, as listed above.

Household Income: As may be identified and requested on the FAP Application, cumulative total of gross income(s) for all members of a patient's household as shown on tax forms (income tax return), which may include, but is not limited to, the following:

1. Wages.
2. Self-employment income.
3. Unemployment compensation.
4. Social Security.
5. Social Security Disability.
6. Veterans' pension.
7. Veterans' disability.
8. Private disability.
9. Workers' compensation.
10. Retirement income.
11. Child support, alimony or other spousal support.
12. Other income.
13. Available net assets (excluding GHG Aledo), including, but not limited to, cash, bank and/or investment accounts, and real estate (all subject to applicable exclusions, including, Illinois residents receiving care at a GHS Illinois Hospital Facility, exclusions under the Illinois Requirements).

HMO: Health Maintenance Organization; Type of third party payor (insurance company).

Illinois Requirements: The Illinois Hospital Uninsured Discount Act and the Fair Patient Billing Act regulations, promulgated by the Office of the Illinois Attorney General (77 Ill. Admin. Code 4500.10-4500.60).

Incurred Adjustments: Amounts identified to be non-paid through contractual obligations of services rendered in accordance with Accounting Standards Codification (ASC) 606.

PPO: Preferred Provider Organization; Type of third party payor (insurance company).

Medically Necessary Care: As determined pursuant to a physician's order and/or clinical supervision during rendition of service, standard medical care required because of disease, disability, infirmity or impairment. Furthermore, Medically Necessary Care shall:

- Be consistent with the diagnosis and treatment of the patient's condition;
- Be in accordance with standards of good medical practice.
- Be required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient's practitioner or caregiver.
- Be the least costly type of service which would reasonably meet the medical need of the patient.

Medicare Advantage Plan: Medicare replacement plan; can be HMO, PPO, or PFFS.

Self-Pay: Any account where anticipated reimbursement from a third party payor is not available.

Substantially-Related Entity: An entity treated as a partnership for federal tax purposes in which a GHS Hospital Facility owns a capital or profits interest, or a disregarded entity of which the GHS Hospital Facility is the sole member or owner, that provides emergency or other medically necessary services in a GHS Hospital Facility, unless the provision of such care is an unrelated trade or business described in section 513 of the Internal Revenue Code.

Appendix 2

MEASURES TO WIDELY PUBLICIZE FINANCIAL ASSISTANCE PROGRAM

Each GHS Hospital Facility will have a means of widely publicizing the availability of the FAP to all patients. The measures taken to widely publicize the FAP include, but are not limited, to the following:

1. For GHS Hospital Facilities in Illinois, a message on the healthcare bill, statement, invoice or summary of charges regarding eligibility for the Illinois Hospital Uninsured Patient Discount Act and instructions for application for Financial Assistance. In addition and for all other GHS Hospital Facilities, a conspicuous written notice will be included on the healthcare bill, statement, invoice or summary of charges that notifies and informs recipients about the availability of Financial Assistance under the FAP and includes the telephone number of Patient Financial Services and the direct website address where copies of the FAP, a description of the FAP Application process and a copy of the FAP Application, and a plain language summary of the FAP may be obtained.
2. Signs in the admission, emergency room, registration, and other appropriate areas provide the billing options form that explains that the provider offers a FAP and how to obtain more information. Such signs shall be posted in English and in any other language that is the primary language of at least five percent (5%) of the patients served by the applicable hospital annually.
3. Make paper copies of the FAP, the FAP Application, and plain language summary available upon request and without charge, both by mail and in public locations in all emergency room and admission areas. The FAP Applications for GHS' Illinois hospitals shall also comply with the Illinois Requirements (77 Ill. Admin. Code 4500.10-4500.60).
4. Designated staff that can explain the FAP.
5. Staff that can direct patients to appropriate patient representatives for explanation.
6. A notice located in a prominent place on the GHS website that Financial Assistance is available at the hospital, along with copy of the FAP, the FAP Application, and a plain language summary of the FAP.
7. For GHS Hospital Facilities in Illinois, provide contact information for patients to inquire about or dispute an itemized bill or statement. Response to inquiries must be made within two (2) business days of a telephone inquiry and ten (10) business days of a written inquiry in accordance with the Illinois Fair Patient Billing Act.
8. Notify and inform patients about the FAP by offering a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process.
9. Make available translations of the FAP, the FAP Application, and plain language summary in the language spoken by groups that constitute the lesser of 1,000 individuals or five percent (5%) of the community served by the applicable hospital or the population likely to be affected or encountered by the applicable hospital.
10. Take measures to notify and inform members of the community about the FAP, which includes sharing information with the GHS Community Health Needs Assessment Committee.

Appendix 3

Genesis Health System Financial Assistance Income Guidelines 2022

Family Size		Income based upon 200% of FPIG	Range <=200% FPIG 100% Writeoff	Range <=220% FPIG 90% Writeoff	Range <=240% FPIG 80% Writeoff	Range <=260% FPIG 70% Writeoff	Range <=280% FPIG 60% Writeoff	Range <=300% FPIG 50% Writeoff	Range <=320% FPIG 40% Writeoff	Range <=340% FPIG 30% Writeoff	Range <=360% FPIG 20% Writeoff	Range <=380% FPIG 10% Writeoff	Range Above 380% FPIG 0% Writeoff
1	\$13,590	\$27,180	\$27,180	\$29,898	\$32,616	\$35,334	\$38,052	\$40,770	\$43,488	\$46,206	\$48,924	\$51,642	\$51,643
2	\$18,310	\$36,620	\$36,620	\$40,282	\$43,944	\$47,606	\$51,268	\$54,930	\$58,592	\$62,254	\$65,916	\$69,578	\$69,579
3	\$23,030	\$46,060	\$46,060	\$50,666	\$55,272	\$59,878	\$64,484	\$69,090	\$73,696	\$78,302	\$82,908	\$87,514	\$87,515
4	\$27,750	\$55,500	\$55,500	\$61,050	\$66,600	\$72,150	\$77,700	\$83,250	\$88,800	\$94,350	\$99,900	\$105,450	\$105,451
5	\$32,470	\$64,940	\$64,940	\$71,434	\$77,928	\$84,422	\$90,916	\$97,410	\$103,904	\$110,398	\$116,892	\$123,386	\$123,387
6	\$37,190	\$74,380	\$74,380	\$81,818	\$89,256	\$96,694	\$104,132	\$111,570	\$119,008	\$126,446	\$133,884	\$141,322	\$141,323
7	\$41,910	\$83,820	\$83,820	\$92,202	\$100,584	\$108,966	\$117,348	\$125,730	\$134,112	\$142,494	\$150,876	\$159,258	\$159,259
8	\$46,630	\$93,260	\$93,260	\$102,586	\$111,912	\$121,238	\$130,564	\$139,890	\$149,216	\$158,542	\$167,868	\$177,194	\$177,195
9	\$51,350	\$102,700	\$102,700	\$112,970	\$123,240	\$133,510	\$143,780	\$154,050	\$164,320	\$174,590	\$184,860	\$195,130	\$195,131
10	\$56,070	\$112,140	\$112,140	\$123,354	\$134,568	\$145,782	\$156,996	\$168,210	\$179,424	\$190,638	\$201,852	\$213,066	\$213,067
11	\$60,790	\$121,580	\$121,580	\$133,738	\$145,896	\$158,054	\$170,212	\$182,370	\$194,528	\$206,686	\$218,844	\$231,002	\$231,003
12	\$65,510	\$131,020	\$131,020	\$144,122	\$157,224	\$170,326	\$183,428	\$196,530	\$209,632	\$222,734	\$235,836	\$248,938	\$248,939

*Finance Policy No. 1***EFFECTIVE DATE:** *December 8, 2021***POLICY TITLE:***Financial Assistance to Patients**To be reviewed every three years by:
Board of Directors***REVIEW BY:** *January 1, 2025***POLICY**

It is the policy of Trinity Health and each of its Health Ministries to address the need for financial assistance and support of patients for all eligible services provided under applicable state or federal law. Eligibility for financial assistance and support from the Health Ministry is determined on an individual basis using specific criteria along with evaluation and assessment of the patient's and/or family's health care needs, financial resources and obligations.

Trinity Health has a consistent approach to providing financial assistance to patients which is approved at the System governance level and implemented across all Health Ministries through systemwide Procedures and Guidelines followed by each Health Ministry and Subsidiary. Because of the dynamic nature of the environment, the impact will be closely monitored and revisited as necessary.

It is the policy of Trinity Health to require each Health Ministry to follow Trinity Health systemwide Procedures and Guidelines to implement this Policy. Trinity Health has adopted and maintains, and all Health Ministries will follow, systemwide Procedures and Guidelines that address the following six requirements to ensure a consistent approach:

I. Qualifying Criteria for Financial Assistance

All Health Ministries will follow systemwide Procedures and Guidelines to:

- Specify the patients and services eligible and not eligible for financial support.
- Establish Health Ministry charges based on amounts generally billed as determined by the System Office.
- Address residency requirements and documentation required for establishing income.
- Describe the consideration required for patient assets, including protected assets.

- Describe presumptive support and the required timeline for establishing financial eligibility.

All Health Ministries will provide levels of financial support, including at a minimum support for Family Income at or below 200% of Federal Poverty Income Guidelines, and for Family Income between 201% and 400% of Federal Poverty Income as required by systemwide Procedures. All Health Ministries will follow systemwide Procedures for accounting and reporting for financial support.

II. Assisting Patients Who May Qualify for Coverage

All Health Ministries will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services, including adoption of procedures to help patients determine if they qualify as required by systemwide Procedures. All Health Ministries have discretion to adopt procedures to provide patients with premium assistance in accordance with the Trinity Health systemwide Payment of Premiums Assistance Procedure.

III. Effective Communications

All Health Ministries will follow systemwide Procedures requiring the Health Ministry to:

- Provide financial counseling,
- Respond promptly and courteously to patients' questions,
- Utilize a billing process that is clear, concise, correct and patient friendly, and
- Make available specific information in an understandable format about what the Health Ministry charges for services.

All Health Ministries will post signs and display brochures that provide basic information about the Health Ministry's Financial Assistance Policy ("FAP") in public locations in the Health Ministry and list those public locations in the Health Ministry's FAP, and make the Health Ministry's FAP and a plain language summary and application form available to patients upon request in accordance with systemwide Procedures. All Health Ministries will post the FAP, a plain language summary, and an application form on the Health Ministries' websites.

IV. Implementation of Accurate and Consistent Policies

As required by the systemwide Procedures and Guidelines all Health Ministries will provide staff education about billing, financial assistance, collection policies and practices, and treatment of all patients with dignity and respect regardless of their insurance status or their ability to pay for services.

V. Fair Billing and Collection Practices

All Health Ministries will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations, and make available to all patients who qualify for a short term interest free payment plan with defined payment time frames based on the outstanding account balance as required by systemwide Procedures. All Health Ministries also will offer a loan program for patients who qualify. All Health Ministries will have written procedures outlining authority for approval of external debt collection activities. All Health Ministries will follow systemwide Procedures that identify debt collection activities that may be pursued by the Trinity Health Ministry or by a collection agent on their behalf. A Health Ministry (or a collection agent on its behalf) may NOT pursue action against the debtor's person, such as arrest warrants or "body attachments." A Health Ministry may have a System Office approved arrangement with a collection agency, provided that such agreement meets criteria established by the Trinity Health System Office.

VI. Other Discounts

All Health Ministries will coordinate Financial Assistance to Patients with pre-pay, self-pay and other discounts as provided in systemwide Procedures.

Should any provision of this FAP conflict with the requirement of the law of the state in which the Health Ministry operates, state law shall supersede the conflicting provision and the Health Ministry shall act in conformance with applicable state law.

This Policy is intended to fulfill Trinity Health's and the Health Ministry's commitment to

- Providing access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;
- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

Trinity Health is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular that of "Commitment To Those Who Are Poor", we provide care for persons who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the health care expenses incurred.

SCOPE/APPLICABILITY

This is a Board Policy and also a Trinity Health Mirror Policy. Therefore, this Policy applies to all organizations within Trinity Health, including its Health Ministries and Subsidiaries, and each Health Ministry and Subsidiary within the System that provides or bills for patient care shall adopt an identical Policy.

DEFINITIONS

Executive Leadership Team (“ELT”) means the group that is composed of the highest level of management at Trinity Health.

Health Ministry (sometimes referred to as Ministry) means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Health Ministry may be based on a geographic market or dedication to a service line or business. Health Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

Policy means a statement of high-level direction on matters of importance to Trinity Health, its Health Ministries and Subsidiaries or a statement that further interprets Trinity Health’s, its Health Ministries’ and Subsidiaries’ governing documents. Policies may be either stand alone, Systemwide or Mirror Policies designated by the approving body.

Procedure means a document designed to implement a policy or a description of specific required actions or processes.

Standards or Guidelines mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a Trinity Health Ministry is the sole corporate member or sole shareholder.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the Trinity Health Revenue Excellence Department.

RELATED PROCEDURES AND OTHER MATERIALS

- Finance Procedure No. RE.PFS.3 - Financial Assistance to Patients
- Finance Procedure No. RE.REIMB.10 - Calculation of Allowances for Bad Debt, Charity Care and Operational Allowances

APPROVALS

Initial Approval: June 14, 2014 Stewardship Committee of the Trinity Health Board of Directors

Subsequent Review/Revision(s): September 18, 2014; July 1, 2017; December 8, 2021

Section IV
Attachment 7
Charity Care

Genesis Illinois Facilities:

Genesis Medical Center-Silvis

	2019	2020	2021
Total Net Patient Revenue	\$87,880,126	\$87,135,409	\$98,608,749
Amount of Charity Care (Charges)	\$4,358,259	\$4,618,296	\$2,835,896
Cost of Charity Care	\$1,224,229	\$1,183,235	\$751,091
Cost of Charity Care/Total Net Patient Ratio	1.4%	1.4%	0.8%

Genesis Medical Center-Aledo

	2019	2020	2021
Total Net Patient Revenue	\$14,092,646	\$14,337,804	\$16,473,127
Amount of Charity Care (Charges)	\$354,981	\$263,336	\$332,610
Cost of Charity Care	\$195,336	\$144,356	\$188,534
Cost of Charity Care/Total Net Patient Ratio	1.4%	1.0%	1.1%

Total Genesis Illinois:

	2019	2020	2021
Total Net Patient Revenue	\$96,758,478	\$101,861,714	\$137,569,729
Amount of Charity Care (Charges)	\$4,358,259	\$4,667,591	\$3,287,524
Cost of Charity Care	\$1,394,738	\$1,682,109	\$1,443,555
Cost of Charity Care/Total Net Patient Ratio	1.4%	1.7%	1.0%

The 2020 Annual Hospital Profiles for Genesis Medical Center-Silvis and Genesis Medical Center-Aledo are attached at ATTACHMENT 7.

Trinity Facilities Located in Illinois:

Foster G. McGaw Hospital-Loyola University Medical Center in Maywood, Illinois:

	2019	2020	2021
Total Net Patient Revenue	\$1,198,331,228	\$1,214,229,323	\$1,316,022,890
Amount of Charity Care (Charges)	\$20,548,628	\$29,026,142	\$100,243,087
Cost of Charity Care	\$5,596,467	\$7,863,846	\$23,833,273
Cost of Charity Care/Total Net Patient Ratio	0.47%	0.65%	1.81%

Gottlieb Memorial Hospital in Melrose Park, Illinois:

	2019	2020	2021
Total Net Patient Revenue	\$114,867,177	\$139,225,038	\$161,217,095
Amount of Charity Care (Charges)	\$1,840,578	\$4,503,951	\$18,237,747
Cost of Charity Care	\$399,184	\$746,868	\$3,724,208
Cost of Charity Care/Total Net Patient Ratio	0.3%	0.5%	2.3%

MacNeal Hospital in Berwyn, Illinois:

	2019	2020	2021
Total Net Patient Revenue	\$292,141,615	\$312,945,576	\$343,534,972
Amount of Charity Care (Charges)	\$28,495,214	\$28,962,993	\$38,987,158
Cost of Charity Care	\$2,201,404	\$6,305,425	\$7,248,123
Cost of Charity Care/Total Net Patient Ratio	0.8%	2.0%	2.1%

Total Loyola Medicine:

	2019	2020	2021
Total Net Patient Revenue	\$1,605,340,020	\$1,572,940,977	\$1,723,645,408
Amount of Charity Care (Charges)	\$50,884,420	\$62,493,086	\$157,467,992
Cost of Charity Care	\$9,816,940	\$12,760,073	\$32,004,812
Cost of Charity Care/Total Net Patient Ratio	0.61%	0.81%	1.86%

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Theresa Main	White	79.7%	Hispanic or Latino:	0.0%
ADMINSTRATOR PHONE:	309-281-5146	Black	11.2%	Not Hispanic or Latino:	86.2%
OWNERSHIP:	Genesis Health System	American Indian	0.0%	Unknown:	13.8%
OPERATOR:	Genesis Health System	Asian	1.6%	License Number:	5413
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	Site Number:	5413
CERTIFICATION:		Unknown	7.5%	HPA:	C-05
FACILITY DESIGNATION:	General Hospital			HSA:	10
ADDRESS	801 Illini Dr	CITY:	Silvis	COUNTY:	Rock Island County

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	109	61	56	2,198	8,161	1,628	4.5	26.7	24.5	43.8
0-14 Years				1	6					
15-44 Years				664	1,765					
45-64 Years				460	1,924					
65-74 Years				407	1,659					
75 Years +				666	2,807					
Pediatric	0	8	8	497	958	8	1.9	2.6	0.0	33.0
Intensive Care	7	6	6	542	1,223	32	2.3	3.4	49.0	57.1
Direct Admission				445	950					
Transfers				97	273					
Obstetric/Gynecology	21	16	8	430	1,041	72	2.6	3.0	14.5	19.0
Maternity				430	1,041					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	137			3,570	11,383	1,740	3.7	35.9	26.2	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.4%	26.6%	1.0%	18.4%	2.0%	7.6%	
	1700	1020	40	705	77	290	3,832
Outpatients	60.2%	20.2%	0.6%	15.7%	1.7%	1.6%	
	86208	28992	811	22423	2383	2358	143,175

<u>Financial Year Reported:</u>	7/1/2019 to	6/30/2020	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	60.6%	11.7%	1.3%	23.1%	3.3%	100.0%			
	15,509,574	3,004,308	326,345	5,924,814	841,855	25,606,896	283,476		1,183,235
Outpatient Revenue (\$)	35.4%	8.9%	0.6%	42.3%	12.8%	100.0%			
	21,863,654	5,510,519	399,749	26,104,536	7,891,027	61,769,485	899,759		Total Charity Care as % of Net Revenue 1.4%

<u>Birthing Data</u>		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	495	Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	492	Beds	21	3	Heart:	0
Birthing Rooms:	16	Patient Days	1,037	6	Lung:	0
Labor Rooms:	16	Total Newborn Patient Days			Heart/Lung:	0
Delivery Rooms:	16				Pancreas:	0
Labor-Delivery-Recovery Rooms:	0				Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	16	Inpatient Studies		42,100	Total:	0
C-Section Rooms:	1	Outpatient Studies		240,700		
CSections Performed:	155	Studies Performed Under Contract		86,300		

<u>Surgery and Operating Room Utilization</u>											
<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	12	154	41	243	284	3.4	1.6
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	6	6	213	1122	356	1019	1375	1.7	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	20	149	44	179	223	2.2	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	278	223	383	540	923	1.4	2.4
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	214	0	803	803	0.0	3.8
Podiatry	0	0	0	0	0	14	0	17	17	0.0	1.2
Thoracic	0	0	0	0	8	0	30	0	30	3.8	0.0
Urology	0	0	0	0	34	232	39	349	388	1.1	1.5
Totals	0	0	6	6	565	2108	893	3150	4043	1.6	1.5
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		4	Stage 2 Recovery Stations		0		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	28	15	790	615	1405	28.2	41.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0

Certified Trauma Center				Yes	Total Cardiac Catheterization Labs:	1
Trauma Service	Level 1	Adult	Level 2	Adult	Cath Labs used for Angiography procedures	1
Operating Rooms Dedicated for Trauma Care				6	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:				552	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma				274	Dedicated EP Catheterization Labs	0
Emergency Service Type:				Comprehensive	Total Cardiac Catheterization Procedures:	218
Number of Emergency Room Stations				16	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:				19,179	Diagnostic Catheterizations (15+)	148
Patients Admitted from Emergency:				2,665	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):				19,731	Interventional Catheterization (15+)	70
Beds in Free-Standing Emergency Centers				0	EP Catheterizations (15+)	0
Patient Visits in Free-Standing Emergency Centers				0	Total Cardiac Surgery Cases:	0
Hospital Admissions from Free-Standing Emergency Center				0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits				140,817	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/ Campus:				140,817	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus				0	performed of total Cardiac Cases :	0

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>			<u>Therapies/</u>
	<u>Owned</u>	<u>Contract</u>	<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>	<u>Owned</u>	<u>Contract</u>		<u>Treatments</u>
General Radiography/Fluoroscopy	7	0	3,240	13,180	0	Lithotripsy	0	4	0
Nuclear Medicine	2	0	41	626	0	Linear Accelerator	0	0	0
Mammography	1	0	0	8,347	0	Image Guided Rad Therapy			0
Ultrasound	3	0	628	4,326	0	Intensity Modulated Rad Thrapy			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	205	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	1,753	9,273	0				
Magnetic Resonance Imaging	1	0	91	1,505	0				

Source: 2020 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Ownership, Management and General Information

ADMINISTRATOR NAME: Edward Rogalski
ADMINSTRATOR PHONE: 309-582-9250
OWNERSHIP: Genesis Health System, Aledo
OPERATOR: Genesis Health System, Aledo
MANAGEMENT: Not for Profit Corporation
CERTIFICATION: Critical Access
FACILITY DESIGNATION: General Hospital
ADDRESS 409 NW Ninth Avenue

Patients by Race

White 100.0%
 Black 0.0%
 American Indian 0.0%
 Asian 0.0%
 Hawaiian/ Pacific 0.0%
 Unknown 0.0%

Patients by Ethnicity

Hispanic or Latino: 0.0%
 Not Hispanic or Latino: 100.0%
 Unknown: 0.0%
 License Number: 5868
 Site Number: 5868
 HPA: C-05
 HSA: 10

CITY: Aledo

COUNTY: Mercer County

Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	22	22	12	133	1,183	692	14.1	5.1	23.3	23.3
0-14 Years				0	0					
15-44 Years				3	10					
45-64 Years				16	145					
65-74 Years				13	140					
75 Years +				101	888					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	22			133	1,183	692	14.1	5.1	23.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	86.1%	2.0%	0.7%	7.3%	0.7%	3.3%	
	130	3	1	11	1	5	151
Outpatients	44.6%	17.7%	1.0%	33.4%	2.0%	1.4%	
	8210	3256	183	6151	360	262	18,422

Financial Year Reported: 7/1/2019 to 6/30/2020Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	97.9%	0.2%	0.5%	1.4%	0.0%	100.0%		144,356
	2,823,106	6,069	14,273	39,548	0	2,882,996	15,277	
Outpatient Revenue (\$)	46.1%	12.1%	1.0%	36.9%	3.9%	100.0%		Total Charity Care as % of Net Revenue
	5,279,060	1,383,403	117,738	4,231,735	449,883	11,461,819	129,079	1.0%

Birthing Data

Number of Total Births: 0
 Number of Live Births: 0
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 CSections Performed: 0

Newborn Nursery Utilization

Level I 0
 Level II 0
 Level II+ 0
 Beds 0
 Patient Days 0
 Total Newborn Patient Days 0
 Inpatient Studies 2,859
 Outpatient Studies 48,344
 Studies Performed Under Contract 19,255

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

<u>Surgery and Operating Room Utilization</u>											
<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	1	1	0	35	0	40	40	0.0	1.1
Gastroenterology	0	1	0	1	0	176	0	70	70	0.0	0.4
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	1	1	0	30	0	44	44	0.0	1.5
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	1	2	3	0	241	0	154	154	0.0	0.6
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		2	Stage 2 Recovery Stations		6		

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	1	1	0	176	0	70	70	0.0	0.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	121	0	30	30	0.0	0.2
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0
0	0	0	0	0	0.0	0.0

Certified Trauma Center	No	Total Cardiac Catheterization Labs:	0
Trauma Service Level 1		Cath Labs used for Angiography procedures	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Diagnostic Catheterization Labs	0
Number of Trauma Visits:	795	Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma	69	Dedicated EP Catheterization Labs	0
Emergency Service Type:	Comprehensive	Total Cardiac Catheterization Procedures:	0
Number of Emergency Room Stations	5	Diagnostic Catheterizations (0-14)	0
Persons Treated by Emergency Services:	3,435	Diagnostic Catheterizations (15+)	0
Patients Admitted from Emergency:	145	Interventional Catheterizations (0-14):	0
Total ED Visits (Emergency+Trauma):	4,230	Interventional Catheterization (15+)	0
Beds in Free-Standing Emergency Centers	0	EP Catheterizations (15+)	0
Patient Visits in Free-Standing Emergency Centers	0	Total Cardiac Surgery Cases:	0
Hospital Admissions from Free-Standing Emergency Center	0	Pediatric (0 - 14 Years):	0
Total Outpatient Visits	20,967	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/ Campus:	20,967	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	0	performed of total Cardiac Cases :	0

<u>Diagnostic/Interventional Equipment</u>	<u>Examinations</u>					<u>Therapeutic Equipment</u>			<u>Therapies/ Treatments</u>
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	1	0	92	3,685	0	Lithotripsy	0	0	0
Nuclear Medicine	0	1	0	0	40	Linear Accelerator	0	0	0
Mammography	1	0	0	914	0	Image Guided Rad Therapy			0
Ultrasound	1	0	13	481	0	Intensity Modulated Rad Thrpy			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	15	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	32	1,447	0				
Magnetic Resonance Imaging	0	1	0	0	249				

Source: 2020 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		20-24
2	Site Ownership		25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		27-29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		30-32
5	Background of the Applicant		33-66
6	Change of Ownership		67-90
7	Charity Care Information		91-96