

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: Franciscan Health Olympia Fields |                        |                            |
| Street Address: 20201 South Crawford Avenue     |                        |                            |
| City and Zip Code: Olympia Fields 60461         |                        |                            |
| County: Cook                                    | Health Service Area: 7 | Health Planning Area: A-04 |

## Legislators

|   |
|---|
| State Senator Name: Michael E. Hastings         |
| State Representative Name: Debbie Meyers-Martin |

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

|  |
|--|
| Exact Legal Name: Franciscan Alliance, Inc.                  |
| Street Address: 1515 Dragoon Trail                           |
| City and Zip Code: Mishawaka 46546                           |
| Name of Registered Agent: Sister Ruth Luthman                |
| Registered Agent Street Address: 20201 South Crawford Avenue |
| Registered Agent City and Zip Code: Olympia Fields 60461     |
| Name of Chief Executive Officer: Kevin D. Leahy              |
| CEO Street Address: Kevin D. Leahy                           |
| CEO City and Zip Code: 1515 Dragoon Trail, Mishawaka 46546   |
| CEO Telephone Number: 574-273-3844                           |

## Type of Ownership of Applicants

|   |  |                                |
|---|--|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation  | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation   | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company  | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul> |  |                                |
| 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: Juan Morado, Jr.  |
| Title: Partner and CON Counsel  |
| Company Name: Benesch Friedlander Coplan & Aronoff LLC                    |
| Address: 71 South Wacker Drive, 16 <sup>th</sup> Floor, Chicago, IL 60606 |
| Telephone Number: 312-212-4949  |
| E-mail Address: jmorado@beneschlaw.com                                    |

**Facility/Project Identification**

|   |                        |                            |
|---|------------------------|----------------------------|
| Facility Name: Franciscan Health Olympia Fields |                        |                            |
| Street Address: 20201 South Crawford Avenue     |                        |                            |
| City and Zip Code: Olympia Fields 60461         |                        |                            |
| County: Cook                                    | Health Service Area: 7 | Health Planning Area: A-04 |

**Legislators**

|   |
|---|
| State Senator Name: Michael E. Hastings         |
| State Representative Name: Debbie Meyers-Martin |

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

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|--|
| Exact Legal Name: Franciscan Alliance, Inc. d/b/a Franciscan Health Olympia Fields |
| Street Address: 1515 Dragoon Trail   |
| City and Zip Code: Mishawaka 46546   |
| Name of Registered Agent: Sister Ruth Luthman                                      |
| Registered Agent Street Address: 20201 South Crawford Avenue                       |
| Registered Agent City and Zip Code: Olympia Fields 60461                           |
| Name of Chief Executive Officer: Kevin D. Leahy                                    |
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**Type of Ownership of Applicants**

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| Telephone Number: 312-212-4949  |
| E-mail Address: jmorado@beneschlaw.com                                    |

**Facility/Project Identification**

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| Street Address: 20201 South Crawford Avenue     |                        |                            |
| City and Zip Code: Olympia Fields 60461         |                        |                            |
| County: Cook                                    | Health Service Area: 7 | Health Planning Area: A-04 |

**Legislators**

|   |
|---|
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| State Representative Name: Debbie Meyers-Martin |

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

|   |
|---|
| Exact Legal Name: Olympia Fields Hospital, LLC                      |
| Street Address: 20201 South Crawford Avenue                         |
| City and Zip Code: Olympia Fields 60461                             |
| Name of Registered Agent: Cogency Global, Inc.                      |
| Registered Agent Street Address: 600 South Second Street, Suite 404 |
| Registered Agent City and Zip Code: Springfield 62704-2542          |
| Name of Chief Executive Officer: Dr. Prem Reddy                     |
| CEO Street Address: 3480 East Guasti Road                           |
| CEO City and Zip Code: Ontario 91761                                |
| CEO Telephone Number: 909-235-4400                                  |

**Type of Ownership of Applicants**

|   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation   | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation   | <input type="checkbox"/> Governmental        |                                |
| <input checked="" type="checkbox"/> Limited Liability Company   | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul> |  |                                |
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| Telephone Number: 312-212-4949  |
| E-mail Address: jmorado@beneschlaw.com                                    |

**Facility/Project Identification**

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|---|------------------------|----------------------------|
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| Street Address: 20201 South Crawford Avenue       |                        |                            |
| City and Zip Code: Olympia Fields 60461           |                        |                            |
| County: Cook                                      | Health Service Area: 7 | Health Planning Area: A-04 |

**Legislators**

|   |
|---|
| State Senator Name: Michael E. Hastings         |
| State Representative Name: Debbie Meyers-Martin |

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

|   |
|---|
| Exact Legal Name: Prime Healthcare Services, Inc.               |
| Street Address: 3480 East Guasti Road                           |
| City and Zip Code: Ontario 91761                                |
| Name of Registered Agent: Cogency Global, Inc.                  |
| Registered Agent Street Address: 850 New Burton Road, Suite 201 |
| Registered Agent City and Zip Code: Dover 19904                 |
| Name of Chief Executive Officer: Dr. Prem Reddy                 |
| CEO Street Address: 3480 East Guasti Road                       |
| CEO City and Zip Code: Ontario 91761                            |
| CEO Telephone Number: 909-235-4400                              |

**Type of Ownership of Applicants**

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

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

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|---|
| Name: Juan Morado, Jr.  |
| Title: Partner and CON Counsel  |
| Company Name: Benesch Friedlander Coplan & Aronoff LLC                    |
| Address: 71 South Wacker Drive, 16 <sup>th</sup> Floor, Chicago, IL 60606 |
| Telephone Number: 312-212-4949  |
| E-mail Address: jmorado@beneschlaw.com                                    |



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

|                   |
|-------------------|
| Name:             |
| Title:            |
| Company Name:     |
| Address:          |
| Telephone Number: |
| E-mail Address:   |
| Fax Number:       |

**Post Exemption Contact**

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

|  |
|--|
| Name: To be name following transaction closing.                |
| Title: Chief Executive Officer                                 |
| Company Name: Olympia Fields Hospital, LLC                     |
| Address: 20201 South Crawford Avenue, Olympia Fields, IL 60461 |
| Telephone Number:  |
| 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: Olympia Fields Hospital, LLC  |
| Address of Site Owner: 20201 South Crawford Avenue, Olympia Fields, IL 60461  |
| Street Address or Legal Description of the Site: 20201 South Crawford Avenue, Olympia Fields, IL 60461  |
| <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>   |

**Current Operating Identity/Licensee**

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

|   |   |                          |
|---|---|--------------------------|
| Exact Legal Name: Franciscan Alliance, Inc. d/b/a Franciscan Health – Olympia Fields  |   |                          |
| Address: 20201 South Crawford Avenue, Olympia Fields, Illinois 60461  |   |                          |
| <input checked="" type="checkbox"/> Non-profit Corporation<br><input type="checkbox"/> For-profit Corporation<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> |

**Operating Identity/Licensee after the Project is Complete**

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

Exact Legal Name: Olympia Fields Hospital, LLC

Address: 20201 South Crawford Avenue, Olympia Fields, Illinois 60461

- |   |  |
|---|--|
| <input type="checkbox"/> Non-profit Corporation               | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental        |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other                                | <input type="checkbox"/>                     |
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
  - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
  - **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

**APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.****Organizational Relationships**

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

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

**Narrative Description**

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

Franciscan Alliance, Inc., Franciscan Alliance, Inc. d/b/a Franciscan Health Olympia Fields ("Franciscan Health Olympia Fields"), Olympia Fields Hospital, LLC, and Prime Healthcare Services, Inc. (collectively, the "Applicants") propose a change of ownership of Franciscan Health – Olympia Fields, a 214-bed general acute care hospital located at 20201 South Crawford Avenue, Olympia Fields, Illinois 60461 (the "Hospital").

Olympia Fields Hospital, LLC will acquire substantially all of the assets of the Hospital. As a result of the transaction, Olympia Fields Hospital, LLC will become the operator and licensee of the Hospital (the "Planned Transaction"). Franciscan Alliance, Inc. and Prime Health Care Services, Inc. are included as co-applicants, as Franciscan Alliance, Inc. currently has ultimate control of the Hospital and Prime Healthcare Services Inc. will have ultimate control of the Hospital after the Planned Transaction.

**Related Project Costs**

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

|  |   |                             |
|--|---|-----------------------------|
| Land acquisition is related to project | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Purchase Price:                        | \$ _____                                |                             |
| Fair Market Value:                     | \$ _____                                |                             |

**Project Status and Completion Schedules**

**Outstanding Permits:** Does the facility have any projects for which the State Board issued a permit that is not complete? Yes X No \_\_\_\_\_. 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.

Prime Healthcare ASC, Joliet, Project 25-034- The Project will not be complete when this exemption application is considered.

**Anticipated exemption completion date** (refer to Part 1130.570): December 31, 2026

**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 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 for Permit is filed on the behalf of Olympia Fields Hospital, LLC \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Steve Aleman

PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal

See attached Jurat

SIGNATURE

Erica Reilley Swanholt

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal

See attached Jurat

\*Insert EXACT legal name of the applicant

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

**CERTIFICATION**

**CALIFORNIA JURAT**

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Bernardino

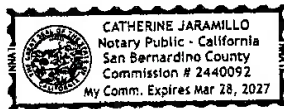
Subscribed and sworn to (or affirmed) before me on  
this 15<sup>th</sup> day of January, 2026, by  
Date Month Year

(1) Steve Aleman

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to  
be the person(s) who appeared before me.

Signature Catherine Jaramillo  
Signature of Notary Public



Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

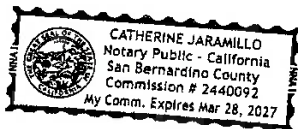
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County of San Bernardino

Subscribed and sworn to (or affirmed) before me on  
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Date Month Year

(1) Erica Riley Swanholt

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to  
be the person(s) who appeared before me.

Signature Catherine Jaramillo  
Signature of Notary Public

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Signer(s) Other Than Named Above: \_\_\_\_\_

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

This Application for Permit is filed on the behalf of **Prime Healthcare Services, Inc.\*** 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Steve Aleman

PRINTED NAME

Chief Financial Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal

See attached Jurat

SIGNATURE

Erica Reilley Swanholt

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

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\*Insert EXACT legal name of the applicant



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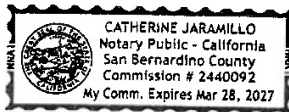
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Date Month Year

(1) Steve Aleman

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to  
be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature Catherine Jaramillo  
Signature of Notary Public

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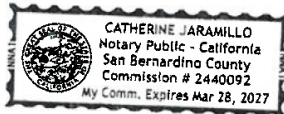
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(1) Erica Reilly Swanhott

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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 for Permit is filed on the behalf of Franciscan Alliance, Inc.\* 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.**

Kevin D. Leahy  
SIGNATURE  
  
Kevin D. Leahy  
PRINTED NAME  
  
President/CEO  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of January, 2026

Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

Sister Lethia Marie Leveille OSF  
SIGNATURE  
  
Sister Lethia Marie Leveille, OSF  
PRINTED NAME  
  
Corporate Secretary  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of January, 2026

Signature of Notary

Seal



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Kevin D. Leahy  
SIGNATURE

Kevin D. Leahy

PRINTED NAME

President/CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of January, 2024

Alison Orozco  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

Sister Lethia Marie Leveille OSF  
SIGNATURE

Sister Lethia Marie Leveille, OSF

PRINTED NAME

Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of January, 2024

Alison Orozco  
Signature of Notary

Seal



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

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

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

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

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

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

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

| <b>APPLICABLE REVIEW CRITERIA</b>   | <b>CHOW</b> |
|---|-------------|
| 1130.520(b)(1)(A) - Names of the parties  | X           |
| 1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application | X           |
| 1130.520(b)(1)(C) - Structure of the transaction  | X           |
| 1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction   |             |
| 1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons   | X           |
| 1130.520(b)(1)(F) - Fair market value of assets to be transferred   | X           |
| 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]   | X           |
| 1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section.  | X           |
| 1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction  | X           |
| 1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community   | X           |
| 1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership  | X           |
| 1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control  | X           |
| 1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body  | X           |
| 1130.520(b)(9) - A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition  | X           |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>   |             |



**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                     |                       |                       |                       |
|----------------------------------|-----------------------|-----------------------|-----------------------|
|                                  | 2022                  | 2023                  | 2024                  |
| <b>Net Patient Revenue</b>       | <b>\$ 252,158,270</b> | <b>\$ 282,335,845</b> | <b>\$ 305,515,302</b> |
| Amount of Charity Care (charges) | \$ 33,839,541         | \$ 24,545,258         | \$ 33,057,672         |
| Cost of Charity Care             | \$ 8,924,616          | \$ 6,049,727          | \$ 7,529,865          |

**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  | 22-28  |
| 2                    | Site Ownership   | 29     |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 30-31  |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  | 32-36  |
| 5                    | Background of the Applicant  | 37-71  |
| 6                    | Change of Ownership  | 72-112 |
| 7                    | Charity Care Information   | 113    |

## **ATTACHMENT 1**

### **Applicant Identification including Certificate of Good Standing**

Certificates of Good Standing for Franciscan Alliance, Inc., Franciscan Alliance, Inc. d/b/a Franciscan Health Olympia Fields, Olympia Fields Hospital, LLC, and Prime Healthcare Services, Inc. (collectively, the “Applicants”) are attached at Attachment 1.

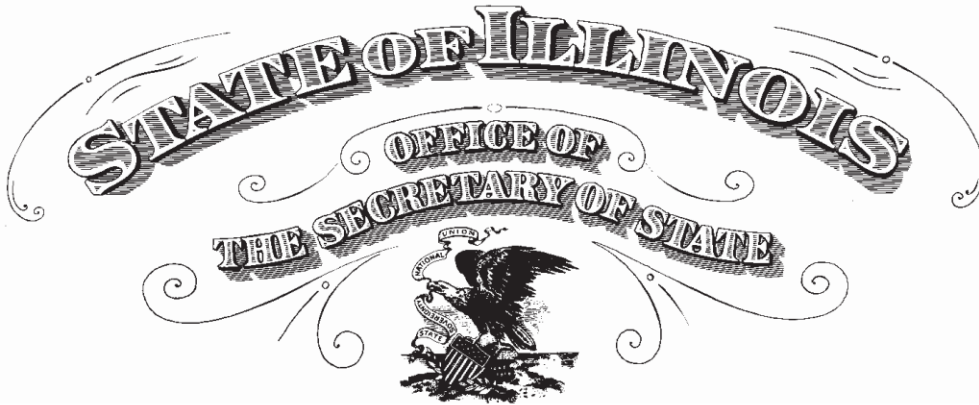
Franciscan Alliance, Inc. d/b/a Franciscan Health Olympia Fields (“Franciscan Health – Olympia Fields”) is the current licensee of the hospital.

Olympia Fields Hospital, LLC will be the operator/licensee of the Hospital after closing of the planned transaction.

Prime Healthcare Services is the sole member of Olympia Fields Hospital, LLC.

Olympia Fields Hospital, LLC will be real estate owner after closing the Planned Transaction.

As the entity with final control over Olympia Fields Hospital, LLC, Prime Healthcare Services, Inc. has been named as an applicant for this certificate of exemption (“COE”) application.

**ATTACHMENT 1****Certificate of Good Standing - Franciscan Alliance, Inc.***File Number 5053-312-3****To all to whom these Presents Shall Come, Greeting:***

***I, Alexi Giannoulas, 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***

FRANCISCAN ALLIANCE, INC., INCORPORATED IN INDIANA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON OCTOBER 15, 1974, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

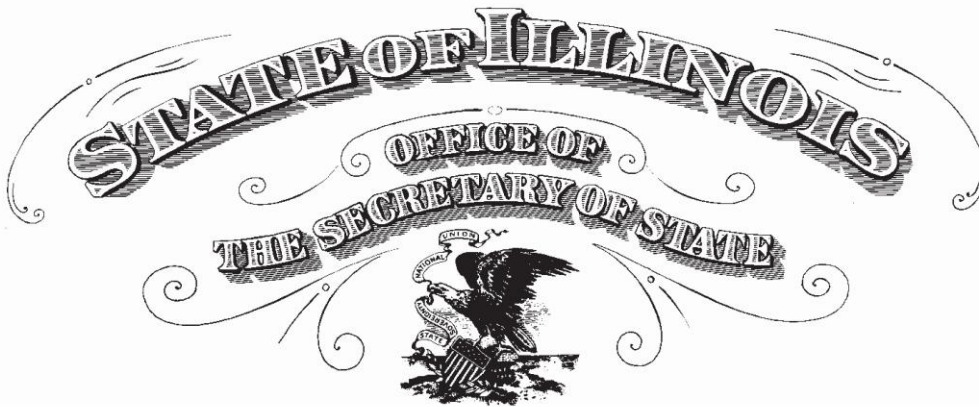
***In Testimony Whereof, I hereto set***

***my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JULY A.D. 2025 .***



Authentication #: 2521004218 verifiable until 07/29/2026  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

**ATTACHMENT 1****Certificate of Good Standing - Franciscan Alliance, Inc. d/b/a  
Franciscan Health Olympia Fields***File Number* 5053-312-3***To all to whom these Presents Shall Come, Greeting:***

***I, Alexi Giannoulas, 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***

FRANCISCAN ALLIANCE, INC., INCORPORATED IN INDIANA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON OCTOBER 15, 1974, ADOPTED THE ASSUMED NAME FRANCISCAN HEALTH OLYMPIA FIELDS ON AUGUST 24, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 2521004218 verifiable until 07/29/2026  
Authenticate at: <https://www.ilsos.gov>

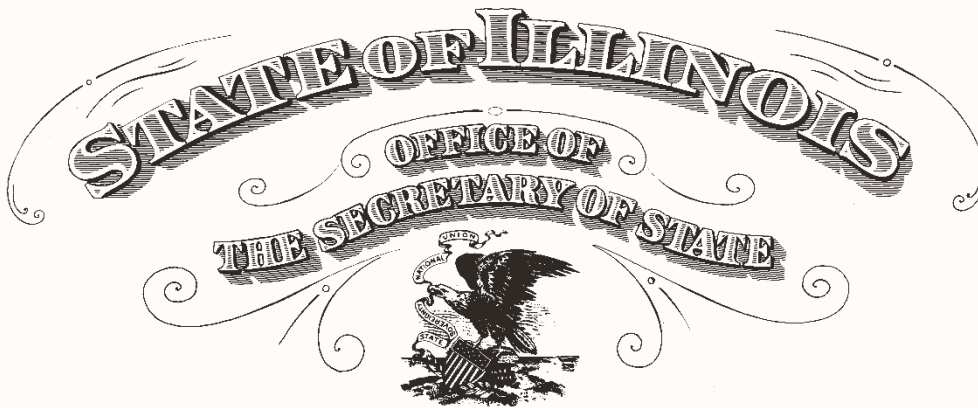
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JULY A.D. 2025 .***

*Alexi Giannoulas*  
SECRETARY OF STATE

## ATTACHMENT 1

## Certificate of Good Standing - Olympia Fields Hospital, LLC

File Number 1630457-3

***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, 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*

OLYMPIA FIELDS HOSPITAL, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 08, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 7TH day of JANUARY A.D. 2026 .***

Authentication #: 2600703706 verifiable until 01/07/2027  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLYMPIA FIELDS HOSPITAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLYMPIA FIELDS HOSPITAL, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



10284856 8300

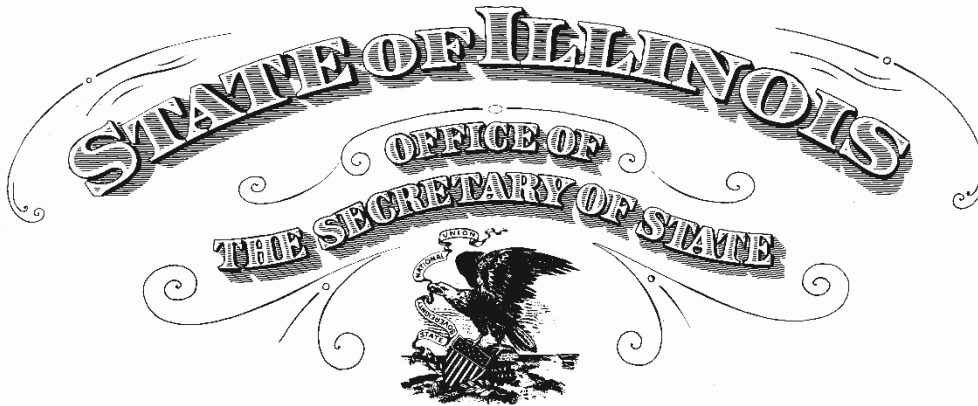
SR# 20253717191

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink that reads "C. B. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State  
Authentication: 204513734

Date: 08-19-25

**ATTACHMENT 1****Certificate of Good Standing - Prime Healthcare Services, Inc.***File Number* 7510-599-1***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, 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*

PRIME HEALTHCARE SERVICES, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON SEPTEMBER 29, 2025, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS 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 7TH day of JANUARY A.D. 2026 .***

Authentication #: 2600703688 verifiable until 01/07/2027  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE



# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME HEALTHCARE SERVICES, 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 NINETEENTH DAY OF AUGUST, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIME HEALTHCARE SERVICES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3201141 8300

SR# 20253717191

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, reading "C. B. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204513733

Date: 08-19-25



**ATTACHMENT 2**  
**Site Ownership**

In connection with the transaction, the acquiring applicants will obtain site control pursuant to a real estate purchase and sale agreement transaction. The applicants will submit the LOI documentation under separate cover, subject to privilege and non-disclosure.

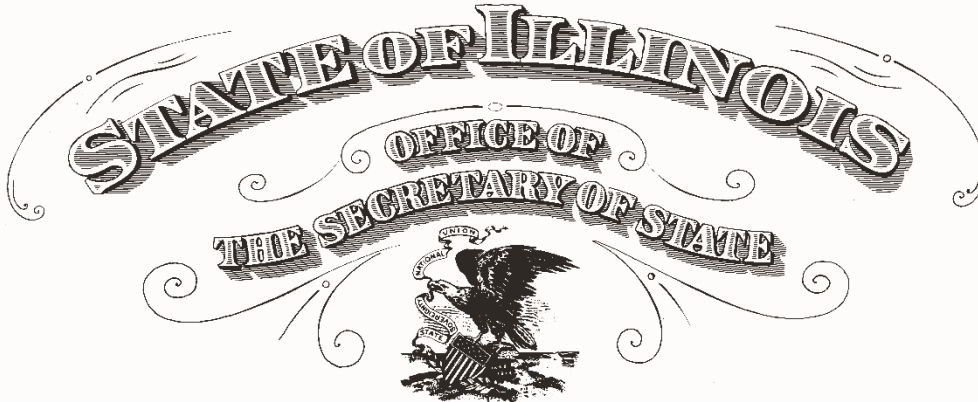
### **ATTACHMENT 3**

#### **Operating Identity/Licensee**

The Illinois Certificate of Good Standing for Olympia Fields Hospital, LLC is attached at Attachment 3.

**ATTACHMENT 3**  
**Certificate of Good Standing - Olympia Fields Hospital, LLC***File Number*

1630457-3

***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulis, 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*

OLYMPIA FIELDS HOSPITAL, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 08, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2600703706 verifiable until 01/07/2027  
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 7TH  
day of JANUARY A.D. 2026 .***

*Alexi Giannoulis*  
SECRETARY OF STATE

## **ATTACHMENT 4**

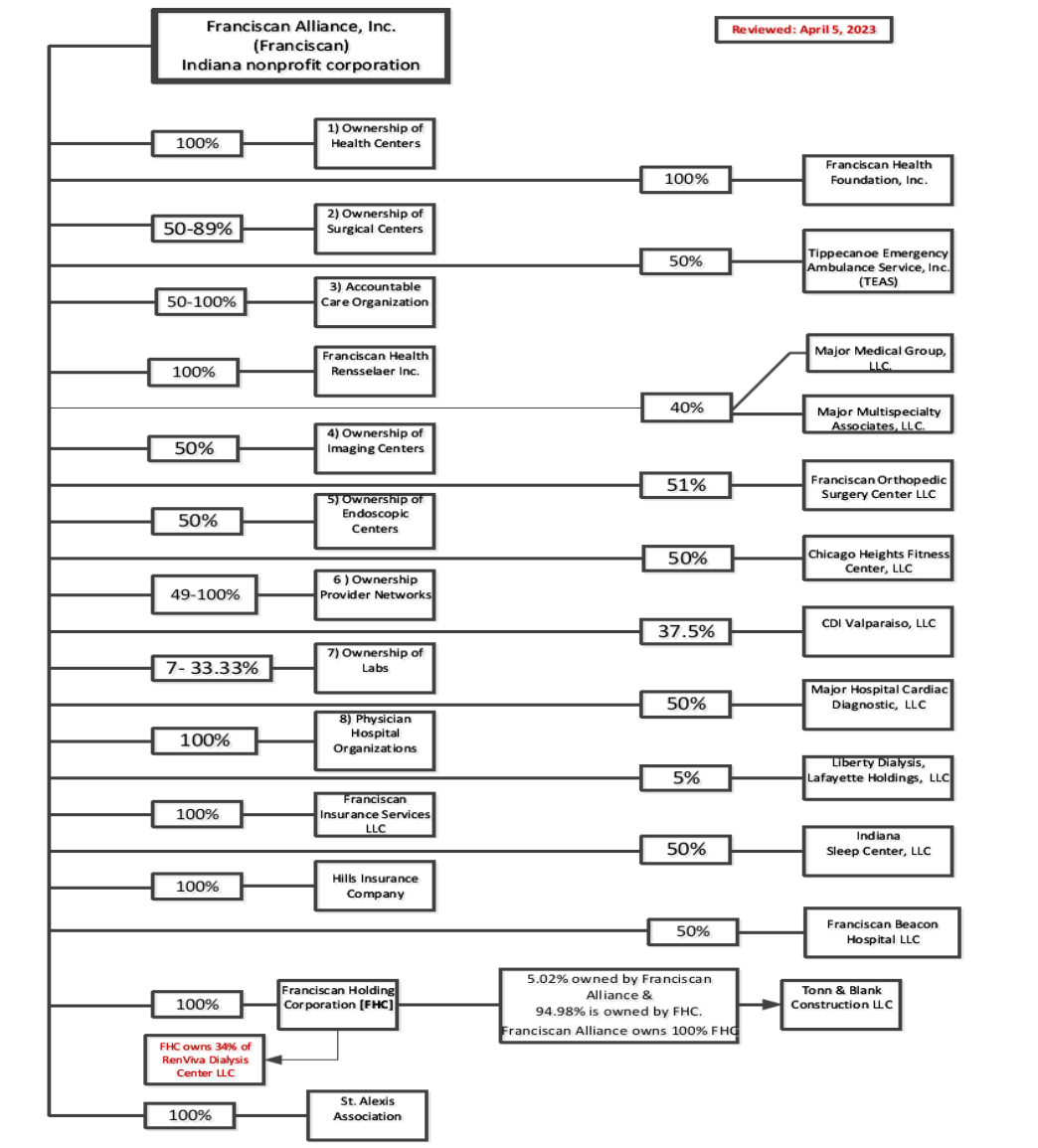
### **Organizational Relationships**

The organizational charts showing the current organizational structure of Franciscan Health Olympia Fields, along with the post-transaction ownership structure are attached at Attachment 4.

## ATTACHMENT 4

### Organizational Relationships

Pre-Transaction Organizational Chart



1. The following hospital DBA's of Franciscan Alliance: Franciscan Health Indianapolis at Carmel (changed designation to remote location, not hospital), Franciscan Health Crawfordsville, Franciscan Health Crown Point, Franciscan Health Dyer, Franciscan Health Indianapolis, Franciscan Health Lafayette, Franciscan Health Mooresville, Franciscan Health Michigan City, Franciscan Health Munster, Franciscan Health Olympia Fields, Franciscan Health Orthopedic Hospital Carmel.

2. Franciscan owns the stated percentages in the following surgical centers: South Emerson Surgery Center, LLC (50%), St. Francis Mooresville Surgery Center, LLC (50%), Franciscan Surgery Center, LLC (50%), St. Francis Radiation Therapy Centers, LLC (85%); Franciscan Lakeshore ASC LLC (50%), Franciscan Orthopedic Surgery Center LLC (51%).

3. Franciscan owns 100% of the following Accountable Care Organizations (unless a different percentage is noted): Franciscan ACO Inc.

4. Franciscan owns the stated percentages in the following imaging centers: South Indy MRI & Rehab Services Center, LLC (50%), St. Francis Imaging Center (Greenwood), LLC (60%).

5. Mooresville Endoscopy Center, LLC (50%) and the Endoscopy Center at St. Francis LLC (50%).

6. Franciscan owns 100% of the following networks (unless a different percentage is noted): Specialty Physicians of Illinois LLC., St. Francis Medical Group, LLC., Franciscan VNS Home Care Inc. (100%), Indiana Internal Medicine Consultants, LLC (49%),

7. Alverno Clinical Laboratories, LLC (33.33%) , Alverno Provena Hospital Laboratories, LLC (33.33%) and Professional Clinical Laboratories, LLC (7.1%).

8. Physician Hospital Organizations (PHO): Franciscan PHO Central Indiana LLC., Franciscan PHO Northern Indiana LLC.

## ATTACHMENT 4

### Organizational Relationship

#### Post-Transaction Organizational Chart

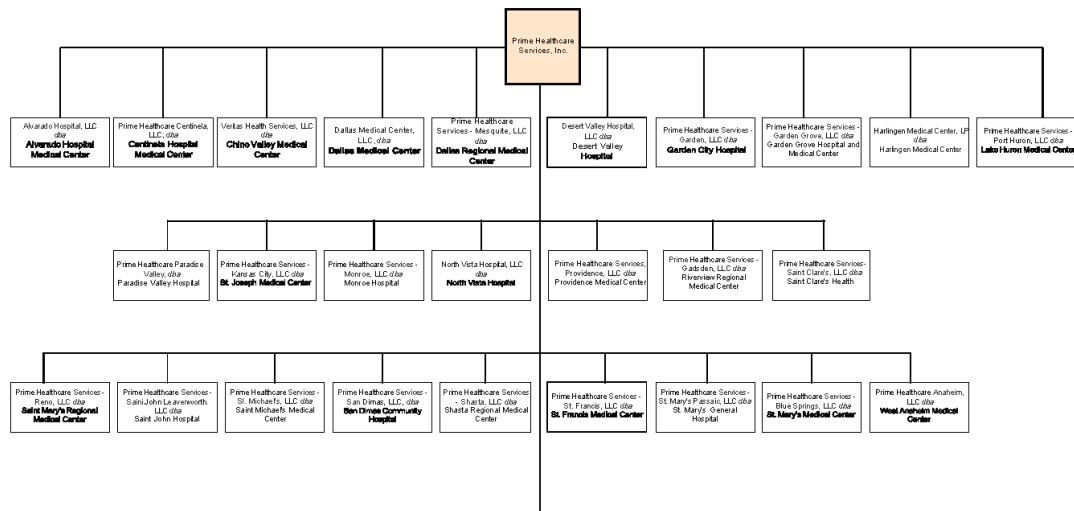


#### Organizational Chart



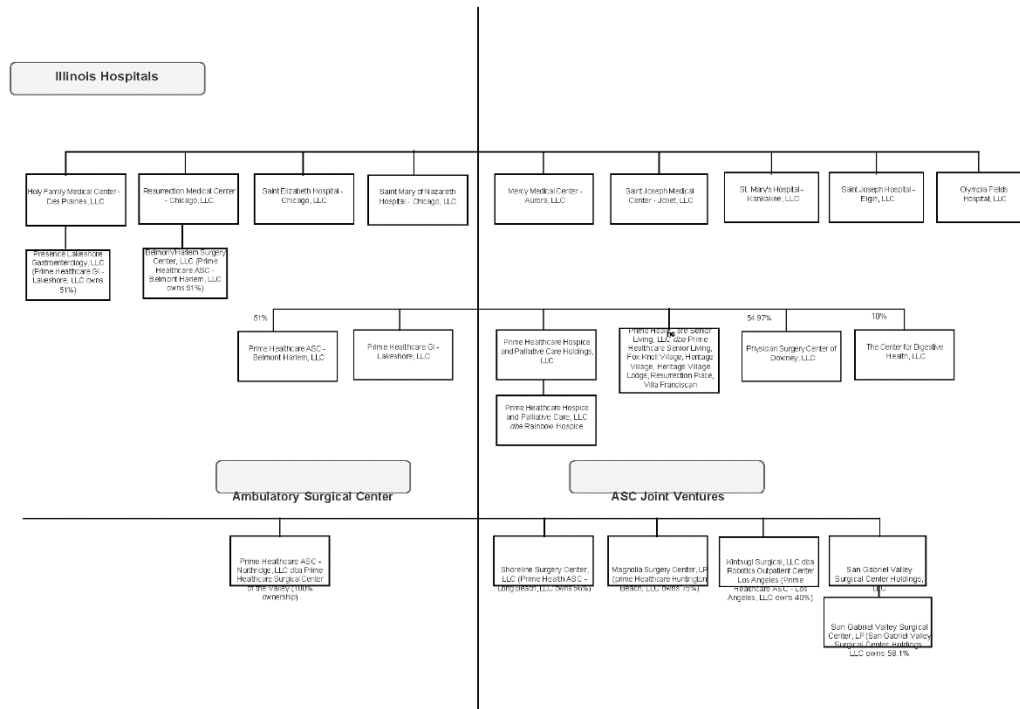
**ATTACHMENT 4**  
**Organizational Relationship**

Prime Healthcare Services, Inc.  
Post-Closing Organizational Chart



## ATTACHMENT 4

### Organizational Relationship





## **ATTACHMENT 5**

### **Background of the Applicant**

1. A list of health care facilities owned or operated by Franciscan Health Alliance and Prime Healthcare Services, Inc. in Illinois, including licensing and certification information is attached at Attachment 5.
2. Letters certifying any adverse action taken against any facility owned and/or operated by the Applicants during the 3 years prior to the filing of the application is attached at Attachment 5.
3. An authorization permitting the State Board and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies is attached at Attachment 5.

**ATTACHMENT 5**  
**Background of the Applicant**

| Franciscan Alliance              |   |             |
|----------------------------------|---|-------------|
| Name                             | Address   | License No. |
| Franciscan Health Olympia Fields | 20201 South Crawford Avenue<br>Olympia Fields, Illinois 60461 | 0005074     |

| Prime Healthcare Services, Inc.      |  |             |
|--------------------------------------|--|-------------|
| Name                                 | Address  | License No. |
| Holy Family Medical Center           | 100 North River Road<br>Des Plaines, Illinois 60016            | 0006023     |
| Mercy Medical Center                 | 1325 North Highland Avenue<br>Aurora, Illinois 60506           | 0004903     |
| Resurrection Medical Center          | 7435 West Talcott Avenue<br>Chicago, Illinois 60631            | 0006031     |
| Saint Francis Hospital               | 355 Ridge Avenue<br>Evanston, Illinois 60202                   | 0005991     |
| Saint Joseph Hospital                | 77 North Airlite Street<br>Elgin, Illinois 60123               | 0004887     |
| Saint Joseph Medical Center – Joliet | 333 Madison Street<br>Joliet, Illinois 60435                   | 0004838     |
| Saint Mary of Nazareth Hospital      | 2233 West Division Street<br>Chicago, Illinois 60622           | 0006007     |
| St. Mary's Hospital – Kankakee       | 500 West Court Street<br>Kankakee, Illinois 60901              | 0004879     |
| Belmont/Harlem Surgery Center        | 3101 North Harlem Avenue<br>Chicago, Illinois 60634            | 7003131     |
| Lakeshore Gastroenterology           | 150 North River Road, Suite 215<br>Des Plaines, Illinois 60016 | 7003215     |

## ATTACHMENT 5

### Background of the Applicant

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF132118**

**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.

**Sameer Vohra, MD JD MA**  
Director

Issued under the authority of the Illinois Department of Public Health

|                                    |                                     |                                |
|------------------------------------|-------------------------------------|--------------------------------|
| EXPIRATION DATE<br><b>1/7/2026</b> | CATEGORY<br><b>General Hospital</b> | 1.0 NUP-AUTH<br><b>0005074</b> |
|------------------------------------|-------------------------------------|--------------------------------|

**Effective: 01/08/2025**

Franciscan Alliance, Inc.  
dba Franciscan Health-Olympia Fields  
20201 S Crawford Avenue  
Olympia Fields, IL 60461

Toe face of this license has a colored background • Copied by Authority of the State at Illinois • P.O. #4024001 2M 4024



DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 1/7/2026  
Lic Number 0005074 ☐

Date Printed 11/12/2024

Franciscan Alliance, Inc.  
dba Franciscan Health-Olympia Fields  
20201 S Crawford Avenue  
Olympia Fields, IL 60461

FEE RECEIPT NO.

**ATTACHMENT 5**  
**Background of the Applicant**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133120**

**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.

**Sameer Vohra, MD,JD,MA**  
Director

Issued under the authority of the Illinois Department of Public Health

|                 |          |           |
|-----------------|----------|-----------|
| EXPIRATION DATE | CATEGORY | ID NUMBER |
| 2/28/2026       |          | 0006489   |

**General Hospital**

Effective: 03/01/2025

Saint Joseph Hospital-Elgin, LLC  
dba Saint Joseph Hospital  
77 N Airlite Street  
Elgin, IL 60123

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.D. #4024001 3M 4/24

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/28/2026

Lic Number 0006489

Date Printed 3/4/2025

Saint Joseph Hospital-Elgin, LLC  
dba Saint Joseph Hospital  
77 N Airlite Street  
Elgin, IL 60123

FEE RECEIPT NO.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133119**

**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.

**Sameer Vohra, MD,JD,MA**  
Director

Issued under the authority of the Illinois Department of Public Health

|                 |          |           |
|-----------------|----------|-----------|
| EXPIRATION DATE | CATEGORY | ID NUMBER |
| 2/28/2026       |          | 0006470   |

**General Hospital**

Effective: 03/01/2025

Saint Francis Hospital-Evanston, LLC  
dba Prime Saint Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.D. #4024001 3M 4/24

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/28/2026

Lic Number 0006470

Date Printed 3/4/2025

Saint Francis Hospital-Evanston, LLC  
dba Prime Saint Francis Hospital  
355 Ridge Avenue  
Evanston, IL 60202

FEE RECEIPT NO.

**ATTACHMENT 5**  
**Background of the Applicant**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133121**

**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.

**Sameer Vohra, MD,JD,MA**  
Director

Issued under the authority of the Illinois Department of Public Health

|                                     |          |                             |
|-------------------------------------|----------|-----------------------------|
| EXPIRATION DATE<br><b>2/28/2026</b> | CATEGORY | ID NUMBER<br><b>0006497</b> |
|-------------------------------------|----------|-----------------------------|

**General Hospital**

**Effective: 03/01/2025**

**Saint Joseph Medical Center-Joliet, LLC**  
dba Saint Joseph Medical Center  
333 N Madison St  
Joliet, IL 60435

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/28/2026

Lic Number 0006497

Date Printed 3/4/2025

Saint Joseph Medical Center-Joliet,LL  
dba Saint Joseph Medical Center  
333 N Madison St  
Joliet, IL 60435

FEE RECEIPT NO.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133123**

**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.

**Sameer Vohra, MD,JD,MA**  
Director

Issued under the authority of the Illinois Department of Public Health

|                                     |          |                             |
|-------------------------------------|----------|-----------------------------|
| EXPIRATION DATE<br><b>2/28/2026</b> | CATEGORY | ID NUMBER<br><b>0006513</b> |
|-------------------------------------|----------|-----------------------------|

**General Hospital**

**Effective: 03/01/2025**

**Saint Mary of Nazareth Hospital- Chicago, LLC**  
dba Saint Mary of Nazareth Hospital  
2233 W Division Street  
Chicago, IL 60622

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Exp. Date 2/28/2026

Lic Number 0006513

Date Printed 3/4/2025

Saint Mary of Nazareth Hospital- Chic  
dba Saint Mary of Nazareth Hospital  
2233 W Division Street  
Chicago, IL 60622

FEE RECEIPT NO.



**ATTACHMENT 5**  
**Background of the Applicant**


**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133117**

**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.

**Sameer Vohra, MD,JD,MA**  
Director

Issued under the authority of the Illinois Department of Public Health

|                 |          |             |
|-----------------|----------|-------------|
| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
| 2/28/2026       |          | 0006446     |

**General Hospital**

Effective: 03/01/2025

**Mercy Medical Center-Aurora, LLC**  
dba Mercy Medical Center  
1325 N Highland Ave  
Aurora, IL 60506

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Exp. Date 2/28/2026

Lic Number 0006446

Date Printed 3/4/2025

Mercy Medical Center-Aurora, LLC  
dba Mercy Medical Center  
1325 N Highland Ave  
Aurora, IL 60506

FEE RECEIPT NO.



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133142**

**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.

**Sameer Vohra, MD,JD,MA**  
Director

Issued under the authority of the Illinois Department of Public Health

|                 |          |             |
|-----------------|----------|-------------|
| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
| 2/28/2026       |          | 0006521     |

**Long Term Acute Care Hospital**

Effective: 03/01/2025

**Holy Family Medical Center-Des Plaines, LLC**  
dba Holy Family Medical Center  
100 North River Road  
Des Plaines, IL 60016

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Exp. Date 2/28/2026

Lic Number 0006521

Date Printed 3/4/2025

Holy Family Medical Center-Des Plaines  
dba Holy Family Medical Center  
100 North River Road  
Des Plaines, IL 60016

FEE RECEIPT NO.

**ATTACHMENT 5**  
**Background of the Applicant**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133118**

**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.

**Sameer Vohra, MD,JD,MA**  
**Director**

Issued under the authority of the Illinois Department of Public Health

|                                     |          |                             |
|-------------------------------------|----------|-----------------------------|
| EXPIRATION DATE<br><b>2/28/2026</b> | CATEGORY | ID NUMBER<br><b>0006454</b> |
|-------------------------------------|----------|-----------------------------|

**General Hospital**

**Effective: 03/01/2025**

**Resurrection Medical Center-Chicago, LLC**  
**dba Resurrection Medical Center**  
**7435 W Talcott Ave**

**Chicago, IL 60631**

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/28/2026

Lic Number 0006454

Date Printed 3/4/2025

Resurrection Medical Center-Chicago,  
dba Resurrection Medical Center  
7435 W Talcott Ave  
Chicago, IL 60631

FEE RECEIPT NO.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF134560**

**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.

**Sameer Vohra, MD,JD,MA**  
**Director**

Issued under the authority of the Illinois Department of Public Health

|                                     |          |                             |
|-------------------------------------|----------|-----------------------------|
| EXPIRATION DATE<br><b>10/2/2026</b> | CATEGORY | ID NUMBER<br><b>7003215</b> |
|-------------------------------------|----------|-----------------------------|

**Ambulatory Surgery Treatment Center**

**Effective: 10/03/2025**

**Presence Lakeshore Gastroenterology, LLC**  
**dba Des Plaines Endoscopy Center**  
**150 River Road Suite 215**

**Des Plaines, IL 60016**

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 10/2/2026

Lic Number 7003215

Date Printed 9/3/2025

Validation Num 4345

Presence Lakeshore Gastroenterology  
dba Des Plaines Endoscopy Center  
150 River Road Suite 215  
Des Plaines, IL 60016-1272

FEE RECEIPT NO.

Belmont Harlem  
St Mary's Kanakee

**ATTACHMENT 5**  
**Background of the Applicant**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH** **HF133309**

**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.

**Sameer Vohra, MD,JD,MA**  
**Director**

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE  | CATEGORY | I.D. NUMBER    |
|------------------|----------|----------------|
| <b>4/30/2026</b> |          | <b>7003131</b> |

**Ambulatory Surgery Treatment Center**

**Effective: 05/01/2025**

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

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← **DISPLAY THIS PART IN A CONSPICUOUS PLACE****Exp. Date 4/30/2026****Lic Number 7003131****Date Printed 3/27/2025****Belmont/Harlem Surgery Center, LLC****3101 N Harlem Ave**  
**Chicago, IL 60634-4543****FEE RECEIPT NO.**



## ATTACHMENT 5

### Background of the Applicant

October 10, 2025

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

Dear Chair Savage:

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 no adverse action has been taken against any Illinois facility owned or operated by Prime Healthcare Services, Inc. and Olympia Fields Hospital, LLC during the three years prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Erica Reilley Swanholt  
Vice President & General Counsel  
Prime Healthcare Services, Inc.

28118389 v1

## ATTACHMENT 5

### Background of the Applicant

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

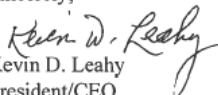
Dear Chair Savage:

In accordance with Review Criterion 1125.520(c), Background of the Applicant, I am submitting this letter assuring the Illinois Health Facilities and Services Review Board of the following:

1. Franciscan Health Olympia Fields received survey citations on July 12, 2023, October 11, 2023, and May 3, 2024. The July 2023 citation was removed on August 1, 2023; the October 2023 citation was cleared on October 30, 2023, and the May 2024 citation was cleared on June 18, 2024
2. I hereby certify that no other adverse actions have been taken against any health care facility owned or operated by Franciscan Health Alliance, Inc. in the State of Illinois, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for exemption. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for exemption.

Sincerely,

  
Kevin D. Leahy  
President/CEO  
Franciscan Alliance, Inc.

**ATTACHMENT 5**  
**Background of the Applicant**


# Award of Accreditation

**FRANCISCAN HEALTH OLYMPIA FIELDS****OLYMPIA FIELDS, IL**

has demonstrated a commitment to providing quality care and services through compliance with nationally recognized standards for Acute Care Hospital Accreditation as established and verified by Accreditation Commission for Health Care, Inc.

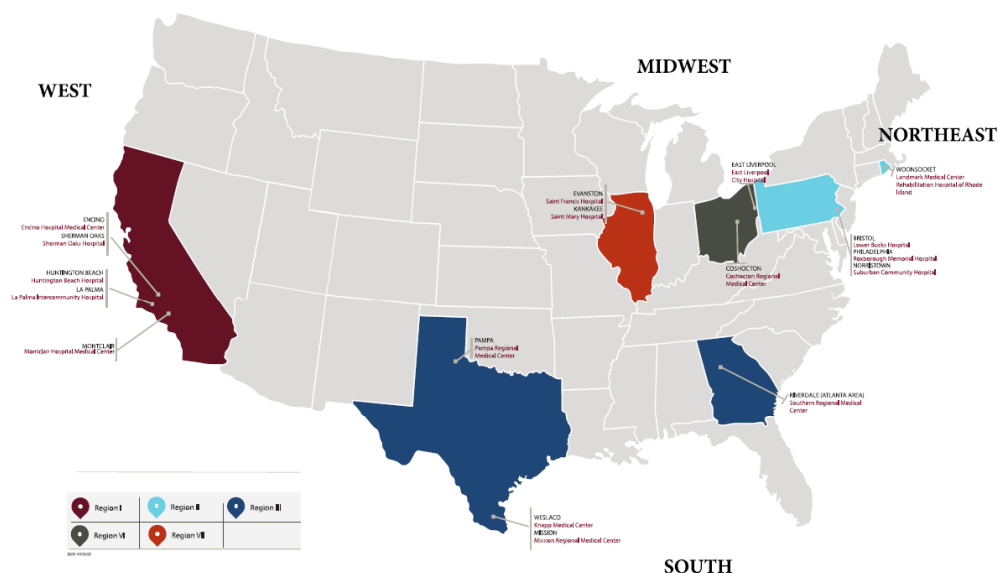
From April 25, 2023 Through April 25, 2026

ACCREDITATION ORGANIZATION ID: 119288

  
**JOSÉ DOMINGOS**  
PRESIDENT & CHIEF EXECUTIVE OFFICER  
**ROY S. CHEW**  
CHAIR OF THE BOARD OF COMMISSIONERS

### Prime Healthcare / Prime Healthcare Foundation – Background and Qualifications

## Prime Healthcare Foundation Regional Map



1. Coshocton Regional Medical Center, Ohio
2. East Liverpool City Hospital, Ohio
3. Encino Hospital Medical Center, California
4. Huntington Beach Hospital, California
5. Knapp Medical Center, Texas
6. Landmark Medical Center, Rhode Island
7. La Palma Intercommunity Hospital, California

## ATTACHMENT 5

### Background of the Applicant

8. Lower Bucks Hospital, Pennsylvania
9. Mission Regional Medical Center, Texas
10. Montclair Hospital Medical Center, California
11. Pampa Regional Medical Center, Texas
12. Rehabilitation Hospital of Rhode Island, Rhode Island
13. Roxborough Memorial Hospital, Pennsylvania
14. Saint Francis Hospital, Illinois
15. Sherman Oaks Hospital, California
16. Southern Regional Medical Center, Georgia
17. St. Mary's Hospital Kankakee, Illinois
18. Suburban Behavioral Health Campus of Roxborough Memorial Hospital, Pennsylvania

Prime Healthcare's physician-led operating model has enabled the successful turnaround of more than 45 financially distressed hospitals, transforming them into clinically advanced and sustainable community anchors. Since 2010, Prime and PHF together have provided in excess of \$13 billion in charity care and community benefit, with PHF alone providing more than \$3.4 billion and sponsoring local and global initiatives that address social determinants of health. Prime has also invested more than \$2.7 billion since 2020 in capital improvements, clinical technology, and digital infrastructure at facilities previously at risk of closure. Beyond operations, the organizations support medical education and workforce development: PHF and the Dr. Prem Reddy Family Foundation have made major philanthropic commitments, including an \$80 million gift establishing the California University of Science and Medicine, which is graduating new physician, many of which go on to serve high-need communities.

Quality, safety, and social responsibility are core to Prime Healthcare's identity and are consistently validated by independent, national recognitions. Across Prime and PHF hospitals, facilities have earned "A" grades from The Leapfrog Group; Healthgrades Five-Star clinical outcomes awards and Patient Safety Excellence Awards; and repeated "100 Top Hospitals" designations by Fortune/PINC AI (formerly IBM Watson Health/Truven/Merative). In recent cycles, PHF hospitals have received CMS Overall Star Ratings of four and five stars; multiple PHF hospitals were recognized by Leapfrog as Top Hospitals (General and Rural categories); and American Heart Association "Get With The Guidelines®" awards acknowledged adherence to evidence-based care in stroke and heart failure. PHF also earned top-tier marks in the Lown Institute Hospitals Index for social responsibility, ranking among the leading nonprofit systems nationally and reflecting strong performance in equity, value, and outcomes. These third-party evaluations align with Prime Healthcare's internal, physician-driven performance improvement program (PI/QAPI) that standardizes evidence-based practice, reduces variation, and drives measurable gains in safety, experience, and resource stewardship.

#### The Leapfrog Group's Hospital Safety Grade – Spring and Fall 2024

The Leapfrog Group uses more than 30 national performance measures to produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Leapfrog Group utilizes data from CMS, the Leapfrog Hospital Survey, and information from other supplemental data sources.

In 2024, nine Prime Foundation Hospitals received A Grade:

1. Coshocton Regional Medical Center
2. East Liverpool City Hospital
3. La Palma Intercommunity Hospital
4. Lower Bucks Hospital
5. Mission Regional Medical Center
6. Montclair Hospital Medical Center
7. Roxborough Memorial Hospital
8. Sherman Oaks Hospital

## ATTACHMENT 5

### Background of the Applicant

#### 9. Suburban Behavioral Health Campus of Roxborough Memorial Hospital

In 2024, two (2) PHF hospitals received recognition as a Top Hospital. The Leapfrog Group identified the top hospitals from a pool of 2,400 hospitals nationwide.

1. Leapfrog's Top General Hospital: Montclair Hospital Medical Center (only 36 hospitals (1%) were recognized in this category).
2. Leapfrog's Top Rural Hospital: Coshocton Regional Medical Center (only 16 hospitals (less than 1%) were recognized in this category).

#### American Heart Association: Get With the Guidelines®

In 2024, the American Heart Association recognized eight (8) PHF hospitals with the Get with The Guidelines® - Heart Failure Award in recognition of the hospitals' dedication to improving outcomes for heart failure patients by reducing readmissions and increasing the number of healthy days spent at home. Additionally, ten (10) PHF hospitals have received the Get with The Guidelines® - Stroke Award, recognizing their commitment to providing the most appropriate treatment for stroke patients based on research-based guidelines. These awards recognize PHF's ongoing dedication to clinical excellence and adherence to nationally recognized treatment guidelines, which ultimately lead to better patient outcomes and enhanced community health.

#### 2024 Lown Institute Hospital Index

The Lown Institute ranks hospitals for social responsibility based on 53 metrics across three (3) main categories: health equity, value, and outcomes. Among the metrics are inclusivity, pay equity, community benefit, avoiding overuse, cost efficiency, and clinical outcomes. The cost efficiency metric evaluates how well hospitals achieve low mortality rates at a low cost.

In 2024, PHF earned an "A" in the Lown Index for Social Responsibility, ranking #2 in California out of 32 health systems and ranking 12<sup>th</sup> nationally out of 298 non-profit health systems. This is significant recognition considering Prime is one of the largest health systems in the nation.

Ten (10) PHF hospitals achieved an "A" in overall Social Responsibility: Coshocton Regional Medical Center, Encino Hospital Medical Center, East Liverpool City Hospital, La Palma Intercommunity Hospital, Landmark Medical Center, Huntington Beach Hospital, Knapp Medical Center, Suburban Behavioral Health Campus of Roxborough Memorial Hospital, Roxborough Memorial Hospital, and Sherman Oaks Hospital. Among the ten (10) hospitals, three (3) PHF hospitals made the 2024 Honor Roll, earning straight "A" grades across Social Responsibility, Health Equity, Value of Care, and Patient Outcomes: East Liverpool City Hospital, Roxborough Memorial Hospital and Suburban Behavioral Health Campus of Roxborough Memorial Hospital.

Among the ten (10) hospitals, two (2) PHF hospitals were awarded 2024 Most Socially Responsible Top Hospitals in their respective states: Landmark Medical Center and Suburban Behavioral Health Campus of Roxborough Memorial Hospital.

#### 2024 – 2025 US Best Hospitals Rankings

The Best Hospitals specialty rankings assess hospital performance in 15 specialties or specialty areas. In 12 of these areas, a hospital's rank is determined by an extensive data-driven analysis that combines performance measures in three primary dimensions of healthcare: structure, process, and outcomes. In the three other specialties, the ranking relies solely on expert opinion.

The performance measures include hospital volume, nurse staffing and other resources that define the hospital environment. The process used to collect the data is primarily determined by expert opinion surveys of board-certified physicians. Assessment of outcomes performance relies on patient survival

## ATTACHMENT 5

### Background of the Applicant

(i.e., risk-adjusted mortality) and the rate at which hospitals discharge patients to home following inpatient care. PHF hospitals have received the following recognitions:

1. Nephrology:
  - a. Kidney Failure: Mission Regional Medical Center (2022-2024)
2. Procedures and Conditions related to Pulmonary and Lung Surgery:
  - a. Chronic Obstructive Pulmonary Disease: Mission Regional Medical Center (2022-2024)
  - b. Pneumonia: Mission Regional Medical Center (2022-2024)

#### Healthgrades

PHF hospitals received the following 2025 Healthgrades Clinical Outcomes Awards: total awards – 41; Five Stars – 36; Specialty Excellence Awards – 3; 100 Best by Specialty – 2.

Nation's "100 Top Hospitals" by Fortune/Pine AI (formerly known as IBM Watson Health TM, Fortune/Merative and Truven Health Analytics).

The 100 Top Hospital Award is a balanced scorecard that evaluates hospitals for ten (10) measures across five domains including inpatient outcomes, extended outcomes, operational efficiency, financial health, and patient experience. Earning a 100 Top Hospitals® Award is one of the most prestigious honors in American healthcare. This elite recognition means a hospital is among the top-performing hospitals in the entire nation — for delivering superior outcomes, excellent patient care, and operational efficiency. The following PHF hospitals have received Top Hospital awards:

1. Coshocton Regional Medical Center: 2021
2. East Liverpool Hospital: 2018-2024
3. La Palma Intercommunity Hospital: 2014
4. Mission Regional Medical Center: 2020-2021
5. Montclair Hospital Medical Center: 2019, 2018, 2013, 2009
6. Pampa Regional Medical Center: 2018
7. Sherman Oaks Hospital: 2020, 2018, 2017, 2016

#### Becker's Hospital Review: 2024 Greatest Community Hospitals in the Nation

Becker's editorial team selects hospitals for inclusion based on nominations and considers several outside rankings and ratings organizations, including U.S. News & World Report, Healthgrades, CMS, The Leapfrog Group, the National Rural Health Association and The Chartis Center for Rural Health. Of the 100 hospitals that were ranked in the United States, the following four (4) PHF hospitals were recognized:

1. East Liverpool City Hospital
2. Encino Hospital Medical Center
3. Mission Regional Medical Center
4. Sherman Oaks Hospital

Nation's "100 Top Hospitals" by Fortune/Pine AI (formerly known as IBM Watson Health TM, Fortune/Merative and Truven Health Analytics).

The 100 Top Hospital Award is a balanced scorecard that evaluates hospitals for ten (10) measures across five domains including inpatient outcomes, extended outcomes, operational efficiency, financial health, and patient experience. Earning a 100 Top Hospitals® Award is one of the most

## ATTACHMENT 5

### Background of the Applicant

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1. Coshocton Regional Medical Center: 2021
2. East Liverpool Hospital: 2018-2024
3. La Palma Intercommunity Hospital: 2014
4. Mission Regional Medical Center: 2020-2021
5. Montclair Hospital Medical Center: 2019, 2018, 2013, 2009
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7. Sherman Oaks Hospital: 2020, 2018, 2017, 2016

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1. East Liverpool City Hospital
2. Encino Hospital Medical Center
3. Mission Regional Medical Center
4. Sherman Oaks Hospital

Prime Healthcare's scale and infrastructure provide the financial capacity and operational depth to support complex transactions and sustain long-term improvements in access and quality. PHF's hospitals hold current state licensure, Joint Commission accreditation, and Medicare/Medicaid certification; several also maintain advanced designations (e.g., Primary Stroke Centers, Geriatric Emergency Department accreditation). PHF leverages an enterprise quality architecture—governance oversight, clinical leadership (CMO/CNO), analytics dashboards, and system-wide PI/QAPI training to assess and close gaps quickly against federal and state standards. Prime Healthcare's disciplined approach to cost accounting, supply chain integration, and clinical standardization which when combined with physician leadership at the bedside has been associated with lower mortality on CMS measures and consistent improvement across safety, readmissions, and experience domains. Enterprise deployment of the Epic electronic health record enables care coordination, telehealth expansion, robust reporting, and secure interoperability, further supporting quality and compliance.

*2024 Get with The Guidelines® Stroke Awards*

*Table 1: 2024 Get with The Guidelines Stroke Awards*

| Hospital Name |   | Award Category  |
|---------------|---|---|
| 1             | Encino Hospital Medical Center                                    | Gold Plus Target Type 2 Diabetes Honor Roll                                     |
| 2             | Knapp Medical Center  | Gold Plus Target Type 2 Diabetes Honor Roll Target Stroke Honor Roll            |
| 3             | Landmark Medical Center   | Gold Plus Target Type 2 Diabetes Honor Roll                                     |
| 4             | Mission Regional Medical Center                                   | Gold Plus Target Type 2 Diabetes Honor Roll                                     |
| 5             | Sherman Oaks Hospital   | Gold Plus Target Type 2 Diabetes Honor Roll                                     |
| 6             | Southern Regional Medical Center (GA)                             | Gold Plus Target Type 2 Diabetes Honor Roll Target Stroke Elite Plus Honor Roll |
| 7             | Suburban Behavioral Health Campus of Roxborough Memorial Hospital | Gold Plus Target Type 2 Diabetes Honor Roll Target Stroke Elite Plus Honor Roll |



## ATTACHMENT 5

### Background of the Applicant

|    |                               |  |
|----|-------------------------------|--|
| 8  | Pampa Regional Medical Center | Stroke Award Silver Plus Target Type 2 Diabetes Honor Roll |
| 9  | Lower Bucks Hospital          | Stroke Award Gold Plus Target Type 2 Diabetes Honor Roll   |
| 10 | Roxborough Memorial Hospital  | Stroke Award Gold Plus Target Type 2 Diabetes Honor Roll   |

*2024 Get with The Guidelines® Heart Failure Awards*

*Table 2: 2024 Get with The Guidelines Heart Failure Awards*

| Facilities |                                   | Recognition   |
|------------|-----------------------------------|---|
| 1          | Coshocton Regional Medical Center | Gold Plus Target Type 2 Diabetes Honor Roll                         |
| 2          | East Liverpool City Hospital      | Silver Plus Target Type 2 Diabetes Honor Roll                       |
| 3          | Encino Hospital Medical Center    | Gold Plus Target Type 2 Diabetes Honor Roll                         |
| 4          | Huntington Beach Hospital         | Gold Plus Target Type 2 Diabetes Honor Roll                         |
| 5          | La Palma Intercommunity Hospital  | Gold Plus Target Type 2 Diabetes Honor Roll                         |
| 6          | Montclair Hospital Medical Center | Gold Plus Target Type 2 Diabetes Honor Roll                         |
| 7          | Sherman Oaks Hospital             | Gold Plus Target Type 2 Diabetes Honor Roll<br>Target HF Honor Roll |
| 8          | Suburban Behavioral Health        | Gold Plus Target Type 2 Diabetes Honor Roll                         |

#### Investments in Illinois

In March 2025, Prime Healthcare and the Prime Healthcare Foundation acquired eight hospitals, two ambulatory surgical treatment centers, and two skilled nursing facilities from Ascension, including some of the most historically significant community hospitals in Illinois. At the time of acquisition, these facilities and affiliated medical groups were losing a combined \$200 million annually, with Saint Joseph Medical Center in Joliet alone accounting for losses of approximately \$90 million. Rather than retreat from these challenges, Prime committed to investing more than \$250 million in Illinois to revitalize infrastructure, expand needed services, and improve patient outcomes.

Already, more than \$104 million in upgrades have been completed or initiated in 2025, including new cardiac catheterization and electrophysiology labs, advanced imaging equipment, surgical tools, and critical infrastructure improvements. Prime Healthcare is also making major IT investments, highlighted by the historic implementation of the Epic electronic medical records system across all Illinois facilities, part of a projected \$150 million digital health transformation. These investments are strengthening cybersecurity, expanding telemedicine, and modernizing operations to support long-term excellence in care.

Prime has preserved nearly all 13,000 jobs following the acquisition and created more than 1,000 new positions by in-sourcing key support services. A new nonprofit medical group has been created under the Foundation to employ hundreds of physicians while expanding eligibility for federal loan-forgiveness programs. Hospitalist services, previously outsourced to a private equity firm, have been transitioned to the nonprofit model, strengthening accountability and continuity of care. Prime is also realigning services based on clinical best practices, ensuring that all service lines meet minimum volume standards for high-reliability care. This has been done in close collaboration with EMS providers, the Illinois Department of Public Health (IDPH), and the Health Facilities and Services Review Board (HFSRB) to ensure transparency, compliance, and open communication during each transition. Planned expansions include new geriatric behavioral health units at Saint Mary of Nazareth and St. Mary's Kankakee, and over \$96 million in additional plant upgrades are expected in FY 2026.

## ATTACHMENT 5

### Background of the Applicant

Prime Healthcare's Illinois hospitals are already demonstrating the impact of these investments through national recognitions for quality and safety.

Five Illinois hospitals received American Heart Association *Get With The Guidelines*® awards for excellence in stroke and cardiac care in 2025:

1. Resurrection Medical Center (Chicago),
2. Saint Francis Hospital (Evanston),
3. Saint Joseph Hospital (Elgin),
4. Saint Joseph Medical Center (Joliet), and
5. Saint Mary of Nazareth Hospital (Chicago)

These honors reflect Prime's commitment to research-based, evidence-driven care that reduces readmissions and saves lives. In addition, Saint Joseph Medical Center in Joliet earned Geriatric Emergency Department Accreditation from the American College of Emergency Physicians. This is the only hospital in the region to achieve this distinction recognizing its leadership in specialized, compassionate care for older adults


Joint Commission survey successes at Saint Francis Hospital– Evanston and its Skokie and Evanston Infusion Centers further underscore the system's dedication to continuous quality improvement, with recent inspections completed with no findings. Across Illinois, Prime's hospital teams have been recognized for exemplary nursing care and safety excellence, including DAISY Award-winning nurses and staff honored for preventing adverse events and elevating patient experience. Partnerships with local fire departments and EMS teams, such as Joliet Fire Department and Chicago Fire Department in order to illustrate Prime's emphasis on inter-agency collaboration to enhance community emergency response and integrated care delivery.

Beyond hospital walls, Prime's Illinois hospitals are engaged in robust community benefit activities that address social determinants of health and strengthen public trust. Recent examples include the Saint Francis Hospital– Evanston "Back to School" event supporting over 150 families, and its Health and Safety Fair serving more than 750 families with CPR training and stroke education; Saint Mary of Nazareth's donation of 1,000 flu vaccines to Community Health to protect uninsured residents; and Saint Joseph Hospital – Elgin's community micro-pantry initiative, the first of its kind in the area, providing food access under the motto "Take what you need. Leave what you can." Saint Joseph Medical Center – Joliet has also launched free monthly A1c diabetes screenings for employees and visitors to encourage early detection and wellness awareness. In Kankakee, the Faith Community Nurses sponsored a pet food drive to stock micro-pantries and support local animal shelters, demonstrating the community spirit embedded throughout Prime's mission.

Collectively, these achievements demonstrate Prime Healthcare's rapid and meaningful progress in Illinois since the March 2025 acquisition. Through strategic capital investment, clinical excellence, collaborative partnerships, and sustained community outreach, Prime is delivering on its promise to revitalize hospitals, strengthen workforces, and enhance care for the communities that depend on them. Prime's Illinois portfolio now serves as a model for mission-driven turnarounds and represent proof that when physicians lead and communities are prioritized, quality, access, and sustainability can all grow together.

## ATTACHMENT 5

### Background of the Applicant



# Our Journey Forward

August 12, 2025

### Caring for our Communities Together

It has been five months since we welcomed our Illinois hospitals to the Prime Healthcare family and our excitement and gratitude continue to grow each day. Thank you for your unwavering dedication and support during this time of transition. Together, we're not only carrying forward a proud legacy - we're building a stronger future and expanding the care we provide to the communities we serve.

This version of Our Journey Forward celebrates the recent national awards earned by our Illinois hospitals from U.S. News & World Report, Lown Institute, and Becker's, important updates regarding benefits, exciting investments completed, Epic and EMR launches and the extraordinary accomplishments you all have made possible in these past 5 months.

### National Recognitions for Prime Illinois Hospitals

Congratulations to the four hospitals in Illinois named **High Performing in the 2025-26 U.S. News & World Report Best Hospitals** ratings, the highest distinction awarded for specific procedures and conditions.

High Performing Illinois hospitals:

**Resurrection Medical Center, Chicago**

- Heart Arrhythmia

**Saint Joseph Hospital, Elgin**


- Hip Replacement

**Saint Joseph Medical Center, Joliet**

- Abdominal Aortic Aneurysm Repair
- Chronic Obstructive Pulmonary Disease
- Heart Arrhythmia
- Kidney Failure

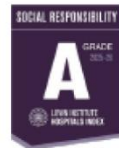
**Saint Mary of Nazareth Hospital, Chicago**

- Heart Failure
- Kidney Failure
- Pneumonia
- Chronic Obstructive Pulmonary Disease



These four Illinois hospitals join a group of 18 Prime Healthcare hospitals across the country to be recognized by U.S. News. The High Performing rating is granted to facilities that consistently deliver care at or above national standards, and U.S. News evaluated more than 4,400 hospitals across 22 procedures and conditions in its latest edition. We are so proud of the four Illinois hospitals that are already meeting the standards of excellence in patient care and safety that Prime Healthcare is known for nationwide and look forward to other Illinois facilities joining this prestigious list.

Prime Healthcare's commitment to social responsibility, health equity and quality care earns recognitions nationally and also now in Illinois with hospitals receiving "A" grades from the **Lown Institute Hospitals Index** for performance in overall social responsibility, health equity, and delivering high-value, equitable care.




Two Illinois hospitals earned top ranks:

**Saint Francis Hospital, Evanston**

- Ranked No. 1 in the nation for Pay Equity
- Ranked No. 1 in Illinois for Pay Equity

**Saint Mary of Nazareth Hospital, Chicago**

- Ranked No. 1 in Illinois for Health Equity



## Prime Healthcare

Saving hospitals. Saving jobs. Saving lives.

P1



## ATTACHMENT 5

### Background of the Applicant

One Illinois hospital was named to **Becker's Healthcare's 2025 "100 Great Community Hospitals"** list.

**Saint Francis Hospital**, Evanston

- Recognized for its continued commitment to clinical excellence, academic advancement and personalized, whole-person care delivery. Saint Francis is one of only six facilities in Illinois to make this list.



#### Investing in the Future of Care

We're proud to share that Prime Healthcare has already completed or initiated investments of more than \$104 million in 2025 to upgrade our Prime Illinois hospitals. This includes:

- New cardiac cath and electrophysiology labs
- Advanced imaging equipment
- Surgical tools
- Critical infrastructure improvements
- Major IT enhancements, including the rollout of EPIC EMR and a new Enterprise Resource Planning system, bringing total projected digital health investment to over \$150 million.

We're strengthening cybersecurity, expanding telemedicine, and modernizing facilities to support long-term excellence in care. Planned expansions include new geriatric behavioral health units at St. Mary's Kankakee and Saint Mary of Nazareth, with over \$96 million in additional plant upgrades expected in FY 2026. These investments reflect our commitment to quality, safety, patient care, staff/provider experience and will elevate the level of service provided to communities.

#### Historic Implementation of new Electronic Medical Systems to Improve Care, Integrate Systems and Improve Staff and Patient Experience

We're thrilled to announce that after months of hard work, testing and dedication, Epic is officially LIVE at SMNIL, SMNIL Med Group and all Med Groups associated with IL Meditech sites.

We couldn't have done it without our incredible team. Thanks to leadership, Epic team members, and all the staff who helped us make this possible. Elbow support will be out on the floors to assist with any questions and command center will remain open for two weeks to address any unforeseen issues.

#### Saint Joseph - Joliet Introduces Advanced Cardiology Technology

As part of Prime Healthcare's modernization drive and investment in cutting-edge technology, Saint Joseph Medical Center in Joliet has introduced one of the latest innovations in cardiac care with the launch of Pulsed Field Ablation (PFA) technology in its cardiac catheterization lab. The new technology, unveiled in mid-July, is among the most advanced and safest methods available for treating atrial fibrillation (A-Fib) and other cardiac rhythm disorders. This new technology advances care, quality and patient safety.



Ahmad Abdul-Karim, M.D., a highly experienced electrophysiology cardiologist who has performed countless procedures to correct irregular

heartbeats, explained, "Electrophysiologists specialize in diagnosing and treating disorders of the heart's electrical system. Pulsed Field Ablation (PFA) represents a significant advancement in the way that they can treat these disorders. It's next-generation technology that offers a safer, faster, and more precise approach compared to traditional methods."

#### Innovative Technology that Expands Access to Care - ER Scheduling Tool "FastTrackCare"

As part of our mission to expand access and invest in technology that improves care, **FastTrackCare** has been introduced at Prime hospitals across the nation. With FastTrackCare, our valued patients can conveniently select an approximate arrival time for non-life-threatening emergency-room visits at Resurrection Medical Center, Saint Joseph Medical Center, St. Mary's Hospital, and soon all of our Prime Illinois hospitals. FastTrackCare offers an enhanced emergency room experience, furthering the hospital's mission to provide high-quality, compassionate care to patients where and when they need it.

The technology allows patients to select an approximate time to be seen in the ER via the hospital's main webpage. Patients fill out a brief, secure form, and no username or password is required. The tool can notify the patient if there is a change that may extend the wait time, and a notification can even be sent if there has been a reduction in surge to encourage an earlier arrival time.

P2



## ATTACHMENT 5

### Background of the Applicant

This innovative tool offers our community another resource to receive care and interact with our hospital networks.

#### Benefit Updates

As the newest members of our Prime Healthcare network, we believe in taking care of you like family. We pride ourselves in providing you and your loved ones with the very best support and care.

We're excited to share that your medical benefits are being enriched and your provider network is continuously growing! Prime Healthcare is transitioning from the BCBS Select Network to the BCBS PPO Network, giving you expanded access to more providers when Prime or Tier 1 providers are not available.

#### What does this mean for you?

You'll now have access to a broader network of providers, helping you and your family get the care you need, when and where you need it. Prior authorization will still be required for non-emergent BCBS services, but our EHP team is committed to providing fast and supportive service to guide you through the process.

#### Benefit Town Halls Coming Soon!

As part of our commitment to providing you the greatest value from your plan, Benefit Town Halls will be held at every facility the week of August 18th. Dedicated benefit counselors will be available to answer your questions. Stay tuned for more details from your HR department!

#### Your Rights Under the No Surprises Act

We're committed to protecting you from improper or unexpected medical bills. Thanks to the No Surprises Act, members are only responsible for in-network cost sharing (like copays and deductibles). We will be sharing more information in a benefit memo and during town halls. If you received an improper or surprise bill, we're here to help:

- Keenan Customer Service (Prime TPA):  
Monday-Friday, 6:00 AM – 4:00 PM PST  
(888) 773-7218
- Prime Healthcare Customer Service:  
Monday-Friday, 9:00 AM – 8:00 PM PST  
(877) 234-5227
- Email: [EHP@Primehealthcare.com](mailto:EHP@Primehealthcare.com)
- Learn more: [ehp.primehealthcare.com](http://ehp.primehealthcare.com)

#### Our Network Is Growing

We've added over 2,746 new providers in Illinois, and we're still expanding. If you'd like to see your trusted provider join our network, simply fill out [this referral form](#) or email us at [EHPprovidercontracts@primehealthcare.com](mailto:EHPprovidercontracts@primehealthcare.com).

#### Explore Your Benefits Online

Visit our updated website for everything you need to know about your medical benefits:  
[ehp.primehealthcare.com/i-am-a-member](http://ehp.primehealthcare.com/i-am-a-member)

Further information and a more detailed memo will be provided to all staff within the next week.

#### Patient Experience

##### Community Benefits, Addressing Food Insecurity & Health Education

Prime Healthcare believes in supporting the health and wellness of all the communities we serve, including the most vulnerable. That commitment extends well beyond the ER and operating room.

Across all of our Illinois hospitals, micro-pantries are being established, with the latest one coming soon to **Saint Francis Hospital** - Evanston. Micro-pantries are a creative, accessible, and cost-free program to help address food insecurity for our patients, communities, and employees. The food items help fulfill short-term basic and emergent needs for those who do not have access or funds to provide for their nutritional needs.



##### Pictured is Holy Family Medical Center

Des Plaines' micro-pantry located near the front entrance that serves patients, community members as well as staff in need.

At **Mercy Medical Center** - Aurora, the Community Health Education Department has provided a healthy cooking demonstration for 37 community members; monthly blood pressure screenings and education at local churches; a local food pantry for over 40 people; and a Walking Training Camp for over 20 people to increase physical activity and prepare for the Gospel Run in September. Also, in collaboration with Kane County Health Department, there have been two (2) Heartsaver CPR AED training sessions for over 20 community members.

P3



## ATTACHMENT 5

### Background of the Applicant

As in the rest of the region, food access and security remain a critical need for the community served by **Mercy Medical Center - Aurora**. To help address this, the micro-pantry located at the Behavioral Health Services entrance has served over 400 people since March 2025.

**Resurrection Medical Center's** Holistic RNs and their director also recently participated in a team-building activity at Feed My Starving Children to give back to the global community. Together, they helped fill 68 boxes with 14,688 meals for malnourished children around the world.



At **Saint Francis Hospital** - Evanston, leaders and staff created a Healing Garden for their patients, visitors, and staff to promote physical, mental, and spiritual well-being in a safe and tranquil space. Saint Francis Hospital, in partnership with A Silver Lining Foundation, provides screening and diagnostic services to uninsured and underinsured individuals in need of mammography services.

At **Resurrection Medical Center** - Chicago, the Community Health Education Department/ Holistic RNs have provided monthly blood pressure screenings at their churches and the local food pantry for over 460 people to increase access and provided education on blood pressure, hypertension, stroke, and risk factors.

The RNs discuss lifestyle changes as well as medication management. Since March 2025, more than 5,600 food and personal care items have been donated.



Additionally, a total of 1,283 community client visits have occurred across the past 5 months that promote the optimization of health and abilities.

At **Saint Francis Hospital** - Evanston, one of the top community needs is mental health/behavioral health. The Behavioral Health department participates in Padres Empoderados, a partnership that provides a support group for the Latino community. Saint Francis Hospital provides monthly Narcan education and kit distributions and partners with PEER Services, Trilogy, and Turning Point for behavioral health services and substance use disorder services. A Diabetes Prevention self-help program with an experienced life coach is offered weekly for those community members with pre-diabetes.

At **St. Mary's Hospital** - Kankakee, in collaboration with the Northern Illinois Food Bank and St. Rose of Lima Church, staff volunteer for the Rx Mobile Market Program which serves 200 families on the first Tuesday of the month. The hospital will also be providing first aid tent coverage for Pembroke Days.



**Saint Joseph Hospital** - Elgin in collaboration with Kane County Health Department have provided one (1) Heartsaver CPR AED training session for 10 community members. In partnership with Vituity Cares, a Wellness Back to School Fair was conducted that provided back to school physicals, school supplies in backpacks, and education on infection prevention, health eating, and Rethink Your Drink.



**Congratulations and thank you to all these teams and hospitals for their incredible work and dedication to serving communities.**

#### Holistic & Spiritual Care

Spiritual Care and Ethic Leaders have been collaborating with the Diocese of Joliet in hosting four of their seminarians for a ten-week chaplain internship program. This is the second year for the internship program at **Saint Joseph Medical Center** - Joliet and the comments from the seminarians reflected high marks for the experience, working alongside our chaplains and the ERD presentation done by Cavan Doyle, VP of Ethics.

*"We are thankful that you welcomed us and treated us like a longtime colleague launching us immediately into the work of chaplaincy... You trusted us. You were approachable and always found time for us when we needed you... I have high respect for all of you who responded to the call of chaplaincy...I believe we will be better persons and priests because of our experiences with you all... We are so grateful to you all."*

## ATTACHMENT 5

### Background of the Applicant

#### Stories of Impact

At Saint Mary of Nazareth Hospital - Chicago, patient Somaris is on a challenging journey to recovery after being diagnosed with Guillain Barré syndrome. Despite the difficult diagnosis, she shared that her experience at the rehab unit has been nothing short of extraordinary.



Somaris spoke with deep gratitude about Josie, an attending nurse with 19 years of service, who has cared for her with unwavering empathy and dedication. Josie, along with the entire team, has made Somaris feel like family, responding to every need with attentiveness and compassion.

"They've treated me like one of their own," Somaris said, reflecting on how the team's support has given her hope and strength to walk again.

Her story is a powerful reminder of the life changing impact of compassionate care, and a beautiful example of the mission lived out every day at Saint Mary of Nazareth Hospital.

A Saint Joseph Medical Center - Joliet patient shared heartfelt gratitude for the care provided by Kelly Dzak and Jasmone Golding during his physical therapy journey.

After undergoing complex nerve surgery and facing a difficult recovery, the patient came to our facility unsure of what to expect. Kelly and Jasmone exceeded every expectation. They took the time to review his medical records, research his condition, and tailor his therapy with compassion, professionalism, and dedication.

He described his care as "absolutely amazing" and credited the entire hospital's care team with helping him make significant progress both physically and emotionally. He wrote: "If the employees of a company are the reflection of their mission and values, I can definitely say that you are incredibly blessed and lucky to have Kelly Dzak and Jasmone Golding representing you!"

Kelly and Jasmone, thank you for going above and beyond. Your impact is deeply felt and sincerely appreciated!

#### Catch Up Anytime

Past issues of Our Journey Forward are available online at [www.primehealthcare.com/welcome-to-the-prime-family/](http://www.primehealthcare.com/welcome-to-the-prime-family/)

**Our Journey Forward**  
Your Path to Prime Healthcare

Week of March 31, 2020

Thank you for your continued support and commitment as we conclude another productive week. This week serves as an important reminder regarding your Health Plan Benefits, as well as SharePoint, and updates related to IT.

**National Doctors' Day:**  
As we recently celebrated National Doctors' Day on March 30, we are happy to reiterate the warm message from Prime Healthcare's Founder, Chairman & CEO, Dr. Prem Reddy.

On Doctors' Day, we celebrate not only the dedication and expertise of physicians but also the profound impact you have on the lives of those you serve.

This year, we are especially honored to welcome more than 2,000 Illinois physicians into the Prime Healthcare family—an extraordinary community of physician leaders committed to delivering compassionate, high-quality care.

At Prime Healthcare, our mission is rooted in a deep respect for physicians and the vital role you play in revitalizing community hospitals and expanding access to the caring care. As a physician-founded and physician-led organization, we understand the challenges you face and are dedicated to providing the support and innovation needed to make your work possible.

Your expertise and commitment are at the heart of the transformative efforts we are leading in hospitals across the country, including the eight Illinois hospitals that have joined our family this month. Together, we are saving hospitals, preserving access to essential healthcare and changing the lives of countless patients for the better.

On this special day, we extend our deepest gratitude for your service, compassion, and unwavering dedication to healing.

Thank you for being part of this journey with us.

With appreciation,  
**Prem Reddy, MD, FACC, FACP**  
Founder, Chairman & CEO

**Reminders - Health Plan Benefits:**

**Physicians Joining Our Network:**  
Leaders or associates are welcome to share this list with providers interested in joining. <https://www.primehealthcare.com/physicians-joining>. Alternatively, all are welcome to send an email referring a physician to the EHP team at [ehp.provider@primehealthcare.com](mailto:ehp.provider@primehealthcare.com).

**Members Requesting Authorization:**

- Physicians (MDs) and Specialists must submit requests at <https://ehp.primehealthcare.com>
- To download a Prior Authorization Request Form visit <https://ehp.primehealthcare.com/requesting-authorization>

**Members Provider Directory:**

To check if a physician (Primary Care and Specialty) is enrolled in the Tier 1 network:

- Option #1: Visit <https://ehp.primehealthcare.com/provider-directory/#/tier-1> and select the corresponding state to find directories of physicians in our network
- Option #2: Lookup tool visit <https://ehp.primehealthcare.com/find-a-provider/> provides a simple search option by entering a name, specialty, and zip code

To search if a physician is enrolled within the Tier 2 (CBS) network of providers:

- Visit <https://ehp.primehealthcare.com/>
- Follow the easy steps to find the type of physician you want by selecting the "Location"
- Enter the plan prefix: "PH", then click "Continue"

Additional information can be found at <https://ehp.primehealthcare.com>

For any Prime Benefits related questions not answered in this section reach out to [Elisabeth.Sullivan@primehealthcare.com](mailto:Elisabeth.Sullivan@primehealthcare.com) to connect with a dedicated team member.



## ATTACHMENT 5

### Background of the Applicant



#### National Recognitions for Prime Illinois Hospitals

Congratulations to our **five Illinois hospitals** recognized with American Heart Association Get With The Guidelines® achievement awards. This honor reflects their commitment to the latest research-based care for heart disease and stroke — proven to save lives, speed recovery, and reduce hospital readmissions.



Illinois Award-Winning Hospitals:

- [Resurrection Medical Center](#) - Chicago – CAD Award (formerly Mission: Lifeline) Bronze Receiving; Stroke Award Gold Plus; Target: Stroke Elite Honor Roll; Target: Type 2 Diabetes Honor Roll
- [Saint Francis Hospital](#) - Evanston – Stroke Award Bronze
- [Saint Joseph Hospital](#) - Elgin – Stroke Award Gold Plus; Target: Stroke Honor Roll; Target: Type 2 Diabetes Honor Roll
- [Saint Joseph Medical Center](#) - Joliet – Stroke Award Gold Plus; Target: Stroke Elite Honor Roll; Target: Type 2 Diabetes Honor Roll
- [Saint Mary of Nazareth Hospital](#) - Chicago – Stroke Award Gold Plus; Target: Stroke Honor Roll; Target: Type 2 Diabetes Honor Roll

These five Illinois hospitals join 38 Prime Healthcare hospitals across the country honored through the American Heart Association's Get With The Guidelines® program. This recognition reflects a shared commitment to putting patients first and following the best, evidence-based practices that lead to stronger recoveries and healthier lives. Our Illinois teams have achieved an important milestone, and we look forward to celebrating even more Prime hospitals as they join this outstanding group.

#### Saint Joseph Medical Center - Joliet has

been recognized by the American College of Emergency Physicians (ACEP) with a Geriatric Emergency Department Accreditation (GEDA), affirming the hospital's commitment to providing specialized, compassionate care for older adults in the community. With this recognition, Saint Joseph becomes the only hospital in the region to achieve this national accreditation, underscoring its leadership in advancing care for older adults. This recognition would not be possible without the physicians, nurses, and staff whose commitment to excellence made this possible.



#### Joint Commission Survey Success

Congratulations to the **Saint Francis Hospital – Evanston** team on a successful Joint Commission survey with no red or orange findings. The Skokie and Evanston Infusion Centers also completed their lab inspection with no red findings. These achievements reflect our team's dedication to safety, quality, and compassionate care.



#### Catch Up Anytime

Past issues of Our Journey Forward are available online at [www.primehealthcare.com/welcome-to-the-prime-family/](http://www.primehealthcare.com/welcome-to-the-prime-family/)



**Prime Healthcare**

*Saving hospitals. Saving jobs. Saving lives.*

P1



## ATTACHMENT 5

### Background of the Applicant

#### Recognizing Our Associates

We are proud to honor **Allison Matache, BSN, RN**, with the DAISY Award for Extraordinary Nurses. Allison's dedication shone brightest during a patient's challenging postpartum journey. After a difficult delivery marked by complications and an emergency C-section, Allison was a constant source of comfort and care. Allison patiently answered every question, explained each medication and procedure, and offered emotional support that made a world of difference. On discharge day, her encouragement helped the patient leave the hospital feeling empowered and appreciated. The patient summed it up best: "Allison was sweet, attentive, informative and efficient. She made me very comfortable & I trusted her. Me, my partner and baby appreciate her so much!"



Congratulations to **Samantha Mendez, Saint Francis Hospital - Evanston**

CCU night nurse, who was recognized as our Good Catch Award winner for her vigilance in identifying a respiratory event before a chest tube was needed. Her quick action prevented complications and demonstrated the highest standard of patient safety.



#### Partnering with Emergency Services

Prime Healthcare is proud to celebrate **Leslie Levitt of Saint Joseph Medical Center - Joliet** for the positive impact she makes every day. The Joliet Fire Department recently praised her "passion for education, commitment to patient advocacy, and ability to connect with and support EMS." Leslie's energy uplifts both the hospital and EMS community, and we are grateful for her remarkable contributions and our strong partnership with Joliet Fire Department.



**Dr. Jenna Mailhes**, emergency department physician at **Saint Joseph Medical Center - Joliet**, was recently recognized for outstanding service and collaboration with our valued EMS partners. Dr. Mailhes was commended for her teamwork, support, and always taking time to answer questions - all while providing outstanding care. Dr. Mailhes' dedication to our patients and community reflects our hospital's mission to serve with excellence and compassion.



The **Chicago Fire Department** was recognized by the **Saint Francis Hospital - Evanston** Emergency Department with the EMS Award for their ongoing partnership and commitment to delivering lifesaving emergency response services to our community. Our prehospital partners are essential members of all healthcare teams, ensuring that patients receive timely, skilled, and coordinated care from the very first point of contact through their arrival at the hospital.



#### Understanding Your Benefits

At Prime Healthcare, we believe in caring for you like family—and that means making sure your benefits are clear and easy to use. Prime's Employee Health Plan (EHP) is one of the most comprehensive and cost-effective in the nation, reflecting our commitment to supporting you as part of the Prime family.

Our network is growing every day—now totaling more than **2,800 providers in Illinois**, with over 200 added this year. Want to nominate your provider? Submit the [form online](#) or email [EHPprovidercontracts@primehealthcare.com](mailto:EHPprovidercontracts@primehealthcare.com).

#### Open Enrollment: October 20 – November 8

During this time, you can enroll in a plan, make changes, add or remove dependents, switch plans, or update your information. Benefit Counselors will be available onsite and by phone to guide you. Stay tuned for more details from your HR department!

#### Need Help?

- Keenan TPA: 888-773-7218, M-F, 8AM-6PM CT
- Prime Customer Service:
  - » 877-234-5227, M-F, 11 AM-10PM CT
  - » Email: [EHP@primehealthcare.com](mailto:EHP@primehealthcare.com)
  - » Web: [ehp.primehealthcare.com](http://ehp.primehealthcare.com)

## ATTACHMENT 5

### Background of the Applicant

#### Community Corner

**St. Mary's Hospital - Kankakee** hosted a Business After Hours event for the Chamber of Commerce for an evening of connection and community. Guests and stakeholders enjoyed tours of the hospital and had the chance to learn about the latest equipment upgrades, key initiatives, and investments that have already occurred at the hospital.



**Resurrection Medical Center's** Cancer Services participated in the Leyden Township Relay for Life Walk on September 12th in Norridge/Harwood Heights to celebrate cancer survivors, remember loved ones lost, and fight back against every cancer.

On September 11, Maria Suvacarov, Chief Nursing Officer, and Beth Welke, Performance Improvement Manager, from **Saint Joseph Hospital - Elgin** were invited to appear on "Out to Lunch" hosted by Matt McNeil on WRMN 1410 Elgin Radio, to talk about the stroke program at Saint Joseph. Maria and Beth were able to share with listeners the importance of early identification, best practice techniques, and rehabilitation options all available at the Saint Joseph Campus. The hospital serves as a Primary Stroke Center accredited by the Joint Commission.



[Link to YouTube video.](#)

**Saint Joseph Medical Center - Joliet** started providing free monthly A1c diabetes screenings for their employees and visitors. An A1C screening is crucial for proactive diabetes management and early detection, offering valuable insights into long-term blood sugar control.

**Saint Francis Hospital - Evanston** participated in the Evanston's Family Strong Back to School event on August 9th at the Robert Crown Community Center, providing school supplies to over 150 families. On August 24th,



in partnership with The Chicago Center, Saint Francis participated in their 2025 Summer Health & Safety Fair and provided over 750 families with CPR training, Stroke Awareness education, and Rethink Your Drink education.

**Saint Mary of Nazareth Hospital - Chicago** provided CommunityHealth, a free clinic dedicated to serving the uninsured and underserved in Chicago and surrounding communities, with 1,000 influenza vaccinations for the upcoming flu season.

At **St. Mary's Hospital - Kankakee**, the Faith Community Nurses held a pet food drive to fill their micro food pantry with pet food and also donated to a local animal shelter, River Valley Animal Rescue in Mokena.



**Mercy Medical Center - Aurora** and **Saint Joseph Hospital - Elgin** have partnered with the Northern Illinois Food Bank for the 2025-2026 School Backpack Program. Through this initiative, 28 local schools will be supported with weekly food distributions, serving more than 330 children in our community.




**Saint Joseph Hospital - Elgin** conducted their "Pack the Pantry" departmental food drive competition and the response was overwhelming! **Kevin Rodriguez**, Clinical Dietitian, organized this food drive for the purpose of boosting the inventory for the pantry in time for the start of the school year. The Micro Pantry operates by the theme, "Take what you need. Leave what you can," and was the first of its kind in the Elgin area.





## ATTACHMENT 5

### Background of the Applicant



# Our Journey Forward

November 25, 2025

### A Season of Gratitude

As we enter this season of gratitude, we pause to reflect on the incredible dedication and compassion that define our Prime Healthcare family. Every day across our Illinois hospitals, associates go above and beyond to care for patients, support colleagues, and strengthen our communities. Your commitment, kindness, and teamwork are what make our mission possible. And for that, we are deeply thankful.

### National Recognitions for Prime Illinois Hospitals


#### Healthgrades: Among the Nation's Best in Clinical Specialties

This rating season, Prime Healthcare's hospitals received more than 150 awards from Healthgrades, including America's 100 Best by Specialty, Specialty Excellence Awards, and Five-Star Awards.

Congratulations to all leadership, physicians, and staff for delivering excellent, safe, compassionate, equitable, and patient-centered care. We also extend our sincere gratitude to every team member for their continued dedication to our mission and patients.

We are proud to celebrate the following Prime Illinois hospitals recognized by Healthgrades for clinical excellence and quality care:


- Mercy Medical Center
- Resurrection Medical Center
- Saint Francis Hospital
- Saint Joseph Medical Center
- Saint Mary of Nazareth Hospital
- St. Mary's Hospital



### Illinois Prime Hospitals Earn "A" Grades for Patient Safety from The Leapfrog Group



Resurrection Medical Center in Chicago, Saint Joseph Hospital in Elgin, and St. Mary's Hospital in Kankakee each earned an "A" Hospital Safety Grade from The Leapfrog Group for Fall 2025.

The recognition reflects Prime Healthcare's continued focus on excellence in patient safety and quality across its national network. In total, 24 Prime hospitals in 11 states received top marks, recognizing the dedication of physicians, nurses, and caregivers who put patient safety first every day.



### Saint Francis Hospital earns Geriatric Emergency Department Accreditation

Saint Francis Hospital, a member of the non-profit Prime Healthcare Foundation family, is now recognized by the American College of Emergency Physicians (ACEP) with a Geriatric Emergency Department Accreditation (GEDA), affirming the hospital's commitment to providing specialized, compassionate care for older adults in the community. With this recognition, Saint Francis joins four other Prime hospitals in the region to earn this accreditation, placing them among only a handful of hospitals in the Chicago area recognized for leadership in advancing care for older adults.

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## ATTACHMENT 5

### Background of the Applicant

#### 2026 Epic Rollout Schedule

We're pleased to announce the Epic rollout schedule for 2026. Four Illinois hospitals currently on Meditech — **Saint Joseph Medical Center in Joliet, St. Mary's Hospital in Kankakee, Saint Joseph Hospital in Elgin, and Mercy Medical Center in Aurora** — will transition to Epic as part of this initiative.

##### Rollout Dates:

##### March 1, 2026

- Saint Joseph Medical Center

##### November 1, 2026

- Mercy Medical Center
- Saint Joseph Hospital
- St. Mary's Hospital

#### Recognizing our Associates

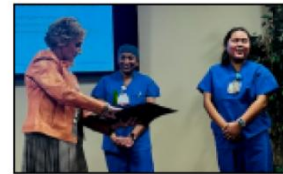
This year, **Angela Parker** from **Saint Joseph Medical Center in Joliet (SJJIL)** was chosen as the recipient of the annual Officer of the Year award. Angela has been with the organization for a little less than a year, coming to SJJIL with 25 years of experience with the Department of Corrections where she retired as a Lieutenant. During her time at SJJIL, Angela has had a significant impact on the department. She has an incredibly positive attitude that has been infectious to anyone she interacts with and has taken on many additional responsibilities to assist the department. She also became a DCI (de-escalation) and Taser trainer for the department. Congratulations, Angela!



We proudly celebrate **Joanne Mahoney**, Director of Nursing, who was awarded the Leadership Daisy Award at **Saint Francis Hospital in Evanston**. Her leadership, vision, and commitment to nurturing teams that deliver extraordinary patient care embody the spirit of this recognition.



At a recent **Saint Joseph Hospital in Elgin** leadership meeting, Cardiac Cath Lab nurses **Anna Reji Mulakunnam** and **Nattacha Vandenberg** were honored with the Good Catch Award for their quick thinking and patient advocacy.



While preparing a patient for a procedure, they noticed neurological symptoms and escalated them, helping identify and address a critical issue. Thank you, Anna and Natty, for going above and beyond!

At **Saint Joseph Hospital in Elgin**, a patient's daughter shared how Certified Phlebotomy Technician **Heidi Marsh** showed incredible compassion during her mother's final days. Heidi gave the patient a tiny Jesus figurine, which became a cherished symbol of love and comfort. After the patient's passing, Heidi ensured the family received more. At the funeral, attendees took the figurines home as a reminder of the deep connections our caregivers make every day.



#### Honoring our Colleague and Friend

Recently, we lost one of our own at **Resurrection Medical Center in Chicago (RMIL)**.

**David Dilan** was part of the RMIL family for 33 years. His wife, Maggie, is also a 30-year RMIL associate. David's unexpected passing has impacted not only his department, Radiation Oncology, but the hospital at large. To honor him and his years of commitment to caring for some of our most vulnerable patients, a memorial service was held in the RMIL Chapel. Please join us in remembering David and offering support to his family, colleagues, and loved ones.



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## ATTACHMENT 5

### Background of the Applicant

#### Community Corner

**Saint Joseph Hospital in Elgin (SJEIL)**, in partnership with the Kane County Sheriff's Office and Kane County Health Department, conducted an American Heart Association (AHA) Heartsaver CPR Awareness Class for community members to prepare for emergencies. SJEIL also sponsored the 2025 Making Kane County Fit for Kids Walk, Bike, and Roll to School to promote healthy habits, active lifestyles, and reduce childhood obesity.

The Stroke Team at **Resurrection Medical Center in Chicago (RMIL)** shared stroke awareness materials at the Norwood Park Senior Center Resource Fair and the Niles Fire Department Open House. RMIL also hosted community flu clinics, while the Faith Community Nurses led a Walking with Jesus program and food drive, collecting over 1,000 donated items.



**St. Mary's Hospital in Kankakee (SMKIL)** Cancer Center launched a new Cancer Support Group to offer strength and hope to patients and families. SMKIL also sponsored community events including the Out of the Darkness Walk, Play for Purpose dodgeball tournament, and the Kankakee Rotary Club's Halloween Downtown. At the Momence Harvest Festival, associates shared giveaways and ED FastTrackCare information at the hospital's sponsored booth.



**Mercy Medical Center in Aurora (MMIL)** welcomed its new interventional cardiologist, **Athar Saeed, MD**, at a get-together for area fire chiefs and EMS leaders. Born at MMIL and raised in Aurora, Dr. Saeed now leads the hospital's STEMI/heart attack program, and couldn't wait to return, saying, "When can I start?!"



#### In the News

- Healthgrades names **Saint Joseph Medical Center in Joliet** a **2026 leader in specialty care**: Cardiac, Orthopedics, Pulmonary, and Vascular
- Saint Mary of Nazareth Hospital in Chicago** lands **clinical trials**
- Healthgrades names **Saint Mary of Nazareth Hospital in Chicago** a **2026 leader in specialty care**: Cardiac, Pulmonary, Gastrointestinal, and Critical Care
- Saint Francis Hospital in Evanston** earns national recognition for **excellence in geriatric emergency care**
- Healthgrades names **Saint Francis Hospital in Evanston** a **2026 leader in specialty care**: Orthopedics and Critical Care
- Saint Francis Hospital in Evanston** achieved **Magnet® with Distinction Recognition** by the American Nurses Credentialing Center

#### Catch Up Anytime

Past issues of Our Journey Forward are available online at: [primehealthcare.com/welcome-to-the-prime-family/](http://primehealthcare.com/welcome-to-the-prime-family/)



## ATTACHMENT 5

### Background of the Applicant

# Our Journey Forward

October 16, 2025

Across Illinois, our teams continue to demonstrate what makes Prime Healthcare exceptional: compassion, collaboration, and commitment to quality. From advancing patient care to strengthening community partnerships, every milestone reflects the dedication of our physicians, nurses, and staff. Together, we're building a future defined by excellence, innovation, and pride in the meaningful work we do each day.

### National Recognitions for Prime Illinois Hospitals

**Congratulations Saint Francis on Magnet Recognition with Distinction and 13 Exemplars!**



**Saint Francis Hospital - Evanston** has achieved Magnet® Recognition with Distinction, the highest honor for nursing excellence awarded by the American Nurses Credentialing Center (ANCC). This elite recognition is reserved for hospitals that exceed national benchmarks in nursing engagement, patient experience, and quality outcomes. **Saint Francis is one of only 48 hospitals worldwide and seven in Illinois** to earn this top-tier designation, underscoring its commitment to evidence-based practice, clinical excellence, and compassionate care.

Chief Nursing Officer **Rosenda "Rosey" Barrera** credited the achievement to the dedication of the entire Saint Francis team:

*"Our amazing nurses raised the bar for excellence, supported by every associate and physician who shares in our commitment to patient-centered care. This recognition reflects the heart of our mission—to serve our community with compassion, collaboration, and innovation."*



Congratulations to **Annmarie McDonagh**, Magnet Program Director, and the entire nursing leadership team for guiding Saint Francis to this extraordinary accomplishment.

### Resurrection Medical Center Earns Praise in Joint Commission Survey

**Resurrection Medical Center - Chicago** successfully completed its triennial Joint Commission (TJC) survey on October 2, 2025. Surveyors commended the hospital's ability to achieve excellent results following recent transitions.



Key outcomes:

- » **No CMS deficiencies** were identified
- » Resurrection Medical Center ranked in the **top 20% nationwide** for survey performance.
- » Opportunities for improvement are being addressed with action plans and team collaboration.

Congratulations to the entire Resurrection Medical Center team for this remarkable achievement and for their unwavering dedication to patient care.



## Prime Healthcare

Saving hospitals. Saving jobs. Saving lives.

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## ATTACHMENT 5

### Background of the Applicant

#### Excellence in Geriatric Emergency Care

**Mercy Medical Center - Aurora** and **St. Mary's Hospital - Kankakee** have each earned Geriatric Emergency Department Accreditation (GEDA) from the American College of Emergency Physicians (ACEP), a prestigious national recognition of excellence in emergency care for older adults. This accreditation reflects both hospitals' dedication to creating safer, more supportive environments for seniors through tailored protocols, staff training, and age-sensitive care practices. Mercy and St. Mary's are **the only hospitals** in their respective areas to receive this distinction, reinforcing their shared leadership in advancing compassionate, high-quality care for every generation.



#### Successful EMR Cutover

After months of planning, preparation, collaboration and dedication, we are thrilled to announce Epic is officially **LIVE at SFIL, HFIL, OP BHU at MMIL, OP BHU at SFIL**, marking the final phase of the major EMR cutovers as part of the Illinois acquisitions.

This achievement is the result of incredible teamwork – from our IT experts and clinical champions to front-line staff and leadership partners. Their collective commitment made this milestone possible. Thank you for all your cooperation and support during the transition process.

#### Recognizing Our Associates

A young patient was diverted to the **Saint Joseph Medical Center - Joliet** Emergency Department with right-sided weakness. Without hesitation, our team jumped into action with assessments, imaging, and coordination with EMS and Radiology. Imaging revealed a serious brain occlusion, and the patient was immediately flown to Lurie Children's Hospital in Chicago, where a successful thrombectomy was performed.

The best part: this young patient has made a full recovery with no deficits, all because of the fast, expert response of every team member involved. Special thanks to Colleen Grandowski, our Stroke Coordinator and APN, for following up on this amazing outcome.

Way to go, Saint Joseph Medical Center team, this is lifesaving care in action!



We're excited to celebrate this year's 2025 SWELL Award recipients at **Saint Joseph Hospital - Elgin: Rachael Aguilera, Julia Bono, and Sejal Patel!** The SWELL Award honors Rehabilitation Services associates who go above and beyond in Support of the team, Work ethic, Excellent patient care, Leadership skills, and Learning opportunities. Named after Sharon Wells, one of the original physical therapists when Saint

Joseph Hospital launched its inpatient rehabilitation program. The award continues her legacy of excellence.

Congratulations to Rachael, Julia, and Sejal, your work makes a difference every day!



Our Facilities Team at **Saint Francis Hospital - Evanston** was honored with the Team Daisy Award for their collaboration and dedication in ensuring we maintain the safest environment of care for both our patients and staff. Their work behind the scenes plays a vital role in supporting compassionate care.



**Saint Mary of Nazareth - Chicago** ICU Achieves 1,500 Days CAUTI-Free: The ICU at Saint Mary of Nazareth Hospital in Chicago has reached an extraordinary milestone, **1,500 days without** a Catheter-Associated Urinary Tract Infection (CAUTI). This achievement reflects a decade of dedication by the hospital's CAUTI Squad, which recently celebrated its 10th anniversary. Through teamwork, education, and a sustained focus on reducing unnecessary Foley catheter use, the team has transformed the unit's culture and set a new standard for patient safety and quality care.



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## ATTACHMENT 5

### Background of the Applicant

#### Open Enrollment is Coming!

##### Benefits & Open Enrollment Information

Thank you for being part of the Prime Healthcare family. We're proud to serve you and support your health every step of the way.

#### Open Enrollment Starting Soon: October 20 – November 8, 2025

Open enrollment is coming soon, be sure to review your options and make any benefit updates for the upcoming year. This year, there are some important changes to be aware of:

1. Despite the rising healthcare costs, Prime has chosen to NOT increase any employee contributions for 2026 plan year
2. No out of maximum increases for Tier 1
3. Increased contribution limits for FSA and dependent FSA
4. Increased GI amounts on Trustmark Universal Life with LTC

\*Refer to your Benefit Guide for detailed information

#### What to expect during the enrollment process:

During open enrollment, you can review your coverage, make plan changes, add or remove dependents, and update your personal information.

If you are enrolling into any medical benefits, it is important to fill out the COB form: <https://ehp.primehealthcare.com/forms>.

#### When you must meet with a benefits counselor:

- » If you are adding a new dependent. Please contact [corp-oeillinoisupport@primehealthcare.com](mailto:corp-oeillinoisupport@primehealthcare.com) to add the dependent prior to your appointment.
- » If you are interested in enrollment in voluntary coverages through Trustmark (Accident, Hospital Stay Pay, Critical Illness, Universal Life).

**Remember, if you do not make any changes to your coverage during open enrollment, your current coverage will automatically be renewed for the coming year with the exception of the following:**

- » Waive medical forms must be submitted to HR
- » Flexible Spending Account (FSA) Medical and Dependent Daycare

You must re-elect these coverages by meeting with a benefits counselor or via Lawson Self Service.

#### Three ways to schedule an appointment:

Call: 866-998-2915

Online: [www.myenrollmentschedule.com/prime](http://www.myenrollmentschedule.com/prime)



Scan the QR code:

The 2026 Open Enrollment materials can be found at <https://ehp.primehealthcare.com/> or scan the QR code:



Navigate to: **I Am a Member > Benefit Guide & Plan Information > For the benefit guide and all other plan information.**

Once you click "Please Click Here," you'll be directed to the Plan-Specific Information page. From there, select your facility from the location drop-down menu (Password: Illinois).

#### Also available on the website:

**For authorization process and overview:**  
<https://ehp.primehealthcare.com/authorizations-claims-and-eligibility/authorization/>

**For Eligibility, ID Cards, Claims and Appeals:**  
<https://ehp.primehealthcare.com/claims-and-eligibility/>

**Medical Plan Overview:**  
<https://ehp.primehealthcare.com/wp-content/uploads/Medical-Plan-Overview.pdf>  
**Our Network Is Growing:**

We've added over 60 new providers in Illinois, and we're still expanding bringing the total to 2881 providers. If you'd like to see your trusted provider join our network, simply fill out the nomination form available on our website at <https://ehp.primehealthcare.com/forms/>.



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## ATTACHMENT 5

### Background of the Applicant

#### Community Corner



**Mercy Medical Center – Aurora** was proud to sponsor the 20th Annual Here for Life Walk, a meaningful community event dedicated to raising awareness for suicide prevention. Associates and their family members joined the three-mile walk alongside hundreds of participants to promote hope, learn ways to support those in need, and honor the loved ones of others in attendance. The Mercy team looks forward to continuing this important tradition in the years ahead. Thank you to all associates who walked with the Administrative team and represented Mercy with compassion and unity.



**St. Mary's Hospital – Kankakee** was proud to participate in the Bourbonnais Township Park District's annual Fall Art Stroll & Scarecrow Festival, and honored to be selected as the event's charitable beneficiary. All proceeds from this year's festival were donated to the St. Mary's Hospital Breast Cancer Foundation, supporting local patients and families. Hosted in partnership with the Community Arts Council of Kankakee County, the event drew thousands of attendees who enjoyed fine and folk art exhibits and more than 100 creative scarecrow displays crafted by community groups across the county.

**Resurrection Medical Center's** Stroke and Neurointerventional Surgery team partnered with the Emergency and Trauma team to share stroke education with seniors and other community members on September 26. The teams visited the Norwood Park Senior Center to discuss the B.E.F.A.S.T. signs and symptoms of stroke, and later participated in the Niles Fire Department Open House and Fundraiser. Participants received vital information about what to do at the first sign of stroke, tested their knowledge through interactive activities, asked questions, and entered a raffle. The team's ongoing goal in connecting with the community is to raise awareness, ensuring that prompt recognition and response can lead to better outcomes.



During National Rehabilitation Awareness Week in September, **Saint Joseph Medical Center – Joliet's** Director of Rehabilitation Services, **Stephanie Lewickas**, spoke at the Joliet Rotary Club's weekly luncheon. She provided education about rehabilitation services, and the group was highly engaged, asking thoughtful questions and sharing interest in the topic. It was a productive afternoon that celebrated our strong community partnership.



#### Catch Up Anytime

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## ATTACHMENT 5

### Background of the Applicant



December 22, 2025

As the year draws to a close, we can take pride in what we have achieved together across Prime Healthcare in Illinois. This year marked a historic milestone for our organization as we welcomed new teams, hospitals, and communities into our family, deepening our commitment to the communities we serve. Your hard work, professionalism, and compassion have made this a year of meaningful progress and shared successes. Thank you for all you have done to care for patients, support one another, and build a strong foundation for the future. As we look toward the New Year, we wish one another continued health, happiness, and renewed purpose as we move forward together in service to our patients and communities.

#### National Recognition

##### Excellence Across Illinois Communities

Congratulations to **St. Mary's Hospital-Kankakee** and **Resurrection Medical Center-Chicago**, which have both been recognized on the **Forbes 2026 Top Hospitals** list, placing them among leading general acute care hospitals nationwide.



The Forbes Top Hospitals list evaluates hospitals across the country using a comprehensive set of quality and performance measures, including clinical outcomes, patient safety, efficiency, and patient experience. Selection reflects consistent performance above national benchmarks and a demonstrated commitment to high standards of care.

This recognition highlights the dedication of the physicians, nurses, and staff at St. Mary's Hospital and Resurrection Medical Center who serve their communities every day with skill, compassion, and accountability. For patients and families across Illinois, inclusion on this list offers added assurance that high quality hospital care is available close to home.



#### IDPH's Acute Care Antimicrobial Stewardship Honor Roll

The Illinois Department of Public Health (IDPH) has named **Mercy Medical Center-Aurora** to its **Gold-Level Honor Roll for Acute Care Antimicrobial Stewardship**. Fewer than 20% of all hospitals in Illinois achieved this recognition, which is earned by implementing all six of the Centers for Disease Control & Prevention's (CDC) Priorities for Hospital Core Element Implementation.

Additionally, five other Prime Healthcare Illinois hospitals achieved **Silver-Level Honor Roll**: **Resurrection Medical Center-Chicago**, **Saint Francis Hospital-Evanston**, **Saint Joseph Hospital-Elgin**, **Saint Joseph Medical Center-Joliet**, and **St. Mary's Hospital-Kankakee**. Two additional hospitals – **Saint Mary of Nazareth Hospital-Chicago** and **Holy Family Medical Center-Des Plaines** – are applying during the next application cycle.

#### Recognizing Our Associates

**Maria "Pinky" Tansioco-Marasigan**, physical therapist at **Resurrection Medical Center-Chicago**, was named one of 12 Outstanding Clinical Educators for Physical Therapy in Illinois by the Illinois Physical Therapy Association.





## ATTACHMENT 5

### Background of the Applicant

This recognition honors outstanding clinical instructors (CIs) who create a culture of excellence by balancing patient-centered care with learner-focused teaching, supporting both the needs of patients and the growth, skills, and development of future physical therapy professionals.

**Jeff Ewanio, Resurrection Medical Center-Chicago's** night house supervisor, realized that staff had few options for food during their overnight breaks. So, he personally contacted area food trucks and set up a regular schedule to have a food truck parked outside the ED for employees to enjoy prepared meals. The staff is always happy when a food truck comes, and it's been a great morale booster. Jeff is officially a third shift hero at Resurrection!



**Mauricio Silva, RN**, a nurse on Saint Joseph Hospital-Elgin's 2nd Floor Telemetry Unit, was nominated for a DAISY award by one of his patients. Below is an excerpt from that nomination:

"Mauricio is an outstanding nurse. He takes the time to actually listen and hear how you are doing. He cares so much and puts his all into helping you feel comfortable, making sure you have everything you need. When he walked into the room, it was like the sun began shining. And, oh my gosh, does he make you laugh, it was the best medicine! He's a man with a huge heart and one of the very best nurses. Mauricio deserves multiple DAISY Awards!"

The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skills and compassionate care given by nurses every day. Thank you, Mauricio, for embodying the spirit of nursing excellence and making a difference in the lives of those you serve!



### Community Corner

**Mercy Medical Center-Aurora** prepared and donated 100 Thanksgiving turkey dinners for a community lunch benefitting underserved families and individuals experiencing homelessness in the Aurora community. By meeting the spiritual, physical, and practical needs of our most vulnerable residents, Mercy Medical Center continues to demonstrate its commitment to whole-person care and community wellness.



**Saint Francis Hospital-Evanston** staff came together in the spirit of generosity to support the Howard and Evanston Community Center, donating food and essential toiletries to help individuals and families in need. This meaningful contribution reflects the team's ongoing commitment to caring for the community beyond the hospital walls and making a positive difference for neighbors facing hardship.



**St. Mary's Hospital-Kankakee** proudly took home first place in the City of Kankakee Christmas Parade with a festive and creative float featuring a gingerbread hospital topped with a replica medical helicopter. The float showcased the spirit, teamwork, and holiday cheer of the St. Mary's team, earning top honors and delighting community members along the parade route. Congratulations to everyone who helped bring this joyful display to life and represented St. Mary's so proudly in the Kankakee community.



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## **ATTACHMENT 6**

### **Change of Ownership**

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

**1. 1130.520(b)(1)(A) – Names of the Parties**

Franciscan Health Alliance d/b/a Franciscan Health Olympia Fields is the current operator/licensee of the Hospital.

Olympia Fields Hospital, LLC will be the operator/licensee of the Hospital after the Planned Transaction.

Olympia Fields Hospital, LLC will own the building housing the Hospital after the Planned Transaction.

Prime Healthcare Services, Inc. is the ultimate parent with final control of Olympia Fields Hospital, LLC.

**2. 1130.520(b)(1)(C) – Structure of the Transaction**

Franciscan Alliance, Inc. d/b/a Franciscan Health Olympia Fields, Prime Healthcare Services, Inc., and Olympia Fields Hospital, LLC propose a change of ownership of the 214-bed general acute care hospital located at 20201 South Crawford Avenue, Olympia Fields, Illinois 60461.

Olympia Fields Hospital, LLC will acquire substantially all of the clinical assets of the Hospital. As a result of the transaction, Olympia Fields Hospital, LLC will become the operator and licensee of the Hospital. (the "Planned Transaction"). Franciscan Alliance, Inc. and Prime Healthcare Services, Inc. are included as co-applicants, as Franciscan Health currently has ultimate control of the Hospital and Prime Healthcare Services, Inc. will have ultimate control of the Hospital after the Planned Transaction

**3. 1130.520(b)(1)(D) – Name of Licensed Entity After Transaction**

Olympia Fields Hospital, LLC

**4. 1130.520(b)(1)(E) – List of Ownership or Membership Interest in the Licensed Entity Prior to and After the Transaction**

The organizational charts showing the current organizational structure of the Hospital, along with the post-transaction ownership structure are attached at Attachment 4.

**5. 1130.520(b)(1)(F) – Fair Market Value of the Assets to be Transferred**

\$6,950,000

As is customary with transactions of this type, the consideration agreed upon at or immediately prior to closing may be adjusted based on a variety of factors and most particularly in this instance the completion of diligence on the building to ensure that the infrastructure of and systems in the building meet applicable code requirements.

## **ATTACHMENT 6**

### **Change of Ownership**

**6. 1130.520(b)(1)(G) – Purchase Price of Other Forms of Consideration to be Paid**

\$6,950,000

As is customary with transactions of this type, the consideration agreed upon at or immediately prior to closing may be adjusted based on a variety of factors and most particularly in this instance the completion of diligence on the building to ensure that the infrastructure of and systems in the building meet applicable code requirements.

**7. 1130.520(b)(2) – Affirmations**

Franciscan Alliance, Inc. d/b/a Franciscan Health Olympia Fields has no outstanding certificate of need permits or certificate of exemption approvals.

**8. 1130.520(b)(3) – If 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.**

Olympia Fields Hospital, LLC agrees that for a period of two years following the closing of the Planned Transaction, it will not adopt a more restrictive charity care (financial assistance) policy than the policy that was in effect one year prior to the closing date of the Planned Transaction.

The Charity Care and Uninsured Patient Discount Policy currently in effect at the Hospital is attached at Attachment 6.

The charity care policy that will be in effect after the transaction is attached as Attachment 6.

**9. 1130.520(b)(4) – Anticipated Benefits to the Community**

There should be no change in the operation of the Hospital as a result of the proposed transaction.

**10. 1130.520(b)(5) – Anticipated or Potential Cost Savings**

The planned transaction will present opportunities to improve health care delivery and access to services provided in Prime's service area in a manner that results in cost savings and other efficiencies that will ensure the Hospital will more effectively continue its mission and purposes. Such opportunities will likely include initiatives for integration of information technology and system-wide support functions with the goal of enhancing operational efficiency, as well as clinical integration to support strong performance in value-driven initiatives that can improve outcomes while reducing total cost of care.

**11. 1130.520(b)(6) – Quality Improvement Program**

A copy of the facility's plan is on file and included with this attachment.

## **ATTACHMENT 6**

### **Change of Ownership**

#### **12. 1130.520(b)(7) – Selection Process for Governing Body**

The hospital governing body will remain in place with the appointment of 9 to 13 board members appointed by the Prime corporate board to be composed of community members, faculty administration, and hospital leadership.

#### **13. 1130.520(b)(9) – Change to Scope of Service or Levels of Care**

At this time, the Applicant's immediate priority is to stabilize operations, address financial underperformance, and invest in the facility's physical plant, digital infrastructure, and workforce to ensure continuity of care for patients and staff. The facility is currently experiencing sustained revenue losses that are significantly affecting its long-term viability, underscoring the urgency of these efforts.

The Applicant is closely monitoring community health needs, patient volumes, and service utilization. If data indicates the need for adjustments such as service line realignments, targeted reductions, or the expansion of programs and specialties the Applicant will evaluate those options carefully and in compliance with all applicable regulatory requirements. Any such actions will be guided by a commitment to strengthen the facility's financial and operational stability, improve patient access, and ensure that services remain responsive to the community's evolving needs.

In short, the Applicant's intent is to maintain operational stability while positioning the facility for responsible, sustainable growth. Over the next two years, the focus will be on modernization, efficiency, and strategic reinvestment to restore the facility's health and preserve its essential role within the region.

**ATTACHMENT 6**  
**Change of Ownership**Status **Active** PolicyStat ID **7171328**

Original 3/11/1996  
 Last Reviewed 10/20/2022  
 Last Revised 10/20/2022  
 Next Review 10/19/2025

Owner Jennifer P. Marion: Sr VP Finance CFO  
 Document Area Finance  
 Applicability Franciscan Alliance Corporate Board Directed - All  
 Tags Policy

**Charity Care And Uninsured Patient Discount Policy**

See Entity Listing or Hospital Listing for Franciscan Alliance hospital facilities' current and previous names.

**Policy Number: 301.01****Applies to: All Franciscan Alliance Hospitals (See [Entity Listing](#))****PURPOSE:**

Through Franciscan Alliance, Inc. (Franciscan), we continue the healing ministry of Christ in a Catholic health care system that upholds the moral values and teachings of the Catholic Church. Central concerns of this corporate ministry include compassion for those in need, respect for life and the dignity of persons. Franciscan believes in the dignity, uniqueness, and worth of each individual and, within the limits of our resources, Franciscan offers a comprehensive range of health care services to all regardless of race, creed, color, sex, national origin, handicap or an individual's financial capability. In light of this belief, we consider our health care services to be reaching out and responding, in a Christ-like manner, to those who are physically, materially, or spiritually in need.

Franciscan is committed to providing financial assistance, in the form of charity care or uninsured discounts, to persons who are uninsured or underinsured, who are ineligible for governmental or social service programs, and who otherwise are unable to pay for emergency services or medically necessary care based on their individual financial situation. Consistent with our mission to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised, Franciscan strives to ensure the financial capacity of people who need medically necessary health care



## ATTACHMENT 6

### Change of Ownership

services does not prevent them from seeking or receiving that care. This policy is designed to allow relief from all or part of the charges related to emergency or medically necessary health care services that exceed a patient's reasonable ability to pay. In order to ensure transparency, consistency and fairness in relation to this policy, patients are expected to cooperate with Franciscan's procedures by providing necessary information to determine their eligibility for financial assistance. Patients deemed financially able, will be expected to pay for their own health care services to avoid shifting the burden of care to other patients and the general public.

To best serve the community needs of each locality, this policy identifies the circumstances under which the facilities comprising Franciscan will extend charity care to patients whose financial status makes it impractical or impossible to pay for emergency or medically necessary health care services, and the circumstances under which Franciscan facilities will provide discounts to uninsured patients who may have the means to pay for medical services provided. The necessity for medical treatment of any patient will be based on sound clinical judgment without regard to the financial status of the patient.

This policy is a vital component of Franciscan's social accountability program by which we hold ourselves accountable to our constituencies in those communities where we are privileged to serve. This policy also ensures Franciscan's compliance with the Patient Protection and Affordable Care Act, enacted March 23, 2010, through the Internal Revenue Code section 501(r), finalized December 29, 2014 and Indiana Law IC 16-21-9.

### DEFINITIONS:

**Bad debt** – cost of providing care to persons who are able but unwilling to pay some portion of the medical bills for which they are responsible.

**Charity care** – cost of health care services, provided in accordance with this charity care and uninsured patient discount policy, for which no or partial reimbursement will be received because of the recipient's inability to pay for those services.

**Emergency services** – goods and services provided in response to an emergency accident, meaning a sudden external event resulting in bodily injury, or an emergency illness, meaning the sudden onset of acute symptoms of such severity that the absence of immediate attention may result in serious medical consequences.

**EMTALA** – Emergency Medical Treatment and Active Labor Act

**Family** – shall mean the patient, patient's legal spouse (regardless of whether they live in the home) and all of the patient's children, natural or adoptive, under the age of eighteen who live in the home. If the patient is under the age of eighteen, the "family" shall include the patient's natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)' children, natural or adoptive, under the age of eighteen.

**Financial assistance** – a reduction in the amount of charges billed for patients who are eligible for relief under this policy.

**Financial assistance application** – an application to receive financial assistance.



## ATTACHMENT 6

### Change of Ownership

**FPG** – shall mean the Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of application for awards of financial assistance under this policy.

**Guarantor** – the person who is financially responsible for payment of services provided by the facility.

**Medically necessary** – inpatient or outpatient health care services provided for the purposes of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms, which otherwise left untreated, would pose a threat to the patient's ongoing health status. Services must be clinically appropriate and within generally accepted medical practice standards; represent the most appropriate and cost effective supply, device or service that can be safely provided and readily available within Franciscan facilities, with a primary purpose other than patient or provider's convenience. Services expressly excluded from medically necessary health care services include:

- cosmetic;
- experimental treatments/procedures or services part of a clinical research program;
- certain bariatric related services;
- complementary/alternative medicine (i.e. acupuncture, massage therapy, chiropractic services, etc.);
- private duty nursing;
- dental services;
- services deemed non-covered by Medicare/Medicaid;
- private and/or non-Franciscan medical or physician professional fees; or
- other services and/or treatments at Franciscan's discretion.

**Patient** – the person who is the recipient of services provided by the facility.

**Presumptive Eligibility** - hospitals are able to immediately enroll patients for medical coverage who appear to meet eligibility guidelines for a temporary time period.

**Prompt pay discount** – if applicable, a discount on the patient balance owed if paid in full and within a specified timeframe as may be established by Franciscan's facilities.

**Underinsured** – patients having some level of insurance or third party assistance but still having out-of-pocket expenses that exceed his/her financial abilities.

**Uninsured** – patients (i) who do not have governmental or private health insurance, (ii) whose insurance benefits have been exhausted, or (iii) whose insurance may not cover medically necessary services.

**Uninsured patient discount** – a discount provided to patients receiving medically necessary health care services who do not have any governmental or private health insurance or whose insurance benefits have been exhausted.

## POLICY STATEMENT:

Subject to all the terms and conditions hereinafter set forth, Franciscan has adopted this policy to be in

## ATTACHMENT 6

### Change of Ownership

effect at all Franciscan facilities, including but not limited to physician offices, ambulatory care locations, and hospitals, for uninsured patients receiving emergency services or uninsured patients residing in Franciscan's primary service area requiring medically necessary health care services.

This policy is intended to address the financial assistance needs of patients:

- A. Through the provision of full or partial charity care for emergency or medically necessary health care services:
  1. To patients whose level of income/assets falls within or below a predetermined range (i.e. multiple of the FPG); or
  2. To patients who have limited financial means relative to their medical bills and who are unable to pay, in part or in full, for medical services provided, without incurring undue financial hardship.
- B. Through the provision of financial discounts to uninsured patients for emergency or medically necessary health care services performed at Franciscan's hospital locations.

This policy is not intended to create any legal entitlement or to constitute a binding contract or agreement for or on behalf of any person. This policy is to provide emergency services and medically necessary care without regard to race, creed, color, sex, national origin, handicap, or an individual's financial capability. Franciscan does not have the authority to waive any charges or copayments from physicians or other health care professionals who are not employed by Franciscan.

Consistent with EMTALA, all applicable Franciscan facilities will provide an appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential emergency medical condition. If, following an appropriate medical screening, Franciscan personnel determine that the individual has an emergency medical condition, Franciscan will provide services, within the capability of the respective Franciscan facility necessary to stabilize the individual's emergency medical condition or will affect an appropriate transfer as defined by EMTALA.

## ELIGIBILITY FOR FINANCIAL ASSISTANCE:

### *Uninsured Patient Discount*

Uninsured patients will be provided an uninsured patient discount for emergency services or medically necessary services performed at its hospital locations. For hospital facility charges, the uninsured patient discount is based on the average rate of the respective Franciscan hospital facility's average allowed rates for private health care payers, including Medicare. If treated by a physician employed or contracted with Franciscan, a self-pay fee schedule or a discounted rate is available to those who qualify. Franciscan facilities may offer additional discounts based on the facts and circumstances unique to their local markets. This discount shall not be combined with other facility discounts, except for a prompt pay discount, if available. No discount shall be provided that violates any laws or government regulations.

Franciscan will identify uninsured patients during the registration and/or admissions process. The

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uninsured discount is applied automatically by the receivable system at the time of initial bill. All statements to patients will indicate the adjustment and the revised patient balance. The uninsured discount is a contractual discount and is not considered a charity care write off, unless the patient also qualifies for charity. Uninsured patient discounts will not be reversed due to nonpayment of an account. If, at any time, Franciscan becomes aware that a previously identified uninsured patient was in fact covered by insurance at the time of service, Franciscan will revoke the uninsured discount and issue a revised statement to the patient and the associated insurance provider. Patients who are still unable to pay the balance after the uninsured discount are able to apply for a charity care or a medical financial hardship adjustment.

### **Charity Care**

Charity care will be available to uninsured or underinsured persons who receive emergency services or uninsured/underinsured patients located in the respective Franciscan facility's primary service area who require medically necessary health care services that are not eligible for coverage that would otherwise pay for these services (whether through employer-based coverage, commercial insurance, government sponsored coverage, COBRA, or third-party liability coverage). The Franciscan charity discount applies to all medically necessary hospital facility charges and physician services from Franciscan employed or contracted physicians. Patients scheduled for elective, non-medically necessary procedures are expected to pay and shall not automatically be screened for charity care.

A patient's qualification for charity care will be determined through a financial assistance application and screening process. Patients who may qualify for Medicaid, or any other governmental assistance must be denied coverage or assistance from those governmental programs prior to receiving approval for charity care. Patients are made aware of our financial assistance policy and advised to file a financial assistance application when applicable. However, patients may not provide the documentation required to evaluate their qualification for charity care. For patients that do not complete a financial assistance application, their account follows a collection cycle and when the account is deemed uncollectible, the account is returned from the third party collection agency. As such, Franciscan may also utilize an external vendor, service, or data source that would provide information on a patient's or guarantor's ability to pay (i.e. credit scoring). Subsequently, an external credit scoring vendor is used to make final evaluation on the patient or guarantor's ability to pay.

Eligibility for charity care may be determined at any point in the collections cycle (i.e. prior to the provision of services, during the normal collections cycle, or may be used to reclassify accounts after they have been deemed uncollectible and subsequently returned from a third party collection agency).

Franciscan applies a two-step test in determining a patient's/guarantor's eligibility for charity care – a minimum income test and a means test. Under the minimum income test, the patient's/guarantor's family income that is documented on the financial assistance application is compared to the FPG. Under the means test, an evaluation of the patient's/guarantor's medical bills, assets, liabilities, income and expenses as documented on the financial assistance application is evaluated and a patient/guarantor who is otherwise eligible for charity care may have the amount of charity care reduced or eliminated by the amount of qualified assets (if any) that would not send the family into medical indigence or otherwise adversely affect the well-being of the patient or the patient's family. The following sliding scale

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will be used in the determination of the level of charity care write off:

| Annual Family Income | Amount of Write-Off |
|----------------------|---------------------|
| ≤ 200% of FPG        | 100%                |
| 201-250% of FPG      | 80%                 |
| 251-300% of FPG      | 60%                 |
| 301-350% of FPG      | 40%                 |
| 351-400% of FPG      | 20%                 |

### ***Medical Financial Hardship Adjustment***

Uninsured and underinsured patients/guarantors who do not qualify for charity care, but have medical bills that exceed 20% of their annual income (unless they have qualifying assets) may be given a medical financial hardship adjustment based upon the totality of their circumstances and/or an extended payment plan. The medical financial hardship adjustment would be initiated through the completion of a financial assistance application and is applicable to hospital facility charges and professional services provided by Franciscan employed or contracted physicians. If circumstances warrant, the following medical financial hardship percentage adjustments will be used:

| Medical Bill as % of Annual Family Income | Adjustment |
|---|------------|
| 20 – 29%                                  | 15%        |
| 30 – 39%                                  | 20%        |
| 40 – 49%                                  | 25%        |
| 50 – 59%                                  | 30%        |
| 60 – 69%                                  | 35%        |
| 70 – 79%                                  | 40%        |
| 80 – 89%                                  | 45%        |
| 90 – 100%                                 | 50%        |

## **PROCEDURE FOR FINANCIAL ASSISTANCE:**

### ***Communication to Patients***

- A. Franciscan communicates the availability of financial assistance in appropriate care settings such as emergency departments, urgent care, admitting/registration areas, billing offices, outpatient service settings, and on Franciscan facilities' websites. Signs/postings will inform patients that free or reduced cost care may be available to qualifying patients who complete a financial assistance application.
- B. Brochures summarizing this policy will be available in multiple languages specific to the geographic area of each Franciscan facility.
- C. Financial counselors and business office personnel are available to help patients understand

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and apply for local, state, and federal health care programs and Franciscan's financial assistance programs as described in this policy.

- D. All billing statements and statements for services will inform uninsured patients that financial assistance is available.
- E. Patients/guarantors may request a copy of the financial assistance application by calling the Franciscan billing office or downloading a copy from Franciscan facilities' websites.
- F. Patients/guarantors can request financial assistance information by calling Franciscan's billing office phone line on a 24 hour basis.
- G. Individuals other than the patient, such as the patient's physician, family members, community or religious groups, social services, or hospital personnel may make requests for financial assistance on the patient's behalf, subject to applicable privacy laws.
- H. Prior to transfer to a collection agency, Franciscan will send a minimum of 4 statements and make 7 phone call attempts to contact the patient/guarantor at the address and phone number provided by the patient/guarantor. Statements and communications will inform the patient of the amount due and if they can not pay their balance the availability of financial assistance.
- I. Annual education programs will be provided to all of Franciscan's revenue cycle office staff and its collection agencies regarding the provisions of this policy.

### ***Providers Covered by Franciscan's Charity Care and Uninsured Discount Policy***

Franciscan's web portal contains a listing of all physicians that are affiliated with Franciscan and physicians that are part of the Franciscan network. A listing of those physicians is also available within Patient Access Departments at Franciscan's hospital facilities. Physicians employed by Franciscan and Franciscan Physician Network follow this policy. Physicians employed outside of the Franciscan Physician Network may not follow this policy.

### ***Financial Assistance Application***

Each patient has the opportunity to apply for financial assistance at all times throughout his or her relationship with Franciscan – prior to treatment, throughout treatment, and up to the resolution of his or her account. Patients wishing to apply for financial assistance are responsible for initiating and completing the financial assistance application in a timely fashion which is defined as within 30 days after (i) its receipt by the patient/guarantor by U.S. mail or electronic submission or (ii) after notification by the patient/guarantor to the Franciscan billing office that they are seeking financial assistance via the online financial assistance application. Completion includes filling out, signing, and submitting the financial assistance application along with all requested documentation of income, expenses, assets, and liabilities. Franciscan's billing office will place the patient's account on hold once a financial assistance application has been requested and until a financial assistance determination is made.

Applicants are treated with dignity and respect throughout the financial assistance process and all information/materials received will be confidentially maintained. The patient's cooperation in providing Franciscan with necessary information is crucial to the financial assistance process. Typically a patient

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is not eligible for financial assistance until he or she has applied for and has been deemed ineligible for federal and state governmental assistance programs. As a result, Franciscan will make resources available to assist patients in enrolling in or applying for such programs.

If the patient fails to fully complete or submit the financial assistance application along with the requested documentation of income, expenses, assets and liabilities, Franciscan will begin its regular collection activity, including possible transfer to a collection agency and nonpayment communicated to credit reporting agencies if the patient/guarantor does not respond to Franciscan's collection efforts as described above.

Franciscan will inform patients, in the form of a written letter, a notice of determination within 45 days after receiving a completed application and all the requested documentation. The notice of determination will indicate whether the patient was granted financial assistance, the reason for any financial assistance denial, the patient's remaining balance due, and indicate that if the patient's/guarantor's financial situation has changed since filing their financial assistance application they should notify Franciscan's billing office. All written notifications of determination will be kept on file.

Franciscan will work with patients/guarantors to resolve the remainder of their balance after financial assistance including the availability of paying their balance via a mutually agreed upon payment plan. Patients are responsible to make mutually acceptable payment plan arrangements with Franciscan within 30 days of their notice of determination. Payment plans will not exceed 10% of the patient's / guarantor's family income per year unless the family has qualified assets for which a higher payment plan may be established. The minimum monthly payment amount is \$25 up to 18 months. No interest, long term payment plans greater than 18 months are available using an outside vendor. The minimum monthly payment amount is \$25. Patients are responsible for communicating to the Franciscan billing office anytime an agreed upon payment plan may be broken. Lack of communication by the patient may result in further account collection activity including use of an outside collection agency.

Franciscan will send a minimum of 2 statements to patients who fail to make payment arrangements after their notice of determination or who do not comply with the mutually agreed upon payment plans. This communication will take place prior to transfer to a collection agency.

Patients whose accounts have been transferred to a collection agency may request financial assistance and complete a financial assistance application with requested documentation and be considered for a full or partial charity care write off.

Along with the completed financial assistance application, the patient/guarantor must submit the following documentation:

- A. Family income from all sources including but not limited to gross wages, unemployment compensation, workers' compensation, social security income, supplemental security income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rent, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, lottery/gaming winnings, etc.
- B. If employed, copies of the most recent three months of pay stubs
- C. If self-employed, copies of most recent two years of business' profit and loss statement



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- D. If unemployed, unemployment benefits statement and/or letter signed from person who is supporting the patient explaining what type of financial support is provided
- E. If disabled, verification of any disability pay and/or physician's report documenting inability to work for given period of time
- F. If retired, copies of social security and any pension/retirement income
- G. Copies of statements from savings and checking accounts, certificates of deposit, stocks, bonds, money market accounts, etc.
- H. Equity in real estate, excluding the patient's/guarantor's primary residence
- I. Number of dependents
- J. Applicants whose current financial position is not adequately reflected by prior income reports may submit statements and/or appropriate documentation of their current/future financial position
- K. Copies of any medical bills with other health care providers to validate medical financial hardship
- L. Copies of most recent state and federal income tax forms including copies of
  - W2s
  - Schedule C Profit and Loss from Business
  - Schedule D Capital Gains and Losses
  - Schedule E Supplement Income and Loss
  - Schedule F Profit and Loss from Farming

Franciscan may request a credit history to confirm the patient's/guarantor's financial assistance information. Patients will be advised if additional documentation is needed. Financial assistance applications received without sufficient and/or appropriate income, expense, asset and liability information will be pended for 15 days after which the financial assistance application will be denied. All or a portion of any amount which has previously been written off as charity care will be reinstated if it is subsequently determined that the patient's/guarantor's financial assistance application contained a material misrepresentation.

There are circumstances where a patient may meet criteria for Presumptive Eligibility for financial assistance. These individuals will be eligible for financial assistance without further scrutiny.

Franciscan will presumptively recognize the following circumstances as charity care:

- A. Patient/guarantor who has filed bankruptcy and whose debts to Franciscan have been fully or partially discharged by the Court.
- B. Deceased patient with no estate and no other guarantor requiring the discharge of debt by Franciscan.
- C. Homeless patient, with no evidence of income or assets through communication with the patient, credit reports and other appropriate means with, to the best of Franciscan's knowledge, no guarantor or governmental payment program available.
- D. Patient/guarantor whom Franciscan knows to be an illegal alien, with no evidence of income or

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assets through communication with the patient/guarantor, credit reports and any other appropriate means.

- E. Newly eligible Medicaid patient who has unpaid accounts for dates of service prior to the patient's Medicaid effective date and to the best of Franciscan's knowledge, there is no guarantor or other financial assistance available from a governmental payment program.
- F. Mental incapacitation with no one to act on the patient's behalf.
- G. Enrollment in assistance programs for low income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines.
- H. Patient receives grant assistance for medical services.

Once approved, the patient will remain eligible for charity care for a maximum of four months. The eligibility period will begin from the date of the patient's approval of charity care. Charity care discounts will be given for current open accounts and the following four months of emergency services or medically necessary care. After the eligibility period has elapsed, the patient must reapply for financial assistance.

### ***Appeals of Assistance Determinations***

A patient or guarantor can appeal a financial assistance determination decision by providing additional information or a written explanation of extenuating circumstances to the Franciscan billing office within 30 days of receiving the financial assistance notice of determination. Franciscan will notify the patient/guarantor of the outcome of the appeal. Only one appeal for each determination will be accepted.

### ***Quality Assurance***

To provide patients with a quality financial assistance program, Franciscan will:

- A. Perform random audits of applicable patient accounts to ensure that financial assistance is communicated and administered in compliance with the terms of this policy.
- B. Provide annual financial assistance policy training and education to Franciscan revenue cycle and collection agency staff.
- C. Periodically review this policy for clarity, applicability, and legal and tax compliance.

### ***External Collection Agency Practices***

As previously described within this policy, Franciscan makes reasonable efforts to confirm patients are not eligible for financial assistance programs prior to external collection agency assignment or otherwise engaging in extraordinary collection actions. Neither Franciscan nor its external collection agencies will pursue involuntary bankruptcy proceedings against a patient. Franciscan will not place involuntary liens on a patient's/guarantor's primary residence if they qualify for full or partial charity care. In cases where a voluntary lien has been secured for a Franciscan debt, Franciscan will not execute a lien that forces the sale, vacancy or foreclosure of a patient's/guarantor's primary residency to pay for outstanding medical bills. Franciscan will not cause a bench warrant, an order issued by a judge or court for the arrest of a person (i.e. body attachment). Garnishment of wages is permitted only if the patient/



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guarantor does not qualify for full or partial charity care and a court determines that the patient's/guarantor's wages are sufficient for garnishment. Collection agencies will notify credit reporting agencies of nonpayment of balances only if the patient/guarantor does not qualify for full or partial charity care. Once an agency has identified a patient/guarantor that may be eligible for financial assistance, they will inform the patient/guarantor as such and provide him or her details of how to apply for such assistance. On an annual basis, external collection agencies will be educated on Franciscan's financial assistance programs and the provisions of this policy which are subject to Franciscan's internal audit review for adherence.

## REPORTING:

### *Community Benefits Reporting*

Franciscan will identify the level of financial assistance provided to eligible patients by facility within its annual Community Benefit Report.

### *Financial Statement Reporting*

To facilitate the appropriate financial statement reporting of financial assistance, Franciscan's billing office will use specifically identified transaction codes when applying charity care, discounts, and medical financial hardship adjustments. Periodic reports will be prepared for management's use and discussion and presented to Franciscan's Board of Trustees and leadership committees.

Uninsured patient discounts will be classified in the facilities' financial statements in the deductions from revenue section as a contractual allowance deduction unless the account is approved for charity care. If approved for charity care the uninsured discount is reversed and the appropriate charity care adjustment is posted to the account and will be classified as charity care in the facilities financial statement. The cost of medical services classified as uninsured patient discount will be included in quarterly and annual Community Benefit reports. Charity care and medical financial hardship adjustments, will be classified as charity care in the facilities' financial statements and will be included in quarterly and annual Community Benefit reports.

### *Regulatory Requirements*

In implementing this policy, Franciscan's management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

## DISCLAIMER:

This document is intended to serve as a statement of policy and not as a contract or agreement with any patient or former patient. This document does not entitle any person to charity care, uninsured patient discounts, or medical financial hardship adjustments. This document does not create and is not intended to create any third party beneficiaries nor is it intended to create any legal rights with regard to any person or entity, including but not limited to any patient, former patient, governmental entity or agency, third-party payor or guarantor or anyone acting on behalf of such entity or administering benefits

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for such entity. This document does not create and is not intended to create any legal duties with regard to Franciscan or its facilities to any person or entity. This policy only relates to Franciscan locations, employed physicians, and Franciscan Network Physicians. All determinations are final and are committed to the sound, unfettered discretion of such personnel.

Prior to 11/24/10 the policy was numbered 300.04.

*Printed copies are for reference only. Refer to PolicyStat for most current version.*

### Approval Signatures

| Step Description                                 | Approver   | Date       |
|--|--|------------|
| Executive Committee of Franciscan Alliance, Inc. | Lethia Marie Sister Leveille:<br>Corporate Secretary | 10/20/2022 |
| Corporate Sponsor:                               | Jennifer Marion: Sr VP Finance<br>CFO                | 10/12/2022 |
| Finance Review by Vice President Finance:        | Paul Plomin: VP Finance<br>System                    | 10/12/2022 |

### Applicability

Franciscan Alliance Corporate & System Wide , Franciscan Alliance Information Services, Franciscan Alliance Revenue Cycle, Franciscan Health Crawfordsville, Franciscan Health Crown Point , Franciscan Health Dyer, Franciscan Health Indianapolis, Franciscan Health Indianapolis at Carmel, Franciscan Health Lafayette Central, Franciscan Health Lafayette East, Franciscan Health Michigan City, Franciscan Health Mooresville, Franciscan Health Munster, Franciscan Health Olympia Fields, Franciscan Health Orthopedic Hospital Carmel, Franciscan Physician Network, Franciscan WorkingWell

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|  |                              |       |             |                              |
|--|------------------------------|-------|-------------|------------------------------|
| <b>PERFORMANCE IMPROVEMENT PLAN</b>    |                              |       | Page(s):    | 1 of 13                      |
|  |                              |       | Saved As:   | Performance Improvement Plan |
| Subject:                               | PERFORMANCE IMPROVEMENT PLAN |       | Formulated: | 2009                         |
| Manual:                                | ADMINISTRATIVE MANUAL        |       | Reviewed:   | NOV. 2022                    |
| Approval: PS, PI, MEC, Governing Board |                              | Date: | Revised:    | NOV. 2024                    |

### STATEMENT OF PURPOSE

The purpose of the Performance Improvement Plan is to establish the organizational duties and responsibilities, procedures, and processes by which the Governing Board, Medical Staff, and Hospital Administrative staff may achieve and maintain high-quality patient care.

#### ***OUR MISSION***

To deliver compassionate, quality care to patients and better healthcare to communities.

#### ***Values***

##### **Quality**

We are committed to always providing exceptional care and performance.

##### **Compassion**

We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

##### **Community**

We are honored to be trusted partners who serve, give back and grow with our communities.

##### **Physician Led**

We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

### GOAL AND OBJECTIVES

The primary goal is to provide a comprehensive Performance Improvement Program that will coordinate and integrate **ALL** performance improvement activities hospital-wide to assure that the highest achievable safe and quality of care is delivered throughout the hospital at reduced costs and improved outcomes. The PI program reflects the complexity of the hospital's organization and services (including those services furnished under contract or arrangement). Being consistent in identifying and solving problems will minimize duplication, reduce medical liability, and encourage productive interrelationships. The intent of the plan is to increase the probability of desired patient outcomes, including patient and physician satisfaction, by assessing and improving the processes that most affect health outcomes; establish priorities for the

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investigation of problems by focusing on those with the greatest potential impact on patient care outcome and patient satisfaction; help individuals improve the processes in which they are involved; and coordinate medical staff performance improvement activities with those of the hospital and integrate efforts whenever appropriate. Medical staff performance improvement activities will be carried out collaboratively; using aggregated data, relative to performance improvement, patient safety, utilization management, infection control, and risk management. Collaborative efforts are not limited to these areas; however, and are encouraged for all clinical and non-clinical areas and other performance improvement processes. This will be accomplished through the ongoing and systematic objective assessment and documentation of hospital-wide and medical documentation of corrective action plans, improvements and / or resolutions. All clinical contracted services will be reviewed, evaluated, and demonstrate a performance improvement summary/assessment on an annual basis and presented to the hospital's Performance Improvement committee, Medical Staff committee and the Governing Board.

### Performance Improvement Priorities

Hospital Leadership and Medical Staff will set performance improvement priorities for hospital wide activities and patient health outcome, which is proportional to the scope and complexity of the hospital's program. The program will include but not be limited to indicators for which there is evidence of improved health outcomes, prevention and reduction of medical errors.

- A. Priorities are based on:
  - 1. Strategic planning priorities;
  - 2. The needs identified for major patient populations served (health care disparities);
  - 3. The needs identified in operational processes (antibiotic stewardship);
  - 4. Consideration of the entire scope of services and operations;
  - 5. High risk, high/low volume, or problem prone areas;
  - 6. Consideration of prevalence and severity of problems and impact on patient safety
  - 7. Patient care and organizational functions;
  - 8. The overall resources available;
- B. Reprioritization is based on:
  - 1. Changes in major patient population;
  - 2. The need for new services;
  - 3. Specific operational opportunities for improvement (need for redesign);
  - 4. High volume, high risk, high cost, or problem prone areas that may be identified;
  - 5. Results from performance improvement processes, including data collection, analysis and comparison, results of areas targeted for further review, intensive analysis, or findings from root cause analysis for a never event.
- C. Based on these criteria, the performance improvement initiatives are as follows:
  - 1. Improve quality of care that meets professionally recognized standards of healthcare
  - 2. Executing strategies to decrease variation in patient outcomes
  - 3. Improve patient safety
  - 4. Improve patient satisfaction by employing shared decision
  - 5. Improve resource utilization (services that are reasonable and medically necessary)
  - 6. Manage information to obtain necessary data

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7. Integrate performance improvement into processes throughout the organization
  8. Jointly plan and customize care at the level of the individual
  9. Integrate healthcare and publicly available community-level data to understand local context to determine where and for whom health related strategic community- level prevention, health promotion and disease-management support interventions
  10. Establishing post-acute provider network for better outcomes and optimize resource utilization.
  11. Integration of information technology with EHR data, revealing new focus areas for improvement.
- D. The process of improvement includes:
1. Identification of critical patient care and services components;
  2. Application of performance measures that are predictive of quality outcomes that would result from delivery of the patient care and services;
  3. Continuous use of a method of data collection and evaluation that identifies or triggers further opportunities for improvement.

### Authority and Responsibility

#### A. *Governing Board*

The Governing Board of hospital has the authority and responsibility for:

1. Determining priorities regarding which processes to monitor (indicators and frequency) with data collection and the subsequent development of planned improvement efforts.
2. Assuring patient safety and quality of patient care and services, including the reduction of medical errors through organization-wide mechanisms and related policies;
3. Systematic evaluation of the effectiveness of the organization-wide performance improvement function;
4. Appropriate delegation of adequate resources for measuring, assessing, improving and sustaining Hospital performance and the reduction of risk to patients;
5. Delegation of responsibility for performance improvement functions to MEC and the Performance Improvement / Risk Management Committee

#### B. *Medical Executive Committee*

The Medical Executive Committee of hospital is responsible for:

1. Assuring through its officers, departments, and committees, participation in and involvement with activities to improve the quality of care and efficiency of clinical practice patterns;
2. Sharing in responsibility for developing and reviewing policies and recommending standards that influence the quality of patient care;
3. Assuming responsibility for setting standards of professional and ethical practices in the peer review process for the medical staff; and
4. Implementing and maintaining a systematic review of credentialing and privileging of Medical Staff members, including the use of performance improvement results as appropriate.



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5. Responsible for oversight of all performance improvement activities within the hospital. Receives at least quarterly reports from the Performance Improvement / Risk Management Committee and Quality Council, which includes hospital departmental reports.
6. Makes recommendations and takes actions as indicated based on the ongoing findings.
7. Responsible for the ongoing and focused professional practice evaluation of individual practitioners. (See separate policy under Medical Staff)

#### C. ***Performance Improvement/ Risk Management Committee***

1. Membership: The PI RM Committee is a medical staff committee and shall consist of members of each clinical department as selected by the department chair with other members as appointed by the Chief of Staff. Non-voting members include representatives from Administration, Performance Improvement, Patient Care Services, Nursing Directors, Infection Preventionist and Pharmacy.
2. Records and proceedings of the committee's activities are protected by California/ Texas/Rhode Island/ Kansas/Pennsylvania/Nevada (California Evidence Code 1157 and the Medical Staff Bylaws, Confidentiality of Information, Section 12.2-2). Data will be presented in an aggregated format only.
3. The Performance Improvement / Risk Management Committee of hospital is responsible for:
  - a. Recommending for approval of the MEC, plans for maintaining quality patient care within the hospital. These may include mechanisms to:
    - 1) Establish systems to identify potential problems in patient care;
    - 2) Set priorities for action on problem correction;
    - 3) Refer priority problems for assessment and corrective action to appropriate departments or committees;
    - 4) Monitor the results of quality improvement activities throughout the hospital;
    - 5) Coordinate performance assessment and improvement activities.
  - b. Document what quality projects are being conducted, the reasons for conducting these projects and measurable progress achieved on these projects.
  - c. Provide a summary report, including analysis and recommended actions as appropriate to the MEC and Governing Board.

#### D. **PI Core Team**

1. The Core Team, a subcommittee of the Performance Improvement Committee, will include:
  - a. Chief of Staff
  - b. PI Committee Chair
  - c. Past Chief of Staff
  - d. Medical Director, Hospital, Prime Healthcare Services,
  - e. Medical Staff Department Chair appropriate to event
  - f. CEO
  - g. CNO/ Administrator (Risk Manager)
  - h. Performance Improvement Manager

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2. Core Team member's duties and responsibilities:
  - a. Conduct the initial investigation and analysis of any significant event, serious or a never event.
  - b. Determine if the event meets the definition of a never/serious event. If yes, an ad hoc team including all physicians and staff involved shall meet to complete a Root Cause Analysis.
  - c. Recommend and implement immediate changes to reduce risk and any additional actions as needed.
  - d. Receive follow up reports & monitoring activity regarding the effectiveness of actions taken to assure the process change is stable and resulted in the desired outcome.
3. The Core Team shall meet after receiving notification of any significant event, or near miss and as needed to fulfill above duties and responsibilities.

#### E. ***Quality Council***

1. Membership: The Quality Council members include representatives from Senior Leadership and Directors/Managers. The Chairman of the Performance Improvement Committee, or designee, serves as an advisor to the Quality Council and a liaison between the Council and the Medical Staff.
2. Responsibilities
  - a. Establish expectations and plans to improve services, functions and processes;
  - b. Manage the plan, design, measurement, assessment, and improvement processes to improve the performance of the organization's governance, management, clinical, and support processes;
  - c. Set organizational priorities for performance improvement and reprioritization as appropriate;
  - d. Authorize, chartering, and monitoring organizational performance improvement team projects;
  - e. Use performance improvement results as a means of evaluating Hospital activity. Trend information pertinent to an individual's performance or competency review may be available as appropriate.
  - f. Facilitate appropriate communication of and recognition for performance improvement activities and findings; and
  - g. Assure training of staff and physicians and allocation of resources to improve organization performance and safety improvement.
  - h. Provide reports to the Performance Improvement Committee, MEC and Governing Board.

#### F. **All Employees**

All employees are responsible for:

1. Participating in performance improvement activities;
2. Communicating performance improvement opportunities to their supervisor and/or the Quality Council as they are identified;
3. Incorporating performance improvement/continuous quality improvement principles and values into all work processes.

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#### Performance Improvement Methodology

Hospital has adopted the **FOCUS PDCA** approach (Find, Organize, Clarify, Understand, Select, Plan, Do, Check, Act) to the performance improvement cycle. This methodology provides an effective, structured approach to continuous performance improvement, for teams, individuals, and as an organization-wide approach.

#### Performance Improvement Process

- A. Performance Improvement activities will track and trend data on critical patient safety indicators including, but not limited to, Joint Commission's National Patient Safety Goals, National Quality Forum (NQF) endorsed set of safe practices, medical errors and adverse patient events and provide feedback and education throughout the hospital. The hospital shall measure the success of actions taken and track performance to ensure improvements are sustained.
- B. The Quality Council will determine the merit, assign priority (High, Medium or Low) and evaluate the appropriateness of each Performance Improvement Team Charter.
- C.
- |   | SCORE |
|---|-------|
| ▪ Those directly affecting patient outcomes.....            | H     |
| ▪ Those affecting patient rights.....                       | H     |
| ▪ Those affecting needs, expectations and satisfaction..... | H     |
| ▪ Those which may affect Accreditation/Licensure.....       | H     |
| ▪ Are High Risk.....  | H     |
| ▪ Are High Cost.....  | M     |
| ▪ Are High Volume.....                                      | M     |
| ▪ Are Problem Prone.....                                    | L     |
| ▪ Affect Staff Education/Competency.....                    | L     |

#### Addendum: Priority Grid

- B. Hospital department-specific Performance Improvement process will be identified, assessed and coordinated with the Departmental Performance Improvement Representative in collaboration with their managers. Hospital departmental review is accomplished through data collection and identification of any potential opportunities for improvement. Their PI activities will be reported quarterly to the Quality Council.
- C. An important opportunity can be identified by any staff member, physician or committee and may be communicated to the Quality Council through the use of the Performance Improvement Team Charter. The Quality Council will review the proposed improvement opportunity and then determine based on priority, whether to charter a Performance Improvement Team or not.
- D. Once chartered, the Performance Improvement Team will report on its progress, as appropriate, to the Quality Council. The minutes/documentation of each Team meeting will

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be available for review by the CEO, Governing Board, PI Committee and Quality Council as appropriate.

- E. The Quality Council is directly accountable/reportable to the Medical Staff PI Committee as well as Senior Leadership/Administration of hospital. The CEO, Governing Board, PI Committee and the Medical Staff actively participates and guides through their involvement, the performance activities at hospital.

### Organizational Integration

The performance improvement program organizes and integrates performance improvement activities into a comprehensive, interdisciplinary program that focuses on a process of ongoing monitoring and evaluation to facilitate the delivery of the highest quality of patient care and services.

- A. Benchmarking  
Benchmarking with comparative data is emphasized as a framework for a planned, systematic, organization-wide approach to planning, designing, measuring, assessing and improving processes and outcomes.
- B. Measures  
The planned systematic approach includes measures reflecting the established priorities, required external measures, and relationship to key functions. Measures related to the following processes are identified and monitored:
1. Satisfaction surveys (patient, staff) including
    - Specific needs and expectations;
    - Perceptions of how well the organization meets their needs;
    - Perceptions of risks to individuals
    - Suggestions for improving patient safety
    - Effectiveness of pain management, when applicable
    - Willingness to report unanticipated adverse events
    - How the organization can improve.
  2. Performance processes that involve risk to the patient or may result in a never/ serious event:
    - Medication management including Antibiotic Stewardship;
    - Operative and other procedures placing the patient at risk;
    - Blood and blood products use;
    - Restraint /seclusion use;
    - Behavior management and treatment
    - Pain Management/Assessment/Reassessment
    - Resuscitation and its outcomes
  3. Utilization Management
  4. Core Measures as required by the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (TJC), and other regulatory agency
  5. National Patient Safety Goals
  6. National Quality Forum (NQF) Endorsed Set of Safe Practices
  7. Adverse patient events

## ATTACHMENT 6

### Change of Ownership

- C. Data Collection:  
Data collection should focus on areas of prevalence and the severity of identified problems, giving consideration to patient safety and quality of care. Measurements are used to help ensure that the data collected are appropriate for monitoring performance. These measures will:
- a. Identify the events it was intended to identify;
  - b. Document numerator and denominator statement or description of the population to which the measure is applicable;
  - c. Define data elements;
  - d. Detect changes in performance over time;
  - e. Allow for comparison over time within the organization or between the organization and other comparable organizations;
  - f. Provide results in a way that is useful to the organization and other interested stakeholders.
- D. Performance Data, Aggregation and Analysis
- a. Data collected will be used to monitor the effectiveness and safety of services, quality of care, identify opportunities for improvement, and changes that will lead to improvement.
  - b. Data has a defined source, frequency, and intensity appropriate to the activity or process being studied. Examples of data sources include valid and reproducible databases.
  - c. Data are collected in a systematic manner to
    - Establish a performance baseline;
    - Describe process performance or stability;
    - Describe the dimensions of performance relevant to functions, processes and outcomes.
    - Identify areas for more focused data collection;
    - Demonstrate sustained improvement.
  - d. Data are systematically aggregated and analyzed, using statistical tools and techniques, on an ongoing basis to determine
    - If levels of performance, patterns, or trends vary substantially from those expected;
    - When undesirable variation occurs;
    - If design specifications for processes are met;
    - The level of performance and stability of important existing processes;
    - Opportunities for improvement or the need to reprioritize performance improvement processes and patient safety;
    - If changes in processes resulted in improvement;
    - If improvement was sustained.
  - e. Data that the organization considers for collection to monitor performance may include, but is not limited to the following:
    - Patient experience and satisfaction.
    - Performance measures related to accreditation and other requirements
    - Risk Management
    - Utilization Management (utilization of services, patient outcomes)



## ATTACHMENT 6

### Change of Ownership

- Open and close medical record audits
  - Agency for Healthcare Research and Quality (AHRQ) indicators
  - Outcomes of processes or services (High risk, high cost, high volume, problem prone)
  - Readmissions: 30-day same or similar diagnosis; ED Revisit within 72 hrs.
  - Mortality
  - Autopsy results, when performed
  - Infection control surveillance and reporting
  - Organ procurement conversion rate data
  - Fall reduction program effectiveness
  - Restraints usage and appropriateness
  - Effectiveness of response to changes in patient's condition
  - Performance data related to patient and organizational functions (i.e., patient rights)
  - Appropriateness and effectiveness of pain management
  - All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.
  - Adverse events related to using moderate or deep sedation or anesthesia.
  - The use of blood and blood components.
  - All confirmed transfusion reactions
  - The results of resuscitation.
  - Significant medication errors.
  - Significant adverse drug reactions.
  - Patient Complaints and Grievances
  - Patient Satisfaction surveys as well as perceptions of risk to patients and suggestions for improving safety.
  - Culture of Safety by assessment of
    - Staff opinions and needs
    - Staff perceptions of risk to individuals
    - Staff suggestions for improving patient safety
    - Staff willingness to report adverse events
- f. Data is used to compare performance over time with other sources of information
- Internal over time
  - Comparison of similar processes in other organization
  - Comparison to external sources of information
    - Performance data originating from an external source include but is not limited to:
    - Patient Satisfaction
    - Patient/Client/Customer Feedback
    - Department of Health
    - The Joint Commission (TJC)
    - Quality Improvement Organization (QIO)
    - Centers for Medicare & Medicaid (CMS)
    - AHRQ database
    - Literature and Knowledge/Evidence Based Practices

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### Change of Ownership

- Public reports including, but not limited to web-sites, i.e. Hospital Compare, Leapfrog
- g. Intensive Analysis:
 

Intensive analysis is performed in order to identify processes to be targeted for change or improvement to reduce or eliminate the possibility of adverse care outcomes or recurrence of similar outcomes. The following events or outcomes require intensive analysis:

  - Levels of performance, patterns, or trends that vary significantly and undesirably from those expected for important recently established measures;
  - Performance measurement reveals significant and undesirable variation from that of other similar organizations;
  - Performance measurement reveals significant and undesirable variation from recognized standards
  - Never event occurrences (potential and/or near misses);
  - Confirmed hemolytic transfusion reaction;
  - Significant adverse drug reactions (resulting in adverse outcome-permanent harm or death);
  - Hazardous conditions
  - Significant medication errors (preventable event resulting in permanent harm or death
  - Major discrepancies or patterns of discrepancies between preoperative and postoperative (including pathology) diagnoses, including those identified during the pathological review if specimens removed during surgical or invasive procedures.
- E. Achieving and Sustaining Improved Performance
  - a. Changes to improve performance and safety and/or reduce risk are identified, planned and tested.
  - b. Effective changes are incorporated into standard operating procedures.
  - c. Improvement/risk reduction is sustained through education of key staff about the redesigned processes or changes being implemented.
  - d. Data is collected to provide feedback to leaders on the redesigned process or change.
- F. Action Taken when Planned Improvement is not Sustained
 

Hospital will take action and develop measures of success on indicators that fall below the expected performance.
- G. Risk Assessment (Failure Mode and Effect Analysis):
 

An assessment that examines a process in detail including sequencing of events; accesses actual and potential risk, failure, points of vulnerability; and through a logical process, priorities areas for improvement based on the actual or potential patient care impact (criticality). At least every 18 months, hospital will select one high risk process and conduct a proactive risk assessment.

### Never Events

## ATTACHMENT 6

### Change of Ownership

**DEFINITION:** A Never Event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk of injury thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of serious adverse outcome.

All adverse patient occurrences, which may meet the definition of a Never Event, will be reported to the CNO / Administrator and referred to Chief of Staff and Performance Improvement Director. If the Chief of Staff, in collaboration with the relevant Medical Staff Committees, and Administration determines a potential never event has taken place, a Root Cause Analysis will be completed. Refer to the Never Events Policy.

### Core Measures Performance Indicators

Core measure indicators by CMS and the Joint Commission are integrated into the accreditation process. This process is a data driven process with a more consistent, continuous process for hospital to examine care and if necessary improve the results of the care that is rendered.

CORE measures are standardized performance measures that can be applied across healthcare programs. These measures are comprised of precisely defined data elements based on uniform medical language. The core measures will focus on clinical performance.

Hospital’s selection of CORE Measures include:

- Hospital Based Inpatient Psychiatric Services
- Perinatal Care
- Stroke
- Venous Thromboembolism
- Hospital Outpatient measures
- Emergency Department
- Immunization
- Substance Use
- Sepsis
- Transition Record
- Metabolic Disorder Screening

Results of the CORE Measures will be trended and analyzed with conclusions and action plans developed if indicated. The results of this information will be disseminated to Hospital’s Leadership, Performance Improvement Committee, Medical Executive Committee and the Governing Board.

### Performance Improvement Reporting Systems

The reporting systems for the organization-wide performance improvement program of hospital are designed to provide systematic communication of information and feedback related to data collection, review, and subsequent improvement of specific processes and outcomes.

## **ATTACHMENT 6**

### **Change of Ownership**

The Performance Improvement Department is responsible for the coordination and aggregation of comparative measurement data reported at various appropriate committees and departments. The data may be presented in detail at the departmental level with a summary report, analysis and recommended actions sent to Performance Improvement Risk Management Committee, Medical Executive Committee and Governing Board.

#### **Annual Performance Improvement/ Quality Report**

Performance Improvement Department is responsible for an annual report based on the annual plan, which details all quality activities and their progress or resolution during the year. The report shall be submitted to the Governing Board for review and approval. The annual report should include the CEO's review in support of the program.

#### **Risk Management**

The relationship between the quality and the risk management process is an integral part of the Performance Improvement Plan of hospital. The Risk Management Plan is linked with the Performance Improvement Plan through the sharing of data collected through the quality screening process, identification of probable claims and legal cases, cases identified through EOC review, and the Risk Incident Reporting mechanism. Refer to the hospital Risk Management Plan.

#### **Performance Improvement Training and Education**

Training and education in performance improvement is provided to every level of the organization. Initial and ongoing performance improvement education and training is accomplished through the following means:

- New hire orientation for employee joining the hospital staff.
- Literature and reference material as appropriate.
- Annual mandatory reorientation for all hospital staff.
- Quality Council Meetings.
- Reporting of PI summary to Medical Staff Committee, Medical Executive Committee meeting and to the Governing Board; and
- "Just in Time" training as needed for all hospital staff, medical staff, and Governing Board.

#### **Confidentiality and Immunity from Liability**

Information is highly restricted and available only to individuals who have need and authority for access to performance improvement data and reports. These data and reports are the result of critical self-analysis, prepared in the course of internal review of facility performance for the purpose of quality improvement.

Data and reports generated for performance improvement analysis and discussion are at the request of the Medical Executive Committee and under the direction of the hospital Medical

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### **Change of Ownership**

Staff Bylaws. This information is considered peer review findings and is protected from discovery by California/ Texas/Rhode Island/ Kansas/Pennsylvania/Nevada (California Evidence Code 1157).

#### **Plan Appraisal**

The Performance Improvement Plan is appraised annually by Quality Council and Performance Improvement Committee of the Medical Staff. This appraisal will determine its effectiveness in meeting the purpose, goals and objectives of the hospital -wide plan.

The leadership members of the Quality Council will recommend changes to the program using the plan appraisal in conjunction with performance improvement prioritization. After review and recommendation by the Medical Staff Performance Improvement Risk Management Committee and the Medical Executive Committee, the Governing Board grants final approval of the Performance Improvement Plan.

#### **Annual Review**

This plan will be reviewed, and if necessary, revised at least once annually. The hospital -wide plan shall be approved by the Performance Improvement Manager, CNO, Administrator, Chief of Staff, Chairman of the PI/Risk Committee, and the Chair of the Governing Board.

Related Plans / Policies:

- Risk Management Plan
- Patient Safety Plan
- Never Event Policy
- Medication Error Reduction Plan
- The Joint Commission / HFAP.



**ATTACHMENT 6**  
**Change of Ownership****Approvals**

|   |               |
|---|---------------|
| _____<br>Director / Manager Performance Improvement | _____<br>Date |
| _____<br>Chief Nursing Officer / Administrator      | _____<br>Date |
| _____<br>Chief Executive Officer                    | _____<br>Date |
| _____<br>Chairman, PI Committee                     | _____<br>Date |
| _____<br>Chief of Staff                             | _____<br>Date |
| _____<br>Governing Board                            | _____<br>Date |

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### Change of Ownership

|   |  |                      |                             |
|---|--|----------------------|-----------------------------|
| <b>DEPARTMENTAL POLICIES AND PROCEDURES</b>   |  | <b>Pages:</b>        | <b>12</b>                   |
|   |  |                      |                             |
| <b>Subject:</b>                               | <b>Patient Financial Assistance Policy</b>                 | <b>Formulated:</b>   | <b>2/1/25</b>               |
| <b>Manual:</b>                                | <b>Patient Financial Services<br/>For Profit Hospitals</b> | <b>Reviewed:</b>     | <b>2/13/25,<br/>2/17/25</b> |
| <b>Governing Board Approval Date: 2/26/25</b> |  | <b>Last Revised:</b> | <b>2/26/25</b>              |

#### I. Policy:

Each hospital owned by Prime Healthcare Services, Inc. (each, a "Hospital"), offers a financial assistance program for those patients who meet the eligibility tests described in this policy. Prime Healthcare provides Charity Care and self-pay discounts adhering to the requirements of state law. The intent of this Financial Assistance Policy (the "Policy") is to satisfy applicable federal and state laws and regulations; all provisions should be interpreted accordingly.

A significant objective of Prime Healthcare facilities is to provide care for patients in times of need. Prime Healthcare facilities provide Charity Care and a Discount Payment Program as a benefit to the communities we serve. To this end, Prime Healthcare facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and Charity Care programs. All patients will be treated fairly, with compassion and respect. Accompanying this Policy are the following addenda, as referred to throughout this Policy:

- Charity Care Program
- Financial Assistance Discount Payment Program
- Notice to be included in all post-discharge billing statements
- Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance

#### II. Definitions:

"Emergency and Medically Necessary": Any hospital emergency, inpatient, outpatient, or emergency medical care that is not entirely cosmetic for patient comfort and/or convenience.

"Family": (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent(s), caretaker relative(s), and other children under 21 years of age of the parent(s) or caretaker relative(s).

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### Change of Ownership

#### III. Applicability of the Policy:

This Policy applies to all emergency and other medically necessary care provided by the Hospital or a substantially related entity working in the Hospital. This Policy applies only to charges for Hospital services and is not binding upon other providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat Hospital patients on an emergency, inpatient or outpatient basis. Physicians not covered by this Policy who provide services to patients who are uninsured or cannot pay their medical bills due to high medical costs may have their own financial assistance policies to provide assistance. The Hospital is not responsible for the administration of any financial assistance program offered by the Hospital's non-employed medical staff physicians or such physicians' billing practices.

Financial assistance policies must balance a patient's need for financial assistance with the Hospital's broader fiscal stewardship. Financial assistance through discount payment and Charity Care programs is not a substitute for personal responsibility. It is the patients' responsibility to actively participate in the financial assistance screening process and, where applicable, contribute to the cost of their care based upon their ability to pay. Outside debt collection agencies and the Hospital's internal collection practices will reflect the mission and vision of the Hospital.

#### IV. Procedure:

##### 1. Eligibility for Financial Assistance

###### A. Self-Pay Patients

A patient qualifies for **Charity Care** based on the conditions discussed in the "Charity Care Program" addendum. Please see that addendum for additional details on the Charity Care program.

A patient qualifies for the **Discount Payment Program** based on the conditions discussed in the "Financial Assistance Discount Payment Program" addendum. Please see that addendum for additional details on the Discount Payment Program.

###### B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the Hospital does not qualify for Charity Care but may qualify for the **Discount Payment Program**. Please see the "Financial Assistance Discount Payment Program" addendum for additional details on the Discount Payment Program. Charity Care and discounts from the Discount Payment Program may apply to patient liability amounts, including coinsurance amounts, copayments, and deductibles.

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### Change of Ownership

#### C. Other Circumstances

The Hospital may use an outside agency or determination from the Director of the Hospital's Patient Financial Services (PFS) Department to extend Charity Care or the Discount Payment Program to patients under the circumstances listed below (presumptive eligibility). Presumptive eligibility does not convey an entitlement for future services. The Hospital also may not disclose presumptive eligibility determinations and may not have access to the data utilized by an outside agency. The circumstances below are considered forms of Charity Care and may be documented as reflected in the transaction code used to adjudicate the patient's claim, including but not limited to transactions related to Charity Care, self-pay discounts, non-covered services and denials.

(i) The patient qualifies for limited benefits under the state's Medicaid program, *i.e.*, limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital. This includes non-covered services related to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (*i.e.*, patients who only have pregnancy or emergency benefits but receive other care from the Hospital);
- Medicaid pending applications that are not subsequently approved, provided that the application indicates that the patient meets the criteria for Charity Care;
- Medicaid or other indigent care program denials;
- Charges related to days exceeding a length of stay limit; and
- Any other remaining liability for insurance payments.

(ii) The patient qualifies for a county-level medically indigent services program, but no payment is received by the Hospital.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the Hospital's PFS Director has reason to believe that the patient would qualify for Charity Care or the Discount Payment Program, *e.g.*, patient is deceased, bankrupt, incarcerated (and not reimbursed by a State Medicaid program), non-responsive, homeless, or unwilling to provide documentation.

(iv) A third-party collection agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that Charity Care or the Discount Payment Program be offered.

(v) Subsequent to collection efforts and payor negotiations, any unreimbursed charges from non-cosmetic services, including non-covered or denied services from any payor, such as charges for days beyond a length-of-stay limit, exhausted benefits, balance from restricted coverage, Medicaid-pending accounts, and payor denials, are considered a form of patient financial assistance at Prime Healthcare. Charges related to these discounts written off during the fiscal year are reported as uncompensated care.

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### Change of Ownership

(vi) The patient is eligible for programs including, but not limited to:

- State-funded prescription programs;
- Women, Infants and Children programs (WIC);
- Supplemental Nutrition Assistance Programs (SNAP), i.e., food stamps;
- Subsidized school lunch programs;
- Other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- Low income/subsidized housing is provided as a valid address; and
- Historical significance of non-payment that establishes a justification of future non-payment and lack of ability to pay.

(vii) Other circumstances of Charity Care shall be documented in the patient's record indicated either by transaction type or in the patient's notes.

#### **D. Determination of Income**

For purposes of determining eligibility for the Discount Payment Program, documentation of income of the patient's Family shall be limited to recent pay stubs or income tax returns. The financial assistance application requests patient information necessary for determining patient eligibility under this Policy, including patient or Family Income and patient's family size. The Hospital will not request any additional information other than the information requested in the financial assistance application. A patient seeking financial assistance, however, may voluntarily provide additional information if they choose. Qualification for financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion. Please see the "Charity Care Program" and "Financial Assistance Discount Payment Program" addenda for details on income used to determine patient Family Income.

#### **E. Federal Poverty Levels**

The measure of the Federal Poverty Level shall be made by reference to the most up-to-date Health and Human Services Poverty Guidelines for the number of persons in the patient's Family or household. HHS Poverty Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code and are available at <https://aspe.hhs.gov/poverty-guidelines> or per request from the Hospital's Patient Financial Services Department at 833-272-7581.

#### **2. Charity Care and Discount Payment Program**

Financial assistance may be granted in the form of full charity care or discounted care depending upon the patient's level of eligibility as defined in this Policy.

The patient balances for those patients who qualify for the **Charity Care Program**, as determined by the Hospital, shall be reduced to a sum equal to zero dollars (\$0), with the remaining balance eliminated and classified as Charity Care. Please see the "Charity Care Program" addendum for additional information.



## ATTACHMENT 6

### Change of Ownership

The patient balances for those patients who qualify for the **Discount Payment Program** will be reduced; any discount will be applied against the gross charges for hospital services provided. Please see the "Financial Assistance Discount Payment Program" addendum for additional information.

The Discount Payment Program shall also include an interest-free extended payment plan to allow payment of the discounted price over time. The Hospital and the patient shall negotiate the terms of an extended payment plan, taking into consideration the patient's Family Income and essential living expenses.

#### 3. Application Process

Any patient who requests financial assistance will be asked to complete a financial assistance application. The application includes the office address and phone number to call if the patient has any questions concerning the financial assistance program or application process. A patient is expected to submit the financial assistance application promptly following care, but no later than 150 days following the date of the first post-discharge statement.

#### 4. Resolution of Disputes

Any disputes regarding a patient's eligibility for financial assistance shall be directed to and resolved by the Hospital's Chief Financial Officer.

#### 5. Publication of Policy

In order to ensure that patients are aware of the existence of this Policy, the Hospital shall take the following measures:

- Notice of the availability of financial assistance shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; (4) other outpatient settings, including observation units; and (5) prominently displayed on the Hospital's internet website, with a link to the Policy itself.
- Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include the "notice to be included in post-discharge billing statements" included in the addenda. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

## ATTACHMENT 6

### Change of Ownership

#### 6. Efforts to Obtain Information Regarding Coverage & Applications for Medicaid

The Hospital shall make all reasonable efforts to obtain from a patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the Hospital to the patient, including private health insurance, coverage offered through the federal health insurance marketplace, Medicare, Medicaid, and/or other government-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third party payor or requests financial assistance, Hospital staff shall provide the patient with a notice to be included in post-discharge billing statements to patients who have not provided proof of insurance that includes the following: (a) a request that the patient inform the Hospital if the patient has private or public health insurance coverage or other coverage, (b) a statement that, if the patient does not have health insurance coverage, the patient may be eligible for coverage under the state's Medicaid program or other governmental programs; (c) a statement indicating how the patient may obtain applications for the state's Medicaid program or other governmental programs (and, as appropriate, the Hospital will provide such applications to the patient); and (d) information regarding the Hospital's financial assistance program.

#### 7. Collection Activities

The Hospital may use the services of one or more external collection agencies for the collection of patient debt. No debt shall be advanced for collection until the Hospital's Patient Financial Services Director or his/her designee has reviewed the account and approved the advancement of the debt to collection.

Any collection agency utilized by the Hospital shall comply with any payment plan entered into between the Hospital and the patient. If a patient applies for financial assistance, any collections actions will be suspended pending the decision on the patient's financial assistance application. If, during collections, it is discovered the patient qualifies in whole or in part for Charity Care or a self-pay discount, collection efforts will cease, and the respective balance will be written off to Charity Care or as a self-pay discount. Neither the Hospital nor any collection agency utilized by the Hospital shall (i) use wage garnishments or liens on primary residences to collect unpaid medical bills or (ii) report adverse information to a consumer credit reporting agency or commence civil action against a patient for nonpayment at any time prior to 150 days after the initial billing.

For accounting purposes, any account that qualifies for bad debt under the Hospital's internal policy but is not deemed as bad debt (resulting from revenue recognition accounting standards) may be considered and reported as patient financial assistance as a reduction to Hospital revenue.

**ATTACHMENT 6**  
**Change of Ownership****Revision History Table**

| Document Number and Revision Level | Final Approval by | Date | Brief description of change/revision |
|------------------------------------|-------------------|------|--------------------------------------|
|                                    |                   |      |                                      |
|                                    |                   |      |                                      |
|                                    |                   |      |                                      |
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|                                    |                   |      |                                      |
|                                    |                   |      |                                      |
|                                    |                   |      |                                      |

## ATTACHMENT 6

### Change of Ownership

#### Charity Care Program

A patient qualifies for **Charity Care** if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid, as determined and documented by the Hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital; and (3) the income of the Patient's Family does not exceed 350% of the current Federal Poverty Level.

The Federal Poverty Level is determined by HHS Poverty Guidelines, which are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code and are available at <https://aspe.hhs.gov/poverty-guidelines>.

The patient balances for those patients who qualify for **Charity Care**, as determined by the Hospital, shall be reduced to a sum equal to zero dollars (\$0), with the remaining balance eliminated and classified as Charity Care.

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital, does not qualify for the Charity Care Program but may qualify for the Discount Payment Program if certain conditions are met, as described in the "Financial Assistance Discount Payment Program" addendum.

For further information or a financial assistance application, please contact us:

[ ]

## ATTACHMENT 6

### Change of Ownership

#### Financial Assistance Discount Payment Program

##### Self-Pay Patients

A self-pay patient qualifies for the **Discount Payment Program** if: (i) the patient's Family Income does not exceed 600% of the current Federal Poverty Level; (ii) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid; and (iii) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital.

##### Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital, may qualify for the **Discount Payment Program** if: (i) the patient has a Family Income at or below 600% of the current Federal Poverty Level; and (ii) the patient has out-of-pocket medical expenses that exceed the lesser of: (a) ten percent (10%) of the patient's Family Income in the prior twelve (12) months (whether incurred or paid in or out of any hospital); or (b) the annual out-of-pocket costs incurred by the individual at the Hospital that exceed 10% of the patient's current Family Income.

##### Federal Poverty Level

The Federal Poverty Level is determined by HHS Poverty Guidelines, which are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code and are available at <https://aspe.hhs.gov/poverty-guidelines>.

##### Patient Obligation

The patient balances for those patients who qualify for the **Discount Payment Program** will be reduced; any discount will be applied against the gross charges for hospital services provided. The payment obligation of a patient eligible for the Discount Payment Program will be determined on a case-by-case basis but will not exceed the greater of the amount the Hospital would expect to receive for providing services from Medicare or Medicaid (the "Discounted Payment Maximum"). An eligible patient with insurance will be obligated to pay an amount equal to the difference between what the Hospital receives from the insurance carrier and the Discounted Payment Maximum. If the amount paid by insurance exceeds the Discounted Payment Maximum, the patient will have no further payment obligation.

The Discount Payment Program shall also include an interest-free extended payment plan to allow payment of the discounted price over time. The Hospital and the patient shall negotiate the terms of an extended payment plan, taking into consideration the patient's Family Income and essential living expenses.



## **ATTACHMENT 6**

### **Change of Ownership**

For further information or a financial assistance application, please contact us:

[1]

## **ATTACHMENT 6**

### **Change of Ownership**

**[Notice to be included in all post-discharge billing statements]**

#### **Charity Care & Discount Payment Program**

Patients who lack insurance or who have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or Charity Care. Patients seeking discounted or free care must obtain and submit an application that will be reviewed by the Hospital. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, copies of documentation, or assistance with the application process, please contact the Hospital at 833-272-7581 or visit <https://saintjosephelgin.com/financial-assistance/> to obtain further information. Free copies of financial assistance documentation may also be sent to you by mail and are available in non-English languages spoken by a substantial number of the patients served by the Hospital. The Emergency Department physicians and other physicians who are not employees of the Hospital may also provide Charity Care or Discount Payment Programs. Please contact 833-272-7581 for further information.

## **ATTACHMENT 6**

### **Change of Ownership**

#### **Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance**

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, state-funded health coverage programs, or other similar programs. If you do have such coverage, please contact our office at 833-272-7581 as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, coverage offered through the federal health insurance marketplace, state- or county-funded health coverage, or Prime Healthcare Charity Care or Discount Payment Program. For more information about how to apply for these programs, please contact our office so we can answer your questions and provide you with applications for these programs.

## ATTACHMENT 7

### Charity Care Information

The table below provides charity care information for the most recent three years for Franciscan Health Olympia Fields.

| FRANCISCAN HEALTH OLYMPIA FIELDS |                |                |                |
|----------------------------------|----------------|----------------|----------------|
|                                  | 2022           | 2023           | 2024           |
| <b>Net Patient Revenue</b>       | \$ 252,158,270 | \$ 282,335,845 | \$ 305,515,302 |
| Amount of Charity Care (charges) | \$ 33,839,541  | \$ 24,545,258  | \$ 33,057,672  |
| Cost of Charity Care             | \$ 8,924,616   | \$ 6,049,727   | \$ 7,529,865   |

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| 1                    | Applicant Identification including Certificate of Good Standing  | 22-28  |
| 2                    | Site Ownership   | 29     |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 30-31  |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  | 32-36  |
| 5                    | Background of the Applicant  | 37-71  |
| 6                    | Change of Ownership  | 72-112 |
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