

16-045

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

OCT 28 2016

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Champaign SurgiCenter
Street Address: Northeast Corner of S. Staley Rd. and W. Curtis Rd.
City and Zip Code: Champaign, IL 61822
County: Champaign      Health Service Area: HSA-4      Health Planning Area: D-1

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name (Co-Applicant): Champaign SurgiCenter, LLC
Address: 1702 S. Mattis Avenue Champaign, IL 61821
Name of Registered Agent: James C. Leonard, MD
Name of Chief Executive Officer: James C. Leonard, MD
CEO Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-383-3220

Type of Ownership of Applicant/Co-Applicant

<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	

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Collin Anderson
Title: Business Development & Regulatory Coordinator
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-383-8364
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

Additional Contact

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 N. Clark Street, Suite 4200 Chicago, IL 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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Street Address: Northeast Corner of S. Staley Rd. and W. Curtis Rd.		
City and Zip Code: Champaign, IL 61822		
County: Champaign	Health Service Area: HSA-4	Health Planning Area: D-1

**Applicant /Co-Applicant Identification**

**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name (Co-Applicant): The Carle Foundation
Address: 611 West Park Street, Urbana IL, 61801
Name of Registered Agent: James C. Leonard, MD
Name of Chief Executive Officer: James C. Leonard, MD
CEO Address: 611 West Park Street, Urbana IL, 61801
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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

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Street Address: Northeast Corner of S. Staley Rd. and W. Curtis Rd.		
City and Zip Code: Champaign, IL 61822		
County: Champaign	Health Service Area: HSA-4	Health Planning Area: D-1

**Applicant /Co-Applicant Identification**

**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name (Co-Applicant): Carle Health Care Incorporated
Address: 611 West Park Street, Urbana IL, 61801
Name of Registered Agent: James C. Leonard, MD
Name of Chief Executive Officer: James C. Leonard, MD
CEO Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-383-3220

**Type of Ownership of Applicant/Co-Applicant**

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Address: 161 N. Clark Street, Suite 4200 Chicago, IL 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

**Post Permit Contact**

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

Name: Collin Anderson
Title: Business Development & Regulatory Coordinator
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-383-8364
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Carle Foundation
Address of Site Owner: 611 West Park Street, Urbana IL, 61801
Street Address or Legal Description of Site: Northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, IL 61822
<ul style="list-style-type: none"> <li>• Tract 1 (38.63 Acres), Northwest 1/4 of the Southwest 1/4 of Section 28, Township 19 North, Range 8 East in Champaign County, Illinois.</li> <li>• Tract 2 (32.66 Acres), Southwest 1/4 of the Southwest 1/4 of Section 28, Township 19 North, Range 8E in Champaign County, Illinois.</li> </ul>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Operating Identity/Licensee**

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

Exact Legal Name: Champaign Surgicenter, LLC
Address: 1702 S. Mattis Avenue Champaign, IL 61821
<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>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

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

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

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Champaign SurgiCenter, LLC, The Carle Foundation and Carle Health Care Incorporated (the "Co-Applicants") seek authority to establish an ASTC with eight operating rooms and one procedure room to be located on the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, IL 61822 (the "Replacement ASTC"). The Replacement ASTC will consist of 26,369 gross square feet of clinical space and 18,476 gross square feet of non-clinical space for a total of 44,845 gross square feet of space. Pursuant to a Certificate of Exemption application that the Co-Applicants filed concurrently with this one, they are also seeking to discontinue in its entirety the existing ASTC of Champaign SurgiCenter located at 1702 S. Mattis Avenue Champaign, IL 61821 (the "Existing ASTC").

While this project is effectively a relocation, this project is classified as a substantive project because it proposes the establishment of a new health care facility.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$200,000	\$276,221	\$476,221
Site Survey and Soil Investigation	\$55,000	\$150,000	\$205,000
Site Preparation	\$400,000	\$2,150,000	\$2,550,000
Off Site Work	\$0	\$1,237,620	\$1,237,620
New Construction Contracts	\$9,150,000	\$6,945,000	\$16,095,000
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$825,000	\$485,147	\$1,310,147
Architectural/Engineering Fees	\$711,262	\$620,000	\$1,331,262
Consulting and Other Fees	\$160,000	\$160,000	\$320,000
Movable or Other Equipment (not in construction contracts)	\$3,550,000	\$1,900,000	\$5,450,000
Bond Issuance Expense (project related)	\$269,561	\$254,629	\$524,190
Net Interest Expense During Construction (project related)	\$283,122	\$267,438	\$550,560
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$249,558	\$779,385	\$1,028,943
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$15,853,503</b>	<b>\$15,225,440</b>	<b>\$31,078,943</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$5,071,282	\$4,938,718	\$10,010,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$10,532,663	\$10,257,337	\$20,790,000
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources (NBV of Existing Equipment)	\$249,558	\$29,385	\$278,943
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$15,853,503</b>	<b>\$15,225,440</b>	<b>\$31,078,943</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			



**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

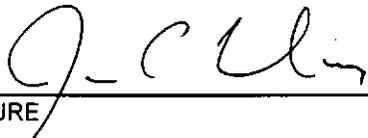
<b>FACILITY NAME:</b> Carle Foundation Hospital			<b>CITY:</b> Urbana, IL		
<b>REPORTING PERIOD DATES:</b> From: 1/1/2015 to: 12/31/2015					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	260	17,692	80,125	n/a	260
Obstetrics	35	2,992	7,791	n/a	35
Pediatrics	20	1,293	3,447	n/a	20
Intensive Care	38	2,513	8,838	n/a	38
Comprehensive Physical Rehabilitation	15	313	4,233	n/a	15
Acute/Chronic Mental Illness	0	0	0	n/a	0
Neonatal Intensive Care	25	513	3,753	n/a	25
General Long Term Care	0	0	0	n/a	0
Specialized Long Term Care	0	0	0	n/a	0
Long Term Acute Care	0	0	0	n/a	0
Other ((identify))	0	0	0	n/a	0
<b>TOTALS:</b>	<b>393</b>	<b>25,316</b>	<b>108,187</b>	<b>n/a</b>	<b>393</b>

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of The Carle Foundation \*  
 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

**James C. Leonard, MD**  
 \_\_\_\_\_  
 PRINTED NAME

**President and CEO**  
 \_\_\_\_\_  
 PRINTED TITLE

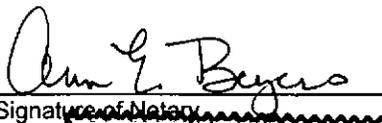
  
 \_\_\_\_\_  
 SIGNATURE

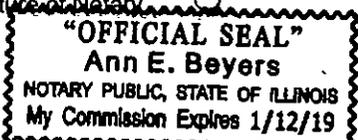
**John M. Snyder**  
 \_\_\_\_\_  
 PRINTED NAME

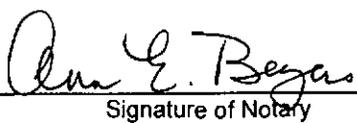
**Executive Vice President and System COO**  
 \_\_\_\_\_  
 PRINTED TITLE

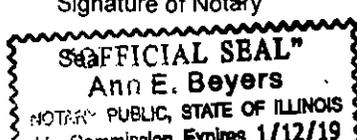
Notarization:  
 Subscribed and sworn to before me  
 this 21st day of October, 2016

Notarization:  
 Subscribed and sworn to before me  
 this 21st day of October, 2016

  
 \_\_\_\_\_  
 Signature of Notary

Seal  


  
 \_\_\_\_\_  
 Signature of Notary

Seal  


\*Insert EXACT legal name of the applicant

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- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Carle Health Care Incorporated 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.

James C. Leonard  
SIGNATURE

James C. Leonard, MD  
PRINTED NAME

President and CEO  
PRINTED TITLE

John M. Snyder  
SIGNATURE

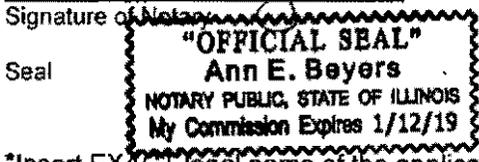
John M. Snyder  
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Executive Vice President and System COO  
PRINTED TITLE

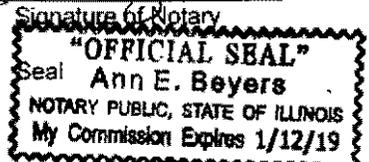
Notarization:  
Subscribed and sworn to before me  
this 21st day of October, 2016

Notarization:  
Subscribed and sworn to before me  
this 21st day of October, 2016

Ann E. Beyers  
Signature of Notary



Ann E. Beyers  
Signature of Notary



\*Insert EXACT legal name of the applicant

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James C. Leonard  
SIGNATURE

James C. Leonard, MD  
PRINTED NAME

President and CEO  
PRINTED TITLE

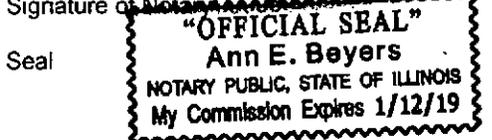
John M. Snyder  
SIGNATURE

John M. Snyder  
PRINTED NAME

Executive Vice President and System COO  
PRINTED TITLE

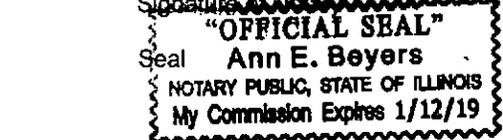
Notarization:  
Subscribed and sworn to before me  
this 21st day of October, 2016

Ann E. Beyers  
Signature of Notary



Notarization:  
Subscribed and sworn to before me  
this 21st day of October, 2016

Ann E. Beyers  
Signature of Notary



\*Insert EXACT legal name of the applicant

**SECTION II. DISCONTINUATION**

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE: (Not Applicable)**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES: (Not Applicable)**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION V. - MASTER DESIGN AND RELATED PROJECTS (Not Applicable)**

This Section is applicable only to proposed master design and related projects.

**Criterion 1110.235(a) - System Impact of Master Design**

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities;
2. How the services proposed in future projects will improve access to planning area residents;
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed; and
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

**Criterion 1110.235(b) - Master Plan or Related Future Projects**

Read the criterion and provide documentation regarding the need for all beds and services to be developed, and also, document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
  - a. limitation on government funded or charity patients that are expected to continue;
  - b. restrictive admission policies of existing planning area health care facilities that are expected to continue;
  - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.
3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
  - a. historical service/beds utilization levels;
  - b. projected trends in utilization (include the rationale and projection assumptions used in such
  - c. projections);
  - d. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and
  - anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

**Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects**

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit;
2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit;
3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT-18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP (Not Applicable)**

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

**NOTE: For all projects involving a change of ownership THE COMPLETE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.**

**A. Criterion 1110.240(b), Impact Statement**

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

**B. Criterion 1110.240(c), Access**

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

**C. Criterion 1110.240(d), Health Care System**

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
  - a. the location (town and street address);
  - b. the number of beds;
  - c. a list of services; and
  - d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

**APPEND DOCUMENTATION AS ATTACHMENT-19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA**

Sections A-G and I-P are not applicable.

**H. Non-Hospital Based Ambulatory Surgery**

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

**1. Criterion 1110.1540(a), Scope of Services Provided**

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

<input checked="" type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/> Obstetrics/Gynecology	<input checked="" type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input checked="" type="checkbox"/> Ophthalmology	<input checked="" type="checkbox"/> Podiatry
<input checked="" type="checkbox"/> Gastroenterology	<input checked="" type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input checked="" type="checkbox"/> General/Other	<input checked="" type="checkbox"/> Orthopedic	<input checked="" type="checkbox"/> Otolaryngology
<input checked="" type="checkbox"/> Neurology	<input checked="" type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Urology
<input checked="" type="checkbox"/> Interventional Radiology	<input checked="" type="checkbox"/> Reproductive Endocrinology	<input checked="" type="checkbox"/> Vitreous Retinal
<input checked="" type="checkbox"/> Colon & Rectal Surgery	<input checked="" type="checkbox"/> Hand Surgery	

b. Indicate if the project will result in a  limited or  a multi-specialty ASTC.

**2. Criterion 1110.1540(b), Target Population**

Read the criterion and provide the following:

- On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

**3. Criterion 1110.1540(c), Projected Patient Volume**

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

**4. Criterion 1110.1540(d), Treatment Room Need Assessment**

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

**5. Criterion 1110.1540(e), Impact on Other Facilities**

Read the criterion and provide:

- a. A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. **NOTE:** This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.
- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

**6. Criterion 1110.1540(f), Establishment of New Facilities**

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
  - a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
  - b. The hospital's surgical utilization data for the latest 12 months, and
  - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
  - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

**7. Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

**8. Criterion 1110.1540(h), Change in Scope of Service**

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

**APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

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

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>TOTAL FUNDS AVAILABLE</b>		

**APPEND DOCUMENTATION AS ATTACHMENT 36 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

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

**Financial Viability Waiver**

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

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

<b>Provide Data for Projects Classified as:</b>	<b>Category A or Category B (last three years)</b>			<b>Category B (Projected)</b>
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

**2. Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

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

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

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

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

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

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

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

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT** that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

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

	Outpatient			
	Total			

APPEND DOCUMENTATION AS **ATTACHMENT-40**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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 44.

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

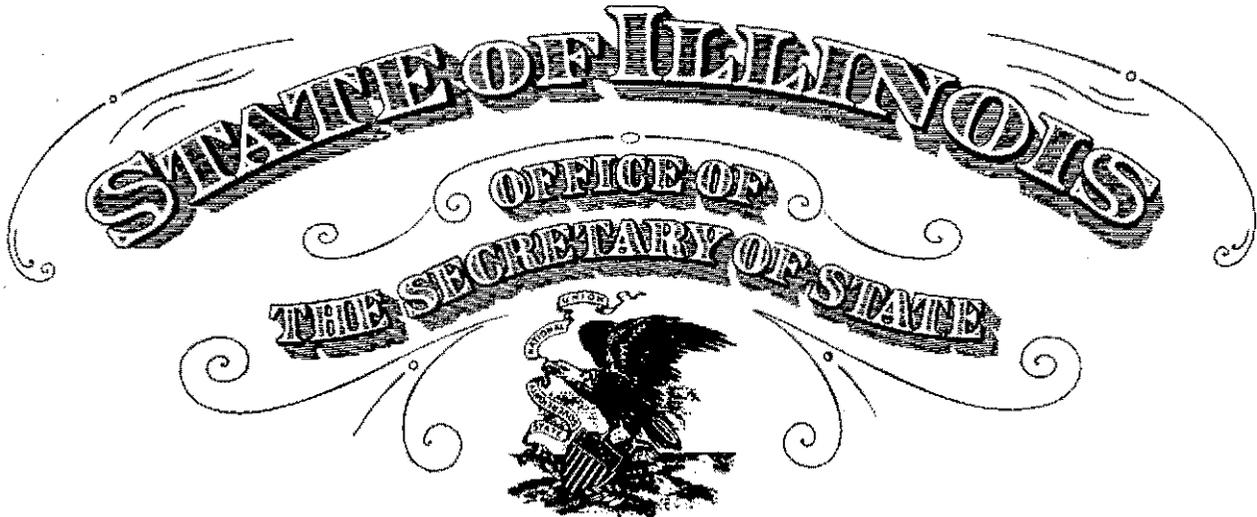
APPEND DOCUMENTATION AS **ATTACHMENT-41**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	38-41
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20	Medical Surgical Pediatrics, Obstetrics, ICU	85
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File Number

0108644-8



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

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

CHAMPAIGN SURGICENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 06, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JUNE A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1615400962 verifiable until 06/02/2017

Authenticate at: <http://www.cyberdriveillinois.com>



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

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

CARLE HEALTH CARE INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 01, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of OCTOBER A.D. 2016 .***



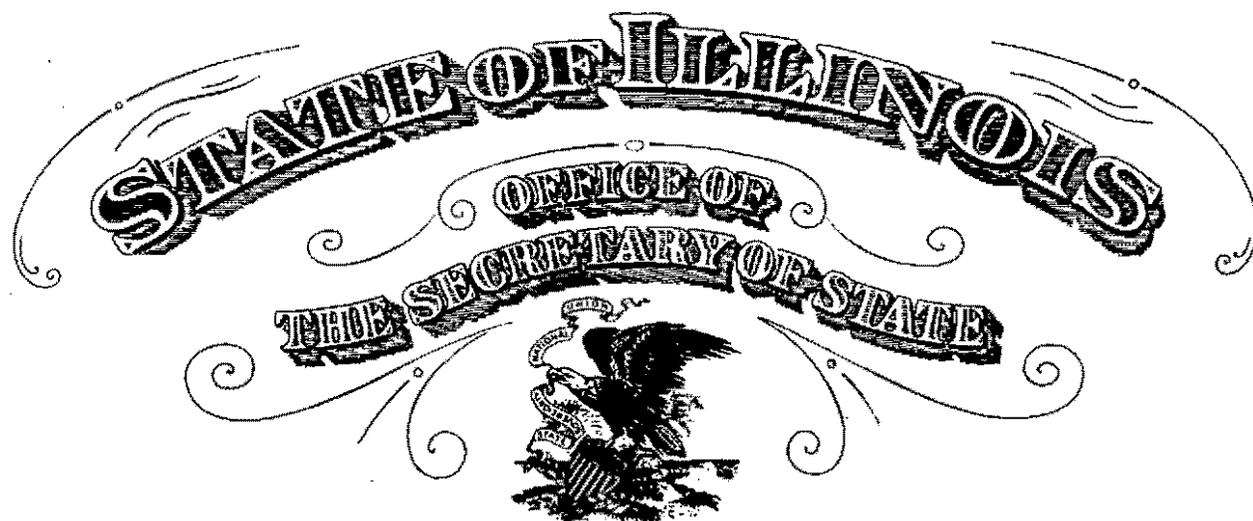
Authentication #: 1627901618 verifiable until 10/05/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

File Number

2932-580-4



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

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

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of JULY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1620702344 verifiable until 07/25/2017

Authenticate at: <http://www.cyberdriveillinois.com>

RE: Champaign SurgiCenter, LLC  
Northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, IL 61822

This non-binding term sheet ("Term Sheet") is delivered to the Illinois Health Facilities and Services Review Board in connection with the Tenant's (as defined below) application for a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB).

**PREMISES:** Tract 1, Northwest 1/4 of the Southwest 1/4 of Section 28, Township 19 North, Range 8 East in Champaign County, Illinois. Tract 2, Southwest 1/4 of the Southwest 1/4 of Section 28, Township 19 North, Range 8E in Champaign County, Illinois. (the "Premises")

**TENANT:** Champaign SurgiCenter, LLC

**LANDLORD:** The Carle Foundation

**SPACE REQUIREMENTS:** 44,845 gross square feet of rentable space.

**PRIMARY TERM:** Ten (10) years effective upon the later of the completion of construction or lessee occupancy. Landlord will grant two (2) renewal options each for a period of five (5) years.

**BASE RENT:** A payment in amount sufficient to allow the Landlord to recover the fully amortized capital costs to construct the ambulatory surgery center with a sufficient rate of return. The Lease shall provide for annual increased based on the Consumer Price Index (CPI).

**ADDITIONAL EXPENSES:** The Rent shall be paid absolutely net to Landlord, free of all impositions, assessments, utility charges, operating expenses, refurbishing's, insurance premiums or any other charge or expense in connection with the Premises. All expenses and charges, whether for upkeep, maintenance, repair, refurbishing, refurbishing, restoration, replacement, insurance premiums, taxes, utilities, and other operating or other charges of a like nature or otherwise, shall be paid by Tenant.

**LEASE CONTINGENCY:** The Lease shall be contingent upon Tenant's receipt of a CON for the establishment of an ambulatory surgery center from the Illinois Health Facilities and Services Review Board.

**LANDLORD'S MAINTENANCE:** Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per

GAAP standards) for the Premises.

**POSSESSION AND RENT  
COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete within an agreed on period of time following CON Board approval. Rent commencement shall be the date each of the following conditions have occurred:

- a. Construction of the Premises and improvements within the Premises have been completed in accordance with the construction documents (except for nominal punch list items);
- b. A certificate of occupancy for the Premises shall have been obtained from the city or county;
- c. Tenant has obtained all necessary licenses and permits to operate its business; and
- d. Such other conditions as Landlord and Tenant shall reasonably determine.

**LEASE FORM:**

Landlord's standard lease form.

**USE:**

The operation of an ambulatory surgery center, including all incidental, related and necessary elements and functions which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

Landlord shall verify that the Use is permitted within the building's zoning.

Landlord shall provide a copy of any CCR's or other documents that may impact tenancy.

**PARKING:**

In accordance with final zoning requirements.

**BASE BUILDING:**

Landlord shall deliver to the Premises, the building and all improvements.

**OPTION TO RENEW:**

Tenant desires two five-year options to renew the Lease. Option rent shall be at the rate from the year immediately preceding the renewal, as adjusted for the CPI.

**HOLDING OVER:**

Tenant shall be obligated to pay 110% for the then current rate.

**TENANT SIGNAGE:**

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

**SUBLEASE/ASSIGNMENT:**

Any assignment or sublease by Tenant of its interest in the Lease shall be subject to the prior written consent of Landlord, not to be unreasonably withheld.

**CERTIFICATE OF NEED:**

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of the ambulatory surgery center in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish the ambulatory surgery center on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to January 24, 2017. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement on or about the date of approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit. The lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish an ambulatory surgery center on the Premises neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Term Sheet.

**ROOF RIGHTS:**

Tenant shall have the right to place a satellite dish on the roof at no additional fee.

**DELIVERIES:**

To be determined.

**GOVERNMENTAL COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by the Tenant.

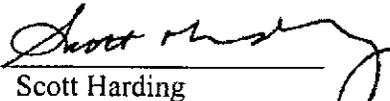
**NO BROKERAGE FEE:**

There is no brokerage fee due in connection with the Lease.

Agreed to by:

Landlord: The Carle Foundation

Date: 9/30/16

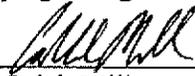
By: 

Scott Harding

Vice President, Facilities & Support Services

Tenant: Champaign SurgiCenter, LLC

Date: 9/30/16

By: 

Caleb Miller

Board of Managers, Chair

It should be understood that this Term Sheet is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged.

EXHIBIT A

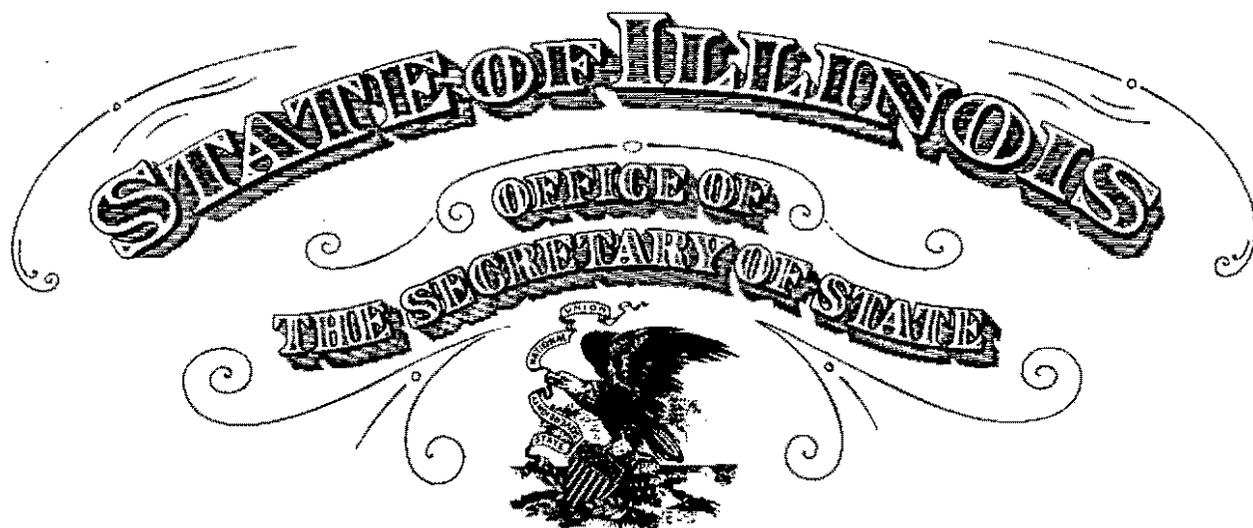
NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS TERM SHEET ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPARATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS TERM SHEET NEITHER TENANT NOR LANDLORD SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT OR LANDLORD INTENDS ON THE PROVISIONS CONTAINED IN THIS TERM SHEET TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS TERM SHEET WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. THIS TERM SHEET IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

### **Partnership Information**

As depicted in Attachment- 4, The Carle Foundation (611 West Park Street, Urbana IL, 61801) indirectly through Carle Health Care Incorporated (611 West Park Street, Urbana IL, 61801) holds a 75% interest in Champaign SurgiCenter, LLC. Christie Clinic ASC, LLC (101 West University Avenue Champaign, IL 61820) holds a 25% interest.

Attachment-3



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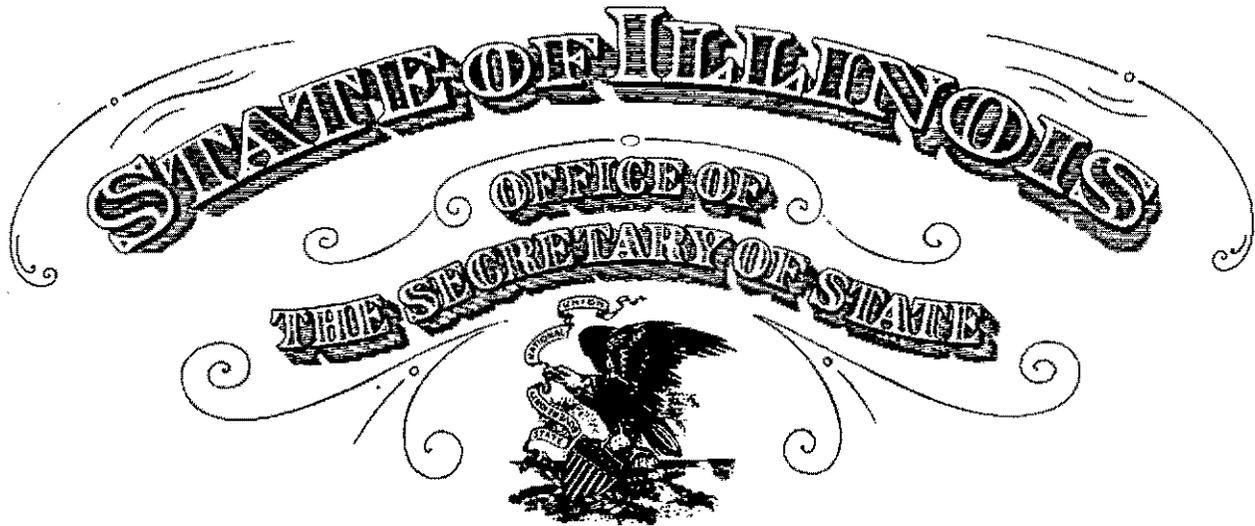
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JUNE A.D. 2016 .***



Authentication #: 1615400962 verifiable until 06/02/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



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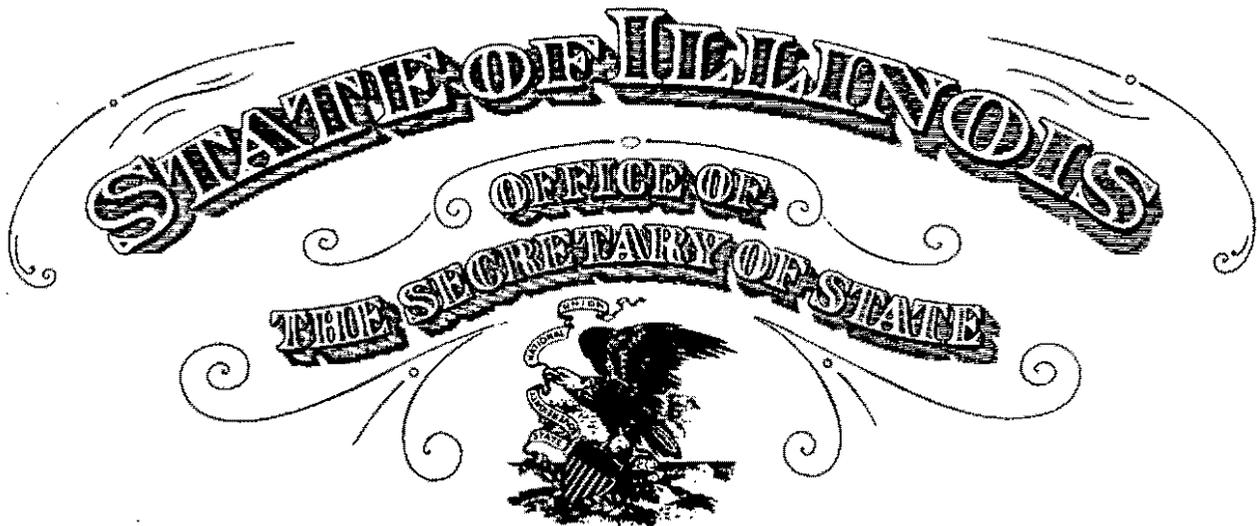
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of OCTOBER A.D. 2016 .***



Authentication #: 1627901618 verifiable until 10/05/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



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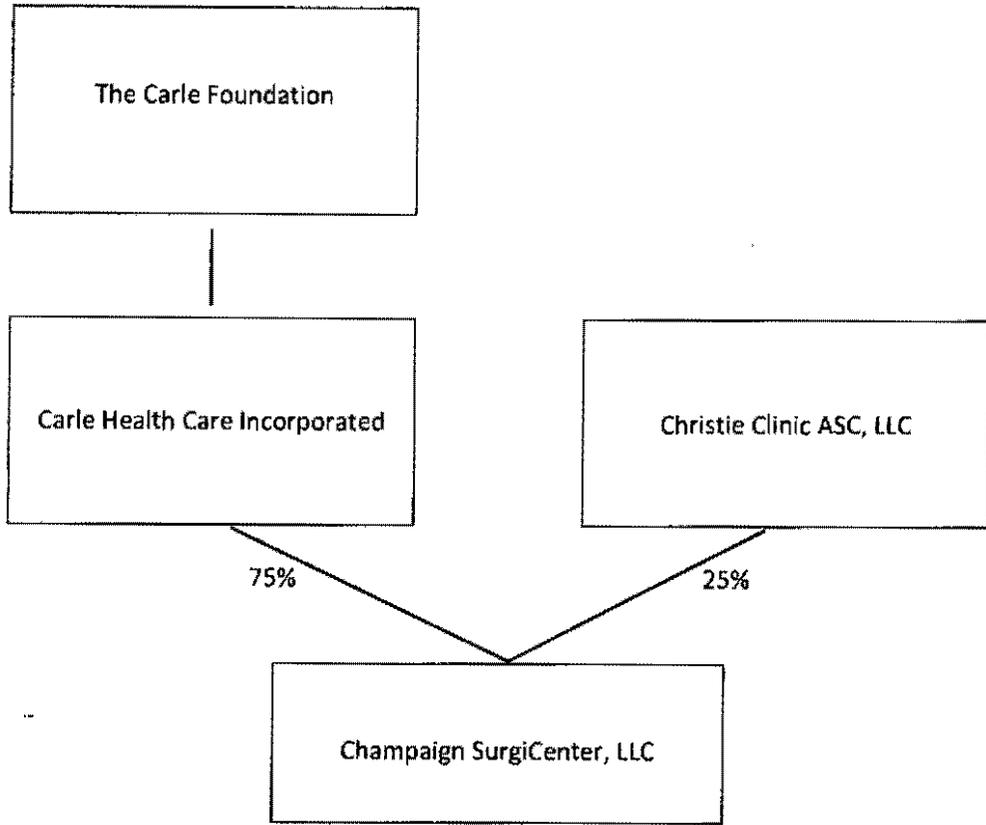


Authentication #: 1620702344 verifiable until 07/25/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

**Entity Chart**



## **Flood Plain Requirements**

The site of the proposed project complies with the requirements of Illinois Executive Order #2005-5. Please see the attached Flood Plain Insurance Rate Map (FIRM) documenting that the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, Illinois is not located in a Special Flood Hazard Area.

## Champaign County Map Panels

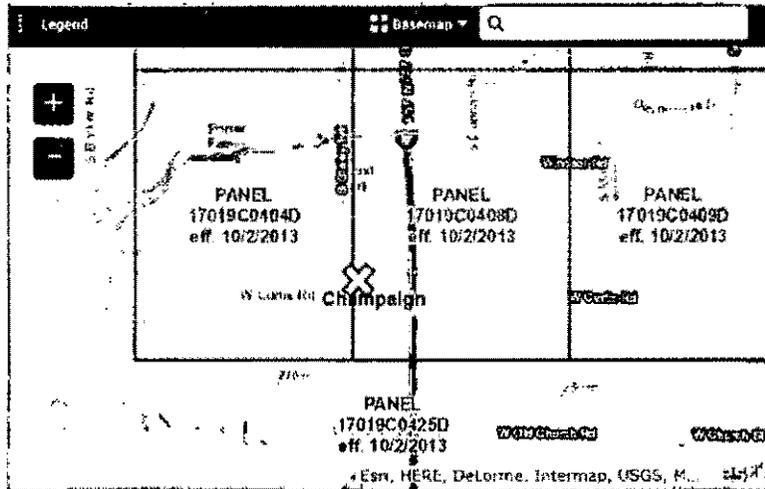
Effective Flood Insurance Rate Maps for County may be viewed and/or downloaded at the FEMA Map Service Center

... even more!

Below are links to resources pertaining to Champaign County

- Upper Sangamon River Watershed Discovery
- Unmapped Special Flood Hazard Areas (SFHA) (pdf)
- Destined for DFIRMs - stream studies becoming flood maps

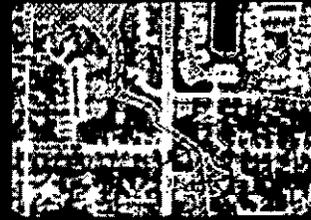
NFHL Viewer (more detailed flood data displays when zoomed in)



Launch full screen NFHL Viewer

### What is a DFIRM?

The DFIRM Database is a digital version of the FEMA flood insurance rate map that is designed for use with digital mapping and analysis software.



The DFIRM is designed to provide the user with the ability to determine the flood zone, base flood elevation and the floodway status for a particular location. It also has NFIP community information, map panel information, cross section and hydraulic structure information, and base map information like road, stream, and public land survey data.

## **Historic Resources Preservation Act Requirements**

The applicants propose to build an ambulatory surgery treatment center to be located at the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, Illinois. A letter from the Illinois Historic Preservation Agency stating that the proposed project complies with the requirements of the Historic Resources Preservation Act is included as part of this Attachment-6.



FAX 217/524-7525

Champaign County  
Champaign  
NE of South Staley Road and West Curtis Road  
IEPA

PLEASE REFER TO: IHPA LOG #019060415

New construction, medical office building & ambulatory surgery center

June 10, 2015

Collin Anderson  
Carle Foundation Hospital  
611 W. Park St.  
Urbana, IL 61801

Dear Mr. Anderson:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Rachel Leibowitz, Ph.D.  
Deputy State Historic  
Preservation Officer

1 Old State Capitol Plaza  
Springfield IL 62701

ILLINOIS HISTORY.GOV

Attachment- 6

<b>Project Costs</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
<b>Preplanning Costs</b>			
Preliminary Design	\$140,000	\$161,221	\$301,221
Precon Budgets	\$60,000	\$115,000	\$175,000
Total	<b>\$200,000</b>	<b>\$276,221</b>	<b>\$476,221</b>
<b>Site Survey and Soil Investigation</b>			
	<b>\$55,000</b>	<b>\$150,000</b>	<b>\$205,000</b>
<b>Site Preparation</b>			
	<b>\$400,000</b>	<b>\$2,150,000</b>	<b>\$2,550,000</b>
<b>Off Site Work</b>			
	<b>\$0</b>	<b>\$1,237,620</b>	<b>\$1,237,620</b>
<b>New Construction Contracts</b>			
	<b>\$9,150,000</b>	<b>\$6,945,000</b>	<b>\$16,095,000</b>
<b>Modernization Contracts</b>			
	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Contingencies</b>			
	<b>\$825,000</b>	<b>\$485,147</b>	<b>\$1,310,147</b>
<b>Architectural Fees</b>			
Architecture Engineering	\$331,262	\$300,000	\$631,262
Mechanical Engineering	\$260,000	\$200,000	\$460,000
Structural Engineering	\$80,000	\$80,000	\$160,000
Code Review	\$40,000	\$40,000	\$80,000
Total	<b>\$711,262</b>	<b>\$620,000</b>	<b>\$1,331,262</b>
<b>Consulting and Other Fees</b>			
IDPH Permits	\$20,000	\$20,000	\$40,000
City Permits	\$80,000	\$80,000	\$160,000
Special Inspections	\$20,000	\$20,000	\$40,000
Commissioning	\$20,000	\$20,000	\$40,000
CON Fees/Expenses	\$10,000	\$10,000	\$20,000
Consultants	\$10,000	\$10,000	\$20,000
Total	<b>\$160,000</b>	<b>\$160,000</b>	<b>\$320,000</b>

<b>Project Costs</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
<b>Movable or Other Equipment (not in construction contracts)</b>			
Equipment General	\$3,500,000	\$1,350,000	\$4,850,000
Furniture	\$0	\$250,000	\$250,000
Security Access/Cameras	\$20,000	\$80,000	\$100,000
IT/Telecom	\$20,000	\$200,000	\$220,000
Signs/Wayfinding	\$10,000	\$20,000	\$30,000
Total	<b>\$3,550,000</b>	<b>\$1,900,000</b>	<b>\$5,450,000</b>
<b>Bond Issuance Expense (project related)</b>			
	<b>\$269,561</b>	<b>\$254,629</b>	<b>\$524,190</b>
<b>Net Interest Expense During Construction (project related)</b>			
	<b>\$283,122</b>	<b>\$267,438</b>	<b>\$550,560</b>
<b>Fair Market Value of Leased Space or Equipment</b>			
	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Other Costs To Be Capitalized</b>			
Surface Parking Lots, Temporary Roads, Lighting	\$0	\$750,000	\$750,000
Net Book Value of Assets to be Transferred from Existing ASC	\$249,558	\$29,385	\$278,943
Total	<b>\$249,558</b>	<b>\$779,385</b>	<b>\$1,028,943</b>
<b>Acquisition of Building or Other Property (excluding land)</b>			
	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL USES OF FUNDS</b>	<b>\$15,853,503</b>	<b>\$15,225,440</b>	<b>\$31,078,943</b>

## Active CON Permits

The Carle Foundation Hospital has two active CON permits:

### **CON 15-002: Outpatient Orthopedic and Sports Medicine Facility**

- The CON permit for project 15-002 was approved on April 21, 2015.
- An annual progress report was filed in May 2016.
- The project completion date of record is January 31, 2017. It is anticipated that the project will be completed in advance of this date.

### **CON 15-031: Curtis Rd. Clinic Expansion**

- The CON permit for project 15-031 was approved on August 25, 2015.
- An annual progress report was filed in September 2016.
- The project completion date of record is October 31, 2017. It is anticipated that the project will be completed in advance of this date.

## Cost Space Requirements

The Applicants seek to relocate and expand their Existing ASTC.

Dept. / Area (list below)	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
		Existing	Total Upon Project Completion	New Const.	Modernized	As Is	Vacated as a result of this project
<b>Reviewable</b>							
ASTC	\$15,853,503	0	26,369	26,369	0	0	0
<b>Total Reviewable</b>	<b>\$15,853,503</b>	<b>0</b>	<b>26,369</b>	<b>26,369</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-Reviewable</b>							
Mechanical & Other Building Systems, Administrative, other non-clinical	\$15,225,440	0	18,476	18,476	0	0	0
<b>Total Non-Reviewable</b>	<b>\$15,225,440</b>	<b>0</b>	<b>18,476</b>	<b>18,476</b>	<b>0</b>	<b>0</b>	<b>0</b>

### **Section 1110.130 Discontinuation**

The applicants have concurrently filed a separate application for the discontinuation of the Existing ASTC. This section is not applicable to this application seeking to establish an ASTC.



611 West Park Street, Urbana, IL 61801-2595 Phone: (217) 383-3311

Kathryn J. Olson  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**RE: Attachment 11 - Background of Applicant**

Dear Chair Olson:

The following information addresses the four points of the subject criterion 1110.230:

1. The health care facilities owned or operated by the applicants include:

**The Carle Foundation Hospital**

License Identification Number: 003798

Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO

**Hoopeston Community Memorial Hospital, DBA Carle**

**Hoopeston Regional Health Center**

License Identification Number: 004200

Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO

**Champaign SurgiCenter, LLC**

License Identification Number: 7002959

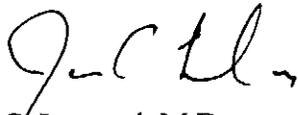
**Carle SurgiCenter – Danville**

License Identification Number: 7002439

2. Proof of current licensure and accreditation is attached.
3. No adverse action has been taken against the Applicants or any above facility, owner, or officer/director of the Applicants, nor does any such person have an adverse criminal or civil ruling, decision, etc. that would preclude them from owning and operating a health care facility.
4. This letter serves as authorization permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information which the State Board or Agency finds pertinent to this subsection.

Attachment-11

Sincerely,

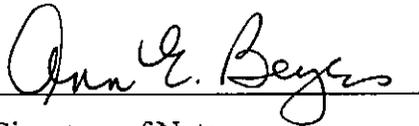


James C. Leonard, M.D.  
President and CEO

Attachments

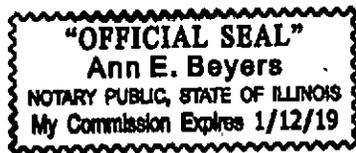
Notarization:

Subscribed and sworn to before  
me this 21st day of October, 2016.



Signature of Notary

seal





**Illinois Department of  
PUBLIC HEALTH**

HF109544

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**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.

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/2016		0003798
<b>General Hospital</b>		
<b>Effective: 01/01/2016</b>		

Exp. Date 12/31/2016

Lic Number 0003798

Date Printed 10/28/2015

**The Carle Foundation Hospital**  
**611 West Park Street**  
**Urbana, IL 61801**

**The Carle Foundation Hospital**  
**611 West Park Street**  
**Urbana, IL 61801**

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FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF110776

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**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
6/30/2017		0004200
<b>Critical Access Hospital</b>		
Effective: 07/01/2016		

**Hoopeston Community Memorial Hospital**  
701 East Orange Street  
Hoopeston, IL 60942

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Exp. Date 6/30/2017

Lic Number 0004200

Date Printed 5/3/2016

Hoopeston Community Memorial Hosp  
701 East Orange Street  
Hoopeston, IL 60942

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF 1609805

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**Nirav D. Shah, M.D., J.D.**

Issued under the authority of the Illinois Department of Public Health

**DIRECTOR**

EXPIRATION DATE  
**1/31/2017**

CATEGORY

ID NUMBER

**7002959**

**Ambulatory Surgery Treatment Center**

Effective: **02/01/2016**

**Champaign Surgicenter, III, C**

**dba/Carle Surgicenter**

**1702 S. Mattis Avenue, Suite 120**

**Champaign, IL 61821**

This category of license has a color seal designated by Authority of the State of Illinois 150 ILCS 401-320-10M a/12



**Illinois Department of  
PUBLIC HEALTH**

HF111221

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**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
7/31/2017		7002439
<b>Ambulatory Surgery Treatment Center</b>		
Effective: 08/01/2016		

Exp. Date 7/31/2017

Lic Number 7002439

Date Printed 6/30/2016

**Carle Surgicenter**  
**2300 N. Vermilion**  
**Danville, IL 61832**

**Carle Surgicenter**  
**2300 N. Vermilion**  
**Danville, IL 61832-7499**

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FEE RECEIPT NO.

# CERTIFICATE OF ACCREDITATION

---

Certificate No.:  
181715-2015-AHC-USA-NIAHO

Initial date:  
6/29/2015

Valid until:  
6/29/2018

This is to certify that:

## **Carle Foundation Hospital**

611 W. Park St, Urbana, IL 61801

has been found to comply with the requirements of the:  
**NIAHO® Hospital Accreditation Program**

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX



Patrick Morine  
Chief Executive Officer



October 14, 2015

Harry Brockus  
Chief Executive Officer  
Hoopeston Community Memorial Hospital  
d/b/a Carle Hoopeston Regional Health Center  
701 East Orange Street  
Hoopeston, IL 60942

Program: CAH  
CCN: 141316  
Survey Type: Medicare Recertification/DNV Reaccreditation  
Certificate #: 188047-2014-AHC-USA-NIAHO  
Survey Dates: September 1-2, 2015  
Accreditation Decision: Full accreditation  
Date Acceptable Plan of Correction Received: 10/12/2015  
Method of Follow-up: Acceptable Plan of Correction,  
Self-Attestation, Document Review  
Effective Date of Accreditation: 12/19/2015  
Expiration Date of Accreditation: 12/19/2018  
Term of Accreditation: Three (3) years

Dear Mr. Brockus:

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Hoopeston Community Memorial Hospital d/b/a Carle Hoopeston Regional Health Center is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485) and awarded full accreditation for a three (3) year term effective on the date referenced above. DNV GL Healthcare USA, Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Hoopeston Community Memorial Hospital d/b/a Carle Hoopeston Regional Health Center -  
701 East Orange Street - Hoopeston, IL 60942

This accreditation requires an annual survey and the organization's continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization's accreditation status.

Congratulations on this significant achievement.

Sincerely,



Patrick Horine  
Chief Executive Officer  
cc: CMS CO and CMS RO V (Chicago)

### **Section III, Purpose of the Project, and Alternatives – Information Requirements**

#### Purpose of Project

1. **Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.**

The Applicants propose to relocate and expand their existing ASTC.

The purpose of this project is to improve access and quality of care for patients in the broad geographic area served by Carle. The project will improve access in Planning Area D-01 to ambulatory surgical care, which is one of the key areas of demand for complex, specialized health care in the area. Access to ambulatory surgical care is essential to the overall well-being of the communities Carle Foundation Hospital services, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort.

Given the rural nature of communities outlying Champaign-Urbana, Carle Foundation Hospital serves a large 28 county area. Its primary services area extends from Kankakee County in the north to Richland County in southern Illinois and as far west as Decatur and east into western Indiana. The ASTC has a similar service area and on relocation, the area it serves will not change.

2. **Define the planning area or market area, or other, per the applicant's definition.**

The mandated service area pursuant to the State Board rules and the proposed location of the Replacement ASTC consists of those Illinois areas within 45 minutes normal travel time of the Replacement ASTC. A map of this area is attached as attachment 12B. Travel times to and from the Replacement ASTC to the market area boarders are as follows:

- East: Western Indiana (approximately 45 minutes)
- South: Charleston, Illinois (approximately 45 minutes)
- West: Decatur, Illinois (approximately 45 minutes)
- North: Gilman, Illinois (approximately 45 minutes)

As shown in Table 1110.230(a) which is attached as Attachment 12A, 76.7% of the patients who undergo ambulatory surgery at Champaign SurgiCenter reside within 45 minutes normal travel time of the Replacement ASTC.

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

#### **A. Increasing Demand Has Brought About Need For Additional Operating Rooms**

Outpatient or "ambulatory" surgery in the United States has expanded substantially since the late 1990s. Changes in population demographics, disease prevalence, Medicare and other payor coverage decisions and technological advancements have all contributed to the growth. Procedures that only a few years ago required major incisions, long-acting anesthetics and extended convalescence can now be safely performed in ASCs. Volumes at Champaign SurgiCenter have been no exception to the national growth trend. As shown in Table 1110.230(a)(1) below, Champaign SurgiCenter's case volume increased by 17.5% from 2011 to 2015.

Table 1110.230(a) (1) Historical Utilization- Champaign SurgiCenter		
Year	Cases	% Change from Prior Year
2011	4,172	n/a
2012	4,228	1.3%
2013	4,422	4.6%
2014	4,593	3.9%
2015	4,901	6.7%

Source: HFSRB Individual ASTC Profiles

Similarly, Carle Foundation Hospital's main campus saw an 18.6% increase in outpatient surgical cases from 2011 to 2015:

Historical Utilization- Carle Foundation Hospital (Outpatient)		
Year	Cases	% Change from Prior Year
2011	14,077	n/a
2012	13,786	-2.1%
2013	15,338	11.3%
2014	16,408	7.0%
2015	16,699	1.8%

Source: HFSRB Individual ASTC Profiles

This growth is expected to continue into the future. Key drivers of ASTC growth include the aging population, technology pushing procedures to the outpatient setting, CMS approvals for additional categories of procedures that can be reimbursed in an ASTC setting, and commercial payors applying prior authorization requirements in the outpatient hospital setting that do not apply in ASTCs. As medical innovation continues, more surgical procedures will be performed in ASTCs.

In addition to external growth drivers, Carle's projected growth in utilization is also attributable to several internal factors, which the Applicants anticipate will continue for the foreseeable future. These factors include Carle Foundation Hospital's position as a tertiary care facility and Level 1 Trauma Center as well as its affiliations, strategic partnerships and outreach initiatives designed to ensure the medical needs of residents in east central Illinois are met close to home. As a result of the aforementioned growth, Carle is recruiting to add 21.25 net new surgeon and anesthesiologist FTEs over the next four years (2016-2019).

#### **B. Inadequate Capacity at ASTC to Shift Certain Procedures From Hospital Operating Room to Lower Cost Setting**

An expanded, state-of-the-art ASTC will allow Carle to shift appropriate procedures from its hospital outpatient surgical department (HOPD) to the Replacement ASTC. As set forth in a letter from the ASC Advocacy Committee to Secretary Sebelius regarding implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes and a high level of

patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. In fact, based on the United Healthcare's desire to cover certain procedures only in the ASTC setting, the payor has announced prior authorization guidelines for certain surgical procedures in outpatient hospital settings that will not apply to ambulatory surgery centers. Furthermore, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times and ease of access into and out of the operating rooms. Finally, surgeons are often more efficient in an ASTC due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving quality of care.

### **C. Limitations of Current Spaces**

There are significant issues with the existing ASTC that would be addressed by the project:

- **Parking Lot:**
  - Additional patient/family parking and employee parking spaces are needed to accommodate volumes.
  - Patient drop-off and pick-up areas are too close together resulting in traffic congestion and confusion for families and patients.
- **Front Desk/Reception/Family Waiting Areas:**
  - The waiting room needs expanded to allow for additional family/visitors who must accompany patients to their procedures.
  - The number of family consult rooms (two) is inadequate for current volumes. A minimum of four consult rooms would be needed to provide appropriate confidential discussions with patients/families.
  - The check-in desk only accommodates one person. A two person check-in desk is needed to accommodate the ASTC's increasing volumes, prevent patient delays and provide a private/confidential area for patients upon check-in.
- **Locker Rooms:**
  - The male and female locker rooms are both undersized. During peak arrival times, staff must change into scrubs in shifts.
  - There is not enough space to install additional lockers to store scrubs.
  - There is no space for benches or a seating area for changing into scrubs.
- **Offices:**
  - Office space is needed for the following positions:
    - Director
    - RN Manager/Supervisor
    - Pre/Post-op Charge Nurse
    - OR Charge Nurse
    - OR Supply/Implant Coordinator
    - Radiology
    - Post-op phone call room (post-op calls are currently made at the RN station, which is directly by the pre/post-op patient rooms)
    - Students/Residents/Vendor work space
- **Lab:**
  - Pathology room is undersized. It is too small to have two people working simultaneously when the cryostat is in use. Furthermore, there is limited

- counter space separating the PC workstation from the cutting area and space limitations do not allow for an employee chair to be in the work space.
  - Room size is not conducive to appropriate airflow needed for a long term work area.
- Surgeon Dictation Area:
  - The number of dictation areas (two) is inadequate for current volumes. Need one per OR.
  - A larger dictation area would prevent dictation cross chatter when dictating cases.
- Meeting Room:
  - There is not currently a meeting room in which to present online material or hold staff meetings (currently held in patient care areas or staff lounge).
- Staff Lounge:
  - Undersized for current number of staff and physicians. Limited to eight staff/physicians eating at one time.
- Supply Receiving:
  - No loading dock.
  - Receiving room is undersized to support delivery (supplies delivered in hallway).
  - Supplies are stored high in the current room due to lack of space, which is not ideal for ergonomic lifting and moving.
  - Receiving room is located in the staff entrance hallway, which creates congestion and is a trip hazard in this high traffic area.
- Operating Room:
  - No space available to store equipment (i.e. x-ray machines, lasers, towers).
  - Sterile supply room is undersized.
  - Non-sterile supply room is undersized.
  - Need dedicated storage for implants.
  - Need a center core area between ORs to support supply/instrument needs, prevent staff from entering main OR hallway and limit unnecessary traffic in/out of the operating rooms.
  - OR rooms are undersized to support current equipment, omnicells and technology used in surgery.
  - A laser prep room is required in order to move ophthalmology cases to the ASTC.
  - Staff are required to pick up case carts in the main OR corridor which is a high traffic area.
  - Housekeeping closet is too small to maintain all the necessary equipment/supplies. Items are being stored in other parts of the center.
  - Trash room is undersized to support the volume of surgical cases. The inability to add another trash bin results in trash bags overflowing within the existing trash bins.
  - Anesthesia work room is undersized to appropriately store supplies and medications. The backup anesthesia machine and supply carts are stored in the main OR corridor.

- Pre-Op Area:
  - Pre-op rooms are too small and only half are private. The other half are separated with a curtain only. These will be private at the Replacement ASTC to ensure confidentiality.
  - Pre-op patient rooms are located in such close proximity to post-op that it is hard to maintain patient privacy.
  - Pre-op supply room is undersized.
- Post-Op Area:
  - There is no space to store patient carts and wheel chairs.
  - Additional post-op rooms are needed to accommodate volume growth and ophthalmology cases.
  - A clean linen room is needed (currently, the linen cart is in an open area).
  - Due to the large pediatric population, additional private/quiet rooms are necessary.
  - Additional private rooms are needed for isolation patients.
- Sterile Processing Department (SPD):
  - Larger SPD space is needed in order to install a Scope Drying Cabinet and Ultrasonic Cleaning Unit.
  - There is not adequate space in which to store case carts, in-house trays and loaner trays.
  - A larger dirty workroom is needed to accommodate the volume of instruments and scopes.
  - Sterile tray storage space needs expanded.
  - Only one SPD Tech is able to work in most of the SPD area due to space constraints, which slows down the sterilization processes.

**D. Potential to Develop Land Adjacent to Replacement ASTC**

The Applicants own land immediately adjacent to the Replacement ASTC which they expect to develop in phases. Co-locating other services, such as physician offices, near the ASTC would create efficiencies for patients, providers and staff.

**E. Ability to Backfill Existing ASTC with other necessary services**

After the ASTC is relocated to the proposed location, Carle will continue to utilize this vacated space. This opportunity to backfill services is a vital component of the project, as Carle has experienced significant growth in a number of outpatient services in addition to surgical services. Carle is in the process of developing a backfill plan to optimize the use of these resources.

**F. Accessibility**

Being immediately adjacent to Interstate 57, the new location will be a very convenient access point for patients and staff.

**4. Cite the sources of the information provided as documentation.**

Carle performs ongoing internal utilization studies. The source of this information includes internal reports as well as information reported to IDPH.

Illinois Health Facilities and Services Review Board, Individual ASTC Profiles 2011-2015 available at <https://www.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx> (last visited October 4, 2016).

Information on growth in ASC volumes taken from The Advisory Board Company available at <http://www.advisory.com/research/marketing-and-planning-leadership-council/events/webconferences/2012/ambulatory-surgery-investment-2013-outlook-110612> (last visited May 4, 2016)

Information on growth in ASC volumes taken from Medicare Payment Advisory Commission available at [http://www.medpac.gov/documents/reports/mar13\\_ch05.pdf?sfvrsn=0](http://www.medpac.gov/documents/reports/mar13_ch05.pdf?sfvrsn=0) (last visited May 4, 2016)

Information on growth in ASC volumes taken from American Society For Gastrointestinal Endoscopy available at [http://www.asge.org/uploadedFiles/Members\\_Only/Practice\\_Management/Ambulatory%20Surgery%20Centers%20%E2%80%93%20A%20Positive%20Trend%20in%20Health%20Care.pdf](http://www.asge.org/uploadedFiles/Members_Only/Practice_Management/Ambulatory%20Surgery%20Centers%20%E2%80%93%20A%20Positive%20Trend%20in%20Health%20Care.pdf) (last visited May 4, 2016)

Information on growth in ASC volumes taken from KNG Health Consulting, LLC available at <https://higherlogicdownload.s3.amazonaws.com/ASCACONNECT/142533d1-73af-4211-9238-7f136c02de93/UploadedImages/About%20Us/An%20Analysis%20of%20Recent%20Growth%20of%20Ambulatory%20Surgical%20Centers.pdf> (last visited May 4, 2016)

Letter from ASC Advocacy Committee to Secretary Sebelius available at <http://wasca.net/wp-content/uploads/2010/10/Final-ASCAC-ASCA-VBP-letter-to-Sebelius.pdf> (last visited May 4, 2016).

United Healthcare's prior authorization requirements for HOPDs available at <https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/PCA17109.pdf> (last visited September 20 2016).

5. **Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

As discussed in greater detail above, Champaign SurgiCenter's utilization has increased at an annual growth rate of 4.1% over the last five years with the most significant growth occurring within the past two years. Utilization has now increased to a point where Carle will not be able to meet the needs of patients residing in east central Illinois by providing services in an appropriate setting without addressing its space concerns. Accordingly, the proposed building is needed to maintain access to high quality health services for patients residing in Champaign SurgiCenter's service area.

Despite anticipated growth, the Applicants do not rely on growth to justify future demand. Rather, the facility was sized to meet demand based on historical activity during the last 12 months.

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

Carle's prevailing objectives are to enhance access to ambulatory surgical care for patients and to improve the quality of these services. Specifically, the goals of the Project are:

- To meet the increased demand for ambulatory surgery services in an appropriately sized, state-of-the-art facility.
- To mitigate the projected shortage of operating rooms over the next five years.
- To streamline the delivery of surgical care in the outpatient setting.

These goals can be achieved at the time of project completion.

ATTACHMENT 12-A

The table below lists the patient origin by zip code for all patients treated at Champaign SurgiCenter during calendar year 2015. As documented in Attachment- 27, 3,464 (or 76.7%) of the cases were from patients residing in the GSA.

Zip Code	2015 Patients
61821	392
61822	301
61802	273
61853	266
61832	220
61801	215
61820	210
61866	206
61856	164
61873	100
61874	99
61880	94
61953	91
61938	76
61920	62
60942	61
60957	60
61834	59
61956	48
61846	48
61858	46
61883	44
61843	38
61864	37
61910	36
61877	35
61849	34
61842	29
61878	27
61911	26
60936	25
61859	25
61944	24
62401	24
61813	23

61854	23
61841	21
61847	21
61865	20
61913	20
61817	20
61872	19
60963	18
62521	17
61870	15
61884	14
61942	14
61951	14
60948	13
47932	13
61810	12
61833	12
61844	12
61863	12
61919	12
60924	12
62447	12
62526	12
60960	11
61840	11
61875	11
61761	11
60955	11
60949	10
61943	10
61811	10
61871	10
61727	9
61932	9
61814	9
62454	9
61912	9
61752	8
61862	8
62420	8
62468	8

60970	8
61924	8
62565	8
61701	8
60918	7
61816	7
61839	7
61850	7
61826	7
61704	7
61773	6
61845	6
61851	6
61876	6
61931	6
60938	6
60953	6
61812	5
61818	5
47993	5
62467	5
62839	5
62440	5
61803	5
61705	5
62411	5
62449	5
62428	5
61882	4
61929	4
61930	4
60962	4
60968	4
61764	4
62441	4
47928	4
62450	4
62549	4
61724	3
61770	3
61830	3

62501	3
62481	3
61824	3
61914	3
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60973	3
61928	3
61815	3
62448	3
47974	3
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62424	3
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60959	3
62436	3
60921	3
60952	2
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47987	2
62465	2
61550	2
47807	2
60042	2
62863	2
60104	2
61957	2
60462	2
62442	2
60586	2
62458	2
60901	2
61741	2
61354	2
62474	2

61917	2
62557	2
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62858	2
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62892	2
61949	2
62959	2
61933	2
61735	1
61756	1
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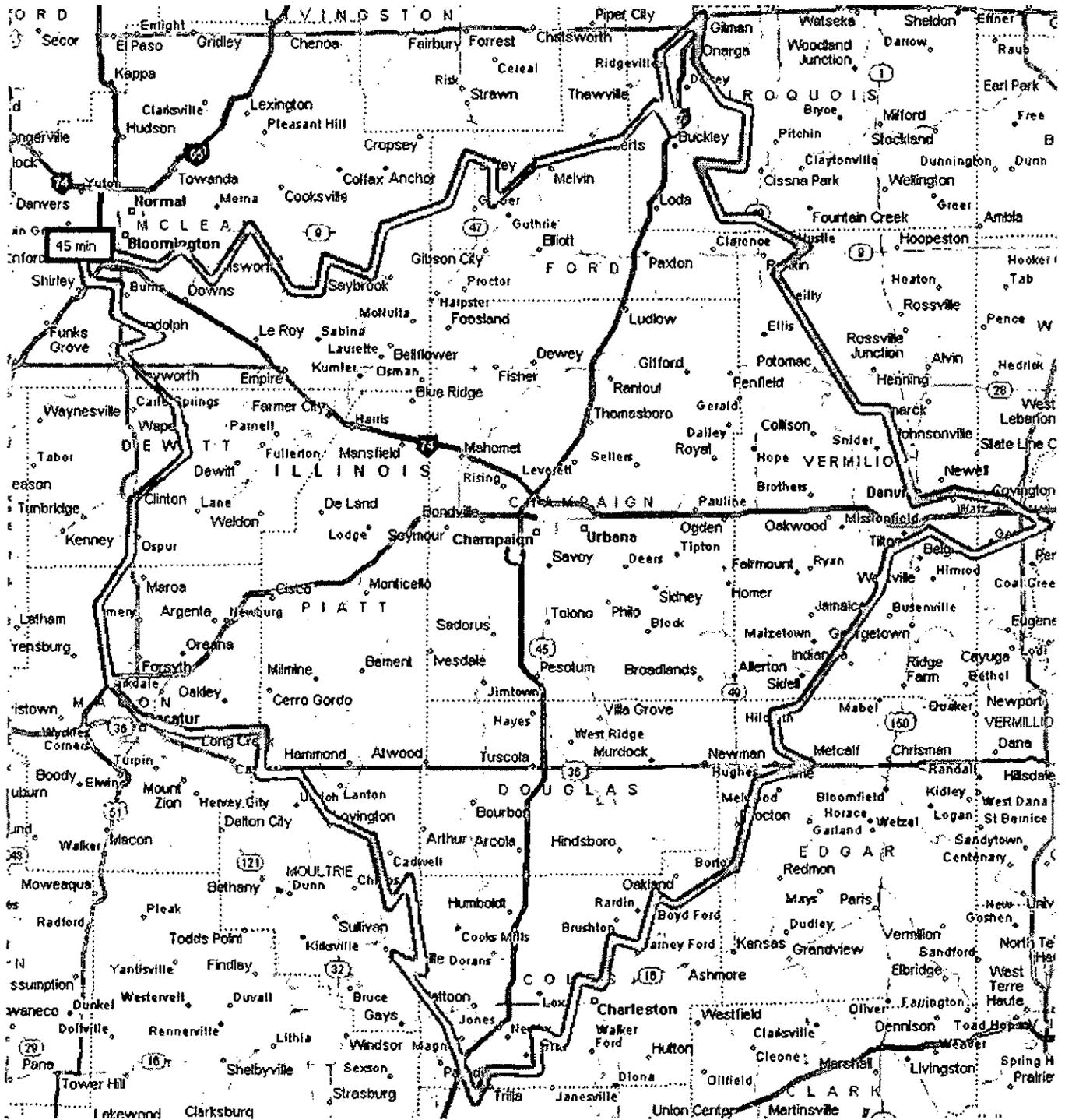
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60932	1
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60950	1
62712	1
10305	1
60061	1
60951	1
60081	1
48843	1
62864	1
33837	1

60107	1
07065	1
62903	1
62009	1
62995	1
62080	1
80007	1
62092	1
85541	1
62278	1
92835	1
60954	1
34142	1
47834	1
61936	1
97124	1
60922	1
99218	1
17538	1
60928	1
<b>Total</b>	<b>4,519</b>

ATTACHMENT 12-B

**45 Minutes Normal Travel Time to Replacement ASTC**



## Alternatives to the Proposed Project

The Applicants propose to relocate and expand their ASTC. The Applicants believe that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

The applicants have considered a number of alternatives as follows:

**A) Project of Lesser Scope: Do Nothing (\$0)**

This option would not address the growing demand for ambulatory surgical services described throughout this application and would, therefore, result in a deterioration of patient access over time. Furthermore, doing nothing would not address existing constraints on the operating rooms, waiting areas, support spaces, parking lot and pre and post-op areas, which impact patient satisfaction and operational efficiency. Finally, doing nothing would not allow Carle to backfill ongoing operations requirements into the current ASC space. As a result, other Carle services may face similar concerns related to access, quality and operational efficiency.

Under this option, patient access, patient satisfaction and operational efficiency would be adversely affected. For these reasons, this alternative was rejected.

**B) Project of Greater Scope: Build Facility with Additional Capacity (\$36,800,000)**

This alternative was considered since, given anticipated growth, capacity may again be an issue within five years. However, due to future uncertainties, the Applicants opted for a more measured approach. If volumes continue to grow as anticipated, the Applicants will have a few options to consider.

**C) Renovate Existing ASTC (\$25,000,000)**

This option has been under consideration for several years, but was ultimately rejected. To renovate and expand in place, the Applicants would have to invest significant financial resources to achieve suboptimal results. The cost of a major renovation and expansion in today's construction dollars is often equal to or greater than that of new construction. Furthermore, expanding in place would not allow for future expansion when necessary to accommodate growth in demand. Finally, this option would negatively impact patient access by requiring portions of the facilities to be inoperable during construction, and would result in disruptions due to construction noise and debris.

Under this option, project cost would not be significantly reduced, patient care would be adversely impacted and maintenance costs would increase. For these reasons, this alternative was rejected.

**D) Relocate and expand ASTC (Proposed). (\$31,078,943)**

After years of focus and attention, the Applicants ultimately decided to relocate and expand their ASTC. The chosen option will improve patient access by ensuring adequate operating rooms to meet forecasted volumes. It will also improve quality of care by

## **Alternatives to the Proposed Project**

providing a state of the art facility that promotes patient satisfaction and operational efficiency through improved patient flow from pre-op through recovery. Finally, it will allow for future expansion when necessary.

For all of these reasons, this option is the one chosen for the proposed project.

### Size of Project

The applicants propose to establish an ASTC with 8 operating rooms, one procedure room, 8 Stage I recovery stations and 16 stage 2 recovery stations. Pursuant to Section 1110 of the Administrative Code, the state standard is 2,075 gsf – 2,750 gsf per operating room, 1,660 gsf – 2,220 gsf per operating room, 180 gsf per Phase I recovery station, 400 gsf per Phase II recovery station for a total of 26,100 gsf – 32,040 gsf for 8 operating rooms, one procedure room, 8 Stage I recovery stations and 16 stage II recovery stations. The gross square footage of clinical space will be 26,369 gsf. Accordingly, the size of the ASTC meets the State standard.

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT / SERVICE</b>	<b>PROPOSED BGSF</b>	<b>STATE STANDARD</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ASTC	26,369	26,100 – 32,040	n/a	Yes

## Project Services Utilization

Section 1100, Appendix B of the Administrative Code documents the established standards for non-hospital based ASTCs.

By the second year after project completion, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ASTCs is based upon 1,500 hours per operating/procedure room. Historically, the physicians who plan to perform cases at Champaign SurgiCenter performed 20,562 outpatient procedures at Champaign SurgiCenter and Carle Foundation Hospital. As documented in the physician letters attached at Appendix 1, approximately 10,289 procedures will be performed at the ASTC within the first year after project completion. As a result, 12,300 surgical hours are projected for the first year after project completion, which is sufficient to support the need for eight operating rooms and one procedure room. While the transfer of the 10,289 procedures from the existing Champaign Surgicenter and Carle Foundation Hospital alone justify the number of rooms proposed at the Replacement ASTC, based on the historical growth rate in the Carle surgical program of over 4% (shown in Attachment- 12), the Applicants expect utilization to exceed the volumes provided below in the second full year of utilization.

Table 1110.234(b) Projected Utilization				
Year	Dept/Service	Projected Utilization	State Standard	Met Standard?
9/1/15- 8/31/16	ASTC	12,300 hours	> 12,000 hours	Yes

Physician Name	Specialty	Projected Cases at Champaign SurgiCenter (for each of the first two years after relocation)	Average Case Time	Surgery Hours of Projected Cases
Cradock, Kimberly A	General Surgery	79	X 2.12 hours =	168
Dawson III, Sherfield	General Surgery	157	X 2.17 hours =	340
Moore, Henry R	General Surgery	36	X 1.88 hours =	67
Oliphant, Uretz J	General Surgery	101	X 2.10 hours =	211
Rowitz, Blair Martin	General Surgery	30	X 1.93 hours =	57
Dabrowski, Melinda	Gynecology	22	X 0.98 hours =	22
Weisbaum, Jon S	Gynecology	16	X 0.91 hours =	15
Johnson Jr, Clifford B	Hand Surgery	683	X 1.26 hours =	861
Sobeski, James K	Hand Surgery	640	X 1.05 hours =	670
Bohonos, Melissa A	Ophthalmology	216	X 1.23 hours =	266
Panagakis, George	Ophthalmology	1,010	X 0.93 hours =	943
Wandling, George R	Ophthalmology	615	X 0.72 hours =	441
Bailey, Jonathan S	Oral/Maxillofacial Sgy	30	X 2.55 hours =	75
Norbutt, Craig S	Oral/Maxillofacial Sgy	31	X 2.80 hours =	87

## Project Services Utilization

Palermo, Mark E	Ortho Trauma	4	X 1.06 hours =	4
Bane, Robert A	Orthopedics	602	X 1.30 hours =	780
Gurtler, Robert A	Orthopedics	447	X 1.54 hours =	690
Amine, Muhamad A	Otolaryngology	136	X 2.10 hours =	286
Cunningham, Kelly	Otolaryngology	245	X 1.58 hours =	388
Maris, Charles	Otolaryngology	1	X 1.03 hours =	1
Novak, Michael A	Otolaryngology	172	X 0.95 hours =	164
Porter, Ryan Garrett	Otolaryngology	375	X 1.17 hours =	437
Russo, Ronald C	Otolaryngology	51	X 2.78 hours =	142
Stelle, Jacob A	Otolaryngology	117	X 1.48 hours =	173
Browne, Timothy L	Plastic Surgery	24	X 1.83 hours =	44
Li, Paul	Plastic Surgery	160	X 2.70 hours =	432
Luckey, Natasha N	Plastic Surgery	129	X 3.21 hours =	415
Anderson, Sarah Pearl	Podiatry Surgery	117	X 0.70 hours =	82
Grambart, Sean T	Podiatry Surgery	683	X 0.94 hours =	643
Konchanin, Ronald P	Urology	121	X 1.22 hours =	148
Matz, Scott T	Urology	71	X 1.48 hours =	105
Maurer, Gregory M	Urology	152	X 1.21 hours =	183
Wolf, Richard M	Urology	68	X 1.42 hours =	97
Yang, Glen	Urology	155	X 1.15 hours =	179
Tsipursky, Michael	Vitreous/Retinal Sgy	274	X 1.78 hours =	489
Dodson, Robert W	Colon & Rectal Sgy	80	X 0.68 hours =	55
Greenberg, Eugene	Gastroenterology	73	X 0.92 hours =	67
Hallett, Jeffrey L	Gastroenterology	238	X 0.67 hours =	160
Tender, Paul M	Colon & Rectal Sgy	95	X 0.71 hours =	67
Tangen, Lyn E	Colon & Rectal Sgy	106	X 0.84 hours =	89
Batey, Andrew	Gastroenterology	310	X 0.62 hours =	192
Olson, Michelle M	Colon & Rectal Sgy	35	X 0.77 hours =	27
Youssef, Wael I	Gastroenterology	183	X 1.00 hours =	183
Henry, Patricia Ann	Gastroenterology	197	X 0.71 hours =	140
Moy, Nelson	Gastroenterology	157	X 0.68 hours =	108
Sharabash, Noura	Gastroenterology	157	X 0.80 hours =	126
Babcock, Gregory A	Interventional Radiology	22	X 1.68 hours =	37
Hogg, Jeremy R	Interventional Radiology	23	X 1.63 hours =	37
Hong, Steve C	Interventional Radiology	23	X 1.60 hours =	37
Santeler, Scott R	Interventional Radiology	29	X 1.64 hours =	48
Wheatley, Brian J	Cardiovascular Surgery	22	X 2.13 hours =	47
Margetts, Jeffrey C	Neurosurgery	6	X 4.30 hours =	26
Olivero, William C	Neurosurgery	12	X 1.65 hours =	20
Teal, Kevin Renard	Neurosurgery	10	X 2.47 hours =	25
Jones, Douglas	General Surgery	5	X 1.75 hours =	9

### Project Services Utilization

Cooper-Morphew, Susan	OB/Gynecology	4	X 1.43 hours =	6
Darko, Laura	OB/Gynecology	1	X 1.32 hours =	1
Gutierrez, Bibiancy	OB/Gynecology	6	X 1.30 hours =	8
Helfer, Tamara	OB/Gynecology	3	X 1.08 hours =	3
King, Kieya	OB/Gynecology	1	X 1.32 hours =	1
McGregor, Candace	OB/Gynecology	9	X 0.98 hours =	9
Smith, Michael	OB/Gynecology	10	X 1.12 hours =	11
Young, Sarah	OB/Gynecology	8	X 1.12 hours =	9
Date, Amit	Otolaryngology	317	X 0.88 hours =	280
King, Stuart	Pain Medicine	10	X 0.92 hours =	9
Kluesner, Andrew	Podiatry	17	X 1.93 hours =	33
Pierce, William	Podiatry	18	X 1.73 hours =	31
Spizzirri, Sarah	Podiatry	22	X 1.42 hours =	31
Helfer, Eric	Urology	65	X 1.03 hours =	67
Regan, John	Urology	22	X 1.4 hours =	31
Anderson, Bette L	Ophthalmology	174	X 0.65 hours =	113
Jarrett, John	Reproductive Medicine	49	X 1.06 hours =	52
<b>Total</b>		<b>10,289</b>		<b>12,300</b>

## **Unfinished or Shell Space**

The proposed project does not entail unfinished or shell space, so this section is not applicable.

## **Section V Master Design and Related Projects**

This is not a Master Design and Related Projects activity. Therefore this section is not applicable.

**SECTION VI - MERGERS, CONSOLIDATIONS &  
ACQUISITIONS/CHANGES OF OWNERSHIP**

This project does not involve a merger, consolidation or acquisition/change of ownership.  
Therefore this section is not applicable.

## **Section VII Service Specific Review Criteria**

This project does not involve any of the following services. Therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care
- Comprehensive Physical Rehabilitation
- Acute Mental Illness and Chronic Mental Illness
- Neonatal Intensive Care
- Open Heart Surgery
- Cardiac Catheterization
- In-Center Hemodialysis
- Selected Organ Transplantation
- Kidney Transplantation
- Subacute Care Hospital Model
- Children's Community-Based Health Care Center
- Community-Based Residential Rehabilitation Center
- Long Term Acute Care Hospital
- Clinical Service Areas Other than Categories of Service
- Freestanding Emergency Center Medical Services

**Section VII, Service Specific Review Criteria**

**Non-Hospital Based Ambulatory Surgery**

**Criterion 1110.1540(c) – Service to Geographic Area Residents**

1. Attached as Attachment- 27a is a map outlining the intended geographic service area (GSA) for the proposed ASTC. As set forth in Criterion 1110.230, Champaign SurgiCenter will serve residents of Champaign and surrounding communities within 45 minutes normal travel time of the proposed site. Accordingly, the intended GSA consists of those areas with 45 minutes normal travel time of the proposed site.
2. Table 1110.1540(c)(2)(A) below lists the zip code areas that comprise the GSA of Champaign SurgiCenter:

<b>Zip Code</b>	<b>2015 Population</b>
61820 Champaign	37,868
62526 Decatur	33,445
61801 Urbana	31,212
61821 Champaign	29,683
61822 Champaign	24,251
61938 Mattoon	21,879
61802 Urbana	20,517
61853 Mahomet	14,369
61866 Rantoul	13,976
61834 Danville	9,043
61874 Savoy	8,534
61856 Monticello	7,489
61873 Saint Joseph	6,621
61953 Tuscola	6,359
60957 Paxton	5,365
61911 Arthur	4,718
61910 Arcola	4,535
61745 Heyworth	4,482
60936 Gibson City	4,432
61752 Le Roy	4,301
61880 Tolono	4,156
62535 Forsyth	3,375
61858 Oakwood	3,342

61956 Villa Grove	2,964
61842 Farmer City	2,924
61817 Catlin	2,630
61843 Fisher	2,555
62501 Argenta	2,510
61756 Maroa	2,250
61736 Downs	2,020
61813 Bement	1,913
61833 Tilton	1,870
61818 Cerro Gordo	1,827
61849 Homer	1,817
61864 Philo	1,785
61913 Atwood	1,692
61877 Sidney	1,685
61859 Ogden	1,554
60948 Loda	1,510
61854 Mansfield	1,502
61943 Oakland	1,472
62554 Oreana	1,466
61878 Thomasboro	1,402
61865 Potomac	1,401
61841 Fairmount	1,362
61847 Gifford	1,303
61884 White Heath	1,206
61931 Humboldt	1,195
61942 Newman	1,158
61844 Fithian	1,079
61770 Saybrook	1,031
60960 Rankin	979
60918 Buckley	839
61875 Seymour	807
61863 Pesotum	795
61919 Camargo	788
61876 Sidell	723
61872 Sadorus	709
61840 Dewey	695

61929 Hammond	668
61882 Weldon	656
60952 Melvin	655
61839 De Land	632
60949 Ludlow	608
61722 Arrowsmith	547
61917 Brocton	533
61845 Fooseland	489
61862 Penfield	488
61724 Bellflower	482
61816 Broadlands	472
61932 Hume	471
61851 Ivesdale	455
61930 Hindsboro	432
61830 Cisco	420
61815 Bondville	390
61735 DeWitt	374
61810 Allerton	310
61812 Armstrong	294
61852 Longview	267
61831 Collison	163
61855 Milmine	110
<b>Total</b>	<b>369,286</b>

Source: Nielsen Pop-Facts™

- Table 1110.1540(c)(2)(B) lists the patient origin by zip code for all patients treated at Champaign SurgiCenter during calendar year 2015. As documented in Table 1110.1540(c)(2)(B) below 3,464 (or 76.7%) of the cases were from patients residing in the GSA.

<b>Zip Code</b>	<b>2015 Patients</b>
61821	392
61822	301
61802	273
61853	266
61832	220

61801	215
61820	210
61866	206
61856	164
61873	100
61874	99
61880	94
61953	91
61938	76
61920	62
60942	61
60957	60
61834	59
61956	48
61846	48
61858	46
61883	44
61843	38
61864	37
61910	36
61877	35
61849	34
61842	29
61878	27
61911	26
60936	25
61859	25
61944	24
62401	24
61813	23
61854	23
61841	21
61847	21
61865	20
61913	20
61817	20
61872	19
60963	18
62521	17
61870	15
61884	14

61942	14
61951	14
60948	13
47932	13
61810	12
61833	12
61844	12
61863	12
61919	12
60924	12
62447	12
62526	12
60960	11
61840	11
61875	11
61761	11
60955	11
60949	10
61943	10
61811	10
61871	10
61727	9
61932	9
61814	9
62454	9
61912	9
61752	8
61862	8
62420	8
62468	8
60970	8
61924	8
62565	8
61701	8
60918	7
61816	7
61839	7
61850	7
61826	7
61704	7
61773	6

61845	6
61851	6
61876	6
61931	6
60938	6
60953	6
61812	5
61818	5
47993	5
62467	5
62839	5
62440	5
61803	5
61705	5
62411	5
62449	5
62428	5
61882	4
61929	4
61930	4
60962	4
60968	4
61764	4
62441	4
47928	4
62450	4
62549	4
61724	3
61770	3
61830	3
62501	3
62481	3
61824	3
61914	3
60933	3
60973	3
61928	3
61815	3
62448	3
47974	3
61848	3

62417	3
62424	3
62522	3
60959	3
62436	3
60921	3
60952	2
61736	2
62899	2
62473	2
61769	2
61342	2
47952	2
62439	2
47987	2
62465	2
61550	2
47807	2
60042	2
62863	2
60104	2
61957	2
60462	2
62442	2
60586	2
62458	2
60901	2
61741	2
61354	2
62474	2
61917	2
62557	2
61723	2
62858	2
61937	2
62892	2
61949	2
62959	2
61933	2
61735	1
61756	1

61852	1
62535	1
62554	1
60188	1
62524	1
62451	1
60189	1
62849	1
60193	1
49009	1
61611	1
44095	1
60408	1
47909	1
60417	1
60142	1
60423	1
37042	1
60430	1
62463	1
60439	1
61744	1
60440	1
62544	1
61857	1
62650	1
61483	1
62881	1
60490	1
85249	1
60502	1
61725	1
60525	1
46321	1
60544	1
61732	1
60564	1
42437	1
60565	1
47905	1
07920	1

62466	1
60609	1
53593	1
60619	1
61753	1
60628	1
62534	1
60636	1
62551	1
60637	1
61254	1
60639	1
62824	1
60643	1
47918	1
47951	1
60115	1
60911	1
63033	1
44108	1
85631	1
60917	1
62414	1
10924	1
62418	1
96822	1
61726	1
97045	1
61728	1
98115	1
38115	1
61375	1
49048	1
46068	1
50010	1
61520	1
61739	1
60930	1
60966	1
60932	1
62461	1

46236	1
61825	1
61722	1
50023	1
61401	1
61554	1
61364	1
62480	1
18069	1
57104	1
19120	1
94546	1
61081	1
95663	1
61530	1
61759	1
20774	1
27282	1
62558	1
32168	1
62568	1
60950	1
62712	1
10305	1
60061	1
60951	1
60081	1
48843	1
62864	1
33837	1
60107	1
07065	1
62903	1
62009	1
62995	1
62080	1
80007	1
62092	1
85541	1
62278	1
92835	1

60954	1
34142	1
47834	1
61936	1
97124	1
60922	1
99218	1
17538	1
60928	1
<b>Total</b>	<b>4,519</b>

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(d) – Service Demand**

Letters providing historical utilization data for the period from 9/1/15 to 8/31/16 for each physician who intends to perform surgery at the Replacement ASTC and his/her projected number of cases at the Replacement ASTC are attached at Appendix- 1. Zip code data for historical patients is also included with these letters. As documented in Attachment- 15, these physicians project to perform 12,300 hours of surgical procedures in the first year after project completion. Accordingly, eight operating rooms and one procedure room are necessary to service the projected patient volume.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(f) – Treatment Room Need Assessment**

- a. The Applicants propose to discontinue their existing ASTC and establish a Replacement ASTC with eight operating rooms and one procedure room. In addition to the planned transfer of surgical volumes from the existing ASTC, Carle determined that there are several types of surgical cases that are currently performed in the surgical department at Carle Foundation Hospital's main campus that would be appropriate for a surgery center. Thus, the Applicants are increasing the number of operating rooms in order to accommodate the transfer of cases for specialties like ophthalmology, ENT, general surgery and plastic surgery.

In assessing the transfers from the hospital, the applicants assessed not only which cases are safe to perform in a freestanding setting, but also sized the planned ASTC so that the operating rooms will be developed in groups of four. Since Champaign SurgiCenter anesthesiologists typically perform medical direction of CRNAs (Certified Registered Nurse Anesthetists), this model allows for an anesthesiologist to concurrently direct the maximum of four CRNAs simultaneously. Constructing the ASTC with two groups of four ORs allows the ability to utilize anesthesia resources with the greatest efficiency.

The State Board standard is 1,500 hours per procedure room or greater than 12,000 hours for eight operating rooms and one procedure room. As documented in attachment- 15, physicians project to perform 12,300 hours of surgical procedures at the Replacement ASTC. Accordingly, the proposed number of operating and procedure rooms is necessary to service the projected patient volume.

- b. The estimated time per procedure including clean-up and set-up time is shown in the table below. This figure is based on experienced historical data.

Physician Name	Specialty	Carle Foundation Hospital Average Minutes Per Case (9/1/2015-8/31/2016)	Champaign SurgiCenter Average Minutes Per Case (9/1/2015-8/31/2016)
Cradock, Kimberly A	General Surgery	127	
Dawson III, Sherfield	General Surgery	144	111
Moore, Henry R	General Surgery	113	
Oliphant, Uretz J	General Surgery	147	103
Rowitz, Blair Martin	General Surgery	116	
Dabrowski, Melinda	Gynecology		59
Weisbaum, Jon S	Gynecology	77	54
Johnson Jr, Clifford B	Hand Surgery	105	76
Sobeski, James K	Hand Surgery	77	63

Bohonos, Melissa A	Ophthalmology	74	
Panagakis, George	Ophthalmology	56	
Wandling, George R	Ophthalmology	43	
Bailey, Jonathan S	Oral/Maxillofacial Sgy	153	
Norbutt, Craig S	Oral/Maxillofacial Sgy	168	
Palermo, Mark E	Ortho Trauma	114	64
Bane, Robert A	Orthopedics	99	78
Gurtler, Robert A	Orthopedics	119	93
Amine, Muhamad A	Otolaryngology	132	122
Cunningham, Kelly	Otolaryngology	113	67
Maris, Charles	Otolaryngology		62
Novak, Michael A	Otolaryngology	105	41
Porter, Ryan Garrett	Otolaryngology	83	67
Russo, Ronald C	Otolaryngology	161	191
Stelle, Jacob A	Otolaryngology	89	
Browne, Timothy L	Plastic Surgery	172	110
Li, Paul	Plastic Surgery	163	162
Luckey, Natasha N	Plastic Surgery	199	190
Anderson, Sarah	Podiatry Surgery	81	42
Grambart, Sean T	Podiatry Surgery	83	57
Konchanin, Ronald P	Urology	84	63
Matz, Scott T	Urology	93	81
Maurer, Gregory M	Urology	81	65
Wolf, Richard M	Urology	85	
Yang, Glen	Urology	82	65
Tsipursky, Michael	Vitreous/Retinal Sgy	107	
Dodson, Robert W	Colon & Rectal Sgy	41	
Greenberg, Eugene	Gastroenterology	55	
Hallett, Jeffrey L	Gastroenterology	40	
Tender, Paul M	Colon & Rectal Sgy	43	
Tangen, Lyn E	Colon & Rectal Sgy	51	
Batey, Andrew	Gastroenterology	37	
Olson, Michelle M	Colon & Rectal Sgy	46	
Youssef, Wael I	Gastroenterology	60	
Henry, Patricia Ann	Gastroenterology	43	
Moy, Nelson	Gastroenterology	41	
Sharabash, Noura	Gastroenterology	48	
Babcock, Gregory A	Interventional Radiology	101	
Hogg, Jeremy R	Interventional Radiology	98	
Hong, Steve C	Interventional Radiology	96	
Santeler, Scott R	Interventional Radiology	98	

Wheatley, Brian J	Cardiovascular Surgery	128	
Margetts, Jeffrey C	Neurosurgery	258	
Olivero, William C	Neurosurgery	99	
Teal, Kevin Renard	Neurosurgery	148	
Jones, Douglas	General Surgery		105
Cooper-Morphew, Susan	OB/Gynecology		86
Darko, Laura	OB/Gynecology		79
Gutierrez, Bibiancy	OB/Gynecology		78
Helfer, Tamara	OB/Gynecology		65
King, Kieya	OB/Gynecology		79
McGregor, Candace	OB/Gynecology		59
Smith, Michael	OB/Gynecology		67
Young, Sarah	OB/Gynecology		67
Date, Amit	Otolaryngology		53
King, Stuart	Pain Medicine		55
Kluesner, Andrew	Podiatry		116
Pierce, William	Podiatry		104
Spizzirri, Sarah	Podiatry		85
Helfer, Eric	Urology		62
Regan, John	Urology		84
Anderson, Bette L	Ophthalmology	39	
Jarrett, John	Reproductive Medicine		63

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(g) – Service Accessibility**

The Applicants seek to relocate and expand their ASTC to address physical plant limitations as described in Attachment- 12. Since Champaign SurgiCenter is the only multi-specialty ASTC in the community and the only ASTC in the community that treated Medicaid or charity care patients in 2015, it is imperative that it maintains modern, state-of-the-art facilities. Champaign SurgiCenter has the same Medicaid and charity care policies as Carle Foundation Hospital. As a result, in 2015, 18.7% of Champaign SurgiCenter's patients' primary payor source was Medicaid, while Charity Care accounted for another 9.1% of patients. Conversely, the only other ASTC in the community did not treat any Medicaid or charity care patients in 2015. Furthermore, Danville Polyclinic, Ltd. ASTC, the only other non-Carle ASTC within a 45 minute normal drive time did not treat any charity care patients during 2015.

Ensuring Champaign SurgiCenter has suitable facilities and sufficient access is vital in order for patients without commercial insurance residing in the GSA to have access to high quality, low cost surgical care.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(h) - Unnecessary Duplication/Maldistribution**

**1. Unnecessary Duplication of Services**

- a. Champaign SurgiCenter will be relocated to a parcel near the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, IL 61822. A map of the proposed facility's market area is attached at Attachment- 27a. A list of all zip codes located, in total or in part, within 45 minutes normal travel time of the site of the relocated facility as well as 2015 population estimates for each zip code is provided in Table 1110.1540(h)(1).

<b>Table 1110.1540(h)(1)</b>	
<b>Zip Code</b>	<b>2015 Population</b>
61820 Champaign	37,868
62526 Decatur	33,445
61801 Urbana	31,212
61821 Champaign	29,683
61822 Champaign	24,251
61938 Mattoon	21,879
61802 Urbana	20,517
61853 Mahomet	14,369
61866 Rantoul	13,976
61834 Danville	9,043
61874 Savoy	8,534
61856 Monticello	7,489
61873 Saint Joseph	6,621
61953 Tuscola	6,359
60957 Paxton	5,365
61911 Arthur	4,718
61910 Arcola	4,535
61745 Heyworth	4,482
60936 Gibson City	4,432
61752 Le Roy	4,301
61880 Tolono	4,156
62535 Forsyth	3,375
61858 Oakwood	3,342

61956 Villa Grove	2,964
61842 Farmer City	2,924
61817 Catlin	2,630
61843 Fisher	2,555
62501 Argenta	2,510
61756 Maroa	2,250
61736 Downs	2,020
61813 Bement	1,913
61833 Tilton	1,870
61818 Cerro Gordo	1,827
61849 Homer	1,817
61864 Philo	1,785
61913 Atwood	1,692
61877 Sidney	1,685
61859 Ogden	1,554
60948 Loda	1,510
61854 Mansfield	1,502
61943 Oakland	1,472
62554 Oreana	1,466
61878 Thomasboro	1,402
61865 Potomac	1,401
61841 Fairmount	1,362
61847 Gifford	1,303
61884 White Heath	1,206
61931 Humboldt	1,195
61942 Newman	1,158
61844 Fithian	1,079
61770 Saybrook	1,031
60960 Rankin	979
60918 Buckley	839
61875 Seymour	807
61863 Pesotum	795
61919 Camargo	788
61876 Sidell	723
61872 Sadorus	709
61840 Dewey	695

61929 Hammond	668
61882 Weldon	656
60952 Melvin	655
61839 De Land	632
60949 Ludlow	608
61722 Arrowsmith	547
61917 Brocton	533
61845 Foosland	489
61862 Penfield	488
61724 Bellflower	482
61816 Broadlands	472
61932 Hume	471
61851 Ivesdale	455
61930 Hindsboro	432
61830 Cisco	420
61815 Bondville	390
61735 DeWitt	374
61810 Allerton	310
61812 Armstrong	294
61852 Longview	267
61831 Collison	163
61855 Milmine	110
<b>Total</b>	<b>369,286</b>

Source: Nielsen Pop-Facts™

- b. A list of all existing and approved health care facilities located within the Champaign SurgiCenter GSA that provide surgical services proposed by the project is attached at Attachment- 27b.

2. Maldistribution of Services  
Ratio of Stations to Population

As shown in Table 1110.1540(h)(2)(A), the ratio of stations to population is comparable to the state average.

Table 1110.1540(h)(2)(A)			
Ratio of Stations to Population			
	Population	Operating & Procedure Rooms	Stations to Population
Geographic Service Area	369,286	93	1 : 3971
State	12,900,879	3,054	1 : 4,224

### Sufficient Population to Achieve Target Utilization

To achieve the State Board standard of 1,500 hours per operating room or procedure room within the first two years after project completion, the Applicants would need to provide greater than 12,000 hours of surgery. As set forth in Attachment- 15, physicians anticipate performing 12,300 hours of surgery at the Replacement ASTC annually. This volume is adequate to reach target utilization after the first year of project completion.

### 3. Impact to Other Providers

- a. The Project will not have an adverse impact on existing facilities in the GSA. As discussed throughout the application, Champaign SurgiCenter is seeking authority from the State Board to relocate its existing surgery center. Physicians who provided referral letters for this project are either already on staff at the existing ASTC or will be transferring case volume from Carle Foundation Hospital, an affiliate of Champaign SurgiCenter, LLC.
- b. The proposed facility will not lower the utilization of other area providers that are operating below the occupancy standards. The anticipated volumes in Attachment-15 are based solely on historical volumes occurring at Champaign SurgiCenter and Carle Foundation Hospital.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(i) – Staffing**

The Applicants seek authority to discontinue its Existing ASTC and establish a Replacement ASTC. The Existing ASTC is staffed in accordance with IDPH and DNV accreditation staffing requirements. The Applicants anticipate all staff from the Existing ASTC will transfer to the Replacement ASTC. Additionally, some staff from Carle Foundation Hospital's OR will transfer to the Replacement ASTC to support the surgical volumes that will be shifting from CFH to the ASTC.

The Applicants do not anticipate issues with hiring additional nurses and Certified Surgical Technologists (CSTs). Carle routinely recruits at various RN and Certified Surgical Tech colleges, and offers sign on and referral bonuses for newly hired RNs. It has been particularly successful in hiring additional CSTs due to the wide variety and complexity of surgical cases that interest new employees. Additionally, Carle's International Nursing Program has been an effective initiative. In November 2015, Carle nursing and HR leaders traveled to the Philippines where they successfully recruited 32 BSNs who are expected to start working at Carle in spring 2017.

The Applicants also offer a number of programs to aid with recruitment and retention. Carle offers RN and CST Career Ladder programs that allow employees to increase their scope of accountability and pay scale. Furthermore, Carle has developed the CNRP program (Carle Nurse Residency Program). Carle hires all of its new nursing grads into this program. Throughout the first 3 to 4 months of employment, each new graduate has a chance to be trained and precepted on a variety of units. Each new graduate is then placed on the unit that is the best fit for their particular interests and desires. This program has been successful at drawing new graduates to Carle and retaining them once they are employed. To address childcare issues, Carle operates a licensed day care center called the Caring Place.

The Applicants anticipate that Champaign SurgiCenter's current Associate Medical Director, Dr. Ryan Porter, will continue to function as Associate Medical Director at the Replacement ASTC and will commit additional administrative time as needed as a result of the facility's expanded capacity. Dr. Porter's CV can be found at Attachment- 27d.

**Section VII, Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgery  
 Criterion 1110.1540(j) - Charge Commitment**

<b>Table 1110.1540(j)</b>	
<b>Primary CPT</b>	<b>Charge</b>
10060	\$5,843
10120	\$4,179
11406	\$7,844
11420	\$4,946
11421	\$4,232
11422	\$5,182
11730	\$4,614
11750	\$5,804
11760	\$8,109
14021	\$7,629
14040	\$6,619
14060	\$9,061
19350	\$13,146
20550	\$2,554
20600	\$2,338
20605	\$2,405
20610	\$3,138
20670	\$4,951
20680	\$5,520
23410	\$16,012
23412	\$16,002
23420	\$16,969
23455	\$17,458
23700	\$3,925
24341	\$15,315
25000	\$4,637
25111	\$5,644
25447	\$11,405
25565	\$4,276
25605	\$4,785
25606	\$7,031
25628	\$13,137
26011	\$5,050
26045	\$9,280
26055	\$4,117

26115	\$4,872
26160	\$4,582
26418	\$7,174
26540	\$10,143
26608	\$7,459
26615	\$13,133
26727	\$6,655
26735	\$12,226
26765	\$9,565
26951	\$8,374
26952	\$7,935
27570	\$3,947
27650	\$12,592
27658	\$8,879
27687	\$12,719
27691	\$13,996
27792	\$13,379
27860	\$2,227
28035	\$8,935
28080	\$6,171
28285	\$9,824
28289	\$9,169
28296	\$13,476
28298	\$13,635
28308	\$12,019
28485	\$13,029
29806	\$15,353
29807	\$16,650
29822	\$12,792
29823	\$12,513
29824	\$12,903
29826	\$13,235
29827	\$15,675
29846	\$9,302
29877	\$9,544
29880	\$10,411
29881	\$9,223
29898	\$9,476
30520	\$16,339
42820	\$5,862
42821	\$6,717

42825	\$5,077
42826	\$6,706
42830	\$4,939
47562	\$14,428
49505	\$13,973
49650	\$16,031
52204	\$4,808
52224	\$5,930
52234	\$5,721
52235	\$7,280
52332	\$9,590
52352	\$9,761
52356	\$13,412
54161	\$6,351
54162	\$2,790
55250	\$6,201
58558	\$8,052
58563	\$12,261
58662	\$14,818
58670	\$9,014
64450	\$1,812
64718	\$8,556
64721	\$4,149
64831	\$12,332
69436	\$3,339
69610	\$6,660
69631	\$13,304
69633	\$16,501
88331	\$671
0232T	\$3,068

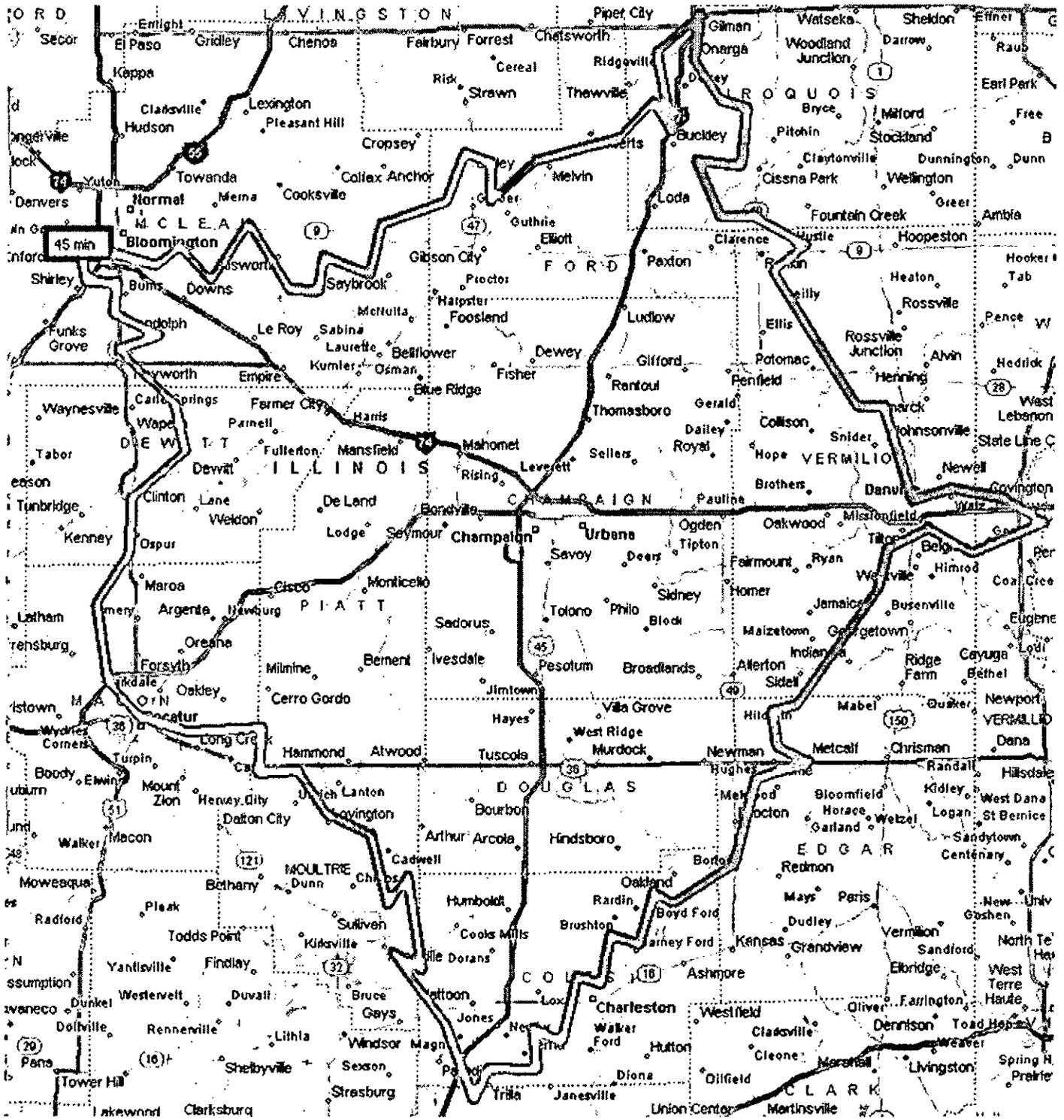
Table 1110.1540(j) above illustrates the procedures by primary CPT code that will be typically performed at Champaign SurgiCenter after it is relocated. Each line shows anticipated average charges for two years for a surgical case with the primary CPT code shown (many cases have multiple procedures involved in a single case).

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery .**  
**Criterion 1110.1540(k) - Assurances**

Attached as Attachment- 27c is a letter from Champaign SurgiCenter certifying that the proposed facility will achieve target utilization by the end of the first year of operation.

Attachment- 27

**45 Minutes Normal Travel Time to Replacement ASTC**



ATTACHMENT- 27b

Facility Name	Address	City	County	Zip	Miles	Normal Drive Time
Olympian Surgical Suites, LLC	1002 West Interstate Drive	Champaign	Champaign	61822	8.5	10
Carle Foundation Hospital	611 West Park Street	Urbana	Champaign	61801	11.3	13
Presence Covenant Medical Center	1400 West Park Avenue	Urbana	Champaign	61801	8.3	13
Kirby Medical Center	1000 Medical Center Drive	Monticello	Piatt	61856	20.6	20
Danville Polyclinic, Ltd. ASTC	707 North Logan Avenue	Danville	Vermilion	61832	42.6	42
Sarah Bush Lincoln Health Center	1000 Health Center Drive	Mattoon	Coles	61938	45.2	43
Presence United Samaritans Medical Center	812 North Logan Street	Danville	Vermilion	61832	42.8	43
Dr. John Warner Hospital	422 West White Street	Clinton	DeWitt	61727	40.9	44
Gibson Community Hospital	1120 North Melvin Street	Gibson City	Ford	60936	36.6	44



611 West Park Street, Urbana, IL 61801-2595

Kathryn J. Olson, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**RE: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances**

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1540(k), I hereby certify the following:

- Champaign SurgiCenter will continue its existing peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for surgical services. If outcomes do not meet or exceed those standards, a quality improvement plan will be initiated; and
- By the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms at Champaign SurgiCenter will meet or exceed the utilization standard specified in 77 Ill. Admin. Code 1100.

Sincerely,

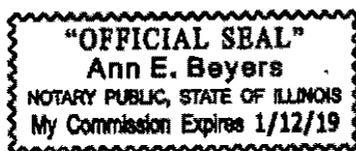
James C. Leonard, M.D.  
President and CEO

Notarization:

Subscribed and sworn to before  
me this 21st day of October, 2016.

Signature of Notary

seal



# Ryan G. Porter, M.D.

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## Adult and Pediatric Clinical Practice:

Otology, Neurotology, and Skull Base Surgery  
ECHO (Expanding Children's Hearing Opportunities) Children's Hearing Program  
Carle Auditory Oral School  
Otolaryngology- Head and Neck Surgery  
Carle Physician Group

611 West Park Street, South Clinic 2  
Urbana IL 61801  
Tel: (217) 383-3130  
Fax: (217) 383-4451

## Administrative Practice:

Carle Foundation Hospital and Carle Physician Group  
Department Head – Otolaryngology – Head and Neck Surgery  
Associate Medical Director – Carle Ambulatory Surgery Centers  
Assistant Medical Director – Specialty Surgical Services

## Academic:

Clinical Assistant Professor  
University of Illinois College of Medicine at Urbana-Champaign

## **EDUCATION/ TRAINING**

<b>Otology, Neurotology, and Skull Base Surgery</b>	2010-2012
Clinical Fellowship Michigan Ear Institute	Farmington Hills, MI
<b>Otolaryngology- Head and Neck Surgery</b>	2006-2010
Residency, Department of Otolaryngology- Head and Neck Surgery Loyola University Medical Center	Maywood, IL
<b>General Surgery</b>	2005-2006
Internship, Department of Surgery Loyola University Medical Center	Maywood, IL
<b>Doctor of Medicine</b>	2005
Stritch School of Medicine Loyola University Chicago	Maywood, IL
<b>Bachelor of Science</b>	2000
Major: Biology	

Baylor University

Waco, TX

## AWARDS

- Best Doctor's, Inc. --  
Named to "Best Doctors in America" list (2015-2016)
- American Academy of Otolaryngology – Head & Neck Surgery  
"Honor Award" (2015)
- Carle Foundation Hospital Physician "Rising Star" Award (2014)
- Providence Hospital Resident Research Competition, Southfield, MI.  
1<sup>st</sup> Place Winner – Fellow Oral Presentation (2012)
- Chicago Laryngological and Otological Society Annual Lederer-Pierce  
Resident Research Competition, Chicago, IL. 1<sup>st</sup> Place Winner (2009)
- 18<sup>th</sup> Annual Peter J. Girgis Otolaryngology Resident Research  
Competition- 1st Place Winner (2009)
- Stryker Educational Travel Grant Awarded for Top Resident  
Otolaryngology Inservice Scores (2008)
- American Academy of Otolaryngology- Head and Neck Surgery  
Resident Leadership Grant (2008)
- 17<sup>th</sup> Annual Peter J. Girgis Otolaryngology Resident Research  
Competition- 2<sup>nd</sup> Place Winner (2008)
- American Academy of Otolaryngology- Head and Neck Surgery  
Resident Travel Grant (2007)
- Loyola University Medical Center Magis Star Recipient
- CMDA Johnson Short Term Medical Missions Scholarship
- Folmar Undergraduate Award in Biology
- Baylor University Academic Scholarship
- Baylor University Leadership Scholarship
- Virgil Tweedie Premedical Honor Society Award
- Baylor University Student Foundation Scholarship

## ABSTRACTS/ PUBLICATIONS/ PRESENTATIONS

**“Uncommon Causes of Vertigo: Retrocochlear Lesions.”** American Academy of Otolaryngology – Head and Neck Surgery Miniseminar. September 2016. San Diego, CA.

**“Cost Effective Workup of Cranial Neuropathies: Tinnitus.”** American Academy of Otolaryngology – Head and Neck Surgery Miniseminar. September 2016. San Diego, CA.

**“Non-invasive optical assessment of viscosity of middle ear effusions in otitis media.”** Monroy GL, Pande P, Shelton RL, Nolan RM, Spillman DR Jr, Porter RG, Novak MA, Boppart SA. *J Biophotonics*. 2016 Mar 24.

**“Translabyrinthine Approach to the Internal Auditory Canal.”** Loyola University Medical Center -- Temporal Bone Dissection Course. Maywood, IL. Guest Faculty – November 2015.

**“Overview of Otologic and Neurotologic Surgery.”** AORN. Urbana, IL. October 2014.

**“Invasive Ductal Breast Carcinoma Metastases to Bilateral Internal Auditory Canals.”** Rourke, A, Porter, RG, LaRouere, MJ. Journal Submission Pending.

**“Improved Facial Nerve Outcomes Utilizing an Evolving Treatment Method for Large Acoustic Neuromas.”** Porter, RG, LaRouere, MJ, Kartush, JM, Bojrab, DI, Pieper, DR. *Otology & Neurotology*. 2013 Feb;34(2):304-10.

**“Alternatives to Conventional Hearing Aids.”** Porter, RG. Michigan Ear Institute Annual Meeting. Traverse City, MI. June 3, 2012.

**“Diseases of the Posterior Fossa.”** Porter, RG, Babu, S. Book Chapter. Thieme. In press.

**“Invasive Ductal Breast Carcinoma Metastases to Bilateral Internal Auditory Canals.”** Rourke, A, Porter, RG, LaRouere, MJ. Triological Society Annual Meeting. San Diego, CA. April 2012.

**“Evolving Treatment of Large Acoustic Neuromas.”** Porter, RG (Presenter), LaRouere, MJ, Kartush, JM, Bojrab, DI, Pieper, DR. American Neurotology Society Annual Meeting. San Diego, CA. April 2012.

**“Evolving Treatment of Large Acoustic Neuromas.”** Porter, RG (Presenter), LaRouere, MJ, Kartush, JM, Bojrab, DI, Pieper, DR. Providence Hospital Resident Research Competition. Southfield, MI.

April 2012.

**“Diagnosis, Evaluation, and Treatment of Facial Nerve Disorders”**  
Porter, RG and Kartush, J. ENT Surgery: Otology & Neurotology  
Volume. Editors: Sanna, Kirtane, De Souza, et al. In Press.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors.*”** Porter, RG; LaRouere, M. Providence Park Hospital. Skull Base Surgery Grand Rounds. Novi, MI. September 2011.

**“Lower Cranial Nerve Function Following Jugular Foramen Tumor Resection.”** Porter, RG; Leonetti, JP; Marzo, SJ; Akst, L; Chan, D; Ravindra, VM. American Academy of Otolaryngology- Head & Neck Surgery Annual Meeting. San Francisco, CA. September 2011.

**“Temporal Bone Dissection.”** Porter, RG. Detroit Medical Center. Resident teaching conference. Detroit, MI. July 26, 2011.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors.*”** LaRouere, M; Porter, RG. Sixth International Conference on Treatment of Acoustic Neuroma. Los Angeles, CA. June 30, 2011.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors.*”** LaRouere, M; Porter, RG. University of California, Davis, Department of Otolaryngology. Sacramento, CA. June 2011.

**“Evolving Treatment of Acoustic Neuromas: *The MEI Experience with Large Tumors.*”** LaRouere, M; Porter, RG. Michigan Ear Institute Annual Meeting. Traverse City, MI. June 2011.

**“Acute Facial Nerve Disorders: Diagnosis, Evaluation, and Treatment.”** Providence Park Hospital. Skull Base Surgery Grand Rounds. Novi, MI. October 2010.

**“Vestibular Testing.”** Loyola University Medical Center. Department of Otolaryngology- Head & Neck Surgery Grand Rounds. Maywood, IL. May 2010.

**“Chondroblastoma of the Sphenoid Sinus.”** Burgin, SJ; Porter, RG; Mehrota, S; Welch, KC. *Otolaryngol Head Neck Surg.* 2010 Oct;143(4):591-92.

**“Temporal Bone Osteoradionecrosis After Surgery and Radiotherapy for Malignant Parotid Tumors.”** Leonetti, JP; Marzo, SJ; Zender, CA; Porter, RG; Melian, E. *Otol Neurotol.* 2010 Jun;31(4):656-9.

**“Cranial Nerve Function Following Surgery for Jugular Foramen Tumors.”** Porter, RG; Leonetti, JP; Marzo, SJ; Akst, L; Chan, D;

Ravindra, VM. Loyola University Medical Center- Girgis Otolaryngology Resident Research Competition, Maywood, IL. January 19, 2010.

**“Recurrent Post-Tympanostomy Tube Otorrhea Secondary to Aerobic Spore-Forming Bacilli: A Case Report and Brief Literature Review.”**

Jaber, J; Thorpe, E; Kircher, M; **Porter, RG**; Leonetti, JP; Marzo, SJ. *Ear, Nose, & Throat Journal*. In Press.

**“A Rat Model for Intratemporal Facial Nerve Crush Injuries.”**

**Porter, RG**; Foecking, E; Sharma, N; Marzo, SJ; Leonetti, JP; Jones, K. Hines Veterans Affairs Hospital and Loyola University Medical Center. (Poster Presentation – American Academy of Otolaryngology- Head and Neck Surgery, San Diego, California. October 2009.)

**“Improved Flap Design in Bone Anchored Hearing Aid Surgery.”**

Hetzler, LE; **Porter, RG**; Mariotti, A; Leonetti, JP; Marzo, SJ. Undergoing Revisions. *Otology & Neurotology*.

**“Comparison of Extratemporal and Intratemporal Facial Nerve Injury Models.”**

Sharma N; Cunningham, K; **Porter, RG**; Marzo, SJ; Jones, KJ; Foecking, EM. *Laryngoscope*. 2009 Dec;119(12):2324-30.

**“Comparison of Extratemporal and Intratemporal Facial Nerve Injury Models.”**

Sharma, N; Cunningham, K (presenter); **Porter, RG**, Marzo, SJ; Jones, KJ; Foecking, EM. Triological Society Annual Meeting, Phoenix, AZ. May 2009.

**“Effects of Electrical Stimulation and Gonadal Steroids on Rat Facial Nerve Regenerative Properties”**

Sharma, N; Coughlin, L; **Porter, RG**; Tanzer, L; Wurster, RD; Marzo, SJ; Jones, KJ; Foecking, EM. *Restor Neurol Neurosci*. 2009;27(6):633-44.

**“Temporal bone Osteoradionecrosis Following Surgery and Radiotherapy for Malignant Parotid Tumors.”**

**Porter, RG**; Leonetti, JP; Marzo, SJ; Zender C. American Neurotology Society Meeting during the Combined Otolaryngology Spring Meetings, Phoenix, AZ. May 2009.

**“Improved Flap Design in Bone Anchored Hearing Aid Surgery.”**

Hetzler, LE (presenter); **Porter, RG**; Leonetti, JP; Marzo, SJ. American Otolological Society Meeting during the Combined Otolaryngology Spring Meetings, Phoenix, AZ. May, 2009.

**“Selective Neck Dissection”**

**Porter, RG**. Loyola University Medical Center. Department of Otolaryngology-Head and Neck Surgery Grand Rounds. Maywood, IL. April 8, 2007

**“Effects of Electrical Stimulation and Gonadal Steroids on Rat Facial Nerve Regenerative Properties”**

**Porter, RG**; Sharma, N; Coughlin, L;

Tanzer, L; Wurster, RD; Marzo, SJ; Jones, KJ; Foecking, EM. Chicago Laryngological and Otological Society Lederer-Pierce Research Competition, Chicago, IL. April 6, 2009. 1<sup>st</sup> Place Winner.

**“Effects of Electrical Stimulation and Gonadal Steroids on Rat Facial Nerve Regenerative Properties”** Porter, RG; Sharma, N; Coughlin, L; Tanzer, L; Wurster, RD; Marzo, SJ; Jones, KJ; Foecking, EM. Loyola University Medical Center- Girgis Otolaryngology Resident Research Competition, Maywood, IL. January 27, 2009. 1<sup>st</sup> Place Winner.

**“Association between Adipose Graft Usage and Postoperative Headache After Retrosigmoid Craniotomy”** Porter, RG; Leonetti, JP; Ksiazek, J; Anderson, DE. *Otol Neurotol*. 2009 Aug;30(5):635-9.

**“Grand Rounds: Gunshot Wound to the Face”** Porter, RG. Loyola University Medical Center Department of Otolaryngology- Head and Neck Surgery Newsletter. Winter 2008.

**“The Surgical Airway: An Overview for the Non-surgical Physician”** Porter, RG. Loyola University Medical Center Department of Medicine. Maywood, IL. November 2008.

**“The Surgical Airway: An Overview for the Anesthesiologist”** Porter, RG. Loyola University Medical Center Department of Anesthesia. Maywood, IL. November 2008.

**“Neurotologic Features of Temporomandibular Joint Tumors”** Porter, RG; Leonetti, JP; Marzo, SJ; Heaton C. Loyola University Medical Center. Poster presentation. Saint Albert’s Day Research Competition. Maywood, IL. November 2008.

**“Gunshot Wound to the Face”** Porter, RG (Presenter); Marzo, SJ. Facial Nerve Disorders Study Group. American Academy of Otolaryngology- Head and Neck Surgery National Meeting, Washington D.C. September 22, 2008.

**“Neurotologic Features of Temporomandibular Joint Tumors”** Porter, RG; Leonetti, JP; Marzo, SJ; Heaton C. Loyola University Medical Center. Poster presentation. American Academy of Otolaryngology- Head and Neck Surgery National Meeting, Chicago, IL. September 2008.

**“Treatment Options for Patients with Longstanding Facial Paralysis”** Porter, RG; Leonetti, JP; Marzo, SJ, Fahey K, Burkman L. Loyola University Medical Center. Oral presentation. North American Skull Base Society Annual Meeting. Vancouver, BC Canada. September 11-14, 2008.

**“Perioperative Differences Between Large Acoustic Neuromas and Cerebellopontine Angle Meningiomas”** Porter, RG; Leonetti, JP; Marzo, SJ, Anderson, DE; Oritano, TC. Loyola University Medical Center. Oral presentation. North American Skull Base Society Annual Meeting. Vancouver, BC Canada. September 11-14, 2008

**“Surgical Salvage After Failed Radiation for Acoustic Neuromas”** Porter, RG; Heaton, S; Marzo, SJ; Leonetti, JP; Anderson, DE. Loyola University Medical Center. Poster presentation. North American Skull Base Society Annual Meeting. Vancouver, BC Canada. September 11-14, 2008.

**“Effect of Adipose Graft Usage on Postoperative Headache Following Retrosigmoid Craniotomy”** Porter, RG; Ksiazek, J; Anderson, DE; Leonetti, JP. American Neurotology Society Meeting during the Combined Otolaryngology Spring Meetings, Orlando, FL. May 3, 2008.

**“Effect of Adipose Graft Usage on Postoperative Headache Following Retrosigmoid Craniotomy”** Porter, RG; Ksiazek, J; Anderson, DE; Leonetti, JP. Chicago Laryngological and Otological Society Lederer-Pierce Research Competition, Chicago, IL. April 7, 2008.

**“Effects of Dihydrotestosterone and Estradiol on Rat Facial Nerve Regeneration Following a Crush Axotomy”** Foecking, EM (presenter), N Sharma, RG Porter, K Fargo, RD Wurster, SJ Marzo, KJ Jones Experimental Biology Annual Meeting, San Diego, CA. April 5-9, 2008.

**“The Surgical Airway: An Overview for Internists”** Porter, RG. Loyola University Medical Center- Department of Medicine. Resident Teaching Rounds, Maywood, IL. January 25, 2008.

**“Effect of Adipose Graft Usage on Postoperative Headache Following Retrosigmoid Craniotomy”** Porter, RG; Ksiazek, J; Anderson, DE; Leonetti, JP. Loyola University Medical Center- Girgis Otolaryngology Resident Research Competition, Maywood, IL. January 16, 2008. 2<sup>nd</sup> Place Winner.

**“Velopharyngeal Dysfunction”** Porter, RG Loyola University Medical Center. Department of Otolaryngology-Head and Neck Surgery Grand Rounds. Maywood, IL. December 2007

**“Ruptured Carotid Artery Pseudoaneurysm in the Middle Ear”** Porter, RG; Leonetti, JP; Hacin-Bey, L; Marzo, SJ. Poster presentation. American Academy of Otolaryngology- Head and Neck Surgery National Meeting, Washington D.C. September 15-19, 2007.

**“Facial Nerve Paralysis Diagnostic Dilemma: Update”** Porter, RG (Presenter); Marzo, SJ. Facial Nerve Disorders Study Group. American

Academy of Otolaryngology- Head and Neck Surgery National Meeting, Washington D.C. September 17, 2007.

**“Melanoma of the Head and Neck” Porter, RG** Loyola University Medical Center. Department of Otolaryngology-Head and Neck Surgery Grand Rounds. Maywood, IL. July 2007

**“Partial Mastoidectomy For the Safe Resection of Lateral Skull Base Tumors” Porter, RG** (presenter); Leonetti, JP; Marzo, SJ North American Skull Base Society National Meeting, Chicago, IL. May 2007.

**“What’s In a Doctor’s Bag”**  
Westview Elementary School, Wood Dale, IL. 2006 & 2005.

**“Tracheotomy: An Overview”**  
Loyola University Medical Center- Department of Surgery. Trauma Surgery Morning Conference, Maywood, IL. 2005.

## TEACHING

**Carle Family Medicine Residency Program (Instructor/Lecturer) –**  
(2015-present)

**University of Illinois at Urbana Champaign 1<sup>st</sup> Year Medical Student Mentor** (2015-present)

**“Preparation for Internal Medicine Internship” (4<sup>th</sup> Year Medical Student Elective) Course Lecturer**  
Loyola University Chicago Stritch School of Medicine (2008-present)

**Head and Neck Gross Anatomy Lab Instructor –** Loyola University Stritch School of Medicine (2007)

**Loyola University Stritch School of Medicine Physician Mentor Program** (2007-present)

**Gross Anatomy Tutor** (2004)

**Medical Student Mentor** (2002-2005)

**Teaching Assistant: Gross Anatomy** (2002)

**CPR Instructor** (1999-2000)

## EMPLOYMENT EXPERIENCE

**Sales Associate/ Technical Service Representative**  
2000-2001 Stryker (Howmedica Osteonics Orthopedic Division)  
Chicago, IL

**911 System Status Controller**  
1999-2000 Rural/Metro Ambulance & West Ambulance Waco, TX

**Emergency Medical Technician**  
1998-2000 Rural/Metro Ambulance & West Ambulance Waco, TX

**Owner and Operator of Mobile Disk Jockey Company**  
1996-2000 Waco, TX

**Recording Engineer**  
1996-2000 Baylor University School of Music Hearn Recording Studio  
Waco, TX

**VOLUNTEER**

**ILAC Otolaryngology Medical Mission Trip**  
Santiago, Dominican Republic (2009)

**Harvest Bible Chapel Emergency Response Team (2006-2010)**

**Harvest Bible Chapel Hospital Visitation Team (2006-2009)**

**Global Health Outreach: Otolaryngology Medical Mission**  
Chiappas, Mexico (2006)

**Global Health Outreach: Medical Mission**  
Santo Domingo, Dominican Republic (2003)

**Global Health Outreach: Medical/Surgical Mission and Spanish  
Language Study**  
Cuenca, Ecuador (2002)

**Community Health Free Clinic**  
Chicago, IL (2001-2005)

**Stritch School of Medicine Tour Guide (2002-2004)**

**Disaster Relief Volunteer Tegucigalpa, Honduras (1998)**

**Community Service Project Agua Prieta, Mexico (1997)**

**HOSPITAL  
AFFILIATIONS**

**Carle Foundation Hospital – Urbana, IL (2012-Present)**

**St John/ Providence Health System – Michigan (2010-2012)**

**William Beaumont Hospitals – Michigan (2010-2012)**

**Loyola University Medical Center/ Foster McGaw Hospital-  
Maywood, IL (2005-2010)**

**Hines Veterans Administration Hospital- Hines, IL (2005-2010)**

**Resurrection Medical Center- Park Ridge, IL (2005)**

**COMMITTEE &  
PROFESSIONAL  
SOCIETY  
PARTICIPATION**

**Carle Foundation Hospital Medical Executive Committee (Member-  
at-Large) (2016-present)**

**Carle Foundation Hospital Surgical Venous Thromboembolism  
Prevention Committee (2016)**

**Skull Base Surgery Committee (Consultant) American Academy of  
Otolaryngology-Head and Neck Surgery (2014-present)**

**Skull Base Surgery Committee (Member) American Academy of  
Otolaryngology-Head and Neck Surgery (2012-2014)**

**Hearing Committee (Member) American Academy of Otolaryngology-  
Head and Neck Surgery (2011-2013)**

**Resident Consultant – Finance Committee. Loyola University Medical  
Center Department of Otolaryngology- Head & Neck Surgery (2010)**

**Credentials and Membership Committee – (Member) American  
Academy of Otolaryngology-Head and Neck Surgery (2007-2010)**

**Internal Review of General Surgery Residency Program. Loyola  
University Medical Center. October 2009.**

**Resident Governance Committee. Loyola University Medical Center.  
(2009-2010)**

**1<sup>st</sup> Annual Joint Surgical Advocacy Conference. Washington, D.C.  
(March 9-11, 2008)**

**American Academy of Otolaryngology- Head and Neck Surgery  
Spring Board of Governors Meeting. Washington, D.C. (March 7-9,  
2008)**

**Facial Nerve Disorders Committee – (Member)** American Academy of Otolaryngology-Head and Neck Surgery (2007-2009)

**Cell & Molecular Biology Course Review Committee-** Loyola University Stritch School of Medicine (2001)

**Human Relations Committee-** Rural/Metro Ambulance Service (1999-2000)

**PROFESSIONAL SOCIETIES**

**American Neurotology Society** (2008-present)

**Chicago Laryngological and Otological Society** (2006-2010)

**American Academy of Otolaryngology- Head and Neck Surgery** (2005-present)

**Triologic (Otologic, Laryngologic, and Rhinologic) Society** (2006-2012)

**American College of Surgeons** (2005-2012)

**Christian Medical and Dental Association** (2000-2012)

**Local Campus Leader** (2003-2005)

**American Medical Association** (2000-2008)

**Illinois State Medical Society** (2000-2005)

**Chicago Medical Society** (2000-2005)

**ADDITIONAL LANGUAGE**

Spanish (Intermediate Level Fluency)

**ACTIVITIES/ INTERESTS**

Family [Wife – Sarah; Son – Ryan “Garrett”, II; Daughter – Penelope Kristine]

Triathlon -Swimming, Bicycling, Running, Theology, Guitar, Jazz, Photography, Wine, Travel, Non-fiction, Golf, Church activities

**CERTIFICATIONS (Past & Present)**

Advanced Trauma Life Support, Advanced Cardiac Life Support, CPR, National Registry Emergency Medical Technician, CPR Instructor, Emergency Medical Dispatcher

**PROFESSIONAL LICENSING/ CREDENTIALING**

Board Certified – Diplomate, American Board of Otolaryngology (2010-present)

Board Certified – Neurotology – American Board of Otolaryngology (2012-present)

Fellow, American Academy of Otolaryngology – Head and Neck Surgery  
Michigan - Medicine - (2010-2014)  
Michigan – Pharmacy - (2010-2014)  
Illinois – Physician – (2012-present)  
Illinois – Controlled Substances – (2012-present)  
US DEA Controlled Substances – (2012-present)  
Illinois - Medical Temporary - (2005-2010)

## **Section 1120.120 Availability of Funds**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (May 10, 2016), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.120 Availability of Funds

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# S&P Global Ratings

130 East Randolph Street  
Suite 2900  
Chicago, IL 60601  
tel 312-233-7000  
reference no.:792082

May 10, 2016

The Carle Foundation  
602 West University Avenue  
Urbana, IL 61801  
Attention: Mr. Scott Hendrie, Director - Accounting & Treasury Svcs

**Re: *Illinois Finance Authority, Illinois, Issuer Credit Rating***

Dear Mr. Hendrie:

S&P Global Ratings hereby affirms its rating of "A+" for the underlying rating (SPUR) on the above-listed obligations and changed the outlook to stable from positive. A copy of the rationale supporting the rating and outlook is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above rating to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on [standardandpoors.com](http://standardandpoors.com). Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

To maintain the rating, S&P Global Ratings must receive all relevant financial and other information, including notice of material changes to financial and other information provided to us and in relevant documents, as soon as such information is available. Relevant financial and other information includes, but is not limited to, information about direct bank loans and debt and debt-like instruments issued to, or entered into with, financial institutions, insurance companies and/or other entities, whether or not disclosure of such information would be required under S.E.C. Rule 15c2-12. You understand that S&P Global Ratings relies on you and your agents and advisors for the accuracy, timeliness and completeness of the information submitted in connection with the rating and the continued flow of material information as part of the surveillance process. Please send all information via electronic delivery to [pubfin\\_statelocalgovt@standardandpoors.com](mailto:pubfin_statelocalgovt@standardandpoors.com). If SEC rule 17g-5 is applicable, you may post such information on the appropriate website. For any information not available in electronic format or posted on the applicable website,

Please send hard copies to:

S&P Global Ratings  
Public Finance Department  
55 Water Street  
New York, NY 10041-0003

The rating is subject to the Terms and Conditions, if any, attached to the Engagement Letter applicable to the rating. In the absence of such Engagement Letter and Terms and Conditions, the rating is subject to the attached Terms and Conditions. The applicable Terms and Conditions are incorporated herein by reference.

S&P Global Ratings is pleased to have the opportunity to provide its rating opinion. For more information please visit our website at [www.standardandpoors.com](http://www.standardandpoors.com). If you have any questions, please contact us. Thank you for choosing S&P Global Ratings.

Sincerely yours,

S&P Global Ratings  
a business unit of Standard & Poor's Financial Services LLC

jk

enclosure

cc: Mr. Dennis P. Hesch, Executive Vice President-Finance  
The Carle Foundation

# S&P Global Ratings

## S&P Global Ratings Terms and Conditions Applicable To Public Finance Credit Ratings

General. The credit ratings and other views of S&P Global Ratings are statements of opinion and not statements of fact. Credit ratings and other views of S&P Global Ratings are not recommendations to purchase, hold, or sell any securities and do not comment on market price, marketability, investor preference or suitability of any security. While S&P Global Ratings bases its credit ratings and other views on information provided by issuers and their agents and advisors, and other information from sources it believes to be reliable, S&P Global Ratings does not perform an audit, and undertakes no duty of due diligence or independent verification, of any information it receives. Such information and S&P Global Ratings' opinions should not be relied upon in making any investment decision. S&P Global Ratings does not act as a "fiduciary" or an investment advisor. S&P Global Ratings neither recommends nor will recommend how an issuer can or should achieve a particular credit rating outcome nor provides or will provide consulting, advisory, financial or structuring advice. Unless otherwise indicated, the term "issuer" means both the issuer and the obligor if the obligor is not the issuer.

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No Third Party Beneficiaries. Nothing in any credit rating engagement, or a credit rating when issued, is intended or should be construed as creating any rights on behalf of any third parties, including, without limitation, any recipient of a credit rating. No person is intended as a third party beneficiary of any credit rating engagement or of a credit rating when issued.

## **Section 1120.130 Financial Viability**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (May 10, 2016), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.130 Financial Viability.

**Section 1120.140 Economic Feasibility**  
**A. Reasonableness of Financing Arrangements**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (May 10, 2016), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.140 (a) Reasonableness of Financing Arrangements.



611 West Park Street, Urbana, IL 61801-2595 Phone: (217) 383-3311

Kathryn J. Olson  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Conditions of Debt Financing**

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(b) that the selected form of debt financing the project will be the lowest net cost available.

Sincerely,

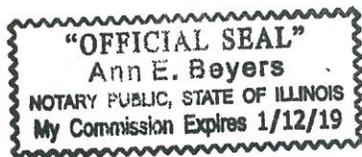
James C. Leonard, M.D.  
President and CEO

Notarization:

Subscribed and sworn to before  
me this 21<sup>st</sup> day of October, 2016.

Signature of Notary

seal



**1120.140 Economic Feasibility**  
**C. Reasonableness of Project and Related Costs**

The Applicants seek to relocate and expand their Existing ASTC.

The table below shows the cost and gross square foot allocation for all clinical departments impacted by the proposed project.

Cost and Gross Square Feet by Department of Service									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost / sf		Gross sf		Gross sf		Const \$ (A x C)	Mod \$ (B x E)	
	New	Mod	New	Circ	Mod	Circ			
ASTC	\$347.00		26,369				\$9,150,000		\$9,150,000
Clinical Contingency	\$31.29		26,369				\$825,000		\$825,000
Total Clinical	\$378.29		26,369				\$9,975,000		\$9,975,000

The values in column C reflect the total gross square footage

Circulation is 23.1% of the gross square footage.

The following is documentation regarding whether the estimated project costs are reasonable and in compliance with the state standards, as defined in Section 1120.140 (C) of the Administrative Code,

1. Preplanning costs are 1.48% of the sum of new construction, modernization, contingency, and equipment costs, which is under the state standard of 1.8%. Therefore this item is compliant with the state standard.
2. Site survey, soil investigation, or site preparation costs are 4.6% of construction and contingency costs, which is under the state standard of 5.0%. Therefore this item is compliant with the state standard.
3. Off-site work costs total \$0. There is no state standard for off-site work.
4. New construction and contingency costs are \$378.29 per gsf, compared with the ASTC standard of \$391.08/gsf. Therefore this item is compliant with the state standard.
5. There are no modernization contracts associated with this project. Therefore this item is not applicable.
6. The new construction contingency is 9.0% of new construction contracts, compared with the state standard of 10% for projects in the schematics stage. Therefore this item is compliant with the state standard.
7. Architectural and Engineering Fees for new construction are 7.1% of the sum of new construction contracts and the new construction contingency budget. This is

## **1120.140 Economic Feasibility**

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

within the state standard of a range of 5.90% - 8.86% for a new construction budget under \$10,000,000. Therefore this item is compliant with the state standard.

8. Consulting and Other Fees total \$160,000. There is no state standard for Consulting and Other Fees.
9. Movable or Other Equipment (Not in Construction Contracts) costs total \$3,550,000 or \$394,444 per room. This is under the state standard of \$475,480.
10. Bond issuance expense totals \$269,561. There is no applicable state standard for bond issuance expense.
11. Net Interest Expense during Construction totals \$283,122. There is no applicable state standard for Net Interest Expense.
12. There is no Fair Market Value of Leased Space or Equipment associated with the proposed project.
13. Other Costs to Be Capitalized are \$249,558. There is no state standard for Other Costs to Be Capitalized.
14. There is no Acquisition of Building or Other Property cost associated with the proposed project. Therefore this item is not applicable.

**Section 1120.140 Economic Feasibility**  
**D. Projected Operating Costs**  
**E. Total Effect of the Project on Capital Costs**

The Applicants seek to relocate the Existing ASTC.

The table below provides information regarding costs as they relate to 10,289 units of service.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs.

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

<b>Review Criteria Relating to Economic Feasibility</b>		
1	Units of Service (2020 Projected)	10,289
2	Total Capital Cost (2020 Projected)	\$2,626,103
3	Total Operating Cost (2020 Projected)	\$16,656,103
4	Capital Cost per Unit of Service	\$255
5	Operating Cost per Unit of Service	\$1,619

## Safety Net Impact Statement

The Applicants seek to relocate and expand their Existing ASTC. No services are being eliminated. The Project will enhance the delivery of care at Champaign SurgiCenter, and is not expected to have any adverse impact on safety net services in the community or on the ability of any other health care provider to deliver services.

This Safety Net Impact Statement addresses the following requirements:

- 1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.**

The relocation of Champaign SurgiCenter will improve safety net services in the community by expanding capacity at an essential provider of these services. In 2015, Champaign SurgiCenter treated the most Medicaid and the most charity care patients of any ASTC in Health Service Area 004. Champaign SurgiCenter has the same Medicaid and charity care policies as Carle Foundation Hospital. As a result, in 2015, 18.7% of Champaign SurgiCenter's patients' primary payor source was Medicaid, while Charity Care accounted for another 9.1% of patients. The relocation of the ASTC will not impact its Medicaid and/or charity care policies. Patients seeing Carle providers in the Replacement ASTC will be eligible for the same charity care benefits that are available at the Existing ASTC.

- 2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.**

The relocation of the ASTC will not adversely impact the ability of other providers or health care systems to serve patients seeking safety net services. The Applicants do not believe there will be any adverse impact on other providers or health care systems, as the Project is aimed at addressing the demand for services currently performed at the Existing ASTC and Carle Foundation Hospital.

- 3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.**

The proposed project is for the establishment of a replacement ASTC. As a result, an analysis regarding how reduced services will impact the community is not applicable.

**Safety Net Impact Statements shall also include:**

- 1. For the three fiscal years prior to the application, the applicant must also provide certification describing the amount of charity care provided by the applicant;**
- 2. For the three fiscal years prior to the application, a certification of the amount of charity care provided to Medicaid patients;**
- 3. Any information the applicant believes is directly relevant to safety net services.**

## Safety Net Impact Statement

### 1. Charity Care Information

<b>Charity Care (# of patients)</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Inpatient	0	0	0
Outpatient	413	442	447
<b>Total</b>	<b>413</b>	<b>442</b>	<b>447</b>
<b>Charity Care (cost in dollars)</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Inpatient	\$0	\$0	\$0
Outpatient	\$442,535	\$441,812	\$384,564
<b>Total</b>	<b>\$442,535</b>	<b>\$441,812</b>	<b>\$384,564</b>

### 2. Medicaid Information

<b>Medicaid (# of patients)</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Inpatient	0	0	0
Outpatient	603	776	918
<b>Total</b>	<b>603</b>	<b>776</b>	<b>918</b>
<b>Medicaid (Revenue)</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Inpatient	0	0	0
Outpatient	\$218,354	\$817,211	\$1,553,709
<b>Total</b>	<b>\$218,354</b>	<b>\$817,211</b>	<b>\$1,553,709</b>

### 3. Additional Information Relevant to Safety Net Services

The following documents included in this application are relevant to safety net services in the applicant's planning area.

- Annual Community Benefit Report for 2015 (Attachment-40a)

## Annual Non Profit Hospital Community Benefits Plan Report

**Hospital or Hospital System:** Carle Foundation Hospital

**Mailing Address:** 611 W. Park Street Urbana, IL 61801  
(Street Address/P.O. Box) (City, State, Zip)

**Physical Address (if different than mailing address):** \_\_\_\_\_  
(Street Address/P O Box) (City, State, Zip)

**Reporting Period:** 01 / 01 / 2015 through 12 / 31 / 2015 **Taxpayer Number:** 37-1119538  
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

Hospital Name	Address	FEIN #

*[Attachment 1]*

**1. ATTACH Mission Statement:**  
 The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

*[Attachment 2]*

**2. ATTACH Community Benefits Plan:**  
 The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

*[Attachments 3A and 3B]*

**3. REPORT Charity Care:**  
 Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care.....\$19,144,160

**ATTACH Charity Care Policy:**  
 Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

[Attachment 4]

4. **REPORT Community Benefits** actually provided other than charity care:  
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services .....	<i>Dollars incorporated in subsidized health services total; see Attachment 2</i>
Government Sponsored Indigent Health Care.....	\$0
Donations .....	<u>\$2,034,961</u>
Volunteer Services	
a) Employee Volunteer Services.....	<u>\$64,762</u>
b) Non-Employee Volunteer Services .....	<u>\$699,003</u>
c) Total (add lines a and b) .....	<u>\$763,765</u>
Education .....	<u>\$10,744,720</u>
Government-sponsored program services.....	\$0
Research.....	<u>\$4,994,161</u>
Subsidized health services.....	<u>\$10,051,006</u>
Bad debts.....	\$0
Other Community Benefits .....	<u>\$164,000</u>

Attach a schedule for any additional community benefits not detailed above.

[Attachment 5]

5. **ATTACH Audited Financial Statements** for the reporting period.

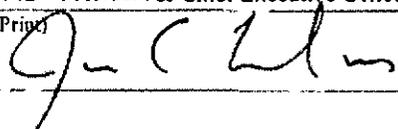
Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

James C. Leonard, MD / President & Chief Executive Officer  
Name / Title (Please Print)

(217) 383-3221

Phone: Area Code / Telephone No.

Signature



6/20/16

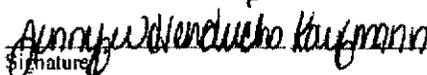
Date

Jennifer Hendricks-Kaufmann / Manager, Public Relations  
Name of Person Completing Form

(217) 326-8505

Phone: Area Code / Telephone No.

Signature



6/20/16

Date

jennifer.hendricks-kaufmann@carle.com

(217) 344-2824

Electronic / Internet Mail Address

FAX: Area Code / FAX no.

## **Mission Statement – Attachment 1**

The current Carle Foundation Mission Statement was adopted by Carle's Board of Trustees in 2010.

**We serve people through high quality care,  
medical research, and education.**

Our mission statement defines who we are, what we stand for, and the importance of our relationship with our patients, staff and community. As a locally-based private, not-for-profit organization, we take seriously our obligation to treat and provide high quality care to everyone, regardless of their ability to pay. This mission statement looks beyond medicine to include research and education, both of which remain highly valued by our organization.

The current vision statement was adopted by the Board of Trustees on June 10, 2011.

**Improve the health of the people we serve by providing  
world-class, accessible care through an integrated delivery system.**

Benefiting the community is central to everything we do at Carle, and is so important it is a pillar of the organization's strategic plan.

## Community Benefit Plan – Attachment 2

For 85 years, Carle has stayed true to its core purpose to provide care to all who need it. Access to health care – particularly for those in poverty – remains a predominant need. According to the U.S. Census Bureau, in Champaign County alone, 22%, or more than 45,000 people, live in poverty. To address these significant needs in 2015, Carle Foundation Hospital contributed a total of **\$47,896,773 in benefit to our community.**

Carle Foundation Hospital's Community Benefit Implementation Plan aims to address prioritized community needs, identified by the latest Community Health Needs Assessment (CHNA) conducted in Champaign-Urbana in 2014. This CHNA was done in conjunction with Champaign Urbana Public Health District, Champaign County Regional Planning Commission, Presence Covenant Medical Center and United Way of Champaign County. While a number of additional needs identified by data and input from community leaders, the following four health areas were selected as top priorities:

1. Access to Care
2. Behavioral Health
3. Obesity
4. Violence

### Access to Care

#### *Community Care Discount Program*

Carle's Community Care Discount Program provides discounted or free care to those who need it. The governing policy for 2015, revised March 26, 2014, is included (Attachment 3-A), along with an additional policy, reviewed April 1, 2014, that reflects our compliance with the Illinois Hospital Uninsured Patient Discount Act (Attachment 3-B).

To ensure we are meeting the needs of the community, the Finance and Quality Committees of the Carle Board of Trustees review and evaluate charity care figures quarterly. We do not limit the amount of charity care we provide, at this time. It's our goal to increase the number of people who benefit from our nationally-recognized charity care program.

#### *Extending and Expanding Charity Care*

This generous Community Care Discount Program, consistently and diligently applied, has resulted in our ability to reach many people over the years. **During 2015, charity care for Hospital patients alone totaled \$19,144,160 at cost, serving 25,756 unique individuals.** While charity care costs decreased since 2014, the number of patients receiving financial assistance from Carle Foundation Hospital increased, which includes a number of *insured* patients – especially Medicaid and High-Deductible Health Plan patients – now needing supplemental assistance with their bills.

While it is not included in the Hospital figure reported, Carle Foundation extends its charity program to its physician clinics. The total number of patients receiving assistance through The Carle Foundation charity care program across the health system was 33,972 individuals; an increase of more than 2,000 people who received care than in 2014. This system-wide figure includes individuals served at Carle Physician Group and other Foundation entities including Arrow Ambulance and Carle Home Health Services.

Our practice is to look at each patient's financial status vis-à-vis both our Community Care Discount Program and the criteria of the Uninsured Patient Discount Act, and to provide the patient with the deepest discount available.

By determining the financial status of patients up-front, we have been able to pinpoint those needing assistance early in the process, minimizing bad debt and optimizing our ability to help. Staff is also diligent in following up with patients during hospitalization and after discharge if there's any reason to believe the patient could benefit from charity care, and we auto-qualify certain patient populations for Community Care, such as the homeless and SNAP (Supplemental Nutrition

Assistance Program) recipients. Our auto-qualifying efforts include presumptively identifying patients who would qualify for the program, thereby making it unnecessary for some patients to complete a formal application in advance.

#### *Review Status*

Representatives from the Hospital's administration, Financial Services, Registration, Case Management and Insurance Contracting departments continued to meet – five times in 2015 – with the local Community Coalition of the Champaign County Health Care Consumers, including representation from the Land of Lincoln Legal Assistance Foundation. We value this regular opportunity for community dialogue, which was initiated more than a decade ago.

We also continued meeting on a regular basis with representatives of the two local free clinics and FQHC to discuss operational issues. This dialogue is an effective channel for learning more about their patients' experience in obtaining free and discounted care.

#### *Communicating that Financial Assistance is Available*

Carle Foundation Hospital has made a concerted, continuous effort to be sure that people have access to information that will help them with their medical bills. These include:

- Promotion to educate the community and those who might need Carle's Community Care Discount Program via appropriate community publications, and on-site via displays throughout the hospital and clinics
- Simplified application form, including a version in Spanish
- Information about the Community Care program on all statements, collection letters and Hospital admission packets, and billing envelopes prominently stating, "Need help with your medical bill? Call 888-479-0008."
- Community Care information and applications at all registration points, Hospital main lobby and [carle.org](http://carle.org)
- Staff at Frances Nelson Health Center operated by Promise Healthcare, the local FQHC, and community free clinics equipped with a supply of applications and knowledge to assist their patients in completing them
- Meetings with local legislators to help them assist constituents with healthcare needs, including financial assistance
- Expansive presumptive qualification list
- Screening patients for key financial indicators to presume eligibility or contact about assistance programs

#### *Additional Access to Care Programming*

Carle has sought ways to initiate and expand healthcare services including primary, dental, preventive and mental health services for the underinsured and uninsured by working collaboratively with community organizations. Because Access to Care was the top need identified in the 2014-16 CHNA, as part of Carle's plan to improve access, the organization supports community clinics.

#### Community Clinic Support

##### **Promise Healthcare at Frances Nelson Health Center – \$446,723**

Carle continued to support Promise Healthcare at Frances Nelson Health Center (FNHC), a Federally Qualified Health Center, through funding, leadership support, patient care services, supplies and more.

- \$418,928 in contributions to United Way of Champaign County, designated for Promise Healthcare to enhance services and access to care
- Carle's All About Baby staff provides weekly medical resident training and patient prenatal education at an in-kind cost of \$20,006
- An additional \$7,789 for supplies, medication, board involvement and other needs
- Frances Nelson Health Center is a residency site for the Carle Family Medicine Residency program and residents provide care as part of their education although the residents' time is not reported as a Community Benefit.

Carle has had a long commitment to improving access to this facility. In 2005, Carle purchased a building and renovated for a total investment of \$1.2 million, charging \$1 rent for the first three years of occupancy and has since provided support for facilities, leadership and clinical services.

#### **Champaign County Christian Health Center – \$3,492**

Carle helps the Champaign County Christian Health Center free clinic fulfill its mission to provide quality, holistic care at no cost to as many people as possible. The clinic provides primary care, dental and mental health services. A number of the volunteer medical staff is Carle physicians, nurses and technicians who have personally chosen to serve their community through the Champaign County Christian Health Center, and we also provide in-kind board support. Since this clinic's inception in 2003, Carle has provided more than \$450,000.

#### ***Access to Care through Subsidized Services at Carle***

Over the years, multiple Carle initiatives have provided additional access to care. Because these services continue to meet an enormous need, the programs have been maintained, though several operate at a loss. Some of these subsidized services include:

#### **Community Parish Nurse Program**

Carle has one of the largest Parish Nurse groups in the nation, with 500 nurses from 235 congregations in 33 counties in four states. The program trains nurses from local churches to educate congregants and advocate for their healthcare interests. In 2015, 10 RNs completed training, logging more than 9,000 hours of service to their congregations. The group also distributed more than 1,000 Vial of Life kits in 2015; more than 22,000 to date.

#### **Carle Breastfeeding Clinic**

Certified lactation specialists have helped thousands of women successfully breastfeed since 1997. This service is free and available to any nursing mother, regardless of where she receives care. Located at Carle Foundation Hospital, and at clinics in Champaign and Urbana, the service includes 24/7 support where breastfeeding mothers can call and speak to a nurse. In 2015, staff responded to 6,637 calls for assistance, and had 10,187 inpatient visits, 1,301 outpatient visits to the in-hospital clinic, and 4,673 visits to the two Carle regional outpatient facilities. During this time, the Breastfeeding Clinic also made significant progress toward achieving a Baby-Friendly Hospital designation, which they hope to accomplish in 2017.

#### **Language Assistance Services**

A robust language assistance program is provided for patients who have limited English proficiency or who are hearing impaired, at both the hospital and clinic locations. Covered by the Carle health system and within a "shared services" cost center, this total investment of \$247,328 in 2015 is not included in Carle Foundation Hospital's community benefit reporting.

#### **Efforts to address Access to Care in the Region**

Carle continued to provide board leadership and support to address access to care in the region. Within Coles County, that includes the following:

- Physician leadership on the Coles Community Health Center FQHC Board of Governors
- Presence on the Regional Healthcare Coalition, a group providing resources for Emergency Services to address public health risks and incidents (paid by Hoopston Regional Health Center)
- Physician support on the Coles Community Health Council that started in late 2014 when Ebola first became a public health concern

#### **Prescription Affordability**

As a 340B provider, Carle has contracted with certain area retail pharmacies to offer discounted prescriptions for self-pay patients. Those uninsured patients purchasing prescriptions out-of-pocket from a contracted 340B

pharmacy will receive discounts that make prescriptions more affordable. In its second year, the program saw 9,313 prescriptions filled at a total out-of-pocket savings of \$2,214,622 over the usual and customary retail price. Not only does the program lessen the financial burden on uninsured patients with realized prescription discounts, it improves health outcomes by improving patient compliance with pharmaceutical therapy due to improved affordability of medications, and has the potential to reduce unnecessary readmissions and/or unnecessary specialty visits due to improved patient compliance with prescribed drug regimens.

#### **Physician and Advanced Practice Providers (APP) Recruitment**

Carle continues to actively recruit new primary care providers (physicians and APPs) to increase available capacity for existing patients and new patients. Carle hired 65 physicians in 2015 and has plans to recruit 24 primary care and 48 specialty physicians in 2016.

#### **Other Access Improvements**

The Carle Emergency Department continued to see increasing volumes in 2015. Carle Convenient Care experienced increased volumes as well. Together, this helps underscore the community's demand for more access, which in part drives the overall recruitment plan. As part of our response to this demand, Carle began to offer e-visits through its patient web portal for simple medical conditions. This service allows for remote visits via digital channels that are less expensive and more convenient. Carle is also beginning virtual visits and taking steps to redesign the care process in which team-based care and medical home models will help increase access and efficiency of care delivery.

### **Behavioral Health**

Carle is working to address behavioral health issues by expanding its capacity and supporting community programs and services to improve access to behavioral health services.

Carle Foundation Hospital will pursue these additional initiatives to improve behavioral health outcomes:

1. Recruit behavioral health providers to add capacity within the community
2. Support community behavioral/mental health services through donations
3. Support educational and training programs of local providers
4. Support discussions with local behavioral health providers about expanding community access to their services
5. Establish an internal Behavioral Health Workgroup to address needs and actions for managing patients from across the Carle systems that have behavioral health needs
6. Support a new University of Illinois Psychiatry Residency Program that was approved in 2015. This program will help train more providers and possibly lead to graduates staying in the local area.

Measures of success:

- Increase number of Carle behavioral health providers
- Donation support to Community Elements
  - Cash donations
  - Use of space
- Donation to Champaign County Mental Health Board
- Community Training Program support
- Financial support of Community Jail/ER Diversion Project
- In Coles County, maintained a presence on the board for LifeLinks, a mental health services agency, in support of strengthening mental health services for adults and children in the region

More specifically this year, a significant issue in our community is drug abuse and addiction. In 2015, Carle partnered with law enforcement and other agencies to address community needs.

### **Preventing Drug Overdose with Narcan – \$2,400+**

Heroin use has increased significantly in our region. In the first six months of the year, there were nine heroin overdoses in Champaign County; three of which were fatal. In July 2015, Carle partnered with the Champaign County Sheriff's Office to equip officers with Narcan, or naloxone, a drug that stops respiratory failure caused by opioids. The Sheriff's Office, which covers 1,000 square miles, often reaches victims faster than firefighters and paramedics. In a rural region, it's critical to get Narcan in the hands of both law enforcement and EMS to save lives and stop an overdose as it is happening.

About 40 county officials carry Narcan, and it is available if needed at the county courthouse and jail. Carle Regional EMS trained sheriff's deputies to administer Narcan via a patient's nose. Arrow Ambulance restocks county supplies when Narcan is administered in the field.

Carle's costs include the purchase of the drug (\$1,875.24), a device to administer the drug through the nose (\$283.50), containers for the medication (\$202.80), and in-kind training and program development.

### **Drug Court – \$81,300**

Through a partnership with Champaign County Drug Court and the Prairie Center, Carle helped pilot a voluntary drug treatment program to help people break their addiction to heroin and other drugs. Participants receive monthly doses of naltrexone hydrochloride, or Vivitrol®, a medication that neutralizes the high and reduces drug cravings. In addition to the medication, participants receive cognitive behavioral therapy from the Prairie Center.

The initial program began with five people who started treatment in April 2015. During the year, participants received 25 doses and various blood tests and other support through the program.

## **Obesity**

Carle supports initiatives to reduce obesity by joining community partners to help those served live a healthier lifestyle through better nutrition and physical activity.

Carle Foundation Hospital will pursue these initiatives to reduce obesity levels:

1. Donations to support school-based programs
2. Donations to regional programs
3. Donations to community programs that encourage physical activity and nutritional education (i.e., Prosperity Gardens)
4. Carle has launched a diabetes program in conjunction with Health Alliance Medical Plans to examine data, stratify patient risk, install best practice medical management and evaluate cost-effective management protocols

Specifically, Carle continues to support health improvement activities by funding programs including Danville YMCA Strong Kids campaign, Champaign County Bikes, Vermillion County Fun Run, Kirby Derby, and various walks and races. This year, Carle provided funding to the Kickapoo Rail Trail, a 24.5-mile multi-use recreational trail, currently in construction, that will run from Urbana to Danville.

Carle continued to support Girls on the Run (GOTR) East Central Illinois serving seven counties surrounding Coles County, and in 2015 began supporting GOTR of Champaign County as well, which began in Champaign-Urbana in 2014 through a partnership with the Stephens Family YMCA. This international program has a mission to help young women become physically stronger and build their self-esteem. In Coles County, GOTR served 437 young women in 2015, with more than 1,000 coaches, family, and community members joining in for the bi-annual 5K. In Champaign County, GOTR served 221 girls in 2015 at eleven different sites, and the bi-annual 5K has grown to more than 600 participants annually.

## Violence

Child Safety Programs and other activities which focus on reducing unintentional injury and accidental deaths:

### Interpersonal Violence Program

This program focuses on reducing domestic violence, as well as training for Sexual Assault Nurse Examiners (SANE) and others who treat sexual assault and abuse victims. Carle has ten SANE nurses total – eight in the Emergency Department and two in our ambulatory setting – who assisted with 120 adult/adolescent and pediatric sexual assault patients this year – and is known as a resource and leader throughout the state. Notable 2015 accomplishments include:

- Trained Rape Crisis Center staff, U of I and Parkland College nursing students; provided clinical rotations and classroom education; presented to EMS members
- Presented multiple seminars throughout the state, speaking on pediatric child abuse and neglect, sexual assault, and interpersonal violence
- Participated in the Illinois Hospital Association / Attorney General's project to increase SANEs throughout Illinois
- Participated as a general committee and silo subcommittee member with ICASA to revise and impact new legislation in sexual assault law
- Lead SANE served on the Commission for Forensic Nursing Certification, an international board appointment
- Plans are underway to provide a follow-up clinic for pediatric sexual assaults as primary or referral patients

### Child Abuse Safety Team (CAST)

The Child Abuse Safety Team (CAST) is a program dedicated to the safety of child abuse victims, led by a pediatric hospitalist. This physician expert is on call 24/7 to identify suspected abuse, ensure proper investigation and testing, and communicate with state and local agencies.

In 2015, the CAST program served 95 children, with an average three hours per patient, and more than 100 hours in administrative time. Overall, this program amounted to nearly \$75,000 in community benefit. To date, this initiative led by one physician champion has helped more than 280 children since launching in 2012.

### Risk Watch

A longstanding partnership between Carle and local police and fire departments, Risk Watch reached all elementary-aged children in Champaign-Urbana's public schools in 2015 – more than 10,000 children in all – by integrating the message into curriculum at these schools.

In conjunction with Rape Advocacy, Counseling & Education Services (RACES), Risk Watch continued the Body Safety program to educate children and parents about abduction and inappropriate touching. This program began in the school districts in 2014 in compliance with Erin's Law, a law named after a survivor of child sexual assault.

Other Risk Watch curriculum includes education about avoiding falls, choking, strangulation, suffocation and poisoning, and is taught by appropriate experts meeting Illinois State Learning Standards for prevention education at the elementary level. Carle experts reached 5,024 students in these topic areas, spending 55.5 hours in the classrooms of Champaign-Urbana.

### Playing It Safe

In its 19<sup>th</sup> year of teaching children and parents how to prevent unintentional injuries, this free safety fair – co-sponsored with Safe Kids® Champaign County – involved nearly 50 interactive stations staffed by local agencies.

Highlights include car seat safety checks and child identification kits. More than 1,300 children and parents attended.

### **Center for Rural Health and Farm Safety**

Carle formed the Center in 1991 after recognizing the need to provide education on agricultural safety and health to the farming community. Of more than 3,700 people trained in 2015, more than 2,600 were children. All programs remain free to those in Carle's service area.

- Reached 1,497 students through 56 rural school programs. Topics included tractor rollovers, grain entrapments, Farm Family Emergency Response, ATV, bike, animal, chemical and food safety and more.
- Coordinated Progressive Ag Safety Days® in Champaign, Vermilion, Piatt and Ford Counties, reaching 954 children and 69 adults
- Certified 368 people in CPR and first aid
- Provided Agricultural Emergency Response training to 240 first responders
- Placed Emergency Action Tubes on an additional 25 farms in 2015, bringing the number of protected farmsteads to 125 since the program started at Carle in 2012. These sealed cylinders contain a detailed map of the farm, helping protect farmsteads and aid emergency responders.

By reaching to the children – who are diverse in culture, race, as well as socioeconomic levels – this region sees fewer accidental injuries and deaths.

### **Continued Community Support**

There are a host of other programs identified in earlier years that have been clearly answering the needs of our community which Carle continues to stand behind, support and monitor.

In addition to maintaining the Carle Community Care Discount Program and unreimbursed costs of Medicaid and Medicare, we continue to focus on the additional major categories of existing, identified health needs that Carle has consistently addressed over the years:

#### *Subsidized health services initiated and maintained to improve the health of the community*

- AirLife
- Carle Auditory Oral School
- ECHO (Expanding Children's Hearing Opportunities; Pediatric Hearing Services)
- Home Health services
- Hospice
- Neonatal Intensive Care Unit
- Patient Advisory Nurse
- Pulmonary Rehabilitation

#### *Funding community programs*

This represents a significant portion of financial, in-kind and leadership support to health and human service organizations with similar and compatible missions.

Nearly 150 community organizations received support in 2015, including:

- Alzheimer's Association
- Champaign County Health Care Consumers
- Champaign County Mental Health Board
- Champaign-Urbana Public Health District
- Children's Advocacy Center
- Coles County Council on Aging

- Crisis Nursery
- Cunningham Children's Home
- Danville Family YMCA
- Developmental Services Center
- Don Moyer Boys and Girls Club
- Eastern Illinois Food Bank
- Family Service of Champaign County
- Parkland College Foundation
- United Way

#### *Carle/Salvation Army Toy Drive*

For the 31<sup>st</sup> year, Carle was a primary sponsor of this annual event, in partnership with WHMS/WDWS/WKIO radio. We gathered 2,596 toys and \$3,897 in monetary donations that were distributed to Champaign County families in need by Salvation Army.

#### *United Way*

Carle has remained among the top supporters of United Way for many years by matching employee contributions, providing in-kind donations and supporting various projects that align with our mission and community benefit plan.

- \$117,310: Carle's corporate match to employee contributions, which were distributed to communities served by United Way in Champaign, Coles, Douglas, Edgar, Effingham, Fulton, Iroquois, Kankakee, Macon, Moultrie, Peoria, Shelby and Vermilion counties. When requested, employee donations were directed to counties where they reside. (Carle employees donated more than \$230,000 to the campaign.)
- \$8,568: In-kind donations, including board leadership time, kindergarten readiness programming, and other miscellaneous United Way program support

#### *Health professions education/workforce development*

Through a variety of activities including significant donations, scholarship programs, and physician, nurse and allied health education, more than \$10 million was invested in programs that address community-wide workforce and education issues, strengthening the training and availability of professionals to care for our communities' healthcare needs now and in the future.

In 2015, the most significant contributions went towards:

- Graduate Medical Education programs: maintaining three medical residency programs, and serving as a clinical site for a fourth. In 2015, there were 28 residents practicing on Carle's campus.
- Continuing Medical Education programs for regional providers who are not members of the Carle Foundation Hospital medical staff, including Carle Foundation Day.
- Support of the University of Illinois College of Medicine at Urbana-Champaign, with monies earmarked for the MD/PhD program.

#### *Research*

Carle Foundation Hospital has an active research program that brings advanced clinical trials to our region, helps improve clinical care and discover new solutions to health challenges. At the end of 2015, more than 200 studies were underway. Carle works with industry sponsors, federal agencies, foundations and start-up companies on a variety of clinical topics including cancer, neurosciences, digestive health, maternal child health, heart and vascular disease, sports medicine, ophthalmology and hearing disorders.

2015 was a momentous year where Carle finalized agreements with University of Illinois at Urbana-Champaign to develop a new College of Medicine focused at the intersection of medicine and engineering with a strong research

mission. Because of this partnership, new collaborations started. In addition, Carle hired a new Vice President for Research.

Research highlights include:

- **Neurosciences:** Neurologist Graham Huesmann, MD, PhD, and Neurosurgeon William Olivero, MD collaborated with University scientists to evaluate magnetic resonance imaging elastography for planning epilepsy and brain tumor surgery. Results are promising and have been submitted to a major peer reviewed journal for publication.
- Ken Aronson, MD launched a patient research registry for mild traumatic brain injury to provide long term study on cognition and neurological function. This is a little studied area.
- **Ophthalmology:** Leanne Labriola, OD and UI professor Dipanjan Pan submitted a patent application for a device they co-developed to detect penetrating eye injuries.
- **Sepsis:** ICU physician Karen White, MD and UI professor Rashid Bashir are developing a bedside device for early detection of sepsis. Preliminary findings suggest the ability to detect a trend toward sepsis earlier than the standard.
- **Cancer** continues to be one of our most active areas of research. In 2015, Carle and Illinois partnered to fund three graduate students. Projects included the benefits of exercise on cognition of survivors, identification of new biomarkers and therapeutic targets and developing a rapid screening for personalized selection of cancer therapies.

### *Emergency Management*

Emergency Management continued to be a priority of Carle Foundation Hospital, and initiatives in this area include training the facility and the community, leadership in planning community-wide responses to various scenarios, and state-level leadership for the 21-county Regional Hospital Coordinating Center region. Our focus is to prepare our hospital and surrounding regional hospitals to be ready to respond to any natural disaster, pandemic or act of terrorism.

Carle also began preparations to address Ebola Virus needs and has continued this work in collaboration with local, county, state and federal agencies. In addition, Carle continued preparations to treat any person who might be carrying the Ebola Virus or any other highly contagious disease. In 2015, Carle built a two-person isolation suite to house Ebola patients away from the general hospital population. A dedicated Ebola care team trained and drilled for potential Ebola scenarios several times throughout the year. Carle is currently an IDPH-designated Ebola Assessment Center with plans to become the state's downstate Ebola Treatment Center. More than \$4,000 in in-kind services was devoted to Ebola Virus training and preparation.

Previously, Carle had directly received an ASPR grant to put towards regional projects for emergency management within the community. As of 2015, those extra funds are now considered "regional coalition funds," and are overseen by the Emergency Management Director for use in the region.

In 2015, Carle oversaw the allocation of more than \$172,000 of grant funds to community benefit programming in the region, including:

- \$83,378: Lab equipment for an Infectious Disease Suite intended to serve as an Ebola Treatment Center once approved
- \$50,272 to hospitals in the region, including portable toilets, tables, and chairs for Temporary Medical Treatment Center; active shooter training; N-95 masks to replace those that were expired; Starcom radio batteries; and website/Facebook development for hospital emergency management

- \$14,255: Evacuation chairs, used in hospital evacuations at both Paris and Shelbyville hospitals
- \$11,805: HAM radio repeaters to strengthen communications in Ford and Coles counties
- \$8,150 in Champaign County, including supplies for the Champaign County Coroner's Fatality Management Trailer and an accountability and tracking system useable during disasters to the Champaign County EMA
- \$4,819: Disaster trailer to the Hoopeston EMA, available for regional use if needed, as well as an AED for the Hoopeston Police Department

Carle also provided the community and region with more than \$5,700 of in-kind services for Emergency Management in 2015, over and above what was required.

## **Populations and Communities Served**

Carle's service area is generally defined as east central Illinois, including all or parts of more than 25 counties in east central Illinois and western Indiana.

For the Community Benefit Implementation plan, research and remedies are directed towards community health issues identified in our primary service area, with the focus on Champaign County. This represents our headquarters and other counties where Carle has a thriving presence. Our reach extends into 14 adjoining, rural Illinois counties. These areas comprise nearly 50% of the Carle service area's population of about 1.2 million residents.

Pockets of extreme poverty exist throughout this region. The programs within our community benefit plan generally have impact upon all the targeted communities, with certain programs directed at specific populations. A greater proportion of resources will be allocated in Champaign County, followed by Coles and Vermilion counties, where our community benefit program has long been established.

Carle Foundation Hospital serves as the region's only Level I Trauma Center and Level III Neonatal Intensive Care Unit. As provider of the region's perinatal services, Carle provides care to patients who live throughout the geographic area extending from Kankakee in the north to the southern-most tip of Illinois, and spanning from as far west as Decatur and east into western Indiana. For the purposes of our Community Care Discount Program, coverage encompasses this entire region – 40 counties in Illinois and Indiana.

## **Dates Adopted/Approved**

Carle's Community Benefit Plan is driven by a three-year corporate strategic plan, 2014-16, which was fully approved by The Carle Foundation Board of Trustees on December 12, 2014. The underlying long-term goals of the strategic plan include quality improvement, customer service improvement, enhanced physician relationships, expanding research, and financial/mission stewardship.

Acknowledging the need for local and regional research and prompted by the mandate of the Patient Protection and Affordable Care Act, Carle conducted a community health needs assessments in 2014 in collaboration with Presence Covenant Medical Center, Champaign County Public Health District, Champaign County Regional Planning Commission, and United Way. Fresh research was conducted by the public health departments of Champaign County.

We use community data, informal discussions and community health needs assessments to determine if existing programs are on track: what needs to be added, deleted or enhanced; and where our focus needs to be placed as we planned our community benefit programming.

We use the Healthy Communities Institute web application that shares health indicators for Champaign, Coles and Vermilion counties. Available to the public on [carle.org](http://carle.org), this information informs our community benefit planning.



**Policy Number AD300**

<b>Subject</b>	Community Care Discount Program		
<b>Category / Section</b>	Administration / Finance		
<b>Owner</b>	Manager of Receivables Management		
<b>Stakeholder/ Reviewer(s)</b>	Director of Patient Financial Services; VP of Revenue Cycle Operations		
<b>Effective Date</b>	04/10	<b>Review Frequency</b>	Every 3 years
<b>Review Date</b>	09/01/11; 03/26/14		
<b>Revision Date</b>	09/01/11; 03/26/14		

<b>Scope of Policy (applies to entities marked below)</b>			
	All Carle Locations	Caring Place, The	X SurgiCenter, LLC - Champaign
X	Carle Hospital	Health Alliance	X SurgiCenter - Danville
X	Carle Physician Group	X Home Care	X SurgiCenter Recovery Centers
X	Carle Foundation Physician Services	X Home Infusion	X Therapy Services
	AirLife	Hoopeston Regional Health Center	X Therapy Services - MTCH
X	Arrow Ambulance	X Hospice	Windsor Court
	Auditory Oral School	X Carle Medical Supply	Windsor of Savoy
X	Cancer Center/Mills Breast Cancer Institute	Risk Management Company	Arabella Boutique
<b>Scope Exclusions)</b>			

**Purpose**

- A. To identify and assist those patients who are uninsured or underinsured and who are financially eligible to receive discounts for specified medical expenses through the Community Care Discount Program. The specified subsidiaries of The Carle Foundation will consider each patient's ability to contribute to the cost of his or her care received and the financial ability of the specified subsidiaries to provide discounts for the care received.
- B. All medically necessary care rendered by an eligible Carle Foundation entity (Carle) may be considered through the Community Care Discount Program. Eligible entities are:
  1. Carle Foundation Hospital
  2. Carle Physician Group
  3. Carle Clinic Association
  4. Carle Foundation Physician Services
  5. Carle Arrow Ambulance
  6. Champaign SurgiCenter, LLC
  7. Carle SurgiCenter – Danville
  8. Carle Therapy Services
  9. Carle Home Care including Carle Hospice and Carle Home Infusion
  10. Carle Medical Supply

**Definitions**

- A. **Family/Household Size** - includes those dependents listed on tax returns, divorce decree, or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), "a taxpayer's family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides

that a taxpayer's dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the taxpayer's family."

- B. **Resident** – a person who lives in the state of Illinois or within certain Indiana counties (Benton, Fountain, Montgomery, Parke, Putnam, Vermillion, or Warren) and who intends to remain living within Illinois or the above identified Indiana counties indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.
- C. **Underinsured** - a person without insurance benefits for services provided due to exclusions of coverage by the insurance provider. This does not apply to those circumventing insurance restriction or specification or out-of-network services.
- D. **Generally accepted standards of medical practice:**
  - 1. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
  - 2. Physician Specialty Society recommendations;
  - 3. The views of physicians practicing in the relevant clinical area; and
  - 4. Any other relevant factors.
- E. **Uninsured patient** - a resident who is a patient and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability.

**Statement of Policy**

- A. Any patient or responsible party may apply for the Community Care Discount Program, regardless of insurance coverage.
- B. Certain identified patient populations are presumptively eligible for the Community Care Discount Program. Further detailed information is contained within the Presumptive Eligibility Policy - AD355.
- C. Carle desires that all patients be aware of the Community Care Discount Program, and all other financial assistance programs available at Carle. That those eligible be identified as early in the care, treatment, and billing process as possible, and that the process be as simple as possible for the patient while still maintaining the financial controls and stewardship necessary to protect the organization.
  - 1. An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, Carle staff or designee will use a screening checklist to assist in determining if the patient would qualify for government assistance.
    - a. Failure by a patient or responsible party to complete the government program application process and/or failure to cooperate during the application process will result in an automatic denial of Community Care.
    - b. If the patient applies for government assistance, documentation of the determination from the government program is required for reprocessing of the Community Care Discount Program application.
    - c. Patients who have a third party payment source that will reimburse more than the government program reimbursement will be excluded from the requirement of applying for government assistance.
  - 2. The Community Care Discount Program amount is dependent on applicant's household income and family size compared to the currently published Federal Poverty Level guidelines at the time of application and the facility where the services were performed.

Federal Poverty Level	≤ 125%	>135% but ≤200%	>200% but ≤230%	>230% but ≤270%	>270% but ≤300%	≤ 400%	≤ 600%	
Community Care Discount Program	100%		75%	50%	25%	N/A	N/A	
Capped Program (CCDP participating facilities only)	Limits patient's Carle medical expenses to 40% of the household's gross annual income.						N/A	
Illinois Uninsured Hospital Patient Discount Program (Carle Foundation Hospital)	Limits patient's Carle medical expenses to 25% of the household's gross annual income. See policy <u>AD346</u> for additional information.							
Illinois Uninsured Hospital Patient Discount Program (Carle Hoopston Regional Health Care)	See policy <u>AD346</u> for additional information.					N/A		

Hoopeston Regional Health Center Charity Care	100%	50%	N/A	N/A
---	------	-----	-----	-----

3. To apply for the Community Care Discount Program, the guarantor or patient must complete the Carle application for financial assistance completely and return verification of income and assets.
    - a. Verification of income for the previous 12 months is required. Income eligibility will be based on the most current published Federal Poverty Guidelines.
      - Monthly family income sources/documentation:
        - Wage statements
        - Self-employment income and expenses
        - Unemployment compensation
        - Award letters from the following types of income:
          - \* Social Security
          - \* Social Security Disability
          - \* Veterans' pension
          - \* Veterans' disability
          - \* Private disability
          - \* Workers' compensation
        - Retirement Income
        - Child support, alimony or other spousal support
        - Other miscellaneous income sources.
      - Prior year's Federal Tax Return document with all attachments and schedules, if filed.
    - b. Statement of assets. Liquid assets in excess of \$2,000.00 will be considered as additional available income. Pension and/or retirement accounts will not be considered liquid assets. Funds distributed from a pension or retirement account will constitute income when determining financial eligibility.
      - Checking
      - Savings
      - Health Spending Account
      - Medical Flexible Spending Account
      - Stocks/Bonds
      - Certificates of Deposit
      - Mutual Funds
      - Automobiles or other vehicles (in excess of 1 personal vehicle).
      - Real Property assessed value (in excess of personal residence)
  4. Patients who receive a determination of either an approval or denial under the Community Care Discount Program may reapply after six (6) months from the date of original application signature in the event there are substantial or unforeseen material changes in their financial situation. In the case of extraordinary circumstances, an application may be submitted prior to the six (6) month limitation.
  5. Applicants may appeal Community Care Discount Program discount determination by sending a written appeal to the Manager of Receivables Management. Further appeals may be directed to the Director of Patient Financial Services, and may be escalated to either the Vice President of Revenue Cycles or the Chief Financial Officer and then ultimately as the last appeal setting to the Community Care Review Committee (an advisory committee containing representatives from Land of Lincoln Legal Services, the Champaign County Health Care Consumers, and other similar organizations).
- D. The Community Care Discount Program discount will apply to the residual patient balances after all other payments from sources such as Medicare, insurance companies, third party legal settlements, and/or patient funds are received and posted.
1. Patients who purposefully circumvent insurance requirements (i.e. waiting periods, preauthorization, etc.) may be held responsible for the billable services and not receive any discounts on services.

2. Patients who knowingly provide untrue information on the application for financial assistance, will be ineligible for financial assistance, any financial assistance granted may be reversed, and may be held responsible for the billable services.
  3. Non-emergent, out-of-network care including out-of-state Medicaid that would be paid by the patient's insurance company elsewhere will not be eligible for the Community Care Discount Program because the patients have the opportunity to have their healthcare needs met at a participating provider.
  4. Emergent out-of-network care for those who qualify will be eligible under the Community Care Discount Program policy guidelines after all other payment sources have been exhausted (i.e. Personal Care HMO and Blue Cross Blue Shield for services at Carle Physician Group).
  5. Emergent out-of-state Medicaid patients are not required to complete the Community Care Discount Program application process. They will be approved as eligible under the Community Care Discount Program after proof of coverage is provided and all other payment sources have been exhausted.
- E. Patients may apply for the Community Care Discount Program at any time, including before care is received. If approved, the patient is eligible for the determined level of discounts for 12 months.
- F. Patients who have been approved for the Community Care Discount Program may re-apply annually from the date of original application approval. Carle Foundation will attempt to notify patients by mail 90 days before the current termination date of eligibility in the Community Care Discount Program.
- G. Patients that have been referred to a collection agency may request a Community Care Discount Program application if a court judgment has not yet been obtained. However, an application for government assistance may be requested as stated in C1.
1. Carle will not file collection suit liens on a primary residence.
  2. Carle will not authorize body attachments for purposes of medical debt collection.
- H. Medically necessary care is defined as health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that are:
1. In accordance with the generally accepted standards of medical practice;
  2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
  3. Not primarily for the convenience of the patient, family or physician and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
- I. Carle will utilize the Centers for Medicare and Medicaid Services coverage guidelines when determining services that qualify for the Community Care Discount Program.
1. Medical care that does not meet medical necessity guidelines as defined by The Carle Foundation is excluded from Community Care Program discounts (refer to Limited and Non Covered Service Listing – AD300B).
  2. For services that may have limited coverage under the Community Care Discount Program Policy (based on current Federal/State coverage guidelines) refer to Limited and Non Covered Service Listing – AD300B.

#### **Procedure**

- A. Patients with financial concerns should be identified by Carle personnel as soon as possible in the registration, care, treatment, and billing process.
1. A referral to Social Services, other pertinent staff or directly to a government program should be completed in order to obtain a determination of eligibility for Public Assistance. Patients who fail to cooperate with the government program during the application process will automatically be denied for the Community Care Discount Program. If the patient does not meet the eligibility criteria for a government program or if they have a spend-down, they may be eligible for a Community Care discount.
  2. Patients are encouraged to apply for the Community Care Discount Program within 60 days after discharge or provision of service. The application for the Community Care Discount Program will be available in all registration areas, the Patient Accounting offices, (SBU) Business Offices, Cashier areas, Social Services and on the Carle website ([www.carle.org](http://www.carle.org)).
  3. Upon receipt of the Community Care Discount Program application by Patient Financial Services – Receivables Management staff, EPIC Prelude and Resolute systems will be populated:
    - a. All collection activity will be held until the application processing is completed.
    - b. Application and supporting documentation will be scanned into OnBase and the paper copies destroyed.
    - c. Applicant will be notified of any missing documentation.

- d. If the missing documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates the billing will commence.
- 4. The completed application should include:
  - a. Income verification
    - Parents' income will be used to determine financial eligibility for students who are over age 18 but still claimed as dependents for their parents' income tax purposes.
  - b. Asset verification
  - c. The patient or responsible party must provide verification of the number of family/household members.
- B. When the application has been processed and the determination is made, a record of each application and associated documentation will be maintained by fiscal year.
  - 1. Applications received prior to April 23, 2013 are maintained by paper and warehoused.
  - 2. Applications received on or after April 23, 2013 are maintained electronically within OnBase.
- C. All efforts will be made to send written determination to the applicant within 30 working days of receipt of the completed application. If the application is approved, the patient's account will be adjusted as soon as possible thereafter to reflect the discount.
- D. Patients who qualify for a partial discount of the balance will be required to pay the remainder due, as with other private pay accounts. See the Payment Policy - AD335.
- E. When Carle Foundation receives an application for the Community Care Discount Program that indicates treatment at any applicable Carle Foundation facility, the application, verification and determination will be provided to all other applicable and/or involved Carle businesses.
- F. The total of the Community Care Discount Program adjustments will be regularly reported to the Director of Financial Services, the Vice President of Revenue Cycle Operations and to the Chief Financial Officer.

**Attachments**

Limited and Non Covered Service Listing – AD300B

Area Homeless Shelters – AD300C

**Other Related Links**

Hospital Uninsured Patient Discount Program - AD346

Carle Hoopston Regional Health Care Charity Care - HOOPAD100

**References**

210 ILCS 88/27 – Fair Patient Billing Act (Illinois Public Act 96-965)

210 ILCS 89 – Hospital Uninsured Patient Discount Act

**Electronic Approval on File**

Dennis Hesch

Executive Vice President/Chief Financial Officer



**Policy AD346**

<b>Subject</b>	Hospital Uninsured Patient Discount Program		
<b>Category / Section</b>	Administration / Finance		
<b>Owner</b>	Manager of Receivables Management		
<b>Stakeholder/ Reviewer(s)</b>	Director of Patient Financial Services; VP of Revenue Cycle Operations		
<b>Effective Date</b>	01/26/12	<b>Review Frequency</b>	3 years
<b>Review Date</b>	04/01/14		
<b>Revision Date</b>	04/01/14		

<b>Scope of Policy (applies to entities marked below)</b>			
	All Carle Locations		Caring Place, The
X	Carle Hospital		Health Alliance
	Carle Physician Group	X	Home Care
	Carle Foundation Physician Services	X	Home Infusion
	Arrow Ambulance	X	Hospice
	Auditory Oral School	X	Medical Supply & Arabella Boutique
	Cancer Center/Mills Breast Cancer Institute		Risk Management Company
X	Carle Hoopston Regional Health Center		
			SurgiCenter, LLC - Champaign
		X	SurgiCenter - Danville
			SurgiCenter Recovery Centers
		X	Therapy Services
			Therapy Services - MTCH
			Windsor Court
			Windsor of Savoy

**Scope Exclusions**

**Purpose**

- A. To identify and assist those patients who are uninsured and who are financially eligible to receive discounts for specified medical expenses through the State of Illinois Hospital Uninsured Patient Discount Act (Illinois Public Act 095-0965).
- B. Coverage is limited to services provided and billed by the Carle Foundation Hospital and Carle Hoopston Regional Health Center's hospital location as a licensed hospital under the Health Facilities and Regulation (210 ILCS 85/) Hospital Licensing Act.

**Definitions**

- A. **Generally accepted standards of medical practice:**
  1. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
  2. Physician Specialty Society recommendations;
  3. The views of physicians practicing in the relevant clinical area; and
  4. Any other relevant factors.
- B. **Family/Household Size** – includes those dependents listed on tax returns, divorce decree, or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), "a taxpayer's family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides that a taxpayer's dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the taxpayer's family."
- C. **Resident** – a person who lives in the state of Illinois or within certain Indiana counties (Benton, Fountain, Montgomery, Parke, Putnam, Vermillion, or Warren) and who intends to remain living within Illinois or the above identified Indiana counties indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.

D. **Uninsured patient** – a resident who is a patient and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability.

**Statement of Policy**

- A. Any uninsured patient who is an Illinois resident may apply for the Hospital Uninsured Patient Discount Program.
- B. Certain identified patient populations are presumptively eligible for the Hospital Uninsured Patient Discount Program. Further detailed information is contained within the Presumptive Eligibility Policy - AD355.
- C. Carle desires that all patients be aware of the Hospital Uninsured Patient Discount Program, that those eligible be identified as early in the care and billing process as possible and that the process be as simple as possible for the patient while still adhering to the regulations set forth in the State of Illinois Hospital Uninsured Patient Discount Act (Illinois Public Act 095-0965).
  - 1. Patients who knowingly provide untrue information on the application for financial assistance, will be ineligible for financial assistance, any financial assistance granted may be reversed, and may be held responsible for the billable services.
  - 2. An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, Carle staff or a designee will use a screening checklist to assist in determining if the patient may qualify for government assistance.
    - a. Failure by a patient or responsible party to complete the government program application process and/or failure to cooperate during the application process will result in an automatic denial of the Hospital Uninsured Patient Discount.
    - b. If the patient applies for government assistance, documentation of the determination form the government program is required for reprocessing of the financial assistance application.
  - 3. The Hospital Uninsured Patient Discount amount is dependent on applicant's household income and family size compared to the published Federal Poverty Level guidelines at the time of application and the facility where the services were performed.
    - a. Services performed and billed by the Carle Foundation Hospital, the household income cannot exceed 600% of the Federal Poverty Level.
    - b. Services performed and billed by the Carle Hoopeston Regional Health Center, the household income cannot exceed 300% of the Federal Poverty Level.

Federal Poverty Level	≤ 125%	>135% but ≤200%	>200% but ≤230%	>230% but ≤270%	>270% but ≤300%	≤ 400%	≤ 600%	
Illinois Uninsured Hospital Patient Discount Program (Carle Foundation Hospital)								
Illinois Uninsured Hospital Patient Discount Program (Carle Hoopeston Regional Health Care)							N/A	

- 4. To apply for the Illinois Hospital Uninsured Patient Discount Program, the guarantor or patient must complete the application for financial assistance (Community Care application for Carle Foundation Hospital or Charity Care application for Carle Hoopeston Regional Hospital) completely and return verification of Illinois residency, income and assets.
  - a. Residency verification documentation:
    - Any document within the income verification listing with a preprinted address
    - Valid state-issued identification card
    - Recent (last 60 days) residential utility bill
    - Valid lease agreement
    - Current vehicle registration card
    - Voter registration card
    - Mail addressed to patient at an Illinois address from a government office
    - Statement from a family member that the patient resides at the same address with one of the above residency verifications.
  - b. Verification of income for the previous 12 months is required. Income eligibility will be based on the most current published Federal Poverty Guidelines.
    - Monthly family income sources/documentation:

- Wage statements
  - Self-employment income and expenses
  - Unemployment compensation
  - Award letters from the following types of income:
    - \* Social Security
    - \* Social Security Disability
    - \* Veterans' pension
    - \* Veterans' disability
    - \* Private disability
    - \* Workers' compensation
  - Retirement Income
  - Child support, alimony or other spousal support
  - Other miscellaneous income sources
  - Prior year's Federal Tax Return document with all attachments and schedules.
- c. Statement of assets. Liquid assets in excess of \$2,000.00 will be considered as additional available income. Pension and/or retirement accounts will not be considered liquid assets. Funds distributed from a pension or retirement account will constitute income when determining financial eligibility.
- Checking
  - Savings
  - Stocks
  - Certificates of Deposit
  - Mutual Funds
  - Automobiles or other vehicles (in excess of 1 personal vehicle).
  - Real Property assessed value (in excess of personal residence).
- D. The Illinois Hospital Uninsured Patient Discount amount is determined from the most recently filed Medicare cost report for the hospital where the discount is being applied. Charges are multiplied by 1.0, less the product of the cost to charge ratio as reported on the Medicare cost report, multiplied by 1.35.
- E. If approved for the Illinois Hospital Uninsured Patient Discount Program, the patient's out of pocket expenses in a 12 month period will be capped at 25% of the family income (less child support payments).
1. The cap does not coordinate with other hospitals outside of the Carle organization.
  2. The patient is responsible for notifying Carle's Patient Financial Services office when their expenses might be close to exceeding this cap.
- F. Illinois Hospital Uninsured Patient Discount Program is only for uninsured patients as defined within the Act. If a patient is found to have insurance, their application will be reviewed for other financial assistance programs that may be beneficial for the patient.
- G. Patients must apply for the Illinois Hospital Uninsured Patient Discount Program within 60 days of date of discharge or provision of service. If approved, the patient is eligible for discounts for 12 months.
- H. Only billed encounters, for those Carle entities that fall under the Act, exceeding \$300.00 are eligible for the discount will be reviewed for discount under the Illinois Hospital Uninsured Patient Discount Program.
- I. Medical care that does not meet the generally accepted standards of medical practice as defined by the act and the Centers for Medicare and Medicaid Services is excluded from the Illinois Hospital Uninsured Patient Discount Program discounts.
- J. Medically necessary care is defined as health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that are:
1. In accordance with the generally accepted standards of medical practice;
  2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
  3. Not primarily for the convenience of the patient, family or physician and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

#### Procedure

- A. Patients with financial concerns should be identified by Carle personnel as soon as possible in the registration, care, treatment, and billing process.
1. A referral to Social Services, other pertinent staff or directly to a government program should be completed in order to obtain a determination of eligibility for Public Assistance. Patients who fail to cooperate with the

government program during the application process will automatically be denied for the Illinois Hospital Uninsured Patient Discount Program. If the patient does not meet the eligibility criteria for a government program, they may still be eligible for the Illinois Hospital Uninsured Patient Discount Program.

2. Patients are required to apply for the Illinois Hospital Uninsured Patient Discount Program within 60 days after discharge or provision of service. The application for financial assistance will be available in all registration areas, the Patient Accounting offices, (SBU) Business Offices, Cashier areas, Social Services and on the Carle website ([www.Carle.org](http://www.Carle.org)).
  3. Upon receipt of the financial assistance application by Patient Financial Services – Receivables Management staff, EPIC Prelude and Resolute systems will be populated.
    - a. All collection activity will be held until processing is completed.
    - b. Application and supporting documentation will be scanned into OnBase and the paper copies destroyed.
    - c. Applicant will be notified of any missing documentation..
    - d. If the missing documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates the billing will commence and they must now apply under the Community Care Discount Program – AD300.
  4. The completed application should include:
    - a. Income verification.
      - Parents' income will be used to determine financial eligibility for students who are over age 18 but still claimed as dependents for their parents' income tax purposes.
    - b. Asset verification.
    - c. Illinois residency verification.
    - d. The patient or responsible party must provide verification of the number of family/household members.
- B. When the application has been processed and the determination is made, a record of each application and associated documentation will be maintained by fiscal year.
1. Applications received prior to April 23, 2013 are maintained by paper and warehoused.
  2. Applications received on or after April 23, 2013 are maintained electronically within OnBase.
- C. Applications for the Hospital Uninsured Patient Discount Program will be reviewed to determine if the patient would qualify for a higher discount utilizing the Community Care Discount Program – AD300.
- D. All efforts will be made to send written determination to the applicant within 30 working days of receipt of the completed application. If the application is approved, the patient's account will be adjusted as soon as possible thereafter to reflect the discount.
- E. Patients who qualify for a partial discount of the balance will be required to pay the remainder due, as with other private pay accounts. See the Payment Policy-AD335.
- F. The total of the Illinois Hospital Uninsured Patient Discount adjustments will be regularly reported to the Director of Financial Services, the Vice President of Revenue Cycle Operations and to the Chief Financial Officer.

**Attachments** N/A

#### **Other Related Links**

[HOOPAD100 - Carle Hoopston Regional Health Care Charity Care](#)

#### **References**

210 ILCS 88/27 – Fair Patient Billing Act (Illinois Public Act 96-965)

210 ILCS 89 – Hospital Uninsured Patient Discount Act

#### **Electronic Approval on File**

Dennis Hesch

Executive Vice President/Chief Financial Officer

<u>Category/Program Title</u>	<u>Benefit</u>
<b>Community Building Activities (F)</b>	
<b>Economic Development (F2)</b> Economic Development	38,328
<b>Community Support (F3)</b> Disaster Readiness	26,149
<b>Environmental Improvements (F4)</b> Waste Reduction Efforts	432
<b>Coalition Building (F6)</b> Neighborhood Meetings	1,210
<b>Community Health Improvement Advocacy (F7)</b> Champaign County Healthcare Consumers	4,067
<b>Workforce Development (F8)</b> Health Career Programs Mentoring Programs and Job Shadowing	82,185
<b>Community Benefit Operations (G)</b>	
<b>Community Needs/Health Assets Assessment (G2)</b> Community Health Needs Assessment	2,926
<b>Other Resources (G3)</b> Salvation Army Toy Drive	8,703
<b>OTHER COMMUNITY BENEFITS – Grand Total</b>	<b>\$164,000</b>

## Charity Care Information

Charity care figures for Champaign SurgiCenter for the latest three audited fiscal years are provided in the table below:

### Champaign SurgiCenter

		2013	2014	2015
1	Net Patient Revenue	\$14,580,234	\$14,033,041	\$15,903,156
2	Amount of Charity Care (charges)	\$2,401,897	\$2,287,164	\$1,992,836
3	Cost of Charity Care	\$442,535	\$441,812	\$384,564
4	Ratio of the cost of Charity Care to Net Patient Revenue	3.0%	3.1%	2.4%

### **Physician Letters**

Physician letters are found in the Appendix of the application. They demonstrate the physicians' commitment to send surgical cases to the proposed ASTC from their historical volumes at Champaign SurgiCenter and/or Carle Foundation Hospital. The cases total 10,289 surgeries, which represent 12,300 hours of operating time including set-up and clean-up. The time was based on the experience of each physician from 9/1/15 to 8/31/16.



611 West Park Street, Urbana, IL 61801-2595 Phone: (217) 383-3311

Kathryn J. Olson, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Ms. Olson:

I am writing on behalf of Carle Physician Group, a multi-specialty medical group with over 400 physicians representing more than 80 specialties in 14 communities across central Illinois. Carle Physician Group supports the proposed relocation of Champaign SurgiCenter.

Over the past 12 months (September 1, 2015 to August 31, 2016), Carle physicians who will be performing cases at the new location of Champaign SurgiCenter performed a total of 19,757 outpatient surgical procedures. With the relocation and expansion of Champaign SurgiCenter, I expect these physicians to perform volumes at Champaign SurgiCenter as noted in Attachment – 1.

A list of the zip codes of residence for the associated patients treated within the last 12 months is attached at Attachment – 2.

Projected patient volume shall primarily come from the proposed geographic service area of Champaign SurgiCenter. The anticipated volumes represented in Attachment- 1 have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

Carle Physician Group supports the proposed relocation of Carle Surgicenter.

Sincerely,

James C. Leonard, M.D.  
President and CEO

Matthew D. Gibb, M.D.  
Executive Vice President and CMO

Subscribed and sworn to me  
This 14 day of October, 2016

Subscribed and sworn to me  
This 21 day of October, 2016

Notary Public  
"OFFICIAL SEAL"  
Ann E. Beyers  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 1/12/19

Notary Public  
"OFFICIAL SEAL"  
Ann E. Beyers  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 1/12/19



611 West Park Street, Urbana, IL 61801-2595 Phone: (217) 383-3311

**ATTACHMENT - 1**

Physician Name	Physician Specialty	Historical Cases At Carle Foundation Hospital (Outpatient Procedures 9/1/15-8/31/16)	Historical Cases At Champaign SurgiCenter (9/1/15-8/31/16)	Projected Cases At Champaign SurgiCenter (for each of the first two years after relocation)
Cradock, Kimberly A	General Surgery	264		79
Dawson III, Sherfield	General Surgery	185	64	157
Moore, Henry R	General Surgery	119		36
Oliphant, Uretz J	General Surgery	105	48	101
Rowitz, Blair Martin	General Surgery	99		30
Dabrowski, Melinda	Gynecology		22	22
Weisbaum, Jon S	Gynecology	67	16	16
Johnson Jr, Clifford	Hand Surgery	33	683	683
Sobeski, James K	Hand Surgery	39	640	640
Bohonos, Melissa A	Ophthalmology	216		216
Panagakis, George	Ophthalmology	1,010		1,010
Wandling, George R	Ophthalmology	615		615
Bailey, Jonathan S	Oral/Maxillofacial Sgy	59		30
Norbutt, Craig S	Oral/Maxillofacial Sgy	62		31
Palermo, Mark E	Ortho Trauma	111	4	4
Bane, Robert A	Orthopedics	86	602	602
Gurtler, Robert A	Orthopedics	20	447	447
Amine, Muhamad A	Otolaryngology	118	77	136
Cunningham, Kelly	Otolaryngology	298	96	245
Maris, Charles	Otolaryngology		1	1
Novak, Michael A	Otolaryngology	85	129	172
Porter, Ryan Garrett	Otolaryngology	152	299	375
Russo, Ronald C	Otolaryngology	82	10	51
Stelle, Jacob A	Otolaryngology	233		117
Browne, Timothy L	Plastic Surgery	11	24	24
Li, Paul	Plastic Surgery	94	113	160
Luckey, Natasha N	Plastic Surgery	88	85	129
Anderson, Sarah	Podiatry Surgery	56	117	117
Grambart, Sean T	Podiatry Surgery	189	683	683
Konchanin, Ronald P	Urology	198	62	121

Matz, Scott T	Urology	151	26	71
Maurer, Gregory M	Urology	236	81	152
Wolf, Richard M	Urology	228		68
Yang, Glen	Urology	123	118	155
Tsipursky, Michael	Vitreous/Retinal Sgy	274		274
Dodson, Robert W	Colon & Rectal Sgy	402		80
Greenberg, Eugene	Gastroenterology	367		73
Hallett, Jeffrey L	Gastroenterology	1,188		238
Tender, Paul M	Colon & Rectal Sgy	474		95
Tangen, Lyn E	Colon & Rectal Sgy	529		106
Batey, Andrew	Gastroenterology	1,552		310
Olson, Michelle M	Colon & Rectal Sgy	174		35
Youssef, Wael I	Gastroenterology	916		183
Henry, Patricia Ann	Gastroenterology	985		197
Moy, Nelson	Gastroenterology	783		157
Sharabash, Noura	Gastroenterology	785		157
Babcock, Gregory A	Interventional Radiology	276		22
Hogg, Jeremy R	Interventional Radiology	290		23
Hong, Steve C	Interventional Radiology	295		23
Santeler, Scott R	Interventional Radiology	280		29
Wheatley, Brian J	Cardiovascular Surgery	280		22
Margetts, Jeffrey C	Neurosurgery	6		6
Olivero, William C	Neurosurgery	12		12
Teal, Kevin Renard	Neurosurgery	10		10
<b>Total</b>		<b>15,310</b>	<b>4,447</b>	<b>9,548</b>

**ATTACHMENT - 2**

<b>AMINE, MUHAMAD A</b>	<b>195</b>
47847	1
47993	1
60921	1
60936	1
60942	3
60957	2
61042	1
61701	1
61732	1
61801	13
61802	15
61813	2
61818	1
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<b>YANG, GLEN</b>	<b>241</b>
47932	1
47974	1
60104	1
60924	2
60936	3
60942	7
60948	1
60957	2
60963	1
61073	1

61801	11
61802	13
61814	1
61817	5
61820	9
61821	9
61822	14
61824	1
61826	2
61832	31
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61874	5
61876	1
61878	1
61880	3
61882	1
61883	2
61910	1
61911	1
61913	2
61924	1
61932	2
61938	8

61943	1
61944	3
61949	2
61951	1
61953	4
61956	3
61957	1
62401	1
62420	1
62428	1
62449	1
62450	1
62899	1
<b>YOUSSEF, WAEL ISMAIL</b>	<b>916</b>
21122	1
21136	1
47404	1
47928	2
47932	5
47974	2
55412	1
60914	1
60918	7
60924	4
60927	1
60936	4
60938	4
60942	14
60949	1
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60955	1
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60963	2
60970	2
61701	1
61724	1
61727	3
61801	38
61802	50
61803	2
61810	1

61811	1
61812	1
61813	7
61815	2
61816	2
61817	1
61820	31
61821	96
61822	53
61824	2
61830	1
61831	1
61832	47
61833	5
61834	10
61840	4
61841	1
61842	5
61843	8
61844	1
61846	6
61847	4
61849	4
61851	1
61852	1
61853	42
61854	6
61856	16
61858	10
61859	6
61862	3
61864	1
61865	1
61866	37
61870	1
61872	6
61873	15
61874	21
61875	1
61876	1
61877	3

61878	3
61880	7
61882	2
61883	6
61884	4
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61911	2
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61913	2
61914	2
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61928	1
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61930	1
61931	3
61932	1
61933	1
61938	20
61940	1
61942	6
61943	6
61944	10
61951	7
61953	11
61955	1
61956	8
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62226	1
62401	11
62411	2
62418	1
62420	5
62424	2
62425	1
62426	3
62427	1
62428	5
62432	2

62442	1
62445	6
62447	3
62448	2
62449	2
62450	7
62451	2
62454	3
62461	1
62467	1
62469	7
62510	1
62521	11
62522	6
62526	30
62535	1
62544	3
62547	1
62549	2
62557	2
62565	9
62656	1
62704	1
62838	3
62839	1
62880	1
62899	1
62939	1
93534	1

# INDIANA FERTILITY Institute

Kathryn J. Olson  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Ms. Olson:

I am a surgeon specializing in Reproductive Endocrinology. I am writing in support of the relocation of Champaign SurgiCenter approximately four miles from its current location to the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, Illinois.

Over the last 12 months (9-1-15 to 8-31-16), I performed a total of 49 outpatient surgery cases at Champaign SurgiCenter. With the planned relocation of Champaign SurgiCenter, I expect to refer 49 cases to Champaign SurgiCenter for each of the first two years after project completion. The majority of the projected patient volume shall come from the proposed geographic service area of the Champaign SurgiCenter.

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed relocation of the Champaign SurgiCenter.

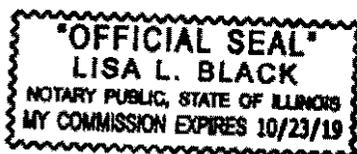
Sincerely,

  
John Jarrett, M.D.  
Reproductive Endocrinology

Office Address:  
10610 N. Pennsylvania St.  
Indianapolis, IN 46280

Subscribed and sworn to me  
This 5<sup>th</sup> day of October, 2016

  
Notary Public



ATTACHMENT - 1

Zip Code	Cases
61704	6
61801	5
61820	3
61821	3
61953	3
61701	2
61761	2
61802	2
62549	2
60952	1
61705	1
61744	1
61755	1
61764	1
61817	1
61822	1
61832	1
61853	1
61873	1
61874	1
61875	1
61878	1
61911	1
61913	1
61914	1
62468	1
62521	1
62535	1
62548	1
62565	1

Kathryn J. Olson  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Ms. Olson:

I am a surgeon specializing in ophthalmology. I am writing in support of the relocation of Champaign SurgiCenter approximately four miles from its current location to the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, Illinois.

Over the last 12 months (9-1-15 to 8-31-16), I performed a total of 174 outpatient surgery cases at Carle Foundation Hospital. With the planned relocation of Champaign SurgiCenter, I expect to refer 174 cases to Champaign SurgiCenter for each of the first two years after project completion. The majority of the projected patient volume shall come from the proposed geographic service area of Champaign SurgiCenter.

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed relocation of the Champaign SurgiCenter.

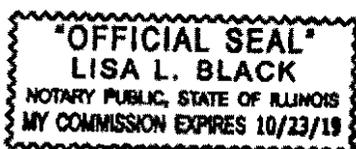
Sincerely,



Bette Anderson, M.D.  
Ophthalmologist

Office Address:  
3015 Village Office Place  
Champaign, IL 61822

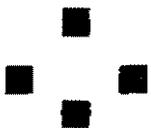
Subscribed and sworn to me  
This 3<sup>rd</sup> day of October, 2016

  
\_\_\_\_\_  
Notary Public

ATTACHMENT - 1

Zip Code	Cases
61821	23
61953	19
61820	14
61802	10
61822	9
61913	8
61853	5
61856	5
61911	5
61864	4
61874	4
61920	4
61801	3
61866	3
62544	3
60921	2
60949	2
60957	2
61724	2
61727	2
61816	2
61818	2
61847	2
61873	2
61880	2
61882	2
61919	2
61924	2
61931	2
61942	2
61956	2
62420	2
62521	2
62522	2
62526	2
46563	1
60933	1
60936	1

61813	1
61843	1
61849	1
61852	1
61854	1
61863	1
61871	1
61872	1
61910	1
62525	1
62535	1
85119	1



# CHRISTIE CLINIC

101 West University Avenue, Champaign, IL 61820 Phone: (217) 366-1200

Kathryn J. Olson, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Ms. Olson:

I am writing on behalf of Christie Clinic, a multi-specialty medical group in east central Illinois with over 170 providers representing 35 specialties and 22 locations. Christie Clinic supports the proposed relocation of Champaign SurgiCenter.

Over the past 12 months (September 1, 2015 to August 31, 2016), Christie Clinic physicians who are on the medical staff of Champaign SurgiCenter performed a total of 2,353 outpatient surgical procedures. Five hundred and eighteen of those cases were performed at Champaign SurgiCenter. With the relocation and expansion of Champaign SurgiCenter, I expect these physicians whose historical utilization is detailed in Attachment – 1 to maintain their historical volume of cases performed at Champaign SurgiCenter when it is relocated to its new site.

A list of the zip codes of residence for the associated patients treated within the last 12 months is attached at Attachment – 2.

Projected patient volume shall primarily come from the proposed geographic service area of Champaign SurgiCenter. The anticipated volumes represented in Attachment- 1 have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

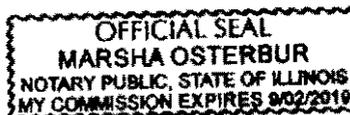
Christie Clinic supports the proposed relocation of Carle Surgicenter.

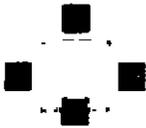
Sincerely,

Kenneth Bilger  
Chief Executive Officer

Christie Clinic  
101 West University Avenue  
Champaign, Illinois 61820

Subscribed and sworn to me  
This 12<sup>th</sup> day of OCTOBER, 2016

  
Notary Public

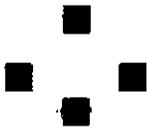


# CHRISTIE CLINIC

101 West University Avenue, Champaign, IL 61820 Phone: (217) 366-1200

## ATTACHMENT - 1

Physician Name	Physician Specialty	Historical Cases At Champaign SurgiCenter (9/1/15-8/31/16)	Historical Cases At Carle Foundation Hospital (9/1/15-8/31/16)	Historical Cases At Presence Covenant (9/1/15-8/31/16)	Historical Cases At Kirby Hospital (9/1/15-8/31/16)	Projected Cases At Champaign SurgiCenter (for each of the first two years after relocation)
Dr. Douglas Jones	General Surgery	5	3	345	3	5
Dr. Susan Cooper-Morphew	OB/Gynecology	4	2	51		4
Dr. Laura Darko	OB/Gynecology	1	7	27		1
Dr. Bibiancy Gutierrez	OB/Gynecology	6	7	57		6
Dr. Tamara Helfer	OB/Gynecology	3	8	48		3
Dr. Kieya King	OB/Gynecology	1	7	25		1
Dr. Candace McGregor	OB/Gynecology	9	5	32		9
Dr. Michael Smith	OB/Gynecology	10	8	95		10
Dr. Sarah Young	OB/Gynecology	8	12	73		8
Dr. Amit Date	Otolaryngology	317		334		317
Dr. Stuart King	Pain Medicine	10		15		10
Dr. Andrew Kluesner	Podiatry	17		151		17
Dr. William Pierce	Podiatry	18		22		18
Dr. Sarah Spizzirri	Podiatry	22	1	82		22
Dr. Eric Helfer	Urology	65	4	197		65
Dr. John Regan	Urology	22		214		22
<b>Total</b>		<b>518</b>	<b>64</b>	<b>1,768</b>	<b>3</b>	<b>518</b>



# CHRISTIE CLINIC

101 West University Avenue, Champaign, IL 61820 Phone: (217) 366-1200

## ATTACHMENT - 2

Provider	Patient Zip	Total Cases (9/1/14-8/31/16)
COOPER-MORPHEW	61821	21
	61866	13
	61822	10
	61820	9
	61802	8
	61801	7
	61880	5
	61853	5
	60957	4
	61953	4
	61862	3
	61873	3
	61865	3
	61913	3
	61832	3
	61854	3
	61817	2
	61843	2
	60936	2
	61844	2
	61919	2
	61864	2
	61856	2
	61834	2
	61875	1
	60938	1
	61883	1
	61812	1
	61369	1
	60948	1
	52405	1
	62526	1
	61910	1
	60918	1

	61833	1
	61871	1
	62521	1
	61839	1
	46254	1
	61842	1
DARKO	61821	7
	61801	4
	61802	4
	61820	2
	61822	2
	61866	2
	61953	2
	61874	1
	61814	1
	61920	1
	61951	1
	61873	1
	28216	1
	61919	1
	61856	1
	61832	1
	61862	1
	61841	1
	61853	1
DATE	61821	118
	61822	103
	61853	69
	61820	60
	61802	57
	61832	47
	61866	45
	61856	42
	61880	40
	61801	40
	61873	39
	61874	28
	60957	26
	61953	23
	61834	21
	60936	20

	61843	18
	61956	16
	61858	15
	61854	14
	61877	12
	61847	12
	61846	12
	61883	11
	61817	10
	60970	9
	61813	8
	60955	8
	61864	8
	47932	7
	60938	7
	61849	6
	61884	6
	61865	6
	60948	6
	61910	5
	60968	5
	60942	5
	61863	5
	61814	5
	60966	5
	61938	5
	61841	5
	61878	5
	61942	4
	61911	4
	60952	4
	61882	4
	61919	4
	61770	4
	61844	4
	61773	4
	61859	4
	61842	4
	61872	3
	61913	3
	61816	3

	61811	3
	61920	3
	61870	3
	61840	3
	61943	2
	61924	2
	61827	2
	61815	2
	60960	2
	60949	2
	60921	2
	60974	2
	61876	2
	61944	2
	61929	2
	60953	2
	60963	2
	61741	2
	61845	2
	60959	2
	61851	2
	61705	2
	61826	2
	60044	1
	91724	1
	61951	1
	61753	1
	57106	1
	61761	1
	60973	1
	60918	1
	62474	1
	23693	1
	60962	1
	60933	1
	61839	1
	42071	1
	61930	1
	61862	1
	60617	1
	61810	1

	61848	1
	46307	1
	62839	1
	61812	1
	60911	1
	46814	1
	61833	1
	47581	1
	61914	1
	61871	1
	60005	1
	47918	1
	60061	1
	47928	1
	61932	1
	7424	1
	60145	1
	61875	1
	61724	1
	47951	1
	61739	1
	47952	1
	62401	1
	47974	1
	62521	1
	61824	1
	80109	1
	716	1
	98115	1
	47987	1
	61830	1
GUTIERREZ	61821	15
	61853	6
	61822	6
	61801	6
	61953	5
	61820	5
	61802	3
	61832	3
	61873	2
	60952	2

	61874	2
	61856	2
	61956	2
	61866	2
	61849	2
	61834	1
	61864	1
	61920	1
	61847	1
	60957	1
	61875	1
	61878	1
HELPER E	61821	40
	61953	38
	61802	30
	61832	29
	61853	27
	61822	27
	61820	24
	61920	23
	61801	20
	61938	18
	61873	17
	61854	11
	60957	10
	61866	10
	61856	10
	61849	9
	61880	8
	61846	7
	60936	7
	61919	6
	61878	6
	61874	6
	33890	5
	61956	5
	61858	5
	61883	5
	62565	5
	61841	4
	61912	4

	61843	4
	61913	4
	47974	3
	62526	3
	61876	3
	61844	3
	61929	3
	60960	3
	61862	3
	61815	3
	61911	3
	61865	3
	61875	3
	61847	2
	72769	2
	62448	2
	60150	2
	61951	2
	61812	2
	62420	2
	60952	2
	60949	2
	61817	2
	61932	2
	60948	2
	60938	2
	61877	2
	62080	2
	61834	2
	62428	2
	61910	2
	62474	2
	61842	2
	47922	2
	62411	1
	37717	1
	62441	1
	60953	1
	61882	1
	62543	1
	60442	1

	60410	1
	61840	1
	61724	1
	61848	1
	61931	1
	62401	1
	47993	1
	47932	1
	43302	1
	62438	1
	61942	1
	62442	1
	61863	1
	62454	1
	52806	1
	62521	1
	61833	1
	60559	1
	61957	1
	60924	1
	61852	1
	61928	1
HELPER T	61821	25
	61822	16
	61802	12
	61853	11
	61832	7
	61801	6
	61874	5
	60957	5
	61820	4
	61856	4
	61866	4
	61880	4
	61873	3
	61817	3
	60960	2
	61871	2
	61953	2
	61844	2
	61736	1

	61943	1
	61883	1
	61834	1
	46254	1
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	61752	1
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JONES	61821	84
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	61853	41
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	61801	26
	61832	25
	61856	21
	61873	20
	61874	16
	61880	12
	61956	12
	61843	11
	61864	11
	60957	11

	61847	8
	61883	8
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	61858	6
	61911	6
	61813	6
	61834	6
	61878	5
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	60948	2
	61839	2
	61932	2
	38558	2
	61833	2
	60963	2
	61859	2
	61844	2
	61840	2
	61917	2

	61842	2
	60970	1
	60955	1
	61770	1
	57350	1
	60968	1
	61803	1
	61614	1
	61811	1
	64856	1
	60026	1
	47993	1
	60175	1
	61929	1
	61862	1
	61540	1
	61863	1
	62062	1
	61815	1
	62629	1
	60491	1
	98028	1
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	61919	1
	61872	1
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	61941	1
	60921	1
	61845	1
	34711	1
	61761	1
	61824	1
	62447	1
	60942	1
	62526	1
	46816	1

	62644	1
	61831	1
	85755	1
	47932	1
	49508	1
	60952	1
KING K	61802	10
	61820	9
	61801	7
	61822	5
	61821	4
	61873	3
	60957	2
	61866	2
	61863	1
	60936	1
	61880	1
	61864	1
	61856	1
	60968	1
	60962	1
	60948	1
	61870	1
	61884	1
	61874	1
	61938	1
	60963	1
	61956	1
	61953	1
	61832	1
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	61842	1
	61853	1
KING S	61832	7
	61802	6
	61883	3
	61910	2
	61956	2
	61820	1
	61866	1
	61943	1

	61833	1
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	61840	1
	61821	1
	61843	1
	61865	1
	61844	1
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	61847	1
	61880	1
	61853	1
	61884	1
	61953	1
	61913	1
	62450	1
	61801	1
	62521	1
	61854	1
	62454	1
	61856	1
	60949	1
	61864	1
KLUESNER	61822	37
	61821	37
	61832	33
	61802	26
	61853	22
	61820	21
	61873	12
	61801	10
	61834	9
	61866	9
	61856	8
	61874	8
	61846	6
	61878	5
	61880	5
	61953	5
	61877	5
	61883	4
	61858	4

	61956	3
	60957	3
	61919	3
	60948	3
	61817	3
	61872	3
	61843	3
	60942	2
	61920	2
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	60924	1
	47993	1
	60936	1
	61814	1
	62431	1
	34450	1
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	60505	1

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	61875	1
	62420	1
	61865	1
	62801	1
	61341	1
	75968	1
	61871	1
	61724	1
MCGREGOR	61821	14
	61822	12
	61853	11
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