

**ORIGINAL**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION**

**RECEIVED**

MAR 02 2020

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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

**Facility/Project Identification**

Facility Name: Trinity Medical Center
Street Address: 2701 – 17 <sup>th</sup> St.
City and Zip Code: Rock Island, IL 61201
County: Rock Island                      Health Service Area    10                      Health Planning Area: C-05

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

Exact Legal Name: Iowa Health System d/b/a UnityPoint Health
Street Address: 1776 West Lakes Parkway Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: Elizabeth Kurt
Registered Agent Street Address: 120 NE Glen Oak Avenue, Suite 101
Registered Agent City and Zip Code: Peoria, IL 61603
Name of Chief Executive Officer: Kevin Vermeer
CEO Street Address: 1776 West Lakes Parkway, Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: 515-241-8215

**Type of Ownership of Applicants**

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

- 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 they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

**Primary Contact [Person to receive ALL correspondence or inquiries]**

Name: Katie Pearson
Title: Chief Strategy Officer
Company Name: Trinity Regional Health System
Address: 2701 17 <sup>th</sup> St. Rock Island, IL 61201
Telephone Number: (309) 779-3610
E-mail Address: <a href="mailto:Katie.pearson@unitypoint.org">Katie.pearson@unitypoint.org</a>
Fax Number: (309) 779-2206

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION**

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

**Facility/Project Identification**

Facility Name: Trinity Medical Center		
Street Address: 2701 17 <sup>th</sup> Street		
City and Zip Code: Rock Island, IL 61201		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

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

Exact Legal Name: Trinity Regional Health System	
Street Address: 2701 17 <sup>th</sup> St.	
City and Zip Code: Rock Island, IL 61201	
Name of Registered Agent: Tamara Bryam	
Registered Agent Street Address: 2701 17 <sup>th</sup> Street	
Registered Agent City and Zip Code: Rock Island, IL 61201	
Name of Chief Executive Officer: Robert Erickson	
CEO Street Address: 2701 17 <sup>th</sup> Street	
CEO City and Zip Code: Rock Island, IL 61201	
CEO Telephone Number: 309-779-2200	

**Type of Ownership of Applicants**

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

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

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**Primary Contact [Person to receive ALL correspondence or inquiries]**

Name: Katie Pearson
Title: Chief Strategy Officer
Company Name: Trinity Regional Health System
Address: 2701 17 <sup>th</sup> St. Rock Island, IL 61201
Telephone Number: (309) 779-3610
E-mail Address: Katie.pearson@unitypoint.org
Fax Number: (309) 779-2206

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**Facility/Project Identification**

Facility Name: Trinity Medical Center		
Street Address: 2701 17 <sup>th</sup> Street		
City and Zip Code: Rock Island, IL 61201		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

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

Exact Legal Name: Trinity Medical Center	
Street Address: 2701 17 <sup>th</sup> St.	
City and Zip Code: Rock Island, IL 61201	
Name of Registered Agent: Steven J. Gross	
Registered Agent Street Address: 2701 17 <sup>th</sup> Street	
Registered Agent City and Zip Code: Rock Island, IL 61201	
Name of Chief Executive Officer: Robert Erickson	
CEO Street Address: 2701 17 <sup>th</sup> Street	
CEO City and Zip Code: Rock Island, IL 61201	
CEO Telephone Number: 309-779-2200	

**Type of Ownership of Applicants**

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

- 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 they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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**Primary Contact [Person to receive ALL correspondence or inquiries]**

Name: Katie Pearson
Title: Chief Strategy Officer
Company Name: Trinity Regional Health System
Address: 2701 17 <sup>th</sup> St. Rock Island, IL 61201
Telephone Number: (309) 779-3610
E-mail Address: <a href="mailto:Katie.pearson@unitypoint.org">Katie.pearson@unitypoint.org</a>
Fax Number: (309) 779-2206

**Additional Contact** [Person who is also authorized to discuss the application for exemption]

Name: Ed Parkhurst
Title: Managing Principal
Company Name: PRISM Healthcare Consulting
Address: 800 Roosevelt Rd., Building E, Suite 110 Glen Ellyn, Illinois 60137
Telephone Number: (630) 790-5089/ (630) 248-4826
E-mail Address: eparkhurst@consultprism.com
Fax Number: (630) 790-2696

**Post Exemption Contact**

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

Name: Pamela Samuelson
Title: Director of Business Planning
Company Name: Trinity Regional Health System
Address: 2701 – 17 <sup>th</sup> St. Rock Island, IL 61201
Telephone Number: (563) 742-2616
E-mail Address: pamelia.samuelson@unitypoint.org
Fax Number: (563) 742-2005

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Trinity Medical Center
Address of Site Owner: 2701 – 17 <sup>th</sup> Street Rock Island, IL 61201
Street Address or Legal Description of the Site: 2701 – 17 <sup>th</sup> Street Rock Island, IL 61201
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: Trinity Medical Center d/b/a Trinity Rock Island
Address: 2701 17 <sup>th</sup> St. Rock Island, IL 61201
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>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>
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

See attachment 3 for operating identity/licensee.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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Exact Legal Name: Trinity Regional Health System	
Address: 2701 17 <sup>th</sup> St. Rock Island, IL 61201	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

See attachment 3 for operating identity/licensee.

Exact Legal Name: Iowa Health System d/b/a UnityPoint Health	
Address: 1776 West Lakes Parkway Suite 400, West Des Moines, IA 50266	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

See attachment 3 for operating identity/licensee.

**Organizational Relationships**

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

See attachment 4 for organizational chart.

### Narrative Description

In the space below, provide 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.

The applicants propose to discontinue the 22-bed Inpatient Rehabilitation (rehab) Category of Service located on the 5<sup>th</sup> Floor of Trinity Medical Center -Rock Island ("Trinity Rock Island"). The discontinuation will be in conjunction with the establishment of the proposed Quad Cities Rehabilitation Institute, LLC ("The Quad Cities Rehab Institute" or "The Rehab Institute") also known as Project #19-059 currently under review by the Illinois Health Facilities and Services Review Board ("HFSRB" or "Review Board").

Currently, Trinity Rock Island is the only inpatient rehab provider located in HSA10, with 22 CON-approved beds in operation. The Quad Cities Rehab Institute proposes to establish a new 40-bed freestanding comprehensive physical rehabilitation ("rehab") hospital to be located in Moline, Rock Island County, HSA10. The proposed Project #19-059 addresses the Illinois HFSRB identified need and addresses an identified gap in the need for additional beds in the region. Project #19-059 is a 'substantive' project because it proposes the establishment of a healthcare facility.

The proposed Project #19-059 will be a 50/50 joint venture between Trinity Medical Center and Encompass Health Corporation ("Encompass"). Trinity Medical Center, an affiliate of Iowa Health System d/b/a UnityPoint Health, will have a fifty percent (50%) ownership interest in the Licensee, The Quad Cities Rehabilitation Institute, LLC. Trinity Medical Center is an Illinois nonprofit corporation. Encompass Health also will have a fifty percent (50%) ownership interest in the Licensee, The Quad Cities Rehabilitation Institute, LLC. Encompass is a Delaware corporation.

The Quad Cities Rehab Institute expects to accept its first patient on February 1, 2022 with a project completion date of May 2, 2022. The 22 rehab beds at Trinity Rock Island will be discontinued concurrently with the opening of the proposed Rehab Institute. Trinity has not yet determined the use of the space that will be vacated as a result of the discontinuation.

In the event that the CON Permit Application #19-059 for the Quad Cities Rehab Institute is not approved and the discontinuation permit is approved, the COE permit will be relinquished.

The COE project does not include the construction, demolition, or modernization of any existing buildings and there are no project costs.

The COE is a substantive project under section 1110.20 because it proposes to discontinue a designated bed category of service.

### Project Status and Completion Schedules

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

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**Anticipated exemption completion date** (refer to Part 1130.570): The anticipated exemption completion date will be on or around February 1, 2022 upon opening of the Quad Cities Rehab Institute.

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

Are the following submittals up to date as applicable:

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

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

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 manager 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 is filed on the behalf of Iowa Health System

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

*Kevin E. Vermeer*

SIGNATURE

Kevin E. Vermeer

PRINTED NAME

IHS President/CEO

PRINTED TITLE

*Dennis W. Drake*

SIGNATURE

Dennis W. Drake

PRINTED NAME

IHS VP/General Counsel

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 19<sup>th</sup> day of February, 2020

*Pamela K. Hoskins*

Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me this 19<sup>th</sup> day of February, 2020

*Pamela K. Hoskins*

Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

**CERTIFICATION**

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

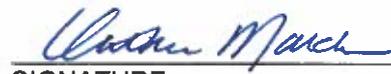
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of 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 is filed on the behalf of Trinity Regional Health System in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

  
SIGNATURE

Robert J. Erickson  
PRINTED NAME

President/CEO  
PRINTED TITLE

  
SIGNATURE

Katherine A. Marchik  
PRINTED NAME

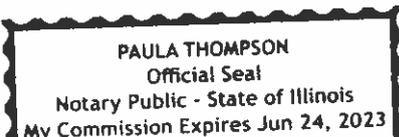
Chief Financial Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 25 day of February

Notarization:  
Subscribed and sworn to before me  
this 25 day of February

  
Signature of Notary

  
Signature of Notary

Seal   
PAULA THOMPSON  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Jun 24, 2023

Seal   
PAULA THOMPSON  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Jun 24, 2023

\*Insert the EXACT legal name of the applicant

**CERTIFICATION**

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

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

  
SIGNATURE

Robert J. Erickson  
PRINTED NAME

President/CEO  
PRINTED TITLE

  
SIGNATURE

Katherine A. Marchik  
PRINTED NAME

Chief Financial Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 25 day of February

Notarization:  
Subscribed and sworn to before me  
this 25 day of February

  
Signature of Notary

Seal  
PAULA THOMPSON  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Jun 24, 2023

  
Signature of Notary

Seal  
PAULA THOMPSON  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Jun 24, 2023

\*Insert the EXACT legal name of the applicant

## SECTION II. DISCONTINUATION

### Type of Discontinuation

<input checked="" type="checkbox"/> Discontinuation of a single category of service
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### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

## SECTION II. DISCONTINUATION

### Criterion 1130.525 and 1110.290 - Discontinuation

#### GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.

*Trinity Medical Center d/b/a as Trinity Rock Island is proposing to discontinue its Inpatient Rehabilitation Category of Service. This category of service has 22 CON-approved beds.*

2. Identify all of the other clinical services that are to be discontinued.

*No other clinical services will be discontinued as part of this project. Trinity Rock Island will continue to offer physical therapy, occupational therapy, etc. as needed on an inpatient and outpatient basis.*

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

*In an effort to maintain a continuity of this needed service in the community the proposed discontinuation will not occur until after CON Permit Application #19-059 for the Quad Cities Rehab Institute Project is approved and completed. In the event that the CON Permit Application #19-059 for the Quad Cities Rehab Institute is not approved and the discontinuation permit is approved, the COE permit will be relinquished.*

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

*Trinity Medical Center in Rock Island is evaluating the future use of the physical space and equipment utilized for the rehab unit but has not yet made a determination.*

5. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

*Please see attestation in attachment 5.*

**REASONS FOR DISCONTINUATION**

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

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

*See attachment 6 for reasons for discontinuation.*

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

*See attachment 7 for impact on access.*

**SECTION III. BACKGROUND**

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.

<b>Name and Location of Facility</b>	<b>Illinois License Identification Number</b>	<b>Identification Number</b>
<i>Trinity Rock Island Rock island, Illinois</i>	<i>0003244</i>	<i>Joint Commission ID #7421</i>
<i>Trinity Moline Moline, Illinois</i>	<i>0005140</i>	<i>Joint Commission ID #7421</i>
<i>Quad City Ambulatory Surgery Center, LLC Moline, Illinois</i>	<i>7002520</i>	<i>AAAH ID#12794</i>

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 or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.**

*Please see attachment 8 for background information.*

**SECTION IV. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:**

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 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 9.**

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			

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	Total			
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>				

*See attachment 9 for safety net impact information.*

**SECTION V. CHARITY CARE INFORMATION**

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

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

**A table in the following format must be provided for all facilities as part of Attachment 10.**

<b>CHARITY CARE</b>			
	<b>Year</b>	<b>Year</b>	<b>Year</b>
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

*See attachment 10 for charity care information.*

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	19
2	Site Ownership	23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	40
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	44
5	Discontinuation General Information Requirements	47
6	Reasons for Discontinuation	51
7	Impact on Access	52
8	Background of the Applicant	53
9	Safety Net Impact Statement	60
10	Charity Care Information	65

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

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

Exact Legal Name: Iowa Health System
Street Address: 1776 West Lakes Parkway, Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: Elizabeth Kurt
Registered Agent Street Address: 120 NE Glen Oak Avenue Suite 101
Registered Agent City and Zip Code: Peoria, IL 61603
Name of Chief Executive Officer: Kevin Vermeer
CEO Street Address: 1776 West Lakes Parkway, Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: 515-241-8215

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

Exact Legal Name: Trinity Regional Health System
Street Address: 2701 17 <sup>th</sup> St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Tamara Byram
Registered Agent Street Address: 2701 17 <sup>th</sup> Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: Robert J. Erickson
CEO Street Address: 2701 17 <sup>th</sup> Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

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

Exact Legal Name: Trinity Medical Center
Street Address: 2701 17 <sup>th</sup> St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Steven J. Gross
Registered Agent Street Address: 2701 17 <sup>th</sup> Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: Robert J. Erickson
CEO Street Address: 2701 17 <sup>th</sup> Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

The appended documentation includes the Illinois certificate of good standing for each applicant.



**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*

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

**In Testimony Whereof,** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of JUNE A.D. 2019 .*



Authentication #: 1916103016 verifiable until 06/10/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



**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*

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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 10TH*  
*day of JUNE A.D. 2019 .*



Authentication #: 1916102846 verifiable until 06/10/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

File Number

5368-925-6



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

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

TRINITY REGIONAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 1984, 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.



Authentication #: 1916102972 verifiable until 06/10/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of JUNE A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

**Site Ownership**

Exact Legal Name of Site Owner: Trinity Medical Center
Address of Site Owner: 2701 – 17 <sup>th</sup> St. Rock Island, IL 61201
Street Address or Legal Description of the Site: 2701 – 17 <sup>th</sup> Street Rock Island, IL 61201

The appended documentation is proof of site ownership by Trinity Medical Center. Attachment 2 includes the Commitment for Title Insurance issued by First American Title Insurance Company from April 2, 2008. The attachment also includes the Rock Island County Abstract & Title Guaranty's invoice for the Trinity West Campus (Trinity Rock Island) dated April 14, 2008. The full invoice document is included as additional documentation.



## CONDITIONS

1. **DEFINITIONS**  
(a) "Mortgage" means mortgage, deed of trust or other security instrument. (b) "Public Record" means title records that give constructive notice of matters affecting the title according to the state law where the land is located.
2. **LATER DEFECTS**  
The Exceptions in Schedule B may be amended to show any defects, liens or encumbrances that appear for the first time in the public records or are created or attached between the Commitment Date and the date on which all of the Requirements (a) and (c) shown below are met. We shall have no liability to you because of this amendment.
3. **EXISTING DEFECTS**  
If any defects, liens or encumbrances existing at Commitment Date are not shown in Schedule B, we may amend schedule B to show them. If we do amend Schedule B to show these defects, liens or encumbrances, we shall be liable to you according to Paragraph 4 below unless you knew of this information and did not tell us about it in writing.
4. **LIMITATION OF OUR LIABILITY**  
Our only obligation is to issue to you the Policy referred to in this Commitment, when you have met its Requirements. If we have any liability to you for any loss you incur because of an error in this Commitment, our liability will be limited to your actual loss caused by your relying on this Commitment when you acted in good faith to:  

comply with the Requirements shown below  
or  
eliminate with our written consent any Exceptions shown  
in Schedule B or the Standard Exceptions noted below.

We shall not be liable for more than the Policy Amount shown in Schedule A of this Commitment and our liability is subject to the terms of the Policy form to be issued to you.
5. **CLAIMS MUST BE BASED ON THIS COMMITMENT**  
Any claim, whether or not based on negligence, which you may have against us concerning the title to the land must be based on this Commitment and is subject to its terms.

## REQUIREMENTS

The following requirements must be met:

- (a) Pay the agreed amounts for the interest in the land and/or the mortgage to be insured.
- (b) Pay us the premiums, fees and charges for the policy.
- (c) Documents satisfactory to us creating the interest in the land and/or the mortgage to be insured must be signed, delivered and recorded.
- (d) You must tell us in writing the names of anyone not referred to in this Commitment who will get an interest in the land or who will make a loan on the land. We may then make additional requirements or exceptions.
- (e) Proper documentation to dispose of such exceptions as you wish deleted from Schedule B or the Standard Exceptions noted below.

## STANDARD EXCEPTIONS

The following Standard Exceptions will be shown on your policy:

- (1) Rights or claims of parties in possession not shown by the public records.
- (2) Easements, or claims of easements, not shown by the public records.
- (3) Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey or inspection of the premises.
- (4) Any Lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records.
- (5) Taxes, or special assessments which are not shown as existing liens by the public records.

( UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY )  
Issuing Agents: Rock Island County Abstract & Title Company, 311 - 16<sup>th</sup> Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-786-3416



## Rock Island County Abstract & Title Guaranty Co.

Representative For  
Lawyers Title Insurance Corporation  
and  
First American Title Insurance Company  
Title Insurance - Abstracts - Escrow Service

211 - 10th Street, Suite 300  
Rock Island, Illinois 61201

email - wsharp@ncarite.com

Phone (309) 786-6475  
Fax  
(309)  
786-8539  
Fax (309) 786-2608

P.O. Box 3308  
Rock Island, Illinois 61204-3308

Snyder, Park & Nelson, P.C.  
Attn: Dee A. Runnels  
1800 - 4th Avenue, Ste 200  
P O Box 3700  
Rock Island, IL 61204-3700  
Ph.: 309-786-8497  
Fx.: 309-786-0463

Date: April 14, 2008  
FED ID # 36-169-4210

### INVOICE

File No. F88-110-L

RE: TRINITY WEST CAMPUS

<u>Date</u>	<u>Services Description</u>	<u>Amount</u>
April 11, 2008	Owners & Lenders Title Insurance - Commitment Fee Additional Tract Searches (2 @ 100.00 each) Owner's Policy Premium (liberty: \$18D)	\$250.00 \$200.00 \$78D

*Note: Billing does not include escrows, future updates, endorsement(s), additional policies, premiums, recording fees, document copies, document preparation, overnight deliveries, closing fees nor revenue stamps...as may be applicable.*

TOTAL \$450.00

Description: Commitment and Invoice to above VIA EMAIL

TO:  
Snyder, Park & Nelson, P.C.  
Attn: Dee A. Runnels  
1800 - 4th Avenue, Ste 200  
P O Box 3700  
Rock Island, IL 61204-3700  
Ph: 309-786-8407  
Fx: 309-786-0463



COMMITMENT FOR TITLE INSURANCE

ISSUED BY

*First American Title Insurance Company*

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

- The Provisions in Schedule A.
- The Exceptions in Schedule B.
- The Conditions, Requirements and Standard Exceptions  
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.



*First American Title Insurance Company*

BY *Parker S. Kenzler* PRESIDENT

ATTEST *Mary R. Armeson* SECRETARY

BY *[Signature]* COUNTERSIGNED

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY  
1 Holding Agency Rock Island County Abstract & Title Company Group, 311 - 1st Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-766-5176

# Rock Island County Abstract & Title Guaranty Co.

Representative For  
Lawyers Title Insurance Corporation  
and  
First American Title Insurance Company  
Title Insurance - Abstracts - Escrow Service  
ama2 - wshelp@ncat5e.com

211 - 10th Street, Suite 300  
Rock Island, Illinois 61201

P.O. Box 3308  
Rock Island, Illinois 61204-3308

Phone (309) 786-5478  
For  
(309)  
786-8439  
Fax (309) 786-2590

Snyder, Park & Nelson, P.C.  
Attn: Dee A. Runnels  
1600 - 4th Avenue, Ste 200  
P O Box 3700  
Rock Island, IL 61204-3700  
Ph.: 309-786-8497  
Fx.: 309-786-0463

Date: April 14, 2008  
FED ID # 36-169-4210

## INVOICE

File No. F88-110-L

RE: TRINITY WEST CAMPUS

<u>Date</u>	<u>Services Description</u>	<u>Amount</u>
April 11, 2008	Ownors & Londers Title Insurance - Commitment Fee Additional Tract Searches (2 @ 100.00 each) Owner's Policy Premium (liability: STBD)	\$250.00 \$200.00 \$TBD

*Note: Billing does not include escrows, future updates, endorsement(s), additional policies, premiums, recording fees, document copies, document preparation, overnight deliveries, closing fees nor revenue stamps...ee may be applicable.*

**TOTAL** **\$450.00**

Description: Commitment and Invoice to above VIA EMAIL

TRACT 1 - CON - SRI 5014-1  
TRACT 2 - HELIPAD - SRI 251  
TRACT 3 - WEST CAMPUS - SRI 252

ATTACHMENT 2  
SITE OWNERSHIP DOCUMENTATION

TO:  
Snyder, Park & Nelson, P.C.  
Attn: Dee A. Runnole  
1600 - 4th Avenue, Ste 200  
P O Box 3700  
Rock Island, IL 01204-3700  
Ph.: 309-786-8497  
Fx.: 309-786-0463



COMMITMENT FOR TITLE INSURANCE

ISSUED BY

*First American Title Insurance Company*

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed Insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

- The Provisions in Schedule A.
- The Exceptions in Schedule D.
- The Conditions, Requirements and Standard Exceptions  
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule D.



*First American Title Insurance Company*

BY *Paul S. Kennedy* PRESIDENT

ATTN: *Mark A. Anderson* SECRETARY

D *[Signature]* COUNTERSIGNED

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY  
1 Irvine Ave., Rock Island County Abnort & Title Guaranty Company, 211 - 11<sup>th</sup> Street, Suite 200, Rock Island, Illinois 61201 Phone: 309-786-8497

## CONDITIONS

### 1. DEFINITIONS

(a) "Mortgage" means mortgage, deed of trust or other security instrument. (b) "Public Record" means title records that give constructive notice of matters affecting the title according to the state law where the land is located.

### 2. LATER DEFECTS

The Exceptions in Schedule B may be amended to show any defects, liens or encumbrances that appear from the first time in the public records or are created or attached between the Commitment Date and the date on which all of the Requirements (a) and (c) shown below are met. We shall have no liability to you because of this amendment.

### 3. EXISTING DEFECTS

If any defects, liens or encumbrances existing at Commitment Date are not shown in Schedule B, we may amend schedule B to show them. If we do amend Schedule B to show these defects, liens or encumbrances, we shall be liable to you according to Paragraph 4 below unless you knew of this information and did not tell us about it in writing.

### 4. LIMITATION OF OUR LIABILITY

Our only obligation is to issue to you the Policy referred to in this Commitment, when you have met its Requirements. If we have any liability to you for any loss you incur because of an error in this Commitment, our liability will be limited to you actual loss caused by your relying on this Commitment when you acted in good faith to:

comply with the Requirements shown below  
or  
eliminate with our written consent any Exceptions shown  
in Schedule B or the Standard Exceptions noted below.

We shall not be liable for more than the Policy Amount shown in Schedule A of this Commitment and our liability is subject to the terms of the Policy form to be issued to you.

### 5. CLAIMS MUST BE BASED ON THIS COMMITMENT

Any claim, whether or not based on negligence, which you may have against us concerning the title to the land must be based on this Commitment and is subject to its terms.

## REQUIREMENTS

The following requirements must be met:

- (a) Pay the agreed amounts for the interest in the land and/or the mortgage to be insured.
- (b) Pay us the premiums, fees and charges for the policy.
- (c) Documents satisfactory to us creating the interest in the land and/or the mortgage to be insured must be signed, delivered and recorded.
- (d) You must tell us in writing the name of anyone not referred to in this Commitment who will get an interest in the land or who will make a loan on the land. We may then make additional requirements or exceptions.
- (e) Proper documentation to dispose of such exceptions as you wish deleted from Schedule B or the Standard Exceptions noted below.

## STANDARD EXCEPTIONS

The following Standard Exceptions will be shown on your policy:

- (1) Rights or claims of parties in possession not shown by the public records.
- (2) Easements, or claims of easements, not shown by the public records.
- (3) Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey or inspection of the premises.
- (4) Any Lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records.
- (5) Taxes, or special assessments which are not shown as existing liens by the public records.

UNDEVELOPER - FIRST AMERICAN TITLE INSURANCE COMPANY  
1. Trading Agency Bank Trust Company Abstract & Title Guaranty Company, 311 - 18<sup>th</sup> St. N.E., Suite 300, Rock Hill, S.C. 29730 Phone: 335-316-3476

ALTA COMMITMENT

SCHEDULE A

COMMITMENT NO. F88-110-L

1. Commitment Date: April 2, 2008 at 8:00 a.m.
2. Policy (or policies) to be issued:
  - (a) ALTA Owner's Policy  
Proposed Insured: **TBD** Policy Amount: **STDB**
  - (b) ALTA Loan Policy  
Proposed Insured: **TBD** Policy Amount: **STDB**
3. The estate or interest in the land described or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:  
  
Trinity Medical Center
4. The land referred to in this Commitment is described as follows:  
  
See Schedule A, No. 4 - continued, attached.

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY  
1 Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 1<sup>st</sup> Street, Suite 300, Rock Island, Illinois 61201 Phone 309 385 3376

ATTACHMENT 2  
SITE OWNERSHIP DOCUMENTATION

Schedule A - continued  
File No. : F88-110-L

4. TRACT 1

All of Lot 3 in Bailey Addition to the City of Rock Island, Illinois, EXCEPTING the following Tract, more particularly described as follows:  
Commencing at the Northwest corner of said Lot 3, said point being the point of beginning;  
Thence South 89 degrees 42 minutes 20 seconds East along the North line of said Lot 3, a distance of 33.55 feet;  
Thence South 0 degrees 32 minutes 00 seconds West, a distance of 352.25 feet to the South line of said Lot 3;  
Thence North 89 degrees 59 minutes 08 seconds West along said South line, a distance of 6.48 feet to the Southwest corner of said Lot 3;  
Thence North 0 degrees 02 minutes 56 seconds East along the West line of said Lot 3, a distance of 271.81 feet;  
Thence North 16 degrees 35 minutes 44 seconds West along said West line, a distance of 84.10 feet to the point of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 2

Beginning at the Northeast corner of Lot One (1) of White Oak Hill Addition to the City of Rock Island;  
thence South along the East line of said Subdivision, 125 feet for a place of beginning;  
thence South 45°45'30" East for a distance of 295 feet;  
thence South 44°14'30" West, 295 feet, more or less to the East line of White Oak Hill Addition aforesaid;  
thence Northernly along the Easterly line of White Oak Hill Addition to the City of Rock Island, 417.19 feet, more or less to the place of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 3

Part of Lots 4, 5, 6, 8 and 9 of the Assessor's Plat of 1870 in the Northeast Quarter (NE 1/4) of Section Eleven (11), Township Seventeen North (T 17 N), Range Two (2) West (R 2 W) of the Fourth Principal Meridian (4th P.M.), City of Rock Island, County of Rock Island, State of Illinois, being more particularly described as follows:  
Beginning at the Northeast Corner of said Lot 8;  
Thence South 0 degrees - 20 minutes - 23 seconds East along the East line of said Lot 8, a distance of 478.64 feet;  
Thence South 0 degrees - 48 minutes - 57 seconds East along the East line of said Lots 8 and 9, a distance of 359.97 feet;  
Thence South 0 degrees - 10 minutes - 38 seconds East along the East line of said Lot 9, a distance of 421.65 feet to the North Right-of-Way line of 31st Avenue;  
Thence South 89 degrees - 57 minutes - 24 seconds West along said North Right-of-Way line, a distance of 80.00 feet;  
Thence North 0 degrees - 10 minutes - 36 seconds West, a distance of 313.78 feet;  
Thence North 89 degrees - 53 minutes - 2 seconds West, a distance of 569.09 feet;  
Thence North 31 degrees - 8 minutes - 33 seconds East, a distance of 300.12 feet;  
Thence North 46 degrees - 23 minutes - 57 seconds West, a distance of 75.00 feet;  
Thence South 43 degrees - 35 minutes - 3 seconds West, a distance of 295.23 feet;  
Thence along the arc of a circle concave to the Northwest, a distance of 104.37 feet, said arc has a chord bearing of South 69 degrees - 35 minutes - 59 seconds West, a distance of 100.83 feet with a radius of 115.60 feet;

UNDERTAKER - FIRST AMERICAN TITLE INSURANCE COMPANY  
1 Underwriting Agency: Rock Island County Abstract & Title Guaranty Company, 311 - 17<sup>th</sup> Street, Suite 100, Rock Island, Illinois 61201 Phone: 309-396-1616

ATTACHMENT 2  
SITE OWNERSHIP DOCUMENTATION

**Schedule A - continued**  
**File No. : F88-110-L**

Thence North 84 degrees - 23 minutes - 27 seconds West, a distance of 93.38 feet to the East line of White Oak Hill Addition;  
Thence North 0 degrees - 6 minutes - 52 seconds West along said East line, a distance of 307.26 feet;  
Thence North 0 degrees - 30 minutes - 18 seconds West along said East line, a distance of 29.59 feet;  
Thence North 44 degrees - 23 minutes - 42 seconds East, a distance of 295.00 feet;  
Thence North 45 degrees - 36 minutes - 18 seconds West, a distance of 295.00 feet to the East line of White Oak Hill Addition;  
Thence North 0 degrees - 36 minutes - 18 seconds West along said East line, a distance of 125.00 feet;  
Thence North 89 degrees - 50 minutes - 6 seconds West along the North line of said White Oak Hill Addition, a distance of 233.50 feet to the East Right-of-Way line of 17th Street;  
Thence North 0 degrees - 9 minutes - 13 seconds West along said East Right-of-Way line, a distance of 328.02 feet;  
Thence North 89 degrees - 50 minutes - 6 seconds West along said Right-of-Way line, a distance of 15.00 feet;  
Thence North 0 degrees - 0 minutes - 13 seconds West along said Right-of-Way line, a distance of 50.00 feet;  
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 236.50 feet;  
Thence North 0 degrees - 9 minutes - 13 seconds West, a distance of 278.02 feet to the South line of DeJaeger's Subdivision;  
Thence South 89 degrees - 50 minutes - 6 seconds East along said South line, a distance of 217.09 feet;  
Thence South 0 degrees - 57 minutes - 18 seconds East along said Subdivision line, a distance of 50.00 feet;  
Thence South 89 degrees - 47 minutes - 31 seconds East along said Subdivision line, a distance of 668.89 feet;  
Thence North 1 degree - 6 minutes - 18 seconds West along said Subdivision line, a distance of 50.00 feet to the Southwest corner of Lot 4 of Ruby E. Penny's Addition;  
Thence North 89 degrees - 28 minutes - 37 seconds East along the South line of said Ruby E. Penny's Addition, a distance of 259.53 feet;  
Thence South 0 degrees - 58 minutes - 24 seconds East, a distance of 255.68 feet;  
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 90.62 feet to the West Right-of-Way line of 24th Street;  
Thence South 0 degrees - 21 minutes - 51 seconds East along said West Right-of-Way line, a distance of 75.00 feet;  
Thence South 80 degrees - 60 minutes - 6 seconds East along said Right-of-Way line, a distance of 10.00 feet;  
Thence South 0 degrees - 21 minutes - 51 seconds East along said Right-of-Way line, a distance of 218.64 feet;  
Thence North 89 degrees - 49 minutes - 18 seconds West along the North line of Adolph's 1<sup>st</sup> Addition, a distance of 365.88 feet;  
Thence South 1 degree - 8 minutes - 34 seconds East along the West line of said Adolph's 1<sup>st</sup> Addition, a distance of 109.50 feet;  
Thence North 89 degrees - 50 minutes - 24 seconds East along the South line of said Adolph's 1<sup>st</sup> Addition, a distance of 63.68 feet to the Point of Beginning.

The above described real estate contains 37.256 acres, more or less.

For the purpose of this description, the North Right-of-Way line of 31st Avenue has an assumed bearing of South 89 degrees - 57 minutes - 24 seconds West.

UNDERSWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY  
1 Irving Avenue, Rock Island County, Illinois A Title Guaranty Company, 111 - 11<sup>th</sup> Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-386-1116

ATTACHMENT 2  
SITE OWNERSHIP DOCUMENTATION

## SCHEDULE B

COMMITMENT NO. F88-110-L

Any policy we issue will have the following exceptions unless they are taken care of to our satisfaction.

1. Taxes for the years 2007 and 2008 are liens but are not yet due or payable. Taxes for the year 2006 were assessed in the amount of \$-0-. (Tract 1 - Parcel South Rock Island 5014-1; taxpayer number 10-347-0850); (Tract 2 - Parcel South Rock Island 251; taxpayer number 10-027-0800); (Tract 3 - Parcel South Rock Island 252; taxpayer number 10-027-0850)
2. Matters shown on Plat of Bailey Addition recorded December 20, 1995 in Plat Book 47 at page 35. (Tract 1)
3. Easement given to the City of Rock Island, Illinois, for Sewer purposes shown by instrument recorded July 13, 1939 in Mortgage Book 276 at page 185. (Tract 2)
4. Restrictions as contained in Warranty Deed to Robert A. Klockau, et al, recorded April 19, 1971 in Record Book 481 at page 84 which states as follows (Tract 2):
  - a) Existing sewer easements
  - b) Reservation of the right to construct a sewer to connect with the existing sewer from the property East of and adjoining the property conveyed, which new line shall be located not over 90 feet from the most Northerly corner of said tract of land.
  - c) Reserving the right to grade the North 90 feet of the tract conveyed and to construct a culvert running in a Northerly and Southerly direction according to the contour of the land. The Southerly end of said culvert to be not over 90 feet from the most Northerly corner of the tract conveyed.
  - d) Reserving also the right to grade the Southerly end of the tract conveyed in accordance with the grading plans for the hospital located East of and adjoining said premises.
  - e) The grantees, heirs and assigns, shall only use the premises hereby conveyed for the purpose of constructing a Medical Arts Building, not to exceed five stories in height and to be architecturally in conformity with the hospital to be erected on the tract East of and adjoining same. Said building shall be used exclusively for Doctors Offices but may include space for selling and dispensing pharmaceutical supplies. No laboratory or x-ray laboratory shall be maintained on the premises without the permission of the Owners of the premises East of and adjoining said premises.
5. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by instrument recorded August 30, 1972 in Record Book 532 at page 77. (Tract 2)
6. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by instrument recorded December 3, 1971 in Record Book 504 at page 114. (Tract 2)

SUNDERMETER - FIRST AMERICAN TITLE INSURANCE COMPANY  
 Issuing Agency: Rock Island County Abstract & Title Company, 211 - 18<sup>th</sup> Street, Suite 104, Rock Island, Illinois 61201 Phone: 314-226-5176

Schedule A - continued  
File No. : F88-110-L

7. Rights of the United States of America and the State of Illinois, or either of them to recover any public funds advanced under either or both provisions of the Hill Burton Act (Title 42 U.S.C., §§201 et seq.) or the Illinois Hospital Construction Act (Illinois Revised Statutes Chapter 23, pp. 1301 et seq.) (Tract 3)
8. Easement granted to the City of Rock Island, Illinois, for the purpose of an intercepting sewer across the premises by instrument dated July 6, 1939 and recorded in Mortgage Book 276 at page 185. (Tract 3)
9. Rights of the City of Rock Island to a sewer easement under Grant from Emma Nowack dated May 2, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 594, to a strip 10 feet in width, as therein described. (Tract 3)
10. Perpetual Easement created by instrument dated May 9, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 608 from the County of Rock Island to the City of Rock Island, Illinois to construct, operate and maintain an Intercepting Sanitary Sewer in, over and across the following described property (Tract 3):

A strip of land 8 feet in width, the centerline of which 8 foot strip is described as follows:  
Beginning at a point on the South line of the following described property:  
The West 7 acres of Lot 5 according to the Assessor's Plat of 1870 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, said point on the South line of the aforesaid described property, being a distance of 8.5 feet West of the Southeast corner of the aforesaid described property; thence along a line having a bearing of North 5 degrees 13 minutes West, a distance of 333 feet, more or less, to a point on the North line of the aforesaid described property, said point being a distance of 40.3 feet West of the Northeast corner of the aforesaid described property.
11. Perpetual Easement created by instrument dated March 11, 1940 and recorded April 20, 1940 in Book 202 at page 151, from the County of Rock Island, Illinois, to Cam J. Replegle, to connect to an intercepting Sanitary Sewer together with the right of access to build, construct, operate and maintain said connection sewer in, over and across the following described premises (Tract 3):

A strip of land 3 feet in width, the centerline of which 3 foot strip is described as follows:  
Beginning at a point on the East line of the West 7 acres of Lot 5 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, Rock Island County, Illinois, a distance of 197 feet North of the Southeast corner of the West 7 acres of Lot 5 aforesaid; thence West and at right angles to the aforesaid East line of said West 7 acres of Lot 5, a distance of 31 feet, more or less, to the centerline of the City of Rock Island's intercepting sewer which has heretofore been installed in the West 7 acres of Lot 5 aforesaid.
12. Restrictions contained in the Deed from the County of Rock Island, Illinois to the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, dated August 1, 1966 and recorded August 8, 1966 as document 638428, that the parcel in question shall be used for Hospital purposes only for a period of 50 years from the date thereof. (Tract 3)

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY  
1 Under Agency: Rock Island County Abstract & Title Company, 311 - 10<sup>th</sup> Street, Suite 200, Rock Island, Illinois 61201 Phone: 309-386-5070

Schedule A - continued  
File No. : F88-110-L

13. Rights of City of Rock Island Illinois to construct, repair, maintain, etc., a Sanitary Sewer System across parcel in question under Grant from William L. Carson and others, dated May 1, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 616, along a line described as follows (Tract 3):  
Beginning at a point on the South line of the East 3 acres of Lot 6, 216.5 feet East of the Southwest corner thereof, thence North 9 degrees 24 minutes East, 331.1 feet to a point on the North line of said tract, at a point 257 feet East of the Northwest corner of said tract.
14. Grant of Perpetual Easement by Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, to Ethel I. Fisher, for Sewer across the parcel in question dated October 25, 1966 and recorded January 3, 1967 in Record Book 327 as document 644638 over premises described as follows (Tract 3):  
A strip of land 20 feet in width, lying 10 feet on each side of a centerline, located in Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, City of Rock Island, County of Rock Island, and State of Illinois, said centerline being described as follows:  
Commencing at the Northeast corner of said Section 11, thence South 00 degrees 00 minutes 00 seconds West, 718.18 feet along the East line of said Section 11; thence North 90 degrees 00 minutes 00 seconds West, 40.00 feet to the West right-of-way line of 24th Street; thence North 90 degrees 00 minutes 00 seconds West, 93 feet, more or less, to the East line of the land owned by the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, being the point of beginning; thence North 90 degrees 00 minutes 00 seconds West, 333.00 feet, more or less, to an existing 21 inch sanitary interceptor sewer owned by the City of Rock Island; the East line of Section 11 is assumed to have a bearing of North 00 degrees 00 minutes 00 seconds; and the Covenants, Agreements and Conditions therein contained.
15. Easement affecting the portion of subject property and for purposes stated therein and incidental purposes in favor of Robert A. Klockau and Elinor T. Moran for right-of-way for Egress and Ingress over and upon Grantors premises now or hereafter designed for Parking, recorded December 3, 1971 as document 714654. (Tract 3)
16. Easement dated January 30, 1972 from Rock Island Franciscan Hospital to Robert A. Klockau and Elinor T. Moran, granting an Easement to connect to an existing underground tunnel and a surface right-of-way for Ingress and Egress and parking of Motor Vehicles, recorded August 30, 1972 as document 726538. (Tract 3)
17. Easement for the benefit of Trinity Medical Center over land known as L 017, White Oak Hill Addition to the City of Rock Island, adjacent to the Southwesterly corner of the subject property resulting from the terms of a Sanitary Sewer Storage Access Basin Easement instrument filed April 26, 1991 as document 91-07003. (Tract 3)
18. Terms and conditions as to matters that appear on that ALTA Survey dated December 11, 1992 and signed by Cornelius C. Blevins for Missman, Stanley Associates, P.C. and update thereof dated June 17, 1996. (Tract 3)
19. Permanent Easement for Construction of Traffic Signal Light granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated February 18, 1999 and recorded February 18, 1999 as document number 99-04855. (Tract 3)

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY  
Listing Agency - Rock Island County Abstract & Title Company, 111 - 16<sup>th</sup> Street, Suite 108, Rock Island, Illinois 61201 Phone: 331-718-1616

Schedule A - continued  
File No. : F88-110-L

20. **Permanent Easement for Construction of Traffic Signal Light** granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated June 17, 1999 and recorded June 21, 1999 as document number 99-18050. (Tract 3)
21. **Rights of the public, the State of Illinois, the County of Rock Island, the Township and the Municipality** in and to that part of the premises in question taken or used or dedicated for roads, streets, alleys or highways. (All Tracts)
22. **Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.** (All Tracts)
23. **Easements for public and quasi-public utilities, if any.** (All Tracts)
24. **Matters which would be disclosed by a current and accurate Survey of the premises in question.** (All Tracts)
25. **Covenants, easements, setback lines and other matters created by platting of the premises in question.**  
Note: A breach or violation of said covenants and restrictions will not cause a forfeiture or reversion of title.
26. **Existing Leases, if any, and rights of parties in possession.** (All Tracts)

For purposes of the Lien Search, we conducted our name search for matters filed against the following specific names and spellings, to-wit: Trinity Medical Center

UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY  
I Trusting Agency: Rock Island County Attorney & Title Company, 211 - 1st Street, Suite 100, Rock Island, Illinois 61201 Phone: 314-724-1126

ATTACHMENT 2  
SITE OWNERSHIP DOCUMENTATION

COMPOSITE MORTGAGE STATEMENT

STATE OF

Commitment No: F85-110-L

COUNTY OF

} of

The Undersigned, being first duly sworn, hereby state(s) with respect to the land described in the above Commitment and the Mortgage covered thereby:

- 1. That, to the best of my knowledge, the guaranteed mortgage, note(s), or bonds and interest secured are good, valid, and free from all defenses in law and in equity...
2. That, to the best of my knowledge, within the last ninety (90) days, no improvements or repairs have been made on the land or upon any building on said land...
3. That no conditional bill of sale, retain title contract or security interest has been given by the undersigned...
4. That the undersigned purchaser(s) or owner(s) is(are) in possession of said premises; that no contract has been entered into for the sale or conveyance of said premises...
5. If the premises consists of rental property, in whole or in part, that said premises are subject only to ordinary current leases...
6. That the improvements on the subject property are within the boundary lines and set back lines...
7. That there are either no covenant conditions or restrictions which effect the use of said property...

SELLER(S) OR OWNERS

PURCHASERS

\_\_\_\_\_

\_\_\_\_\_

WITNESSETH - FIRST AMERICAN TITLE INSURANCE COMPANY
10000 Agency Road, Toledo, Ohio 43623-1000

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

**Operating Identity/Licensee**

This application has three co-applicants; they are Iowa Health System, Trinity Regional Health System, and Trinity Medical Center. Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center.

Trinity Medical Center operates three hospitals, two of which are in Illinois – Trinity Moline and Trinity Rock Island. The third hospital, Trinity Bettendorf, is in Iowa.

Trinity Rock Island is an assumed name (often known as “d/b/a”); Trinity Rock Island is an acute general hospital. The proposed discontinuation of rehabilitation inpatient beds will be on the Trinity Rock Island campus.

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

Exact Legal Name: Iowa Health System
Street Address: 1776 West Lakes Parkway, Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: Elizabeth Kurt
Registered Agent Street Address: 120 NE Glen Oak Avenue Suite 101
Registered Agent City and Zip Code: Peoria, IL 61603
Name of Chief Executive Officer: Kevin Vermeer
CEO Street Address: 1776 West Lakes Parkway, Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: 515-241-8215

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

Exact Legal Name: Trinity Regional Health System
Street Address: 2701 17 <sup>th</sup> St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Tamara Byram
Registered Agent Street Address: 2701 17 <sup>th</sup> Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: Robert J. Erickson
CEO Street Address: 2701 17 <sup>th</sup> Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

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

Exact Legal Name: Trinity Medical Center
Street Address: 2701 17 <sup>th</sup> St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Steven J. Gross
Registered Agent Street Address: 2701 17 <sup>th</sup> Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: Robert J. Erickson
CEO Street Address: 2701 17 <sup>th</sup> Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

The appended documentation includes the Illinois certificate of good standing for each applicant.

File Number

6720-693-2



**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*

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 1916103016 verifiable until 06/10/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 10TH  
day of JUNE A.D. 2019 .

*Jesse White*

SECRETARY OF STATE

File Number

4957-982-9



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

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

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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.



Authentication #: 1916102846 verifiable until 06/10/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

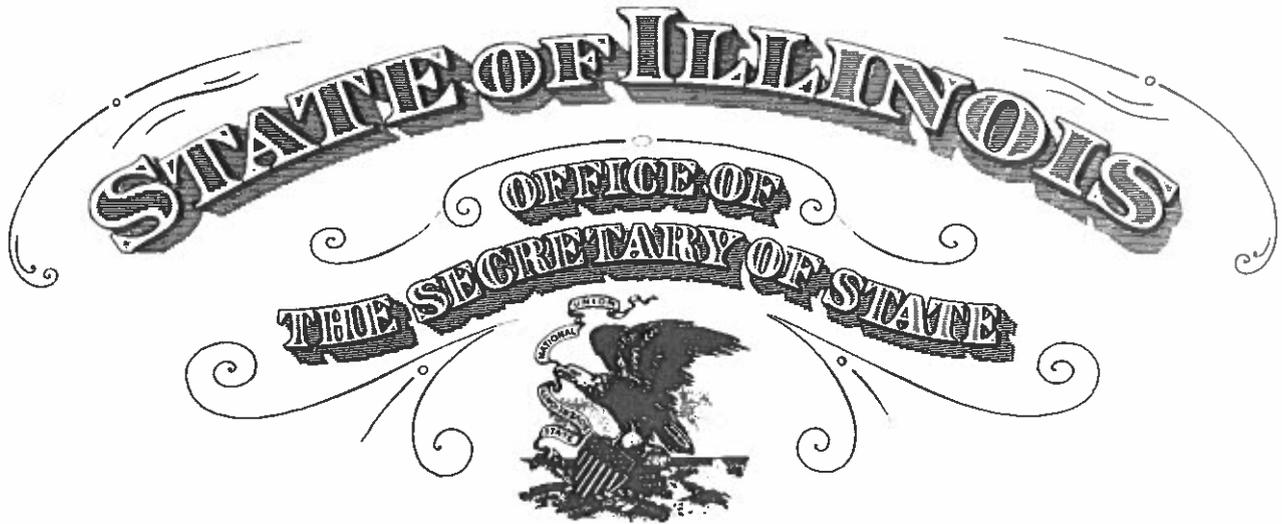
**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 10TH*  
*day of JUNE A.D. 2019 .*

*Jesse White*

SECRETARY OF STATE

File Number

5368-925-6



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

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

TRINITY REGIONAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 1984, 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.



Authentication #: 1916102972 verifiable until 06/10/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of JUNE A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

## Organizational Relationships

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

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

This application has three co-applicants; they are Iowa Health System, Trinity Regional Health System, and Trinity Medical Center. Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center.

Trinity Medical Center operates three hospitals, two of which are in Illinois – Trinity Moline and Trinity Rock Island. The third hospital, Trinity Bettendorf, is in Iowa.

Trinity Rock Island is an assumed name (often known as "d/b/a"); Trinity Rock Island is an acute general hospital. The proposed discontinuation of rehabilitation inpatient beds will be on the Trinity Rock Island campus.

The appended document includes the organizational charts of the applicants.





## SECTION II. DISCONTINUATION

### Criterion 1130.525 and 1110.290 - Discontinuation

#### GENERAL INFORMATION REQUIREMENTS

6. Identify the categories of service and the number of beds, if any, that are to be discontinued.

*Trinity Medical Center d/b/a as Trinity Rock Island is proposing to discontinue its Inpatient Rehabilitation Category of Service. This category of service has 22 CON-approved beds.*

7. Identify all of the other clinical services that are to be discontinued.

*No other clinical services will be discontinued as part of this project. Trinity Rock Island will continue to offer physical therapy, occupational therapy, etc. as needed on an inpatient and outpatient basis.*

8. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

*In an effort to maintain a continuity of this needed service in the community the proposed discontinuation will not occur until after CON Permit Application #19-059 for the Quad Cities Rehab Institute Project is approved and completed. In the event that the CON Permit Application #19-059 for the Quad Cities Rehab Institute is not approved and the discontinuation permit is approved, the COE permit will be relinquished.*

9. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

*Trinity Medical Center in Rock Island is evaluating the future use of the physical space and equipment utilized for the rehab unit but has not yet made a determination.*

10. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

*Please see attached attestation.*

**State of Illinois  
Rock Island County**

**Verification by Certification**

I, Pamela Samuelson, certify, pursuant to §1-109 of the Illinois Code of Civil Procedure (735 ILCS 5/1-109), as follows:

1. I am Director of Business Planning and Development for UnityPoint Health-Trinity, and am authorized to present this attestation.
2. I attest that the required public notice will be published prior to opening the Quad Cities Rehab Institute (CON Permit Application #19-059).
3. The public notice will include the following information:

“Trinity Medical Center in Rock Island intends to close its 22 bed inpatient rehabilitation category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). The discontinuation will occur after permit issuance and completion of the Quad Cities Rehab Institute Project (HFSRB Project #19-059) which is scheduled to be completed on or around February 1, 2022. A copy of the COE and information about the intended discontinuation of the rehab beds can be found at the IHFSRB website at [hfsrb.illinois.gov](http://hfsrb.illinois.gov). You may also contact Trinity Medical Center Director of Business Planning Pam Samuelson at (563) 742-2616.”

4. The public notice will be published in The Quad-City Times, a copy of the notice is enclosed with our application, and the notice will be published one time on March 3, 2020.

Under penalties as provided by law pursuant to §1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matter therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Patricia Samuelson (signature)

February 28, 2020 (date)

# Customer Ad Proof

60094315 Trinity Medical Center

Order Nbr 65038

**Publication** Quad-City Times  
**Contact** Trinity Medical Center  
**Address 1** 2701 17TH ST  
**Address 2**  
**City St Zip** ROCK ISLAND IL 61201  
**Phone** 5637422616  
**Fax**  
**Section** Notices & Legals  
**SubSection**  
**Category** 2627 Miscellaneous Notices  
**Ad Key** 65038-1  
**Keywords** NOTICE Trinity Medical Center  
**Notes**

**PO Number**  
**Rate** Legal  
**Order Price** 9.36  
**Amount Paid** 0.00  
**Amount Due** 9.36  
**Start/End Dates** 03/03/2020 - 03/03/2020  
**Insertions** 1  
**Size** 18  
**Salesperson(s)** Obits Legals O10  
**Taken By** Molly Cox

Ad Proof

**NOTICE**  
 Trinity Medical Center in Rock Island intends to close its 22 bed inpatient rehabilitation category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). The discontinuation will occur after permit issuance and completion of the Quad Cities Rehab Institute Project (IHFSRB Project #19-059) which is scheduled to be completed on or around February 1, 2022. A copy of the COE and information about the intended discontinuation of the rehab beds can be found at the IHFSRB website at [iharb.illinois.gov](http://iharb.illinois.gov). You may also contact Trinity Medical Center Director of Business Planning Pam Samuelson at (563) 742-2616.

**REASONS FOR DISCONTINUATION**

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

*Trinity Medical Center d/b/a as Trinity Rock Island has provided quality inpatient rehabilitation services to its patients for many years. The following is a summary of our rehabilitation utilization for the last five calendar years. As you will note, our utilization has been declining:*

Period	Beds	Admissions	Patient Days	Average Daily Census	Percent Occupancy
2019	22	179	2,590	7.1	32.3%
2018	22	145	2,123	5.8	26.4%
2017	22	209	3,028	8.3	37.7%
2016	22	211	3,270	8.9	40.6%
2015	22	240	3,378	9.3	42.1%

Source: Trinity Medical Center - Rock Island Financial records

*Employee retention and recruitment challenges have made it difficult to maintain appropriate staffing levels – capping patient capacity to 8 of its existing 22 licensed beds through the summer of 2019. With the closure of the adjacent skilled nursing unit in August of 2019, there has been some relief in staffing challenges as of late which allowed for an increase in volumes in 2019. The rehab unit also has experienced several leadership transitions during the last few years and has had difficulty in obtaining leaders with expertise in rehabilitation operations and regulations.*

*Trinity Rock Island is the sole inpatient rehab provider in HSA10 with 22 CON-approved rehab beds. However, due to facility constraints (such as the lack of private rooms and overall age and limitations of a hospital unit originally designed to care for general medical/surgical patients), Trinity Rock Island operates significantly fewer inpatient rehab beds than for which it is licensed, which negatively impacts HSA10 residents' accessibility to needed inpatient rehab services. Trinity Rock Island considered expanding the inpatient rehab unit footprint but considering the overall facility space and infrastructure limitations of the 5th floor of the main hospital tower (a building that was originally designed and constructed for general medical/surgical patients more than 50 years ago), it is clear that this would be a less efficient and, ultimately, more costly option. For that reason, Trinity proposes to partner with a recognized national leader in inpatient rehab services, Encompass Health, to develop a freestanding 40-bed inpatient rehab hospital in HSA10.*

*The combination of complementary skills and expertise of a local, community-based health system such as UnityPoint Health - Trinity, and Encompass Health, a national leader in inpatient rehab care, will ensure that HSA10 residents have available and accessible rehab beds when needed. As detailed in the Certificate of Need application for the proposed inpatient rehab hospital, Quad Cities Rehabilitation Institute (HFSRB Project #19-059), Encompass Health will bring its proven programs and services to the local market, including an open medical staff and community education and training, to ensure patients and their families in need of intensive inpatient rehab services are able to receive that care close to home.*

*The discontinuation of the rehabilitation beds at Trinity Rock Island will occur after permit issuance and establishment of the Quad Cities Rehab Institute project which is scheduled to open on or around February 1, 2022. In the event that the CON Permit Application #19-059 for the Quad Cities Rehab Institute is not approved and the discontinuation permit is approved, the COE permit will be relinquished.*

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

*Trinity Medical Center proposes to partner with a recognized national leader in inpatient rehab services, Encompass Health, to develop a freestanding 40-bed inpatient rehab hospital in HSA10. The proposed inpatient rehab hospital, The Quad Cities Rehabilitation Institute (HFSRB Project #19-059), will be a 50/50 joint venture between Trinity Medical Center and Encompass Health.*

*The combination of complementary skills and expertise of a local, community-based health system and a national leader in inpatient rehab care will ensure that HSA10 residents have available and accessible rehab beds when needed. As detailed in the Certificate of Need application (HFSRB Project #19-059) for the proposed inpatient rehab hospital, Encompass will bring its proven programs and services to the local market, including an open medical staff and community education and training, to ensure patients and their families in need of intensive inpatient rehab services are able to receive that care close to home.*

*The discontinuation of the rehabilitation beds at Trinity Rock Island will occur after permit issuance and completion of the Quad Cities Rehab Institute project which is scheduled to open on or around February 1, 2020. In the event that the CON Permit Application #19-059 for the Quad Cities Rehab Institute is not approved and the discontinuation permit is approved, the COE permit will be relinquished. Therefore, the discontinuation will not have an adverse effect upon access to inpatient rehab care in HSA10.*

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

*Notification letters are not required as Trinity Rock Island is the only provider of inpatient rehab beds in HSA10 and within a 17-mile radius of Rock Island, Illinois. Upon approval of the COE and CON application for the proposed Quad Cities Rehabilitation Institute (HFSRB Project #19-059), Trinity Rock Island will notify area health care providers of the discontinuation of the rehabilitation beds around February 1, 2022 concurrently with the opening of the Quad Cities Rehab Institute.*

**SECTION III. BACKGROUND**

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.

<b>Name and Location of Facility</b>	<b>Illinois License Identification Number</b>	<b>Identification Number</b>
<i>Trinity Rock Island Rock island, Illinois</i>	<i>0003244</i>	<i>Joint Commission ID #7421</i>
<i>Trinity Moline Moline, Illinois</i>	<i>0005140</i>	<i>Joint Commission ID #7421</i>
<i>Quad City Ambulatory Surgery Center, LLC Moline, Illinois</i>	<i>7002520</i>	<i>AAAHC ID#12794</i>

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 or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.



**Illinois Department of  
PUBLIC HEALTH**

HF 118215

← 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.

**Ngozi O. Ezike, M.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
6/30/2020		0003244
<b>General Hospital</b>		
<b>Effective: 07/01/2019</b>		

Exp. Date 6/30/2020

Lic Number 0003244

Date Printed 5/13/2019

**Trinity Medical Center (West)**  
**dba Trinity Rock Island**  
**2701 17th Street**

**Trinity Medical Center (West)**  
**dba Trinity Rock Island**  
**2701 17th Street**  
**Rock Island, IL 61201**

**Rock Island, IL 61201**

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

FEE RECEIPT NO.

ATTACHMENT 8  
SECTION 111 BACKGROUND



**Illinois Department of  
PUBLIC HEALTH**

HF 119040

← 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.

**Ngozi O. Ezike, M.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/28/2020		0005140
<b>General Hospital</b>		
<b>Effective: 11/29/2019</b>		

Exp. Date 11/28/2020

Lic Number 0005140

Date Printed 10/15/2019

**Trinity Medical Center - 7th St Campus**  
**dba Trinity Moline**  
**500 John Deere Rd, 7th St Campus**

**Trinity Medical Center - 7th St Campus**  
**dba Trinity Moline**  
**500 John Deere Rd, 7th St Campus**  
**Moline, IL 61265**

**Moline, IL 61265**

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ATTACHMENT 8  
SECTION III BACKGROUND

# Trinity Medical Center

Rock Island, IL

has been Accredited by

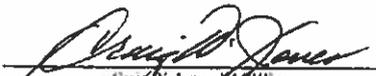


## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Hospital Accreditation Program

May 12, 2018

Accreditation is customarily valid for up to 36 months.

  
Craig S. Jones, FACHE  
Chair, Board of Commissioners

ID #7421  
Print/Reprint Date: 08/14/2018

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

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



AMA  
AMERICAN  
MEDICAL  
ASSOCIATION



ATTACHMENT 8  
SECTION 111 BACKGROUND



# Illinois Department of PUBLIC HEALTH

HF 119058

## LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

**Ngozi O. Ezike, M.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
12/2/2020		7002520

**Ambulatory Surgery Treatment Center**

Effective: 12/03/2019

Quad City Ambulatory Surgery Center, LLC  
520 Valley View Dr Ste 300  
Moline, IL 61265

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 12/2/2020

Lic Number 7002520

Date Printed 10/17/2019

Quad City Ambulatory Surgery Center,

520 Valley View Dr Ste 300  
Moline, IL 61265-6152

FEE RECEIPT NO.

ATTACHMENT 8  
SECTION III BACKGROUND



ACCREDITATION  
ASSOCIATION  
*for AMBULATORY HEALTH CARE, INC.*

*grants this*

# CERTIFICATE OF ACCREDITATION

to

QUAD CITY AMBULATORY SURGERY CENTER, LLC  
DBA QCASC

520 VALLEY VIEW DR, SUITE 300  
MOLINE, IL 61265

*In recognition of its commitment to high quality of care and substantial compliance  
with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.*

12794

*Organization Identification Number*



AUGUST 23, 2021

*The Award of Accreditation expires on the above date*

*Arnaldo Valedon, MD*

ARNALDO VALEDON, MD

*Chair of the Board*

*Noel M. Adachi*

NOEL ADACHI, MBA

*President & CEO*

 5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077  
PHONE: 847/853.6060 • E-MAIL: INFO@AAAHC.ORG • WEB SITE: WWW.AAAHC.ORG

ATTACHMENT 8  
SECTION 111 BACKGROUND



February 28, 2020

Courtney Avery, Board Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street, 2nd Floor  
Springfield, IL 62761

Dear Ms. Avery:

As representative of Iowa Health System d/b/a UnityPoint Health, I, Pamela Samuelson, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, UnityPoint Health has an ownership interest in the following health care facilities:

- UnityPoint Health - Trinity Medical Center d/b/a Trinity Rock Island
- UnityPoint Health - Trinity Medical Center d/b/a Trinity Moline
- Quad City Ambulatory Surgery Center, LLC

None of the facilities has had an adverse action in the past three (3) years.

Trinity Medical Center, Trinity Regional Health System, and Iowa Health System are co-applicants with Encompass Health and filed a Certificate of Need application for a comprehensive rehabilitation hospital, Quad Cities Rehabilitation Institute (HFSRB Project #19-059). All documentation in this application is up to date and any new information such as safety net and charity care information (not finalized upon completion of this COE) will be provided when it becomes available.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Respectfully yours,

Pamela Samuelson, Director  
Business Planning and Development

## SECTION IV. SAFETY NET IMPACT STATEMENT

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:**

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.

*Trinity Medical Center d/b/a as Trinity Rock Island believes that the discontinuation of its 22 rehabilitation beds in Rock Island County, Illinois, Health Service Area 10 including Rock Island, Mercer and Henry Counties and Planning Area C-05 will not have a material impact on essential safety net services in the community. The discontinuation will commence upon opening of the Quad Cities Rehab Institute which will expand access to rehab care in HSA10 with a total of 40 private beds for inpatient rehabilitation.*

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 discontinuation of 22 rehab beds at Trinity Rock Island will not materially impact the ability of other providers of health care systems to subsidize safety net services. The discontinuation will commence upon opening of the Quad Cities Rehab Institute which will expand access to rehab care in HSA10.*

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 discontinuation will commence upon opening of the Quad Cities Rehab Institute which will expand access to rehab care in HSA10 with a total of 40 private beds for inpatient rehabilitation. As there are no other providers of rehab beds in HSA10 there will be no impact on remaining safety net providers.*

**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.

*See safety net chart on page 64.*

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.

*See safety net chart on page 64.*

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

*Trinity Regional Health System has an established history of providing safety net services to its community. In 2018, Trinity provided nearly \$32 Million in total community benefits including more than \$16.4 Million in charity care and uncompensated Medicaid. In all, more than 5% of Trinity Regional Health System's total expenses were for community benefit.*

*Trinity's community involvement and mission are both priorities for the organization and its leadership team. This commitment served as the motivation behind the creation of Trinity's Mission Effectiveness Committee ("MEC"). The MEC brings together employees, senior members of the organization, and members of Trinity's Board of Directors to discuss the effectiveness with which Trinity is serving its community. Trinity also has a senior leader devoted to community advocacy and community health initiatives.*

*In addition to the MEC, the efforts and dedication of Trinity's community health improvement team and volunteers have been vital in this effort. The team draws on multiple disciplines, and individuals across the organization have gone through great lengths to aid in this effort. Members ranging from the executive level, to parish nurses, clinicians and student volunteers have all been integral in staffing and contributing to community events and planning initiatives.*

*Trinity is also a founding member of the Quad City Health Initiative ("QCHI"), established as a joint effort between Trinity and Genesis Health System in 1999 after they agreed that the community needed a single organization fully dedicated to its health needs. Because of QCHI, entities throughout the Quad-City community with similar goals are able to work in conjunction with one another despite their organizational differences and geographic barriers to achieve the same overarching goal. The organization was founded on the core values of coordination, collaboration, and creativity, operating across two states and counties, as well as five urban cities. Rock Island County Health Department, Scott Community Health Department and Community Health Care, a federally qualified health center, are also members of QCHI.*

*In 2018, QCHI completed its most recent community needs assessment. Trinity's Vice President of Patient and Community Advocacy and its Director of Community Engagement were on the steering committee. While there were many areas of opportunity identified in this study's findings, some of the most prevalent health issues in the community were identified as mental health, heart disease, and the accessibility of healthcare services in general. This aligns with what Trinity has been experiencing in terms of utilization of Emergency Department services, Cardiac and Mental Health services. It also confirms that Trinity has been focusing its efforts appropriately to be a safety net in the community.*

*Trinity developed a three-year Community Health Improvement Plan ("CHIP") to guide the organization in meeting these identified needs. The 2019-21 CHIP has five main areas of focus to include the following:*

- *Diabetes, Obesity, Nutrition, Physical Activity and Weight*
- *Heart Disease & Stroke*
- *Mental Health/Behavioral Health/Substance Abuse*
- *Cancer*
- *Access to Healthcare Services*

*It is Trinity's goal is to bring awareness to these health risks and provide education and services to the members of our community, with the end goal of delivering on our mission of "to improve the health of the people and the communities we serve".*

*In response, Trinity has actively participated in multiple community collaborations to address specific community health needs in the Quad-Cities and Western Illinois counties of Rock Island, Henry, Mercer, and Whiteside. While Trinity's Community Health Improvement Plan lays out specific strategies to meet our community health needs, the following examples demonstrate Trinity's commitment to filling healthcare gaps and providing much needed services to the residents of its service area and beyond.*

**Access**

- *Trinity provides obstetrical (OB) and neonatal care at its Moline campus. Trinity has 18 dedicated obstetrical beds, an OB Emergency Department, and a level II NSCU with neonatologists and neonatology nurse practitioners on call 24/7. The NSCU offers 11 rooms with the most technologically advanced equipment. Larger rooms also are available to accommodate twins and triplets. Trinity has a transfer agreement with OSF Healthcare/Children's Hospital of Illinois for more advanced neonatal care needs.*
- *Expand provider access and availability of care within the community through patient and community enrollment in health insurance plans offered through the Healthcare Exchange Marketplace and expanded Medicaid programs. Trinity employs certified application counselors (CACs) who participate in community events to educate about health care insurance options available through the Exchange and schedule appointments for confidential enrollment.*
- *Trinity's affiliated physician clinic network, UnityPoint Clinic, has two express care clinics in Rock Island County with extended hours on evenings and weekends. The clinics provide walk-in appointments when a patient's primary care physician is not available or for community members who do not have a physician. Express care clinics are visited often by pediatric patients and families when in need of care for minor injuries and common illnesses that are not life-threatening.*
- *Trinity has 47 nurses in its Parish Nursing program which reaches a number of individuals in churches and other community forums. They participate in health fairs, provide health education and assist with disease prevention programming.*
- *Expanded consumer access to specialty medicine, behavioral health and primary care through use of telemedicine.*

**Trauma Services**

*Trinity Rock Island is a Level II trauma center for Region 2 in the State of Illinois, as well as a designated Emergency Department Approved for Pediatrics ("EDAP"). At Trinity, patients seeking emergency care are treated by board certified emergency physicians who believe quality emergency care is a fundamental right and that unobstructed access to emergency services should be available to all patients who perceive the need for emergency services.*

*At Trinity Rock Island, the Emergency Department's payer mix is comprised of 33% Medicare, 36% Medicaid, 6% self-pay and just 25% commercially insured. With 33% of Rock Island County residents living in poverty, Trinity's Emergency Department acts as the safety net that its residents need. Emergency departments are often used by the uninsured or underinsured as an access point for primary care, minor injuries and low acuity illnesses such as earaches, colds and sore throats.*

**Mental Health**

*Robert Young Center for Community Mental Health, a subsidiary of Trinity Regional Health System, provides a full continuum of behavioral health services for the greater Quad-Cities region and specifically for the catchment area of Rock Island and Mercer Counties in Illinois. The service continuum includes the Access Center which serves as a central intake site for behavioral health services. The Access Center also provides a 24/7 psychiatric crisis response system that functions as the primary provider of psychiatric crisis service in the Illinois Quad Cities and Eastern Iowa, including regional coverage for area hospital emergency departments using telepsychiatry.*

*The continuum also includes a full range of outpatient behavioral health services for mental health and substance abuse for adult and children. Outpatient behavioral health services are*

*also integrated into primary care practices including the local Federally Qualified Health Center. Behavioral health assessments are available in 19 area schools and Arrowhead Ranch, a residential treatment facility serving at-risk youth aged 12-21 using telemedicine. Additionally, Robert Young Center provides inpatient behavioral health services with 54 licensed beds serving adults, adolescents and children on the Trinity Rock Island campus. Trinity has six designated pediatric inpatient beds for acute mental illness. In response to the need for more pediatric inpatient beds for behavioral health, Trinity recently added a swing door in its behavioral health unit that would allow for an additional eight beds to accommodate children and adolescents. Nearly two thirds of these patients are on Medicaid.*

**Health Outreach and Wellness**

*In addition to providing free or subsidized care in accordance with Trinity's financial assistance policy, the hospital also offers programs and services that respond to the community's unique healthcare needs. Trinity sponsors outreach efforts including health and disease prevention programs such as health fairs, risk assessments, and free or low-cost screenings. Trinity also provides corporate sponsorships to many health-related events to raise awareness and funds. For instance, Trinity provided more than \$327,000 in sponsorships in 2018 to benefit non-profit organizations and other community programs and events. Many of these sponsorships directly benefited children and families including:*

- *March of Dimes*
- *Boys and Girls Club*
- *Family Resources*
- *Child Abuse Council*
- *Big Brothers Big Sisters*
- *Gilda's Club*
- *Make a Wish of Illinois*
- *Junior Achievement*
- *YMCA*
- *United Way*
- *Children's Therapy Center*
- *Skip-A-Long Child Development Center*
- *Girl Scouts & Boy Scouts*

**Safety Net Information**

*The following safety net information reflects Trinity Regional Health System which includes its two hospitals in Illinois (Trinity Rock Island and Trinity Moline) and two hospitals in eastern Iowa. By the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System hereby provide the following safety net information which is true and accurate. Please note the following safety net chart includes information from 2016-2018 as 2019 data is not yet complete and will be submitted when available.*

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Inpatient	1,674	2,244	1,758
Outpatient	12,324	14,484	15,472
<b>Total</b>	<b>13,998</b>	<b>16,728</b>	<b>17,230</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$407,000	\$464,000	\$404,000
Outpatient	\$3,000,000	\$2,992,000	\$3,552,000
<b>Total</b>	<b>\$3,407,000</b>	<b>\$3,456,000</b>	<b>\$3,956,000</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Inpatient	5,412	4,993	4,866
Outpatient	71,360	79,640	85,323
<b>Total</b>	<b>76,772</b>	<b>84,633</b>	<b>90,189</b>
<b>Medicaid (revenue)</b>			
Inpatient	21,874,000	21,463,000	22,292,000
Outpatient	59,985,000	67,110,000	93,764,000
<b>Total</b>	<b>81,859,000</b>	<b>88,573,000</b>	<b>116,056,000</b>

**SECTION V. CHARITY CARE INFORMATION**

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

*Please note that chart reflects charity care provided by Trinity Regional Health System combined facilities in Illinois (Trinity Rock Island and Trinity Moline) and its two facilities in eastern Iowa. Charity care for co-applicant Iowa Health System, which would necessarily include facilities outside the state of Illinois that are neither involved in nor relevant to this project. Please note the following charity care charts includes information from 2016-2018 as 2019 data is not yet complete and will be submitted when available. Please see an attached copy of the combined applicants' financial assistance policy.*

<b>TRINITY REGIONAL HEALTH SYSTEM CHARITY CARE</b>			
	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Net Patient Revenue</b>	<b>\$549,168,000</b>	<b>\$565,897,000</b>	<b>\$573,711,000</b>
Amount of Charity Care (charges)	\$11,579,000	\$14,147,000	\$14,620,000
Cost of Charity Care	\$3,407,000	\$3,456,000	\$3,956,000

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.

*See charts below. Please note these charts reflects charity care provided by Trinity Medical Center's two facilities in Illinois (Trinity Rock Island and Trinity Moline) and not co-applicants Trinity Regional Health System nor Iowa Health System, which would necessarily include facilities outside the state of Illinois that are neither involved in nor relevant to this project.*

<b>TRINITY ROCK ISLAND CHARITY CARE</b>			
	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Net Patient Revenue</b>	<b>\$212,739,000</b>	<b>\$262,903,000</b>	<b>\$251,170,000</b>
Amount of Charity Care (charges)	\$4,408,000	\$5,046,000	\$5,265,000
Cost of Charity Care	\$1,137,000	\$1,341,000	\$1,406,000

<b>TRINITY MOLINE CHARITY CARE</b>			
	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Net Patient Revenue</b>	<b>\$99,538,000</b>	<b>\$73,505,000</b>	<b>\$72,788,000</b>
Amount of Charity Care (charges)	\$2,551,000	\$3,011,000	\$2,862,000
Cost of Charity Care	\$885,000	\$864,000	\$825,000

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.

*Not applicable.*

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

**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.**



**Title: Financial Assistance – Hospital Facilities**

**1.BR.34**

Effective Date: 09/09/05; Rev.: 04/07, 12/07, 10/10, 08/11, 02/12, 01/16; 10/19

**POLICY:** Iowa Health System, d/b/a UnityPoint Health (“UPH”) Hospitals and Hospital Organizations shall fulfill their charitable missions by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. UPH Hospitals and Hospital Organizations shall provide financial assistance to eligible patients.

**SCOPE:** The UPH Hospitals and Hospital Organizations (referred to collectively as “UPH Hospitals”) that are 501(c)(3) tax-exempt and included in attached Schedule D.

**PRINCIPLES:** As charitable tax-exempt organizations under Internal Revenue Code (“IRC”) Section 501(c)(3), UPH Hospitals meet the medically necessary health care needs of all patients who seek care, regardless of their financial abilities to pay for services provided. Similarly, patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and UPH Hospitals have a duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r) and other applicable state law, in order to remain tax-exempt, each UPH Hospital is required to adopt and widely publicize its financial assistance policy. If the provision of financial assistance is subject to additional federal or state law requirements, and those laws impose more stringent requirements than in this policy, then the more stringent requirements will govern.

The purpose of this policy is to outline the circumstances under which UPH Hospitals will provide discounted care to financially needy patients.

1. Definitions.

- 1.1 Hospital. A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated by a Hospital Organization under a single state license are considered to be a single Hospital.
- 1.2 Hospital Organization. An organization recognized, or seeking to be recognized, as described in Section 501(c)(3) that operates one or more Hospitals. This includes any other organization that has the principal function or purpose of providing Hospital care.
- 1.3 Allowed Amounts. Maximum amount of payment for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.”

- 1.4 Amounts Generally Billed to Individuals Who Have Insurance (“AGB”). The following method is used by Hospitals to calculate Amounts Generally Billed to Individuals Who Have Insurance in this policy.
  - 1.4.1  $AGB\% = (\text{Sum of all Allowed Amounts by Medicare Fee For Service} + \text{Sum of all Allowed Amounts by private health insurers during a prior 12-month period}) / (\text{Sum of Gross Charges For the Same Claims})$
  - 1.4.2  $AGB = (\text{Gross Charges for Medically Necessary Care or Emergency Medical Care}) \times (AGB \%)$
  - 1.4.3 The current AGB amounts for each UPH Hospital are attached at Schedule C to this policy. The AGB amounts will be updated annually.
- 1.5 Medically Necessary Care. Services that are (1) consistent with the diagnosis and treatment of the patient’s condition; (2) in accordance with standards of good medical practice; (3) required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient’s practitioner or caregiver; and (4) the least costly type of service which would reasonably meet the medical need of the patient.
- 1.6 Emergency Medical Care. As defined in the Emergency Medical Treatment and Labor Act (“EMTALA”), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.
- 1.7 Patient(s). Includes either the patient and/or the patient’s responsible party (parent, guardian, guarantor).
- 1.8 FINA-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.
- 1.9 Definitions that are specific to Illinois state requirements are included in Schedule B attached to this policy.

2. Eligibility for Financial Assistance.

- 2.1 Financial assistance is available for only Medically Necessary Care and Emergency Medical Care provided to FINA-Eligible Patients. Financial assistance shall be based on the following guidelines, unless subject to conflicting state law requirements that will take precedence as outlined in Schedule B attached to this policy.

- 2.2 FINA-Eligible Patients who are below 600% of the current Federal Poverty Income Guidelines (“FPIG”) may be FINA-Eligible. FINA-Eligible Patients will not be billed more than the Amounts Generally Billed to Patients who have insurance. Schedule A, attached to this policy, contains the most recent annual version of the Federal Poverty Income Guidelines.
- 2.3 Hospital bills will be further reduced by the following amounts for patients in each FPIG category below:
- |                          |                       |
|--------------------------|-----------------------|
| <u>0-200% of FPIG:</u>   | 100% discount off AGB |
| <u>201-225% of FPIG:</u> | 65% discount off AGB  |
| <u>226-250% of FPIG:</u> | 45% discount off AGB  |
| <u>251-300% of FPIG:</u> | 25% discount off AGB  |
| <u>301-400% of FPIG:</u> | 5% discount off AGB   |
| <u>401-600% of FPIG:</u> | AGB only              |
- 2.4 Household income will be considered in determining whether a Patient is eligible for assistance. Household income includes but is not limited to the following: Traditional married couples, children (biological, step, or adoption) and couples living together. (Married or couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female.)
- 2.5 In addition to household income, the Hospital will consider the extent to which the Patient’s household has assets that could be used to meet his or her financial obligation. Assets may include, but are not limited to, cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (“IRAs”), trust funds, real estate (excluding the Patient’s home) and motor vehicles. The Hospital will also consider any liabilities that are the responsibility of the Patient’s household. A Patient’s assets will not be considered if the Patient receives services from a Provider who is part of the National Health Services Corps or Prime Care loan forgiveness programs.
- 2.6 Information from a Patient’s (or member of Patient’s household) prior financial assistance applications may be used to determine current eligibility for assistance. UPH also uses third party agencies to assist with collections. If those agencies provide UPH with a statement regarding a Patient’s likely FPIG level, UPH will use that information in determining the FINA-Eligibility status and the level of discount available.

2.7 Presumptive Eligibility. Patients who meet presumptive eligibility criteria under this Section may be granted financial assistance without completing the financial assistance application. Documentation supporting the Patient’s qualification for or participation in a program listed below at 2.7.1 must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification, or print screen of web page listing the Patient’s eligibility. Unless otherwise noted, a Patient who is presumed eligible under these presumptive criteria will continue to remain eligible for twelve (12) months following the date of the initial approval, unless Hospital personnel have reason to believe the Patient no longer meets the presumptive criteria.

2.7.1 Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% financial assistance:

2.7.1.1 The U.S. Department of Agriculture Food and Nutrition Service *Food Stamp Program*.

2.7.1.2 Limited eligibility – Illegal undocumented persons/ 3-day emergency window. The Iowa Department of Human Services allows for up to three days of Medicaid benefits to pay for the cost of emergency services for undocumented persons who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a Hospital that can provide the required care after the emergency medical condition has occurred. Presumptive eligibility for this category will be considered valid twelve (12) months from the date of the emergent event.

2.7.1.3 Medicaid program (excluding lock-in and/or spend-down)

2.7.1.4 Women, Infants, and Children (“WIC”) nutrition assistance

2.8 State law requirements that offer additional and/or more stringent eligibility requirements will be followed in those states.

3. Communicating Financial Assistance Information.

3.1 Each Hospital will communicate the availability of financial assistance to all Patients and within the community. Copies of the financial assistance policy (Policy 1.BR.34), financial assistance application and Plain Language Summary will be available by mail, on each Hospital’s website, and in person at each Hospital.

- 3.2 The UPH Central Billing Office is available by phone at (888) 343-4165 to answer questions about the policy, or Patients should go to the cashier's office at the Hospital to obtain this information.
  - 3.3 UPH Hospitals will develop a Plain Language Summary of this policy.
    - 3.3.1 The Plain Language Summary will be available by mail, on each Hospital's website, and in person at each Hospital.
    - 3.3.2 The Plain Language Summary will be offered as part of the Patient intake and/or discharge process.
    - 3.3.3 The Plain Language Summary must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. The Extraordinary Collection Actions that may be taken by a Hospital are detailed in UPH Policy 1.BR.40, Billing and Collections, a copy of which may be obtained at each Hospital and on each Hospital's website.
  - 3.4 This financial assistance policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency ("LEP") populations constitute the lesser of 1,000 persons or more than 5% of the community served by the Hospital. These translated documents will be available by mail, on each Hospital's website, and in person at each Hospital.
  - 3.5 These notices and documents may be provided electronically.
  - 3.6 State Law requirements that offer additional and/or more stringent requirements to communicate financial assistance information will be followed in those states.
4. Method for Applying for Financial Assistance.
- 4.1 Patient Applies For Insurance Coverage or Seeks Third-Party Responsibility.

In order to be considered for financial assistance, the Patient must first apply for other financial resources that may be available to pay for the Patient's health care, such as Medicaid, Medicare, third party liability, etc. Patients with valid health care coverage through non-UPH network providers are required to access their primary network before being considered for financial assistance.

    - 4.1.1 This policy does not apply to the portion of a Patient's services that have been, or may be, paid for by a first or third party payer such as an automobile insurance company or worker's compensation. As allowed by the States of Iowa, Illinois, and Wisconsin, when a Patient presents

for services following an accident or injury, the Hospital may place a hospital lien against the third party settlement.

- 4.2 Patient Must Complete the Financial Aid Application. To be considered for financial assistance, the Patient must furnish the Hospital with a completed financial assistance application and required supporting documentation. The application may be completed using information that is collected in writing, orally, or through a combination of both.
- 4.3 Patient Notified of Eligibility. After receiving the Patient's financial information, the Hospital will notify the Patient of his/her eligibility determination within a reasonable period of time.
- 4.3.1 If a Patient is approved for financial assistance, the approval is valid for twelve (12) months following the date of the initial approval. However, the approval for financial assistance may be revised or reversed if the Patient's financial situation changes and results in the Patient no longer meeting the same criteria for financial assistance under this Policy.
- 4.3.2 If the Patient does not initially qualify for financial assistance, the Patient may reapply if there is a change in income, assets, or family responsibilities.
- 4.3.3 A Patient who qualifies for financial assistance must cooperate with the Hospital to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.
- 4.3.3.1 A Patient who qualifies for financial assistance must make a good faith effort to honor the payment plans. The Patient is responsible for communicating any change in his/her financial situation that may impact his/her ability to pay the discounted health care bills or to honor the provisions of any payment plans.
- 4.4 State law requirements that offer additional and/or more stringent methods for applying for financial assistance will be followed in those states.

*/s/ Kevin E. Vermeer*

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Kevin E. Vermeer  
UPH President

**RESOURCES:**

Internal Revenue Code Section 501(r); 79 FR 78954 (December 31, 2014)

**SCHEDULE A – Federal Poverty Income Guidelines**

**2019 Federal Poverty Guidelines**

family size	poverty guidelines
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

For families/households with more than eight people, add \$4,420 for each additional person.

### **SCHEDULE B - ILLINOIS LAWS**

For patients receiving care at a UPH hospital located in the state of Illinois (“IL UPH Hospital”), the following additional requirements apply. If any provision in this Schedule B conflicts with a provision in the policy, the provision containing more stringent requirements should be applied.

#### **I. Definitions.**

**Health Care Plan** means a health insurance company, health maintenance organization, preferred provider arrangement, or third party administrator authorized in Illinois to issue policies or subscriber contracts or administer those policies and contracts that reimburse for inpatient and outpatient services provided in a hospital. Health Care Plan does not include any government-funded program such as Medicare or Medicaid, workers’ compensation, and accident liability insurance.

**Insured Patient** means a patient who is insured by a Health Care Plan.

**Uninsured Patient** means a patient who is not insured by a Health Care Plan and is not a beneficiary under a government-funded program, workers’ compensation, or accident liability insurance.

#### **II. Uninsured Patient Discounts. (also in 1.BR.33)**

1. An IL UPH Hospital shall provide a discount from its charges to any Uninsured Patient who applies for a discount and has family income of not more than 600% of the federal poverty income guidelines for all medically necessary health care services exceeding \$300 in any one inpatient admission or outpatient encounter.
2. An IL UPH Hospital shall provide a charitable discount of 100% of its charges for all medically necessary health care services exceeding \$300 in any one inpatient admission or outpatient encounter to any Uninsured Patient who applies for a discount and has family income of not more than 200% of the federal poverty income guidelines.

C. **Discounts.** For all health care services exceeding \$300 in any one inpatient admission or outpatient encounter, an IL UPH Hospital shall not collect from an eligible Uninsured Patient more than its charges less the amount of the uninsured discount.

#### **D. Maximum Collectible Amount.**

1. The maximum amount that may be collected in a 12-month period for health care services provided by an IL UPH Hospital an Uninsured

Patient is 25% of the Uninsured Patient's family income, and is subject to the Uninsured Patient's continued eligibility under this section.

2. The 12-month period to which the maximum amount applies shall begin on the first date that an Uninsured Patient receives health care services that are determined to be eligible for the discount at that IL UPH Hospital.
  3. To be eligible to have this maximum discount applied to subsequent charges, the Uninsured Patient shall inform the IL UPH Hospital in subsequent inpatient admissions or outpatient encounters that the Uninsured Patient has previously received health care services from that hospital and was determined to be entitled to the uninsured discount. The Uninsured Patients should contact the UPH Central Billing Office at (888) 343-4165 for this purpose.
- E. Each IL UPH Hospital bill, invoice, or other summary of charges to an Uninsured Patient shall include a prominent statement that an Uninsured Patient who meets certain income requirements may qualify for an uninsured discount and information regarding how an Uninsured Patient may apply for consideration under the IL UPH Hospital's financial assistance policy.
- F. Patient Responsibility.
1. An IL UPH Hospital may make the availability of a discount and the maximum collectible amount under this Section is contingent upon the Uninsured Patient first applying for coverage under public programs such as Medicare, Medicaid, the State Children's Health Program, or others.
  2. An IL UPH Hospital must permit an Uninsured Patient to apply for a discount within 60 days of the date of discharge or date of service.
- G. Patient Documentation.
1. Income Verification. An IL UPH Hospital may require an Uninsured Patient who is requesting an uninsured discount to provide documentation of family income. Acceptable documentation shall include any of the following:
    - a. Most recent tax return;
    - b. Most recent W-2 form and 1099 forms;
    - c. Two most recent pay stubs;

- d. Written income verification from an employer if paid in cash; or
  - e. One other reasonable form of third party income verification deemed acceptable to the IL UPH Hospital.
2. Asset Verification. An IL UPH Hospital may require an Uninsured Patient who is requesting an uninsured discount to certify the existence of assets owned by the Uninsured Patient and to provide documentation of the value of such assets. Acceptable documentation may include statements from financial institutions or some other third party verification of an asset's value. If no third party verification exists, then the Uninsured Patient shall certify as to the estimated value of the asset.
3. Illinois Resident Verification. An IL UPH Hospital may require an Uninsured Patient who is requesting an uninsured discount to verify Illinois residency. Acceptable verification shall include any of the following:
- a. Any of the documents listed above under the Income Verification provision;
  - b. A valid state-issued identification card;
  - c. A recent residential utility bill;
  - d. A lease agreement;
  - e. A vehicle registration card;
  - f. A voter registration card;
  - g. Mail addressed to the uninsured patient at an Illinois address from a government or other credible source;
  - h. A statement from a family member of the uninsured patient who resides at the same address and presents verification of residency; or
  - i. A letter from a homeless shelter, transitional house or other similar facility verifying that the uninsured patient resides at the facility.

III. Presumptive Eligibility.

A. In addition to the presumptive eligibility criteria in Section 2.7.1 of the policy, IL UPH Hospitals must include the following criteria for presumptive eligibility for Uninsured Patients:

1. Homelessness;
2. Deceased with no estate;
3. Mental incapacitation with no one to act on patient's behalf;
4. Medicaid eligibility, but not on date of service or for non-covered service;
5. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
  - a. Supplemental Nutrition Assistance Program (SNAP);
  - b. Illinois Free Lunch and Breakfast Program;
  - c. Low Income Home Energy Assistance Program (LIHEAP);
  - d. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
  - e. Receipt of grant assistance for medical services.

IV. Communicating Financial Assistance Availability.

A. In addition to the provisions in Sections 3.1-3.5 of the policy, an IL UPH Hospital must also take the following steps to notify patients about financial assistance opportunities:

1. Signage.
  - a. Each IL UPH Hospital shall post a sign with the following notice: *"You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, contact [hospital representative]."*

- b. The sign shall be posted conspicuously in the admission and registration areas of the IL UPH Hospital.
  - c. The sign shall be in English and in any other language that is the primary language of at least 5% of the patients served by the IL UPH Hospital annually.
2. Websites. Each IL UPH Hospital that has a website must post a notice in a prominent place on its website that financial assistance is available at the hospital, a description of the financial assistance application process, and a copy of the financial assistance application.
  3. Written Materials. Each IL UPH Hospital must make available information regarding financial assistance from the hospital in the form of either a written brochure, an application for financial assistance, or other written material in the hospital admission or registration area.

V. Requirements for IL UPH Hospital Financial Assistance Applications.

A. IL UPH Hospital financial assistance applications must include the following:

1. An Opening Statement containing the following paragraphs:

*Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help UnityPoint Health determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application in one of the following manners:*

*If by mail, to the following address: UnityPoint Health – Central Billing Office, ATTN: FA Team, 6200 Thornton, Suite 100, Des Moines, IA 50321*

*If by email, to FA CBO [Request@unitypoint.org](mailto:Request@unitypoint.org)*

*If by fax, to (515) 362-5055. Write "FA Application" on fax cover sheet.*

*IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.*

*Please complete this form and submit to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 60 days following the date of discharge or receipt of outpatient care.*

*Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.*

*NOTE: The requirement to complete and submit this form within 60 days following the date of discharge or receipt of outpatient care referenced in the Opening Statement may be increased by the hospital, but not decreased.*

2. Patient information, which shall be limited to the following:
  - a. Patient name;
  - b. Patient date of birth;
  - c. Patient address;
  - d. Whether patient was an Illinois resident when care was rendered by the hospital;
  - e. Whether patient was involved in an alleged accident;
  - f. Whether patient was a victim of an alleged crime;
  - g. Patient Social Security Number (not required if you are uninsured);
  - h. Patient telephone number or cell phone number;
  - i. Patient e-mail address;
  - j. In cases where a spouse or partner is guarantor for the patient or in which a parent or guardian is guarantor for a minor, the name, address and telephone number of the guarantor. The hospital may choose not to include this information.
3. Family/household information, which shall be limited to the following:
  - a. Number of persons in the patient's family/household;
  - b. Number of persons who are dependents of the patient;
  - c. Ages of patient's dependents.
4. Patient's family income and employment information, which shall be limited to the following:

- a. Whether patient or patient's spouse or partner is currently employed;
  - b. If patient is a minor, whether patient's parents or guardians are currently employed;
  - c. If patient or patient's spouse or partner is employed, name, address and telephone number of all employers;
  - d. If a minor patient's parents or guardians are employed, name, address and telephone number of all employers;
  - e. If patient is divorced or separated or was a party to a dissolution proceeding, whether the former spouse or partner is financially responsible for patient's medical care per the dissolution or separation agreement;
  - f. Gross monthly family income, including cases in which a spouse or partner is guarantor for the patient or in which a parent or guardian is guarantor for a minor, from sources such as wages, self-employment, unemployment compensation, Social Security, Social Security Disability, Veterans' pension, Veterans' disability, private disability, workers' compensation, Temporary Assistance for Needy Families, retirement income, child support, alimony, other spousal support, and other income.
  - g. Documentation of family income from paycheck stubs, benefit statements, award letters, court orders, federal tax returns, or other documentation provided by the patient.
5. Insurance/benefit information, including but not limited to health insurance, Medicare, Medicare Supplement, Medicaid, and Veterans' benefits.
  6. Asset and estimated asset value information, which shall be limited to checking, savings, stocks, certificates of deposit, mutual funds, automobiles or other vehicles, real property, and health savings/flexible spending accounts.
  7. Monthly expense information and estimated expense figures, which shall be limited to housing, utilities, food, transportation, child care, loans, medical expenses, and other expenses.
  8. A certification statement, which must state only the following:

*“I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.*

*Patient or Applicant Signature and Date.”*

9. The application must contain a notation that, if the patient meets the presumptive eligibility criteria contained in UPH Policy 1.BR.34 or is otherwise presumptively eligible by virtue of the patient’s family income, the patient shall not be required to complete the portions of the application addressing the monthly expense information and estimated expense figures within UPH Policy 1.BR.34.
- B. Each IL UPH Hospital must submit an annual Hospital Financial Assistance Report to the Illinois Office of Inspector General, which shall include the following:
1. A copy of the Hospital’s Financial Assistance Application;
  2. A copy of the Hospital’s presumptive eligibility policy, which shall identify each of the criteria used by the Hospital to determine whether a patient is presumptively eligible for Hospital financial assistance;
  3. Hospital financial assistance statistics for the most recent fiscal year, which shall include:
    - a. The number of financial assistance applications submitted, both complete and incomplete;
    - b. The number of financial assistance applications that the Hospital approved under its presumptive eligibility policy;
    - c. The number of financial assistance applications that the Hospital approved outside its presumptive eligibility policy;
    - d. The number of financial assistance applications denied by the Hospital;

- e. The total dollar amount of financial assistance provided by the Hospital, based on actual cost of care

C. Filing Process for IL UPH Hospital Financial Assistance Report

1. Each Illinois UPH Hospital that annually files a Community Benefits Report with the Office of the Attorney General pursuant to the Community Benefits Act shall, at the same time, file its annual Hospital Financial Assistance Report jointly with its Community Benefits Report.
2. Each Illinois UPH Hospital that is not required to annually file a Community Benefits Report shall file its annual Hospital Financial Assistance Report jointly with the Worksheet C Part I from its Medicare Cost Report most recently filed pursuant to the Hospital Uninsured Patient Discount Act.

D. Electronic and Information Technology

1. Each Illinois UPH Hospital utilizing electronic and information technology in the implementation of the financial assistance application requirements shall annually describe the EIT used and the source of the EIT to the Office of the Illinois Attorney General at the time of filing of its Hospital Financial Assistance Report. The Hospital shall certify annually that each of the financial assistance application requirements are included in applications processed by EIT.
2. Each Illinois UPH Hospital utilizing EIT in the implementation of the presumptive eligibility criteria shall annually describe the EIT used and the source of the EIT to the Office of the Illinois Attorney General at the time of filing of its Hospital Financial Assistance Report. The Hospital shall certify annually that each of the presumptive eligibility criteria requirements are included in applications processed by EIT.

Sources: IL Public Act 95 965; IL Public Act 94 885

**SCHEDULE C – AMOUNTS GENERALLY BILLED**  
*(Updated as of 11/08/2019)*

	<b>Amounts Generally Billed (AGB) as a % of Charges</b>	<b>AGB Discount</b>
UnityPoint Health Cedar Rapids – St. Luke's/Jones Regional Medical Center	52%	48%
UnityPoint Health Cedar Rapids – St. Luke's Methodist Hospital	33%	67%
UnityPoint Health Des Moines – John Stoddard Cancer Center	25%	75%
UnityPoint Health Des Moines – Blank Children's Hospital	25%	75%
UnityPoint Health Des Moines – Grinnell Regional Medical Center	39%	61%
UnityPoint Health Des Moines – Iowa Lutheran Hospital	28%	72%
UnityPoint Health Des Moines – Iowa Methodist Medical Center	25%	75%
UnityPoint Health Des Moines – Methodist West Hospital	25%	75%
UnityPoint Health Dubuque – The Finley Hospital	34%	66%
UnityPoint Health Fort Dodge – Trinity Regional Medical Center	33%	67%
UnityPoint Health Keokuk – Keokuk Area Hospital	34%	66%
UnityPoint Health Peoria – Methodist Medical Center of Illinois	23%	77%
UnityPoint Health Peoria – Pekin Memorial Hospital	21%	79%
UnityPoint Health Peoria – Proctor Hospital	21%	79%
UnityPoint Health Quad Cities – Trinity Medical Center – Bettendorf	35%	65%
UnityPoint Health Quad Cities – Trinity Medical Center – Moline	31%	69%
UnityPoint Health Quad Cities – Trinity Medical Center – Rock Island	31%	69%
UnityPoint Health Quad Cities – Trinity Muscatine	38%	62%
UnityPoint Health Sioux City – St. Luke's Regional Medical Center	42%	58%
UnityPoint Health Waterloo – Allen Memorial Hospital Corporation	38%	62%
UnityPoint Health Waterloo – UnityPoint Health Marshalltown	37%	63%

**SCHEDULE D – Covered Services and Provider Practices by Hospital**  
*(Updated as of 11/01/2019)*

The following UnityPoint Health Hospitals and Hospital Organizations are covered under Policy 1.BR.34, Financial Assistance – Hospital Facilities. Generally, services that patients receive at these Hospitals/Hospital Organizations are covered under the policy; however, please see the separate sections by hospital below for clarification of what services a Patient may receive at a specific Hospital/Hospital Organization that are not covered under this policy. Also, as part of UPH’s mission, we want to make our Hospitals/Hospital Organizations available to all providers in our communities who may or not be employed by UnityPoint Health. Providers can be physicians, nurse practitioners, physician assistants, etc. To assist in understanding which of these providers are covered under this policy the comprehensive Provider Practice Listing following the chart below details whether:

- (1) Their professional services are covered under this Policy 1.BR.34, Financial Assistance – Hospital Facilities.
- (2) Their professional services are covered under separate Policy 1.BR.34(a), Financial Assistance – UnityPoint Health Non-Hospital Providers.
- (3) Their professional services are not covered under any UnityPoint Health financial assistance policies as they are not employees of Unity Point Health.

<b>UnityPoint Health Hospital</b>	<b>Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)</b>
UnityPoint Health Cedar Rapids – St. Luke's/Jones Regional Medical Center	All services are covered under this financial assistance policy.
UnityPoint Health Cedar Rapids – St. Luke's Methodist Hospital	The physician/professional portion of services for emergency room care, pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and will be separately billed.
UnityPoint Health Des Moines – John Stoddard Cancer Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Des Moines – Blank Children's Hospital	The physician/professional portion of services for pathology,

<b>UnityPoint Health Hospital</b>	<b>Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)</b>
	radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Des Moines – Grinnell Regional Medical Center	The physician/professional portion of services for ENT, podiatry, orthopedics, and radiology/imaging is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Des Moines – Iowa Lutheran Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Des Moines – Iowa Methodist Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Des Moines – Methodist West Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Dubuque – The Finley Hospital	United Clinical Laboratories is located in within Finley Hospital, but not covered under this financial assistance policy unless a Patient is also receiving Finley Hospital services. The physician/professional portion of services for pathology,

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Fort Dodge – Trinity Regional Medical Center	Generally, the physician/professional portion of services for pathology and radiology/imaging is not covered under this financial assistance policy and will be separately billed. However, they are covered when UnityPoint does the billing for the above services.
UnityPoint Health Keokuk – Keokuk Area Hospital	The physician/professional portion of services for emergency room care, pathology, and radiology/imaging is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Peoria – Greater Peoria Specialty Hospital	No services are covered under this financial assistance policy.
UnityPoint Health Peoria – Methodist Medical Center of Illinois	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Peoria – Pekin Memorial Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Peoria – Proctor Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	under this financial assistance policy and will be separately billed. Services received at The Illinois Institute for Addiction Recovery are not covered under this financial assistance policy.
UnityPoint Health Quad Cities – Trinity Medical Center – Bettendorf	The physician/professional portion of services for radiology/imaging is not covered under this financial assistance policy and be separately billed.
UnityPoint Health Quad Cities – Trinity Medical Center – Moline	The physician/professional portion of services for radiology/imaging is not covered under this financial assistance policy and be separately billed.
UnityPoint Health Quad Cities – Trinity Medical Center - Rock Island	The physician/professional portion of services for radiology/imaging is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Quad Cities – Trinity Muscatine	The physician/professional portion of services for radiology/imaging is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Sioux City – St. Luke's Regional Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
UnityPoint Health Waterloo – Allen Memorial Hospital Corporation	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.

<p align="center"><b>UnityPoint Health Hospital</b></p>	<p align="center"><b>Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)</b></p>
<p>UnityPoint Health Waterloo – UnityPoint Health – Marshalltown</p>	<p>The physician/professional portion of services for pathology and radiology/imaging is not covered under this financial assistance policy and will be separately billed.</p>

**THE FOLLOWING PROVIDER PRACTICE LISTING IS UPDATED QUARTERLY**