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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED
NOV 7 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

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

Legislators

State Senator Name:	Neil Anderson
State Representative Name:	Michael Halprin

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, Iowa 50266
Name of Registered Agent:	Elizabeth Kurt
Registered Agent Street Address:	120 NE Glen Oak Avenue
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, Iowa 50266
CEO Telephone Number:	(515)241-6161

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 N. North Court, Suite 210 Palatine, IL 60067
Telephone Number:	(847)776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	(847)776-7004

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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

Legislators

State Senator Name:	Neil Anderson
State Representative Name:	Michael Halprin

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

Exact Legal Name:	Trinity Medical Center (West) d/b/a Trinity Rock Island
Street Address:	2701 17th Street
City and Zip Code:	Rock Island, IL 61201
Name of Registered Agent:	Steven J. Gross
Registered Agent Street Address:	2701 17th Street
Registered Agent City and Zip Code:	Rock Island, IL 61201
Name of Chief Executive Officer:	Robert J. Erickson
CEO Street Address:	2701 17th Street
CEO City and Zip Code:	Rock Island, IL 61201
CEO Telephone Number:	(309)779-2204

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 N. North Court, Suite 210 Palatine, IL 60067
Telephone Number:	(847)776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	(847)776-7004

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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

Legislators

State Senator Name:	Neil Anderson
State Representative Name:	Michael Halprin

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

Exact Legal Name:	Sanford UnityPoint Health
Street Address:	1776 West Lakes Parkway, Suite 400
City and Zip Code:	West Des Moines, Iowa 50266
Name of Registered Agent:	Denny Drake
Registered Agent Street Address:	1776 West Lakes Parkway, Suite 400
Registered Agent City and Zip Code:	West Des Moines, Iowa 50266
Name of Chief Executive Officer:	Kelby K. Krabbenhoft
CEO Street Address:	1776 West Lakes Parkway, Suite 400
CEO City and Zip Code:	West Des Moines, Iowa 50266
CEO Telephone Number:	(515)241-6161

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 N. North Court, Suite 210 Palatine, IL 60067
Telephone Number:	(847)776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	(847)776-7004

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

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

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

Name:	Robert J. Erickson
Title:	CEO
Company Name:	Trinity Medical Center
Address:	2701 17th Street Rock Island, IL 61201
Telephone Number:	309/779-2204
E-mail Address:	Robert.Erickson@unitypoint.org
Fax Number:	309/779-2399

Site Ownership after the Project is Complete
[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Trinity Medical Center
Address of Site Owner	2701 17th Street Rock Island, IL 61201

Street Address or Legal Description of the Site: 2701 17th Street Rock Island, IL 61201
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee
[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Trinity Medical Center
Address:	2701 17th Street Rock Island, IL 61201

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

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name:	operating entity/licensee will not change
Address:	

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Organizational Relationships

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

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

Narrative Description

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

Iowa Health System d/b/a UnityPoint Health ("UnityPoint") and Sanford are in negotiations to enter into a definitive affiliation agreement (the "Agreement"), subject to applicable regulatory approvals. Under this Agreement, UnityPoint and Sanford agree to integrate their respective organizations under a newly-formed entity, Sanford UnityPoint Health ("SUPH").

Upon consummating the proposed transaction, which is anticipated to occur in February, 2020, UnityPoint and Sanford will amend their respective articles of incorporation to make SUPH the sole corporate member of each of UnityPoint and Sanford, as described below. A post-closing organizational chart, depicting such, is provided in ATTACHMENT 4 to this Certificate of Exemption application. As depicted in the post-closing organizational chart, the current UnityPoint-controlled health care facilities will continue to operate under the UnityPoint corporate structure.

Both UnityPoint and Sanford are integrated health care delivery systems. Sanford and its subsidiaries do not currently own and/or operate any licensed health care facilities in Illinois. UnityPoint's subsidiaries currently own and operate five hospitals and one end stage renal disease facility in Illinois; and separate Certificate of Exemption applications are being concurrently filed to address the proposed changes of ownership/control of those facilities, which include:

- The Methodist Medical Center of Illinois, Peoria
- Proctor Hospital, Peoria
- Pekin Memorial Hospital d/b/a UnityPoint Health-Pekin, Pekin
- Trinity Medical Center d/b/aTrinity Moline, Moline
- Trinity Medical Center d/b/a Trinity Rock Island, Rock Island
- Proctor Hemodialysis Center, Peoria

Following the closing of the proposed transaction, SUPH will have the power to control UnityPoint and Sanford. SUPH is incorporated as a nonprofit corporation in Iowa, and will operate with co-corporate headquarters, with one located in Sioux Falls, South Dakota, and one located in West Des Moines, Iowa.

The initial Board of Directors of SUPH will consist of an equal number of individuals chosen by UnityPoint and Sanford, as well as SUPH's CEO and Senior Executive Vice President. The respective Boards of Directors of UnityPoint and Sanford will cede their authority to SUPH (except for the two purposes of overseeing compliance with the Agreement and helping to accomplish SUPH's governance, management, and operating initiatives). After the first three years following the closing of the transaction (or earlier if determined by the respective UnityPoint and Sanford Boards), the SUPH, UnityPoint, and Sanford Boards, will have identical membership.

The current CEO of Sanford, Kelby K. Krabbenhoft will serve as the initial CEO of SUPH, and the current CEO of UnityPoint, Kevin Vermeer, will serve as the sole Senior Executive Vice President of SUPH.

The proposed transaction will not result in changes to any of the named facility license holders or the direct owners of any of the sites or physical plants.

There will be no direct exchange of funds as a result of the proposed transaction, and accordingly, there is no acquisition price.

This Certificate of Exemption addresses the change of ownership of Trinity Medical Center d/b/a Trinity Rock Island.

Related Project Costs

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

Land acquisition is related to project ☐ Yes **X** No

Purchase Price: $_____

Fair Market Value: $_____

Project Status and Completion Schedules

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

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): _____March 31, 2020_____

State Agency Submittals

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

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

X All reports regarding outstanding permits

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

CERTIFICATION

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

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

This Application is filed on the behalf of 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.

SIGNATURE

Kevin Vermeer
PRINTED NAME

President/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of October, 2019

Pamela K. Hoskins
Signature of Notary

Seal

PAMELA K. HOSKINS
NOTARIAL SEAL
IOWA
Commission Number 179554
My Comm. Expires May 24, 2022

SIGNATURE

Arthur Nizza
PRINTED NAME

Executive Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of October, 2019

Pamela K. Hoskins
Signature of Notary

Seal

PAMELA K. HOSKINS
NOTARIAL SEAL
IOWA
Commission Number 179554
My Comm. Expires May 24, 2022

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of _____

_____Trinity Medical Center (West) dba Trinity Rock Island_____

_____*

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

Notarization:
Subscribed and sworn to before me
this 1 day of November 2019

Paula Thompson
Signature of Notary

Seal

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

SIGNATURE

Katherine Marchik
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1 day of November 2019

Paula Thompson
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

CERTIFICATION

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

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

This Application is filed on the behalf of ____**Sanford UnityPoint Health**_____

_____

_____*

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

SIGNATURE

Kelby Krabbenhoft
PRINTED NAME

President/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of October, 2019

Pamela K. Hoskins
Signature of Notary

Seal

SIGNATURE

Kevin Vermeer
PRINTED NAME

Senior Executive Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of October, 2019

Pamela K. Hoskins
Signature of Notary

Seal

PAMELA K. HOSKINS
NOTARIAL SEAL
IOWA
Commission Number 179554
My Comm. Expires May 24, 2022

*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

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

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

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.

2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.

3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

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

1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

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

Trinity Medical Center-Rock Island

Applicable Review Criteria

Criterion 1130.520(b)(1)(A) Names of the parties
The parties named as an applicant are:

Trinity Medical Center (West) (licensee)
Iowa Health System d/b/a UnityPoint Health (currently holds ultimate control)
Sanford UnityPoint Health (to hold ultimate control following transaction)

Criterion 1130.520(b)(1)(B) Background of the parties
Provided in ATTACHMENT 1 are Certificates of Good Standing for each applicant identified above.

Provided in ATTACHMENT 6b1B are certifications from applicant UnityPoint Health that no adverse actions have been taken against any facility owned and/or operated in Illinois by the applicant during the past three years; and authorization, permitting HFSRB and IDPH access to documents necessary to verify the information submitted.

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

Upon the closing of the proposed transaction, Sanford UnityPoint Health will become the ultimate parent entity of Trinity Medical Center (West).

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

The licensee will not change and is identified in Section I of this Certificate of Exemption application.

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

Current and post-closing organizational charts are provided in ATTACHMENT 4, identifying all applicable Illinois facilities. The facility addressed in this COE application is currently 100% indirectly controlled by applicant Iowa Health System. Upon the closing of the proposed transaction, the facility will be 100% indirectly controlled by Sanford UnityPoint Health.

Criterion 1130.520(b)(1)(F) Fair market value of assets to be transferred
Iowa Health System's December 31, 2018 Audited Financial Statement combines the balance sheet value of Trinity Medical Center-Rock Island and Trinity Medical Center-Moline, identifying the combined balance sheet value as $474,896,000. This amount is identified as the hospitals' fair market value for purposes of this Certificate of Exemption application, exclusively.

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

There is no "purchase price" associated with the proposed transaction.

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

The applicants, by virtue of their signatures on the Certification pages of this application, affirm that all Certificate of Need Permits and Certificates of Exemption that have been awarded to any entity related to the applicants have been completed, with the HFSRB being appropriately notified of such.

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

Please see ATTACHMENT 6b3, which provides affirmations that the facility will not adopt a more restrictive charity care policy than the charity care policy that was in effect one year prior to the proposed transaction; and that the current charity care policy will remain in effect for, at minimum, a two-year period following the change of ownership transaction.

A copy of the facility's charity care/financial aid policy is provided in ATTACHMENT 6b3.

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

There will be no change in the operation of the applicant entity as a result of the proposed transaction.

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

There will be no change in the operation of the applicant entity as a result of the proposed transaction.

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

There will be no change to the hospital's quality improvement program as a result of the proposed transaction. The program's guidelines are provided in ATTACHMENT 6b6.

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

The selection process for the hospital's Community Board will not change.

The initial Board of Directors of Sanford UnityPoint Health ("SUPH") will consist of an equal number of individuals chosen by the UnityPoint Health Board of Directors and the Sanford

Board of Directors, as well as SUPH's CEO and Senior Executive Vice President. Initial Board members of SUPH, with the exception of the two officers mentioned above, will serve staggered terms over a three-year period, after which the Board will be self-perpetuating.

Criterion 1130.520(b)(8) A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.

None are currently anticipated as a result of the proposed transaction.

SECTION IV.CHARITY CARE INFORMATION

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

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

Trinity Medical Center
(Moline and Rock Island)

CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**316,945,000**	**324,528,000**	**317,150,000**
Amount of Charity Care (charges)	8,208,000	9,192,000	9,344,000
Cost of Charity Care	2,026,000	2,205,000	2,231,000

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

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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* OCTOBER *A.D.* 2019 .

Authentication #: 1928102024 verifiable until 10/08/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* OCTOBER *A.D.* 2019 .

Authentication #: 1928102124 verifiable until 10/08/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

#E-056-19

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/21/2019

Name: SANFORD UNITYPOINT HEALTH (504RDN - 617095)
Date of Incorporation: 10/21/2019
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the nonprofit corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Revised Iowa Nonprofit Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS179890**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

ATTACHMENT 1

October 30, 2019

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

To whom it may concern:

On October 30, 2019, Sanford UnityPoint Health (the "Corporation") submitted an Application for Authority to Conduct Affairs in Illinois (Form NPF 113.15). Confirmation of the Corporation's authority to do business in Illinois will be provided upon receipt.

Sincerely,

Ashley Kleemeier
Senior Counsel
UnityPoint Health

ATTACHMENT 1

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.

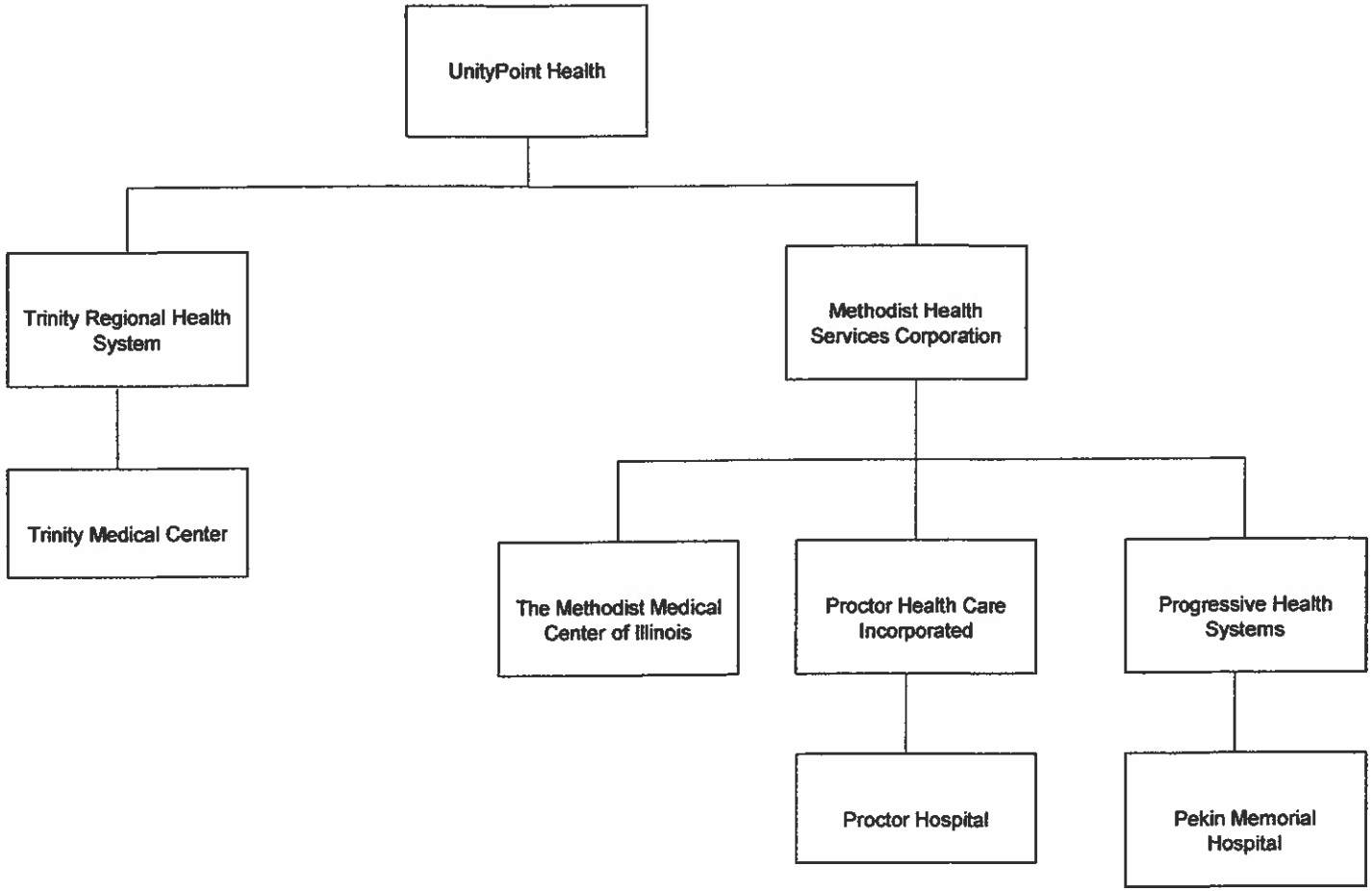
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* OCTOBER *A.D.* 2019 .

Authentication #: 1928102124 verifiable until 10/08/2020
Authenticate at: http://www.cyberdriveillinois.com

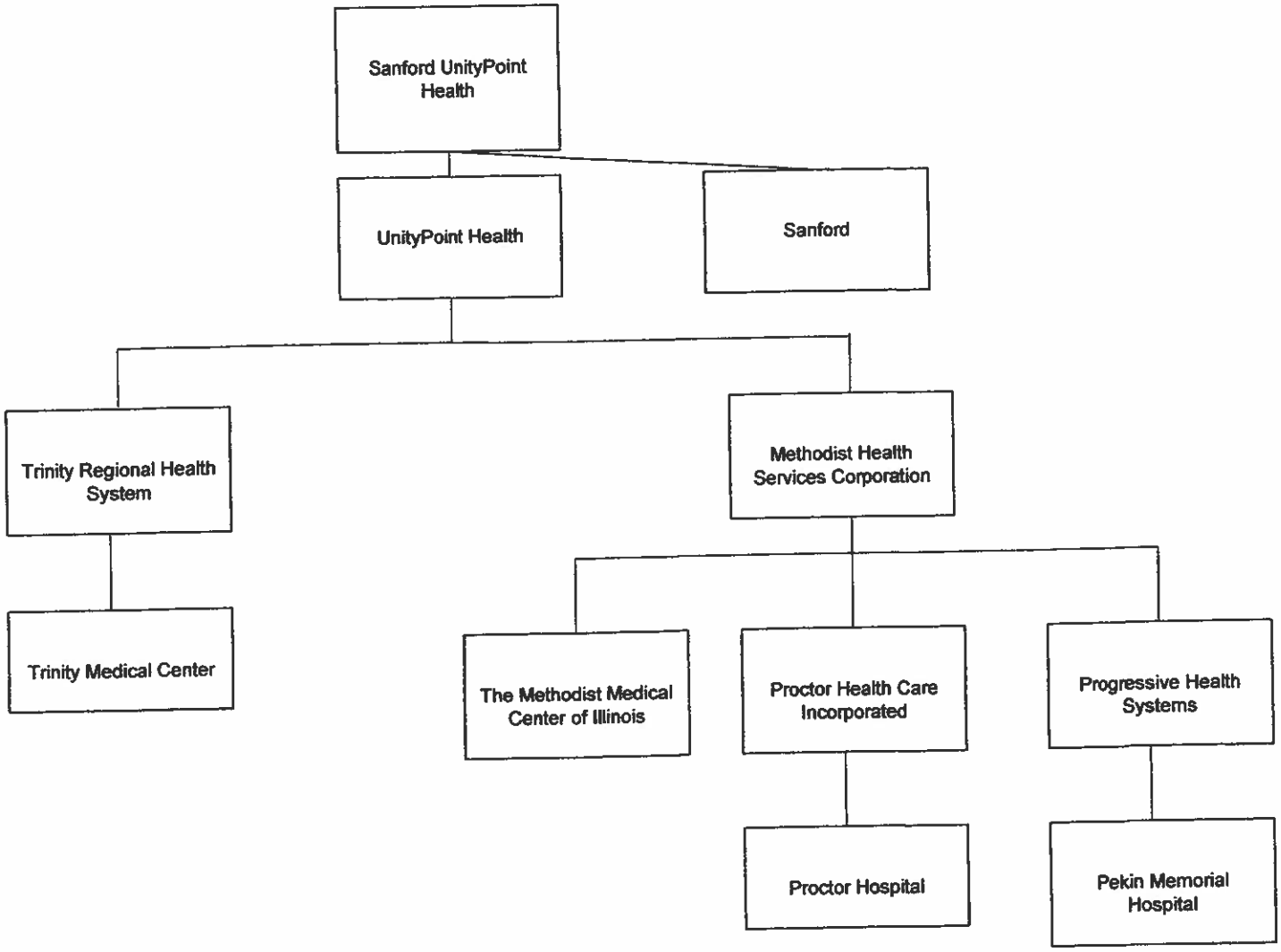
Jesse White
SECRETARY OF STATE

ATTACHMENT 3

Pre Closing Org Chart – UnityPoint Health Quad Cities & Peoria



Post Closing Org Chart – UnityPoint Health Quad Cities & Peoria



ATTACHMENT 4

#E-056-19

DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF 118215

Illinois Department of PUBLIC HEALTH

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
6/30/2020		0003244

General Hospital

Effective: 07/01/2019

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

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

Exp. Date 6/30/2020

Lic Number 0003244

Date Printed 5/13/2019

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

FEE RECEIPT NO.

ATTACHMENT 6b1B

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 W. Jones, FACHE
Chair, Board of Commissioners

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

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

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

UnityPoint Health

Kevin E. Vermeer
President/CEO

1776 West Lakes Pkwy, Ste 400
West Des Moines, IA 50266
Office: 515-241-6347
Fax: 515-241-6220
unitypoint.org
kevin.vermeer@unitypoint.org

October 30, 2019

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern:

I hereby certify that no adverse action has been taken against UnityPoint Health, or any of its IDPH-licensed health care facilities, directly or indirectly, within three (3) years prior to the filing of this Certificate of Exemption application. For the purposes of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize HFSRB and IDPH to access any documents which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

Kevin Vermeer
President/CEO

Pamela K. Hoskins
10/30/19

PAMELA K. HOSKINS
NOTARIAL SEAL
IOWA
Commission Number 179954
My Comm. Expires May 24, 2022

STRUCTURE OF TRANSACTION

Iowa Health System d/b/a UnityPoint Health ("UnityPoint"), an Iowa nonprofit corporation, and Sanford, a North Dakota nonprofit corporation, are in negotiations to enter into a definitive affiliation agreement; under which UnityPoint and Sanford agree to integrate their respective organizations under a newly-formed entity, Sanford UnityPoint Health "(SUPH"). Under the proposed transaction, SUPH will become the sole corporate member of each of UnityPoint and Sanford.

SUPH has recently been incorporated as a nonprofit corporation in Iowa; and following the proposed transaction, SUPH will have the power to control UnityPoint and Sanford.

A post-transaction organizational chart is provided in ATTACHMENT 4.

The initial Board of Directors of SUPH will consist of an equal number of individuals chosen by UnityPoint and Sanford, as well as SUPH's CEO and Senior Executive Vice President. The respective Boards of Directors of UnityPoint and Sanford will cede their authority to SUPH (except for the two purposes of overseeing compliance with the Agreement and helping to accomplish SUPH's governance, management, and operating initiatives). After the first three years following the closing of the transaction (or earlier if determined by the respective UnityPoint and Sanford Boards), the SUPH, UnityPoint, and Sanford Boards, will have identical membership.

The proposed transaction will not result in a change to the licensee or certified Illinois facilities controlled by UnityPoint, nor will it change the legal entities that own the physical plant of the individual facilities.

OWNERSHIP OR MEMBERSHIP INTERESTS

Applicant Iowa Health System holds a 100% indirect membership interest in five Illinois hospitals:

- The Methodist Medical Center of Illinois
- Pekin Memorial Hospital d/b/a UnityPoint Health-Pekin
- Proctor Hospital
- Trinity Medical Center-Moline
- Trinity Medical Center- Rock Island

Iowa Health System also, through Certificate of Need Permit # 17-045, holds a 100% indirect membership interest in Proctor Hemodialysis Center. In addition, UnityPoint Health controls health care facilities in Iowa and Wisconsin.

Upon the completion of the proposed transaction, Sanford UnityPoint Health, a newly-formed entity, will hold a 100% indirect ownership interest in each of the healthcare facilities identified above. Sanford does not currently own any health care facilities in Illinois, but does own health care facilities in Minnesota, North Dakota, South Dakota, California, Iowa, Nebraska, Oklahoma, and Oregon. Internationally, Sanford maintains a presence in New Zealand, Ireland, Viet Nam, Costa Rica, South Africa, China and Ghana.

Organizational charts for the hospital applicant, UnityPoint Health and Sanford UnityPoint Health are provided in ATTACHMENT 4, and further discussion of Sanford UnityPoint Health is provided in this application's Narrative Description.

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 C.

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% = (Sum of all Allowed Amounts by Medicare Fee For Service + Sum of all Allowed Amounts by private health insurers during a prior 12-month period) / (Sum of Gross Charges For the Same Claims)

1.4.2 AGB = (Gross Charges for Medically Necessary Care or Emergency Medical Care) X (AGB %)

1.4.3 The current AGB amounts for each UPH Hospital are attached at Schedule B 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:

0-200% of FPIG:	100% discount off AGB
201-225% of FPIG:	65% discount off AGB
226-250% of FPIG:	45% discount off AGB
251-300% of FPIG:	25% discount off AGB
301-400% of FPIG:	5% discount off AGB
401-600% of FPIG:	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

Kevin E. Vermeer
UPH President

RESOURCES:

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

ATTACHMENT 6b3

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 A 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

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 07/01/2019)

	Amounts Generally Billed (AGB) as a % of Charges	AGB Discount
UnityPoint Health Carthage – Memorial Hospital	50%	50%
UnityPoint Health Cedar Rapids – St. Luke's/Jones Regional Medical Center	51%	49%
UnityPoint Health Cedar Rapids – St. Luke's Methodist Hospital	32%	68%
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	61%	39%
UnityPoint Health Des Moines – Iowa Lutheran Hospital	27%	73%
UnityPoint Health Des Moines – Iowa Methodist Medical Center	25%	75%
UnityPoint Health Des Moines – Methodist West Hospital	26%	74%
UnityPoint Health Dubuque – The Finley Hospital	35%	65%
UnityPoint Health Fort Dodge – Trinity Regional Medical Center	35%	65%
UnityPoint Health Keokuk – Keokuk Area Hospital	40.5%	59.5%
UnityPoint Health Peoria – Methodist Medical Center of Illinois	31%	69%
UnityPoint Health Peoria – Pekin Memorial Hospital	54%	46%
UnityPoint Health Peoria – Proctor Hospital	31%	69%
UnityPoint Health Quad Cities – Trinity Medical Center – Bettendorf	35%	65%
UnityPoint Health Quad Cities – Trinity Medical Center – Moline	32%	68%
UnityPoint Health Quad Cities – Trinity Medical Center – Rock Island	32%	68%
UnityPoint Health Quad Cities – Trinity Muscatine	39%	61%
UnityPoint Health Sioux City – St. Luke's Regional Medical Center	43%	57%
UnityPoint Health Waterloo – Allen Memorial Hospital Corporation	39%	61%
UnityPoint Health Waterloo – UnityPoint Health Marshalltown	36%	64%

SCHEDULE D – Covered Services and Provider Practices by Hospital
(Updated as of 07/01/2019)

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.

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
UnityPoint Health Carthage – Memorial Hospital	The physician/professional portion of services for radiology/imaging and pathology will not be covered under this financial assistance policy and be billed separately.
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

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.
UnityPoint Health Des Moines – Blank Children's 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 – 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

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	financial assistance policy unless a Patient is also receiving Finley Hospital services. 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 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

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	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 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,

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 Waterloo – UnityPoint Health – Marshalltown	The physician/professional portion of services for pathology and radiology/imaging is not covered under this financial assistance policy and will be separately billed.

THE FOLLOWING PROVIDER PRACTICE LISTING IS UPDATED QUARTERLY

UnityPoint Health
Trinity

Name of Program	Quality Improvement Plan – Clinical Quality and Process Improvement
Year of Annual Plan	2019
Year of Evaluation of Effectiveness	2018
Plan Authors	Angel Mueller, Director, Quality Nordisha Coots, Clinical Quality Advisor Cameron Smith, Manager, Clinical Quality & Process Improvement
Date	January 2019

Objective:

The purpose of UnityPoint Health Trinity's Quality Department is to uphold our mission, to improve the health of the people and communities we serve and our vision, to achieve the best outcome, every patient, every time. The Quality Improvement Annual Plan addresses how the Clinical Quality and Process Improvement Departments support the Quality Department in these efforts. A comprehensive Quality Improvement program is a primary means of meeting organizational goals that correspond to the system and regional priorities included within the UnityPoint Health Roadmap. To that end, the organization as a whole will participate in systemic quality improvement efforts. The Clinical Quality and Process Improvement Departments are committed to the ongoing support of ideal patient care, the effective use of resources, the following of evidence-based practices, and striving for continuous improvement through education and collaboration with other departments throughout UnityPoint Health-Trinity.

Scope of Service:

The Clinical Quality Department has multiple responsibilities, which include, but are not limited to core measure abstraction, identifying indicators of quality related to structure, process, and outcomes of patient care, measuring clinical practice against best practices or benchmarks, quality data analysis and dissemination. The scope of responsibility of the Clinical Quality Department encompasses all inpatient and outpatient areas, owned and operated by UnityPoint Health – Trinity including Rock Island, Moline, Bettendorf and Muscatine campuses.

The Process Improvement Department focuses on the assessment and improvement of performance and process to improve the safety of the healthcare system, support the UnityPoint Health FOCUS values, assist in design or redesign of care processes grounded on evidence-based or best practice outcomes, and improve coordination and communication across patient conditions, services, and settings. The overall scope of the Process Improvement Department encompasses all inpatient and outpatient areas, owned and operated by UnityPoint Health – Trinity including Rock Island, Moline, and Bettendorf campuses.

Contract services providing direct patient care or service affecting the health and safety of patients are also included in the ongoing monitoring activities and as appropriate, the quality improvement process.

The Medical Staff is actively involved in the quality improvement program through the peer review process, credentialing, privileging, competencies, licensure, performance metrics, and participation of the Medical Staff Performance Improvement Committee.

Program Leadership:

Governing Board: The Governing Board has the ultimate responsibility for the quality of care and services provided. The Board's accountability for quality is exhibited through its performance of four major responsibilities:

- Demonstrating a top-down commitment to high quality and to the organization's programs for quality improvement.
- Requiring that objective measures be used to gauge the quality of care and services.
- Ensuring that quality improvement programs are in place and working effectively to monitor and improve quality.
- Appointing, reappointing, and granting privileges to the Medical Staff based on documentation of current clinical and behavioral competence.

Chief Operating Officer: Responsibility for the development and implementation of the quality improvement program is delegated by the Governing Board to organizational leadership, specifically the Chief Operating Officer.

Chief Nursing Executive: Responsibility for the development and implementation of the quality improvement program is delegated by the Governing Board to organizational leadership, including the Chief Nursing Executive.

Chief Medical Officer: The Chief Medical Officer will provide support at the administrative level and in conjunction with any hospital-based quality improvement activities related to the Medical Staff and the Medical Staff Performance Improvement Committee.

Director, Quality: Oversees the quality improvement program in the organization in coordination with the quality team and is specifically responsible for the following:

- Helping senior leaders identify Trinity's top quality improvement priorities
- Overseeing development of the Quality Improvement Annual Plan based on those priorities
- Obtaining approval of the Quality Improvement Annual Plan
- Maintaining Trinity's focus on its strategic quality improvement priorities
- Monitoring the organization's compliance with all regulatory and accreditation requirements and conducting necessary self-assessments
- Overseeing quality improvement efforts
- Managing and/or coordinating various technical services such as:
  - Abstracting, entering and analyzing quality improvement data
  - Coordinating and advising quality improvement initiatives
  - Benchmarking data and researching competitive/comparative practices

Hospital Quality Council (HQC): Oversees the development of and approves the Quality Improvement Annual Plan and priorities. HQC provides oversight and functions as the central clearing house for quality data and information collected throughout the organization. HQC

monitors, trends and aggregates data from all sources throughout the organization to prepare reports for the governing board and the medical staff.

Medical Staff Performance Improvement Committee (MSPIC): Responsible for providing guidance for measuring, assessing, and improving processes that primarily depend on the activities of one or more licensed independent practitioners, and other practitioners credentialed and privileged through the medical staff process.

Quality of Care Committee (QCC): Interprets reports of medical activities and discusses recommendations made by the Medical Staff to the Board regarding such matters as the bylaws, rules and regulations governing the Medical Staff, legal matters, and any and all considerations directed toward patient care.

The QCC shall establish and maintain, with the advice and assistance of Administration and the Hospital Quality Council of the Medical Staff, quality assessment, quality improvement, and risk management programs that monitor, evaluate, and implement opportunities for improvement in the delivery of optimal patient care. The QCC shall also review, as appropriate, quality of care issues, and evaluation of patient care provided.

Evaluation of Effectiveness of 2018:

Evaluation Process: The Quality Department evaluates and shares data with corresponding departments throughout the year as related to all quality metrics included in the annual plan. Summaries of identified issues are included in the evaluation and data is analyzed in accordance to the goals included in the annual plan.

Process Improvement: Process Improvement projects were prioritized based on level of impact to Key Performance Areas. Projects initiated and implemented include:

- Titration Drips FMEA
- Provider Onboarding
- Outpatient Lab Registration
- Bettendorf Communication Registration
- Oxygen Connection FMEA
- Inpatient Discharge Process

Clinical Quality Metrics: Surveillance was performed on a monthly basis through chart review and internal audits. Data was provided to directors, managers, educators, and staff on a monthly basis through unit-based reports, quality boards, and service line specific reports.

- Regional Key Performance Indicator Metrics
  - PSI-90 Composite Score
  - Overall Staff Engagement
  - Readmissions- All Cause, All Payer

- Evidence Based Care Metrics
  - Sepsis Bundle
  - Stroke Venous Thromboembolism (VTE) Prophylaxis

- Hospital Acquired Potentially – Preventable Venous Thromboembolism (VTE)
- Influenza Vaccination
- Emergency Department Measures
- Elective Delivery Prior to 39 weeks

Annual Plan and Goals 2019:

Annual Plan and Goal Development: The Quality Department develops the Quality Improvement Annual Plan and relevant goals based on UnityPoint Health system and regional priorities and evidence based care metrics identified by the Centers for Medicare and Medicaid Services.

Prioritization and Goals: The Quality Improvement Annual Plan will undergo changes as the organizational priorities evolve. Quality improvement is aligned with the UnityPoint Health Roadmap business drivers and priorities.

Process Improvement: Process Improvement projects will be prioritized based on level of impact to system and regional priorities, resources available, and other relevant factors. Process Improvement tools to be used will be based upon the type and scope of the project or process. Multiple tools may be utilized, or specific concepts from different tools may be incorporated into the work. Improvement tools that may be utilized include:

- Plan-Do-Check -Act Cycle
- Lean Improvement
- Six Sigma
- Failure Mode Effect Analysis

Clinical Quality Metrics: Surveillance will performed on a monthly basis through chart review and internal audits. Data will be provided to directors, managers, educators, staff and providers on a monthly basis or quarterly through unit-based reports, quality boards, service line specific reports and provider scorecards.

2019 Metrics:

Metric Name
Readmissions – All Cause, All Payer
Core Measures – Sepsis Bundle (SEP-1)
Hospital Acquired Potentially – Preventable Venous Thromboembolism (VTE-6)
Influenza Vaccination Oct-Mar (IMM-2)
ED - Median time form arrival to departure (ED-1)
ED – Median time from admit decision to departure (ED-2)

Elective Delivery Prior to 39 weeks (PC-01)
Unexpected Complications in Term Newborns (PC-06)
Median time from ED arrival to ED departure for discharged ED patients- reporting (OP-18b)
Head CT or MRI Scan results for acute hemorrhagic stroke who received Head CT or MRI scan interp w/in 45 mins of arrival (OP-23)
PSI 90 – Composite Healthcare Acquired Conditions Score
Healthcare Readmission Reduction Program THA/TKA Readmission Rate
Healthcare Readmission Reduction Program Heart Failure Readmission Rate
Healthcare Readmission Reduction Program Pneumonia Readmission Rate
Healthcare Readmission Reduction Program COPD Readmission Rate
Healthcare Readmission Reduction Program CABG Readmission Rate
Value Based Purchasing Program Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
Value Based Purchasing Program Heart Failure (HF) 30-Day Mortality Rate
Value Based Purchasing Program Pneumonia (PN) 30-Day Mortality Rate (Updated Cohort)
Value Based Purchasing Program Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate

Additional Quality Department goals and metrics are included in the Patient Safety & Accreditation Annual Plan and the Infection Prevention Annual Plan.

Confidentiality of Information: Appropriate safeguards have been established to restrict access to highly sensitive and confidential information, which is protected against discoverability through Illinois and Iowa State Law.