

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD

OPEN SESSION - MEETING

835 South 2nd Street
Springfield, Illinois
Tuesday, September 13, 2016
10:00 a.m.

TRANSCRIPT OF PROCEEDINGS

1 APPEARANCES

2

3 BOARD MEMBERS PRESENT:

4 KATHY OLSON, Chairwoman

JOHN HAYES, Vice Chairman

5 BRAD BURZYNSKI

DEANNA DEMUZIO

6 ALAN GREIMAN

JOEL K. JOHNSON

7 JOHN McGLASSON, SR.

RICHARD SEWELL

8

9 EX OFFICIO MEMBER PRESENT:

10 ARVIND K. GOYAL, IHFS

11

ALSO PRESENT:

12

COURTNEY AVERY, Administrator

13 JUAN MORADO, JR., General Counsel

JEANNIE MITCHELL, Assistant General Counsel

14 MICHAEL CONSTANTINO, IDPH Staff

GEORGE ROATE, IDPH Staff

15 BONNIE HILLS, IDPH Staff

NELSON AGBODO, Board Staff

16 JESSE NUSS, Board Intern

17 Reported by:

18 Ms. Dorothy J. Hart, CSR, RPR

19 Illinois CSR No. 084-001390

20 Midwest Litigation Services

21 15 South Old State Capitol Plaza

22 Springfield, Illinois 62701

23 (217) 522-2211

24 1-800-280-3376

	INDEX	
		PAGE
1		
2		
3	CALL TO ORDER	6
4	ROLL CALL	6
5	EXECUTIVE SESSION	7
6	COMPLIANCE ISSUES/SETTLEMENT AGREEMENTS/	
7	FINAL ORDERS	
8		
9	Referrals to Legal Counsel	8
10	Final Orders	8
11	APPROVAL OF AGENDA	10
	APPROVAL OF TRANSCRIPTS	10
12	PUBLIC PARTICIPATION	11
13	ITEMS APPROVED BY THE CHAIRWOMAN	14
14	ITEMS FOR STATE BOARD ACTION	16
15	PERMIT RENEWAL REQUESTS	
16	Meadowbrook Manor	17
17	McAllister Nursing & Rehab	36
18	EXTENSION REQUESTS	39
19	EXEMPTION REQUESTS	
20	Ingalls Memorial Hospital	39
21	Ingalls Same Day Surgery Center	41
22	ALTERATION REQUESTS	
23	University of Chicago Medical Center	55
24	Asbury Court Nursing & Rehab	62

	C O N T E N T S C O N T I N U E D	
		PAGE
1		
2		
	DECLARATORY RULINGS/OTHER BUSINESS	67
3	HEALTH CARE WORKER SELF-REFERRAL ACT	
	Self-referral Request/Completeness	
4	Determination Dr. Tiesenga	67
5	STATUS REPORTS ON CONDITIONAL/	
6	CONTINGENT PERMITS	73
7	APPLICATIONS SUBSEQUENT TO INITIAL REVIEW	
8		
	Memorial Hospital-East Medical Clinics	
9	Building	95
	Silver Cross Ambulatory Surgery	
10	Treatment Center	100
11		
	FMC Kidney Care East	121
12		
	Irving Park Dialysis	125
13		
	Rush South Loop MOB	128
14		
15	Surgical Center of DuPage Medical Group	135
16		
17	Stroger Hospital of Cook County	74
18		
19	APPLICATIONS SUBSEQUENT TO INTENT TO DENY	149
20	OTHER BUSINESS	149
21	RULES DEVELOPMENT	149
22	OLD BUSINESS	152
23		
24		

1	C O N T E N T S C O N T I N U E D	
2		PAGE
3	NEW BUSINESS	
4	Financial Report	152
5	Correction to Profile Information	153
6	2015 Profiles	155
7		
8	ADJOURNMENT	156
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

1 P R O C E E D I N G S

2 CHAIRWOMAN OLSON: I'm going to call
3 the meeting to order. Good morning, everybody.
4 I'd like to call the meeting to order.

5 May I have a roll call, please, George?

6 MR. ROATE: Thank you, Madam Chair.
7 John Hayes?

8 VICE CHAIRMAN HAYES: Here.

9 MR. ROATE: Brad Burzynski?

10 MEMBER BURZYNSKI: Here.

11 MR. ROATE: Senator Demuzio?

12 MEMBER DEMUZIO: Here.

13 MR. ROATE: Member Galassie is absent.
14 Justice Greiman?

15 MEMBER GREIMAN: Here.

16 MR. ROATE: Joel Johnson?

17 MEMBER JOHNSON: Here.

18 MR. ROATE: John McGlasson?

19 MEMBER McGLASSON: Yes, sir.

20 MR. ROATE: Richard Sewell?

21 MEMBER SEWELL: Here.

22 MR. ROATE: Chairwoman Olson?

23 CHAIRWOMAN OLSON: Here.

24 MR. ROATE: Eight members present.

1 CHAIRWOMAN OLSON: Thank you all for
2 attending. It's great to see a full table up here.

3 The next order of business is executive
4 session.

5 May I have a motion to go into closed
6 session pursuant to Section 2(c)(1), 2(c)(5),
7 2(c)(11), and 2(c)(21) of the Open Meetings Act?

8 MEMBER BURZYNSKI: So moved.

9 VICE CHAIRMAN HAYES: Second.

10 CHAIRWOMAN OLSON: We will now go into
11 executive session for -- okay, I got 15 and I got
12 20 -- between 15 and 20 minutes. I would ask that
13 you clear the room for 15 or 20 minutes.

14 (At 10:02 a.m. the Board adjourned
15 into executive session.

16 Open session proceedings resumed
17 at 10:21 a.m. as follows:)

18 CHAIRWOMAN OLSON: Okay. We're back in
19 session.

20 The next order of business is
21 compliance issues, settlement arrangements, and
22 final orders.

23 Juan.

24 MR. MORADO: Good morning, Madam Chair.

1 We're going to be seeking a referral
2 today to legal counsel for the following projects:
3 DaVita Machesney Park Dialysis, Project Number
4 15-004, Exemption Application 028-16; also Project
5 Number 14-008, Neighbors Rehabilitation Center,
6 Byron.

7 CHAIRWOMAN OLSON: May I have a motion
8 to refer these two projects to legal counsel?

9 MEMBER JOHNSON: So moved.

10 VICE CHAIRMAN HAYES: Second.

11 CHAIRWOMAN OLSON: It's been moved and
12 seconded. I'll take a voice vote. All those in
13 favor say aye.

14 (Ayes heard.)

15 CHAIRWOMAN OLSON: Opposed, like sign.

16 (No audible response heard.)

17 CHAIRWOMAN OLSON: The motion passes.

18 MR. MORADO: We also have two final
19 orders for your consideration today.

20 The first one will be for Project
21 Number E-007-13, Rush Oak Park Hospital in Oak
22 Park. We're seeking a final order today.

23 CHAIRWOMAN OLSON: May I have a motion
24 to accept this final order for Project E-007-13,

1 Rush Oak Park Hospital in Oak Park?

2 MEMBER DEMUZIO: Motion.

3 MEMBER SEWELL: Second.

4 CHAIRWOMAN OLSON: All those in favor
5 say aye.

6 (Ayes heard.)

7 CHAIRWOMAN OLSON: Opposed, like sign.

8 (No audible response heard.)

9 CHAIRWOMAN OLSON: The motion passes.

10 MR. MORADO: And the final final order
11 we're seeking today is for project 15-004,
12 Exemption Application 028-16, DaVita Machesney Park
13 Dialysis in Machesney Park.

14 CHAIRWOMAN OLSON: May I have a motion
15 to approve this final order?

16 MEMBER DEMUZIO: Motion.

17 VICE CHAIRMAN HAYES: Second.

18 CHAIRWOMAN OLSON: All those in favor
19 say aye.

20 (Ayes heard.)

21 CHAIRWOMAN OLSON: Opposed, like sign.

22 (No audible response heard.)

23 CHAIRWOMAN: The motion passes.

24 Thank you, Juan.

1 The next order of business is the
2 approval of the agenda.

3 And I'm going to make one agenda
4 change. Docket Item H-07, Project 16-030, Stroger
5 Hospital of Cook County, will move to the first
6 application subsequent to initial review, under
7 item H.

8 May I have a motion to approve the
9 agenda as amended?

10 MEMBER DEMUZIO: Motion.

11 CHAIRWOMAN OLSON: And a second,
12 please?

13 VICE CHAIRMAN HAYES: Second.

14 CHAIRWOMAN OLSON: All those in favor
15 say aye.

16 (Ayes heard.)

17 CHAIRWOMAN OLSON: Opposed, like sign.

18 (No audible response heard.)

19 CHAIRWOMAN OLSON: The motion passes.

20 The next order of business is approval
21 of transcripts. May I have a motion to approve the
22 June 21st, 2016, meeting transcript?

23 MEMBER DEMUZIO: Motion.

24 VICE CHAIRMAN HAYES: Second.

1 CHAIRWOMAN OLSON: All those in favor
2 say aye.

3 (Ayes heard.)

4 CHAIRWOMAN OLSON: Opposed, like sign.

5 (No audible response heard.)

6 CHAIRWOMAN OLSON: The motion passes.

7 The next order of business is public
8 participation.

9 Courtney.

10 Oh, Jeannie, I'm sorry.

11 MS. MITCHELL: That's all right.

12 We have one person for public
13 participation. This person is Natan Weiss and he
14 is speaking on a project related to Meadowbrook
15 Manor, Project Number 08-099.

16 Please come up. Please -- is there a
17 sign-in sheet over there?

18 MR. WEISS: No.

19 MS. MITCHELL: No? Well, please make
20 sure to state and spell your name for the court
21 reporter. And you have two minutes.

22 MR. WEISS: My name is Natan Weiss,
23 N-a-t-a-n W-e-i-s-s.

24 Twenty months ago I was in front of

1 this Board opposing the same project for its
2 unprecedented fourth renewal. At that time the
3 applicant requested 18 months. They assured the
4 Board that was the additional time needed to
5 complete the project. The Board graciously agreed
6 to 18 months as requested. The rationale was the
7 project was committed and the applicant had already
8 spent over a million dollars.

9 I would like to point out to the Board
10 that over \$1.2 million of the reported 1.4 million
11 spent, according to their own application, was to
12 purchase this land in April of 1996, over 20 years
13 ago, and over twelve years prior to their
14 application for a Certificate of Need. This was an
15 investment in land, not the inability to care for
16 the infirm of the community.

17 State staff has indicated that this
18 project may ask for a deferral today to the next
19 Board meeting.

20 Based on the history of this project
21 and this request, this may be to get more paperwork
22 to show they have a loan commitment. The current
23 request has an expired loan commitment.

24 This may be to try and get permits for

1 construction from the city of Geneva that confirmed
2 yesterday they have not issued construction permits
3 as the city does not have all the required
4 information.

5 This may be just one more stall tactic
6 by this applicant.

7 This is unprecedented. State staff in
8 their findings highlight that this is an
9 unprecedented fifth renewal request.

10 As of today, without a deferral, this
11 project has officially expired. And this Board
12 should vote to keep it expired. There's an excess
13 of 379 beds to date in the planning area. There's
14 no need for this facility. According to the
15 Board's own rules, this project would be denied if
16 applied for today.

17 As someone who just completed a project
18 with this Board's approval on time with no
19 renewals, I understand that issues could arise for
20 the need of an extension.

21 Twenty years of owning the property,
22 seven years with a CON, no permit, not a shovel
23 turned in the ground. The statute requires due
24 diligence on the part of the applicant for renewal.

1 This fifth request cannot constitute due diligence.

2 It is an affront to the reasoning behind the CON
3 process and the Board's existence.

4 This is besides the multiple other
5 issues not addressed in the renewal that this
6 applicant has not addressed, such as lack of
7 staffing, less patient days, more facilities that
8 have been built. All realities that have changed
9 since the initial application in 2008.

10 If you approve this deferral and
11 renewal request, this Board is setting a precedent
12 that CON permits are evergreen and the time limits
13 and intent of the statute are irrelevant.

14 I implore you, for the Board, for the
15 welfare of the future patients, and for our
16 industry, please deny this request. Thank you.

17 CHAIRWOMAN OLSON: Thank you very much.

18 MS. MITCHELL: And that concludes
19 public participation.

20 CHAIRWOMAN OLSON: Wow. Okay, the next
21 item on the agenda is items approved by the
22 Chairwoman.

23 Mr. Constantino, please.

24 MR. CONSTANTINO: Thank you, Madam

1 Chairwoman.

2 Permit Number 16-019, Sarah Bush
3 Lincoln Health Center, approved modernization and
4 expansion project.

5 The Chairwoman approved three
6 alterations to permit: Permit Number 12-032, Alden
7 Courts of Shorewood; Permit Number 12-025, Lutheran
8 Home for the Aged; Permit Number 13-032, Palos
9 Hills Extended Care.

10 The Chairwoman approved four permit
11 renewals: Permit Number 10-090, Centegra Hospital-
12 Huntley; Permit Number 13-040, Fresenius Medical
13 Care Lemont; Permit Number 14-051, Central DuPage
14 Hospital; Permit Number 15-006, Bloomington-Normal
15 Birthing Center.

16 The Chairwoman has approved two
17 discontinuations: Exemption Number 017-16,
18 Tri-Cities Surgery Center; Exemption Number 031-16,
19 Mercy Hospital and Medical Center.

20 The Chairwoman has approved the
21 following change of ownerships: Exemption Number
22 E-018-16 Justice Med-Surg Center, Limited;
23 Exemption Number E-022-16, North Shore Endoscopy
24 Center; Exemption Number 023-16, Oak Lawn Endoscopy

1 Center; Exemption Number E-024-16, The Glen
2 Endoscopy Center; Exemption Number E-025-16,
3 Midwest Center for Day Surgery; Exemption Number
4 E-026-16, Castle Surgicenter, LLC; Exemption Number
5 E-027-16, Eye Surgery Center, Limited; Exemption
6 Number E-028-16, Machesney Park Dialysis; Exemption
7 Number E-029-16, Apollo Surgery Center; Exemption
8 Number E-030-16, Musculoskeletal Surgery Center,
9 LLC.

10 Thank you, Madam Chairwoman.

11 MEMBER McGLASSON: Madam Chairwoman?

12 CHAIRWOMAN OLSON: Yes.

13 MEMBER McGLASSON: I notice what must
14 be a typo in item 8. It indicates the permit
15 renewal from 8/31/16 to 8/23/16. I presume that
16 might be '17.

17 MR. CONSTANTINO: Yes. Thank you.

18 CHAIRWOMAN OLSON: And I want to thank
19 Mike and George for all their help to me in making
20 these approvals. They put up with all my questions
21 and comments and everything else.

22 Number 9, items for State Board action.

23 We have two permit renewal requests.

24 The first one is Project A-01,

1 Meadowbrook Manor in Geneva.

2 May I have a motion to approve permit
3 renewal for Project 08-099, Meadowbrook Manor, for
4 a 20-month permit renewal? May I have a motion?

5 MEMBER GREIMAN: So moved.

6 MEMBER SEWELL: Second.

7 COURT REPORTER: I'm sorry. Who made
8 the motion?

9 CHAIRWOMAN OLSON: Justice Greiman.

10 COURT REPORTER: Thank you.

11 And the second?

12 MR. ROATE: Seconded by Mr. Sewell.

13 COURT REPORTER: Thank you.

14 CHAIRWOMAN OLSON: If you guys when you
15 do your motion and second, if you'd say motion
16 Justice Greiman or whatever. I think that will
17 help you; won't it?

18 COURT REPORTER: Thank you.

19 CHAIRWOMAN OLSON: Okay,
20 Mr. Constantino, your report, please.

21 MR. CONSTANTINO: Thank you, Madam
22 Chairwoman.

23 Meadowbrook Manor is here before you
24 today for their fifth permit renewal request.

1 They're asking for a 20-month permit renewal from
2 July 31st, 2016, to March 31st, 2018. The original
3 completion date for this project was January 31st,
4 2011.

5 The proposed project was to establish a
6 150-bed general long-term care facility in Geneva.
7 The project cost was estimated to be \$25.3 million.

8 Thank you, Madam Chairwoman.

9 CHAIRWOMAN OLSON: Mr. Sheets, will you
10 be sworn in?

11 (One witness sworn.)

12 CHAIRWOMAN OLSON: Comments for the
13 Board?

14 MR. SHEETS: Good morning. I am here
15 to ask for a deferral on this project. As you
16 might notice, I'm here sitting alone.

17 COURT REPORTER: Can you state your
18 name, please?

19 MR. SHEETS: I'm sorry. Charles Sheets
20 from Polsinelli on behalf of the permit holder.

21 The project manager is not here. He
22 had scheduled out of town, you know. And I asked
23 Mr. Morado two weeks ago whether we could defer.
24 And I understand this is kind of a unique

1 situation, so I want to make sure that you have all
2 the information in front of you that you need to
3 make a decision on this particular permit renewal.
4 So without the project manager, it's really
5 difficult for me to explain the nuances of what's
6 happened since we last were before you.

7 MR. MORADO: As a point of information
8 for the Board, in this situation they are
9 requesting a deferral. So you would be taking a
10 vote on whether or not to approve the deferral of
11 the consideration of this permit renewal until the
12 next Board meeting in October.

13 CHAIRWOMAN OLSON: Okay. But that's
14 not the motion on the floor.

15 MS. MITCHELL: Right. The motion would
16 need to be amended.

17 MR. MORADO: Yes.

18 CHAIRWOMAN OLSON: Okay. Well, I have
19 a question. So, at this point no dirt has been
20 moved; correct?

21 MR. SHEETS: I cannot tell you that. I
22 don't --

23 CHAIRWOMAN OLSON: Well, because my
24 concern is, I don't want to defer this and then

1 find out that between today and the October meeting
2 a whole bunch of digging and stuff went on, and
3 then we have to -- and more money's been spent and
4 more -- I mean, I -- I don't know.

5 I'm inclined to want to vote on this.
6 I'm interested in comments from other Board
7 Members.

8 Justice Greiman.

9 MEMBER GREIMAN: Yes, I have a question
10 of the counsel or staff.

11 When we -- when we approve of an issue,
12 do you then put the -- what is the essence of that
13 into their district? In other words, if you have
14 -- say you have 110 beds that are going to be put
15 on in this certain district. Do you put them right
16 then and there after we approve it?

17 MR. CONSTANTINO: Yes, sir.

18 MEMBER GREIMAN: So that means if they
19 go ten years, we have a lot of cases that have been
20 approved, but they're empty.

21 MR. CONSTANTINO: That's correct.

22 MEMBER GREIMAN: And people might want
23 to go in there, but they say, "Well, you can't go
24 in there. These people are there." Is that right?

1 MR. CONSTANTINO: That's correct.

2 At the time you approved this project
3 there was a need for 418 beds in that planning
4 area. Now there's an excess of 379 beds.

5 MEMBER GREIMAN: Well, a question I
6 have is that whether we are letting these go too
7 long. When people come in here and they have five
8 years, six years, and they haven't finished it,
9 shouldn't we say goodbye? That's what bothers me.

10 We see that invariably, when they come
11 to us in the first place, one of the things they
12 show is where the money is, where they're getting
13 the money, the construction costs, all the things
14 that they have ready to build. And then suddenly
15 it's eight years later. Shouldn't we --

16 CHAIRWOMAN OLSON: It's actually nine
17 years later.

18 MEMBER GREIMAN: Nine or whatever.
19 Well, we have one later on in the afternoon that is
20 ten years. And shouldn't we do something about
21 that? I don't know.

22 CHAIRWOMAN OLSON: Well, and I think
23 that's exactly my point, Justice Greiman. Because
24 at this point, according to this application,

1 nobody's moved any dirt.

2 MEMBER GREIMAN: Okay.

3 CHAIRWOMAN OLSON: It's easier to stop
4 it now than it is after another two million or
5 three million has been spent, at least in my mind.
6 So I would like to hear from other --

7 MR. SHEETS: Madam Chairman, if I may,
8 I can promise you that whatever is the status of
9 the project as of today, it will be -- there won't
10 be anything more done from today until the next
11 Board meeting. I can't promise you that no dirt
12 has been moved because I'm not positive of that
13 fact. But I can promise you that nothing will
14 change between now. Because when we get done, if
15 you were to approve the deferral, I'll tell them
16 that.

17 But I think the more important issue
18 for Justice Greiman is, you know, the one
19 consideration that the rules and the statute
20 require is whether or not this particular project
21 has proceeded with due diligence. And I think
22 Mr. Constantino pointed that out in his staff
23 report. So we've submitted the required
24 information. What we have to show you is that

1 we've proceeded with due diligence and that there
2 were a number of factors that occurred that were
3 unanticipated. So, in order for me to do that, I
4 need to have the people here to explain to you what
5 happened along the way.

6 MEMBER McGLASSON: Madam Chairwoman?

7 CHAIRWOMAN OLSON: Mr. McGlasson.

8 MEMBER McGLASSON: Speaking of due
9 diligence, I just find it incredulous that the
10 project cost has not changed in all this time. So,
11 I mean, how can they be doing their due diligence
12 if they aren't in a position to give revised
13 figures? Which if they were real then, certainly
14 can't be real now.

15 MR. SHEETS: That's one of the
16 questions that I would have to -- I don't know what
17 the numbers are other than the numbers that they
18 have given me at this point. But I know that
19 because the building hasn't been constructed, those
20 numbers, you know, may go up or may not go up. I
21 don't know. I mean, we have contracts, but, you
22 know, those contracts have been in place for a long
23 time.

24 CHAIRWOMAN OLSON: I think I would

1 suggest to your applicant that somebody should have
2 been here to answer questions today.

3 Other questions?

4 MEMBER BURZYNSKI: Madam Chairwoman?

5 CHAIRWOMAN OLSON: Yes, Mr. Burzynski.

6 MEMBER BURZYNSKI: Thank you.

7 This is for our staff. At what point
8 were they notified that this was going to be an
9 agenda item?

10 MS. MITCHELL: Our August meeting was
11 canceled. I think initially they were supposed to
12 be heard in August.

13 MEMBER BURZYNSKI: So they've known at
14 least since July that this was to be on the agenda.

15 MS. MITCHELL: They didn't know it was
16 going to be in September --

17 MEMBER BURZYNSKI: Okay.

18 MS. MITCHELL: -- I think until after
19 the --

20 MEMBER BURZYNSKI: August was --

21 MS. MITCHELL: -- until early August.

22 Right.

23 MEMBER BURZYNSKI: Okay.

24 MR. MORADO: And I will also say,

1 Member Burzynski, that counsel did reach out to me
2 I want to say at least two, two and a half weeks
3 ago now to let me know that his general contractor
4 was not going to be able to attend and that they'd
5 be seeking a deferral if granted by the Board.

6 MEMBER BURZYNSKI: And no offense, but
7 it just appears to me that if they were serious
8 about moving this project forward, they would have
9 made every, every intention of being here today
10 because they know that this has been delayed nine
11 years already.

12 Thank you.

13 MR. CONSTANTINO: Senator, we received
14 the --

15 CHAIRWOMAN OLSON: Mr. Hayes.

16 Go ahead.

17 MR. CONSTANTINO: We received the
18 permit renewal information on June 16th, 2016.

19 MEMBER BURZYNSKI: Thank you.

20 CHAIRWOMAN OLSON: Mr. Hayes.

21 VICE CHAIRMAN HAYES: Thank you, Madam
22 Chairman.

23 Could you describe how the -- do they
24 have HUD financing and do they have the proper

1 permits for the -- from the city of Geneva? Can
2 you at least illuminate us on that at all?

3 MR. SHEETS: I can. I can.

4 The HUD -- the last time we were here
5 -- I think it was the last time we were here
6 because there's been so many times. The last time
7 we were here, Mr. Hayes, they had -- they had a
8 permit -- or, not a permit -- they had a commitment
9 from HUD. But by the time HUD actually looked at
10 the commitment and processed it, some of the
11 documents that were contained in that commitment
12 that had been waiting in the HUD queue -- you may
13 have remembered this conversation -- were stale.
14 So they had to go out and redo all of the
15 particulars, the environmental, the survey, all the
16 things that normally you would do ahead of time
17 before a closing. So when that happened, the HUD
18 commitment had these conditions that were placed on
19 it and that commitment was sent in to the Board.
20 And those conditions were all stale, so they had to
21 go back and redo that.

22 So while they were doing that, the
23 permit that they had with Geneva expired. And if
24 you recall, there's -- there's an access issue with

1 this particular property with Delnor Hospital,
2 which is next door to this property. So they had
3 to negotiate an easement with Delnor Hospital to
4 get that particular access opened.

5 Well, when they lost the first permit
6 with the city of Geneva, my understanding is the
7 agreement with Delnor expired. So they had to go
8 back to Delnor, which had -- you know, the people
9 they were talking to had changed. And they had to
10 make other concessions on the landscaping and some
11 of the issues between the property in order to get
12 Delnor to sign off again on the access. My
13 understanding is that Delnor signed off on the
14 access in March or April of this year.

15 So then they went back to the city of
16 Geneva. The city of Geneva has a contracted
17 architectural firm that reviews all of their
18 building permit applications. So they essentially
19 have an outside company that acts on their behalf.
20 So they had a list of issues from that particular
21 company. Which again this is the second time
22 through this process. They finally got those
23 issues resolved, but they don't have the building
24 permit yet is my understanding. So, you know, it

1 could be there right now. I don't know. But it's
2 supposed to be coming any minute.

3 VICE CHAIRMAN HAYES: Now, you have --
4 when did you get the HUD financing? Is it July
5 31st of 2013?

6 MR. SHEETS: That was the first
7 commitment that was stale. And when we came back
8 in front of you, we had that commitment. We
9 actually had a person from HUD with us, and he
10 explained the queue process and why it was taking
11 so long.

12 What we didn't know is that the
13 documents that were associated with that
14 commitment, that HUD wouldn't accept them because
15 they were too old. So we had to go back and start
16 over on those documents.

17 The bottom line is it's been a
18 nightmare negotiating between HUD and the city of
19 Geneva. And when one would move forward, the other
20 would stop. And then we'd have to start over. So
21 it's just been -- to my understanding, it's just
22 been a nightmare.

23 But I'd really like the people that
24 have sat at the table and talked to Geneva to

1 explain to you what happened. And I apologize that
2 they're not here right now, but we originally
3 thought we were going to be up in August, and
4 everyone scheduled, you know, their various
5 vacations, et cetera, on that particular
6 assumption. And then when the August meeting was
7 canceled and we found out we were up for this
8 meeting, that's when I realized we wouldn't have
9 the -- the guy we need here to talk to you. So
10 that's when I called Mr. Morado and requested the
11 deferral. It's really --

12 CHAIRWOMAN OLSON: So everybody's on
13 vacation?

14 MR. SHEETS: No.

15 CHAIRWOMAN OLSON: Nobody in the
16 organization --

17 MR. SHEETS: That would be my fault. I
18 didn't think bringing you half of the information
19 was something that you'd want to hear, so I -- I
20 apologize.

21 CHAIRWOMAN OLSON: I'm sorry, I
22 interrupted you.

23 VICE CHAIRMAN HAYES: Oh, no problem.

24 Mr. Sheets, so basically the HUD -- you

1 don't have a loan commitment from them right at
2 this moment?

3 MR. SHEETS: We do. We do have a hard
4 loan commitment right now from HUD, another one
5 that's not -- that's been updated since 2013.

6 VICE CHAIRMAN HAYES: Okay. So when
7 does that expire?

8 MR. SHEETS: That's a good question. I
9 don't know that off the top of my head.

10 VICE CHAIRMAN HAYES: And when was that
11 issued then finally after --

12 MR. SHEETS: It was issued --

13 VICE CHAIRMAN HAYES: Obviously after
14 2013.

15 MR. SHEETS: It was issued last year.
16 It was issued -- I can't give you the exact date,
17 Mr. Hayes, but it was in -- sometime in later 2015
18 it was issued.

19 VICE CHAIRMAN HAYES: Okay. Thank you.

20 MR. CONSTANTINO: Madam Chairwoman?

21 CHAIRWOMAN OLSON: Yes, go ahead.

22 MR. CONSTANTINO: If you turn to Page
23 56 of the information we sent you, there's a
24 timeline of information of the -- of all that's

1 gone on with this application.

2 CHAIRWOMAN OLSON: Thank you, Mike.

3 Mr. Sewell.

4 MEMBER SEWELL: Yes. If the Board
5 denies this request for deferral, does that mean
6 that the only option for this applicant is to start
7 all over with a new application?

8 MR. MORADO: What would happen is the
9 permit would -- I believe the date listed and the
10 grants of permit from different renewals would
11 expire, the permit itself would expire and be
12 invalidated. And, yes, it would require them to
13 come back and begin the process afresh.

14 MS. MITCHELL: And they would also have
15 the right to seek administrative review of that
16 because it would technically be a revocation of the
17 permit.

18 CHAIRWOMAN OLSON: Doctor.

19 MEMBER GOYAL: Thank you, Madam
20 Chairwoman.

21 My neighbor here turned it off. I
22 apologize for him.

23 My name is Arvind Goyal. I'm an ex
24 officio member, so I don't vote.

1 I have two thoughts. One is that I'm
2 slightly troubled that they're here because our
3 August meeting was canceled. I'm slightly
4 troubled. Although, I agree with the reasoning
5 that has been put on the table.

6 My one other question for the staff is
7 that they're applying for a 150-bed facility and we
8 were just told that there is 300-plus excess at
9 this time.

10 MR. CONSTANTINO: That's correct.

11 MEMBER GOYAL: How did that happen? I
12 mean, how did we get excess when they haven't
13 built?

14 MR. CONSTANTINO: When this project was
15 approved, we were using a ten-year projection
16 instead of the five-year we're using now, which was
17 required by statute. So it -- at the time this was
18 approved, there was a need for 418 beds based upon
19 that ten-year projection. Now there's an excess of
20 379 beds based upon a five-year projection.

21 MEMBER GOYAL: Thank you very kindly.

22 MR. CONSTANTINO: And there's been
23 projects approved since this was approved in that
24 planning area.

1 CHAIRWOMAN OLSON: Okay. I have a
2 motion on the floor. Unless somebody wants to
3 rescind that motion, I would like to vote on it.

4 Seeing no objection, we'll vote.

5 MS. MITCHELL: Just to make clear, the
6 motion on the floor is whether to approve a permit
7 renewal.

8 CHAIRWOMAN OLSON: That's correct.

9 Okay. Roll call vote, please.

10 MR. ROATE: Thank you, Madam Chair.

11 Senator Burzynski?

12 MEMBER BURZYNSKI: Thank you. A very
13 interesting situation, but I am going to vote no.
14 I believe that since there's been no progress on
15 this -- no real progress, I should say, other than
16 paperwork shuffled during the last nine years, that
17 it doesn't show that due diligence really has
18 occurred.

19 MR. ROATE: Thank you.

20 Senator Demuzio?

21 MEMBER DEMUZIO: I likewise am going to
22 vote no on this project. And I feel very
23 disappointed in the fact that you're here today
24 without any other person involved with this

1 project. You talked about the project manager.
2 That's fine, maybe he couldn't make it. But there
3 surely had to be someone else besides yourself that
4 could come here today and give to this Board a
5 reason for us to give you an affirmative vote. So,
6 I vote no on that reason.

7 MR. ROATE: Thank you.

8 Justice Greiman?

9 MEMBER GREIMAN: I join in the voting
10 so far. I vote no also because it -- it's hard for
11 us to understand that there's really been due
12 diligence here. I understand that people can come
13 in and talk and say what they've done. They might
14 have just turned over a piece of dirt. And that
15 hasn't even happened. So I'm going to vote no.

16 MR. ROATE: Thank you.

17 Mr. Hayes?

18 VICE CHAIRMAN HAYES: I'm going to vote
19 no as well, for the reasons that have been stated
20 by other Board Members.

21 MR. ROATE: Thank you.

22 Mr. Johnson?

23 MEMBER JOHNSON: I also am going to
24 vote no, citing the Board report and -- the staff

1 report and reasons stated by other Board Members.

2 MR. ROATE: Thank you.

3 Mr. McGlasson?

4 MEMBER McGLASSON: I also will vote no,
5 based on the fact that no updated financial
6 information was included.

7 MR. ROATE: Thank you.

8 Mr. Sewell?

9 MEMBER SEWELL: I vote no, based on the
10 state agency report and the reasons stated by other
11 Board Members.

12 MR. ROATE: Thank you.

13 Madam Chair?

14 CHAIRWOMAN OLSON: I also vote no. I
15 think five permit renewals is unprecedented. I'm
16 disturbed that these 150 beds have been tied up in
17 inventory for over nine years. And I don't believe
18 due diligence has happened in this case. I vote no
19 as well.

20 MR. ROATE: That's eight votes in the
21 negative.

22 CHAIRWOMAN OLSON: The motion does not
23 pass.

24 MR. MORADO: You'll be receiving a

1 written notification from the Board.

2 MR. SHEETS: Thank you.

3 CHAIRWOMAN OLSON: The next project is
4 A-02, Project 11-104, McAllister Nursing &
5 Rehabilitation Center in Tinley Park.

6 May I have a motion to approve a permit
7 renewal for Project 11-104, McAllister Nursing &
8 Rehab, for a six-month permit renewal?

9 MEMBER JOHNSON: So moved.

10 VICE CHAIRMAN HAYES: Second.

11 CHAIRWOMAN OLSON: The applicant will
12 be sworn in.

13 (Two witnesses sworn.)

14 CHAIRWOMAN OLSON: Your report, Mr.
15 Constantino.

16 MR. CONSTANTINO: Thank you, Madam
17 Chairwoman.

18 The applicants are before you here
19 today for a second permit renewal. And I would
20 like to give you a quick update.

21 On 8/19/2016 IDPH licensed the beds in
22 this facility. So the facility has been licensed
23 and all we're waiting on just to finish the -- just
24 to complete the permit for us, the final completion

1 report, and the audited financial statements.

2 CHAIRWOMAN OLSON: Thank you, Mr.
3 Constantino.

4 Do you have any comments?

5 MR. KNIERY: Not really.

6 COURT REPORTER: Your name, please.

7 MR. KNIERY: John Kniery, K-n-i-e-r-y.

8 Thank you for the opportunity to appear
9 before you. As Mr. Constantino said, we do have
10 the license in hand. And I'm hoping to have the
11 report, the initial report in this week, and then
12 within 60 days following with the audit financials.

13 CHAIRWOMAN OLSON: Great. Thank you.
14 Questions or comments from Board
15 Members?

16 Seeing none, I'd ask for a roll call
17 vote.

18 MR. ROATE: Thank you, Madam Chair.

19 Motion made by Mr. Johnson; seconded by
20 Mr. Hayes.

21 Senator Burzynski?

22 MEMBER BURZYNSKI: I would note aye,
23 based on Mr. Constantino's statements.

24 MR. ROATE: Thank you.

1 Senator Demuzio?

2 MEMBER DEMUZIO: I too will be voting
3 aye, based on the report.

4 MR. ROATE: Thank you.

5 Justice Greiman?

6 MEMBER GREIMAN: Aye, based on what has
7 been submitted to date.

8 MR. ROATE: Thank you.

9 Mr. Hayes?

10 VICE CHAIRMAN HAYES: I'm going to vote
11 yes, based on Mr. Constantino's comments and the
12 state agency report, the favorable state agency
13 report.

14 MR. ROATE: Thank you.

15 Mr. Johnson?

16 MEMBER JOHNSON: Yes, based on previous
17 statements by other Board Members.

18 MR. ROATE: Thank you.

19 Mr. McGlasson?

20 MEMBER McGLASSON: Yes, based on
21 previous statements.

22 MR. ROATE: Thank you.

23 Mr. Sewell?

24 MEMBER SEWELL: Yes, based on the state

1 agency report.

2 MR. ROATE: Thank you.

3 Madam Chair?

4 CHAIRWOMAN OLSON: Yes, based on
5 previous statements.

6 MR. ROATE: Thank you.

7 That's eight votes in the affirmative.

8 CHAIRWOMAN OLSON: The motion passes.
9 Thank you.

10 MR. KNIERY: Thank you.

11 CHAIRWOMAN OLSON: The next order of
12 business is extension requests, and there are none.

13 The next order is exemption requests.

14 I call C-01, E-019-16, Ingalls Memorial
15 Hospital in Harvey.

16 May I have a motion to approve
17 Exemption E-019-16, Ingalls Memorial Hospital, for
18 a change of ownership transaction at its acute care
19 hospital in Harvey, Illinois?

20 MEMBER McGLASSON: John McGlasson. And
21 I so move.

22 MEMBER JOHNSON: Second. Joel Johnson.

23 CHAIRWOMAN OLSON: The applicant will
24 be sworn in, please.

1 (Three witnesses sworn.)

2 CHAIRWOMAN OLSON: Mr. Constantino.

3 MR. CONSTANTINO: Thank you, Madam
4 Chairwoman.

5 The applicants are proposing a change
6 in control of the Ingalls Memorial Hospital in
7 Harvey, Illinois. The operating entity licensee
8 and the owner of the building will remain the
9 Ingalls Memorial Hospital. There is no cost to
10 this transaction.

11 There was a public hearing on August
12 25th, 2016. I believe there was one opposition
13 letter at that time.

14 Thank you, Madam Chairwoman.

15 CHAIRWOMAN OLSON: Mr. Constantino,
16 this is all part of -- these next two are part of
17 the same transaction?

18 MR. CONSTANTINO: That's correct.

19 CHAIRWOMAN OLSON: So can we speak
20 about them together but vote on them separately?
21 Would that be --

22 MR. CONSTANTINO: Yes.

23 CHAIRWOMAN OLSON: Do you want to
24 report on the other one then too?

1 MR. CONSTANTINO: Sure. Exemption
2 Number E-020-16 is the applicants are proposing a
3 change in control of Ingalls Same Day Surgery
4 Center, Limited. Again, the operating entity
5 licensee will be Ingalls Same Day Surgery Center,
6 Limited, and the owner of the building will be the
7 Ingalls Memorial Hospital. There is no cost to
8 this transaction.

9 There was no public hearing on this
10 exemption application.

11 Thank you, Madam Chairwoman.

12 CHAIRWOMAN OLSON: And before I move to
13 the applicant, Mr. Morado?

14 MR. MORADO: I just want to remind the
15 members that since last year, as you know, the
16 statute has changed with regard to exemption
17 applications. The current statute reads in a way
18 that as long as the applicant has provided all the
19 information requested in the statute and the
20 application itself is deemed complete, the Board is
21 obligated to vote affirmatively to approve the
22 exemption.

23 CHAIRWOMAN OLSON: Thank you for that
24 reminder.

1 In light of that, do you have comments
2 for the Board?

3 Yes, please.

4 MR. JOHNSON: We do.

5 CHAIRWOMAN OLSON: Make sure you
6 introduce yourself.

7 MR. JOHNSON: Good morning. Madam
8 Chair, members of the Board, I am Kurt Johnson,
9 president and CEO of Ingalls Health System.

10 I have here today Sharon O'Keefe,
11 president of the U of C Medical Center, and Joe
12 Ourth, our CON legal counsel.

13 We'd first like to thank Mr.
14 Constantino and the other members of the staff for
15 their work on the SAR. We are pleased that the SAR
16 found that we complied with all the conditions of
17 the Certificates of Exemption.

18 We are delighted to welcome UCMC to the
19 Southland region. And ultimately what brings us
20 together is our shared commitment to the people of
21 the south side of Chicago and the south suburbs.
22 In support of this commitment, UCMC will make
23 immediate investments in Ingalls and this
24 community. These investments will help us sustain

1 and strengthen the types of medical care that
2 Ingalls already provides and to support its
3 providers and staff.

4 We will engage in a joint planning
5 process to examine ways in which we can most
6 efficiently accomplish our goal to serve the south
7 suburban communities, including recruiting
8 physicians to practice at Ingalls, strengthening
9 the Ingalls ambulatory sites, developing new and
10 stronger specialty care programs at Ingalls, and
11 identifying additional programs that will benefit
12 the community.

13 The public hearing in Harvey on August
14 25th confirmed widespread support from our
15 communities. We had a large number of attendees
16 and additionally received over 25 letters of
17 support from patients, business owners, and
18 community leaders, including the mayor of Harvey
19 and the village president of Homewood.

20 Our affiliation should be finalized on
21 September 30th, 2016, pending all regulatory and
22 Board approvals.

23 Thank you.

24 CHAIRWOMAN OLSON: Thank you.

1 Questions from Board Members?

2 Oh, please, I'm sorry.

3 MS. O'KEEFE: Thank you, Madam

4 Chairman.

5 My name is Sharon O'Keefe and I serve
6 as president of the University of Chicago Medical
7 Center, and I'd just like to actually offer a few
8 more comments in addition to Mr. Johnson's here.

9 UCMC is extremely honored to have been
10 selected as the partner with Ingalls Health System
11 going forward. And pending our regulatory approval
12 today, and once we close the transaction -- as Kurt
13 mentioned, it is scheduled for September 30th --
14 we're going to begin a combined planning process
15 along with Ingalls Health System here. We're going
16 to work diligently to identify opportunities to
17 improve health care for the Southland, as well as
18 to improve access to services in our combined
19 service areas.

20 This planning is going to be
21 collaborative. Kurt and I will be leading that
22 effort. We'll look for input from a variety of
23 stakeholders. And as he has mentioned, we've
24 already had the opportunity to receive input at the

1 public hearing on August 25th. I was in attendance
2 at that. It was a wonderful opportunity to hear
3 from the community and to begin to understand the
4 priorities of that respective community. And we
5 saw that actually as a very warm welcome to the
6 Southland.

7 We believe the merger will have a great
8 -- will offer greater choice in terms of doctors,
9 health care providers, and locations of services to
10 patients. We view our services as synergistic.

11 As you all know, the medical center has
12 expertise in complex care and research, and Ingalls
13 is a very well-respected provider in the community
14 hospital setting. So the combination of the
15 community hospital and an academic medical center
16 is really a very powerful partnership to offer a
17 wide array of services to patients across the
18 entire continuum of care. And we feel confident
19 that the merger will be able to allow both of us to
20 fulfill our shared mission.

21 We appreciate the opportunity to be
22 here before you today and are happy to answer any
23 questions.

24 CHAIRWOMAN OLSON: Thank you.

1 Questions from Board Members?

2 Mr. Hayes.

3 VICE CHAIRMAN HAYES: Yes, thank you,
4 Madam Chairman.

5 Mike, could you -- this is an exemption
6 application and they have to only -- they have
7 certain things that they have to give to you. And
8 if they do, you know, meet those criteria, then we
9 have to approve this. Is that correct?

10 MR. CONSTANTINO: That's correct.

11 VICE CHAIRMAN HAYES: Could you read --
12 do you have -- could you read the criteria that
13 they have provided or that the law would require
14 them to provide?

15 MR. CONSTANTINO: Well, they have to
16 identify themselves. They have to identify the
17 facility. They have to provide the background of
18 the applicant. They also have to provide the key
19 terms of the transaction. Which is the main change
20 in the legislation that was passed in 2015.

21 In the past, we had always asked for
22 the transaction document. That is no longer
23 required. And the financial statements are no
24 longer required.

1 They also do not make attestations
2 regarding length of services at the hospital. They
3 can now discontinue the existing services at
4 Ingalls at any time, instead of the twelve-month --
5 they had to wait twelve months before they could do
6 that. That was -- that was always a part of the
7 affirmations they made.

8 They still have to make the affirmation
9 that the charity care will remain in effect for two
10 years after the -- charity care policy of the
11 existing institution or hospital will remain in
12 effect for two years after the change of ownership
13 is approved. That does remain in effect.

14 I can't think -- there was a couple
15 other attestations that were made -- that were
16 required to be made before the legislation changed
17 that is no longer required, and I can't recall what
18 those are.

19 I'm sorry, John, I didn't -- I didn't
20 realize that. I should have put them in the
21 report. I apologize.

22 VICE CHAIRMAN HAYES: No problem. No
23 problem.

24 You know, basically this transaction --

1 are you -- there's no monetary -- money changing
2 hands essentially?

3 MS. O'KEEFE: There is not. This is a
4 member substitution. So following completion of
5 the transaction, University of Chicago Medical
6 Center will become the kind of sole kind of owner
7 of Ingalls Hospital.

8 VICE CHAIRMAN HAYES: Well, basically,
9 you are acquiring Ingalls Hospital and you'll have
10 control over that entity.

11 MS. O'KEEFE: Yes.

12 VICE CHAIRMAN HAYES: You know,
13 basically this Board is -- I'm just making a
14 comment is that this Board, you know, basically has
15 to approve if you set down all that information
16 that Mike just described and anything else that is
17 in the transaction. I think your application
18 actually has some more information that -- and we
19 certainly appreciate that. But, you know, the
20 Board doesn't have any choice but to approve this
21 exemption.

22 But there are situations where, you
23 know, we don't -- we don't have an appraisal or we
24 don't have the terms of the transaction. We may

1 not have the financial statements for both entities
2 or for -- specifically for Ingalls. So, really, we
3 can't -- the Board can't make a -- you know, a real
4 educated -- much of an educated -- we're not here
5 to -- I understand we're not here to be able to do
6 an analysis on the merger and acquisition. But I
7 think from that point perspective we're not able to
8 even do, you know, some of the basic due diligence
9 along those lines. And, you know, I hope that you
10 take that into consideration and the people in this
11 audience do as well. Because, you know, our
12 situation is that we can't do due diligence on the
13 merger and acquisition.

14 And, you know, with this case --
15 sometimes they give us, you know, a book value for
16 the hospital that they're acquiring. Does Ingalls
17 have a book value or specifically do they have an
18 appraisal, a fair market value of the real estate
19 and the equipment in the hospital?

20 MR. JOHNSON: As Sharon O'Keefe
21 mentioned, this is not a financial transaction.
22 It's not a purchase, as you might have seen in
23 other situations that you face as a Board.
24 Essentially, UCMC will become the parent

1 corporation of Ingalls. They will assume complete
2 responsibility for our operations, governance
3 control, responsibility for our ongoing investments
4 as we go forward. But because there's not an
5 exchange of money, there was no need for a
6 valuation of the worth, if you will, of Ingalls
7 Health System.

8 VICE CHAIRMAN HAYES: So you didn't
9 have a fair market value appraisal or a real estate
10 appraisal or anything like that?

11 MR. JOHNSON: No.

12 VICE CHAIRMAN HAYES: Okay. Did you do
13 any internal analysis on that?

14 MR. JOHNSON: In terms of the valuation
15 of Ingalls?

16 VICE CHAIRMAN HAYES: Yes.

17 MR. JOHNSON: We did not.

18 VICE CHAIRMAN HAYES: Okay.

19 MR. JOHNSON: If there was a buyer
20 involved, if there was an exchange of cash or other
21 funds, then that would have been a different story.
22 We would have approached it very differently.

23 VICE CHAIRMAN HAYES: Well, it's just a
24 comment on my part. If there is a problem in this

1 -- you know, in this merger here and, you know,
2 people start looking at this closely, they may come
3 back and say the Board, you know, approved this
4 exemption and they really didn't do their homework.
5 Even though we really can't. But we -- they could
6 certainly come back and give some responsibility to
7 the Board.

8 Okay. Thank you.

9 CHAIRWOMAN OLSON: Thank you,
10 Mr. Hayes.

11 Any other questions or comments?

12 Yes.

13 MEMBER SEWELL: Does this change make
14 any changes or do you plan to make any changes in
15 governance of the University of Chicago Medical
16 Center?

17 MS. O'KEEFE: No, there are not
18 intended to be any changes in the governance for
19 the medical center.

20 CHAIRWOMAN OLSON: Seeing no further
21 questions or comments, I will call for a roll call
22 vote. And now we are voting on E-019-16, Ingalls
23 Memorial Hospital in Harvey, for the change of
24 ownership.

1 MR. ROATE: Thank you, Madam Chair.

2 Motion made by Mr. McGlasson; seconded
3 by Mr. Johnson.

4 Senator Burzynski?

5 MEMBER BURZYNSKI: I vote yes. The
6 applicant has met the statutory requirements.

7 MR. ROATE: Thank you.

8 Senator Demuzio?

9 MEMBER DEMUZIO: I do vote yes. I
10 believe they have met the required requirements
11 that need to be met.

12 MR. ROATE: Thank you.

13 Justice Greiman?

14 MEMBER GREIMAN: I vote aye for the
15 reasons stated.

16 MR. ROATE: Thank you.

17 Mr. Hayes?

18 VICE CHAIRMAN HAYES: I vote yes
19 because they've met the statutory requirements.

20 MR. ROATE: Thank you, sir.

21 Mr. Johnson?

22 MEMBER JOHNSON: Yes, based on them
23 meeting the statutory requirements.

24 MR. ROATE: Thank you.

1 Mr. McGlasson?

2 MEMBER McGLASSON: I vote yes, on the
3 basis of previous statements.

4 MR. ROATE: Mr. Sewell?

5 MEMBER SEWELL: I vote yes, based on
6 reasons stated.

7 MR. ROATE: Thank you.

8 Madam Chair?

9 CHAIRWOMAN OLSON: I vote yes as well,
10 based on reasons stated.

11 MR. ROATE: Eight votes in the
12 affirmative.

13 CHAIRWOMAN OLSON: The motion passes.

14 And before you leave the table, while
15 you're all sworn in, may I have a motion to approve
16 Exemption E-020-16, Ingalls Same Day Surgery
17 Center, for a change of ownership transaction at
18 its ambulatory surgery center in Tinley Park?

19 MEMBER BURZYNSKI: Burzynski. So
20 moved.

21 VICE CHAIRMAN HAYES: I'll second.

22 CHAIRWOMAN OLSON: Hayes.

23 VICE CHAIRMAN HAYES: John Hayes.

24 CHAIRWOMAN OLSON: Do Board Members

1 have any further questions for the applicant on
2 this?

3 Seeing none, I'd ask for a roll call
4 vote.

5 MR. ROATE: Motion made by Senator
6 Burzynski; seconded by Mr. Hayes.

7 Senator Burzynski?

8 MEMBER BURZYNSKI: Yes. The applicants
9 have provided all the information that is required.

10 MR. ROATE: Thank you.

11 Senator Demuzio?

12 MEMBER DEMUZIO: Yes, based upon the
13 required statutory requirements.

14 MR. ROATE: Thank you.

15 Justice Greiman?

16 MEMBER GREIMAN: Aye, based on their
17 completion of their applications.

18 MR. ROATE: Thank you.

19 Mr. Hayes?

20 VICE CHAIRMAN HAYES: Yes. They've met
21 the requirements of the section of the law there.

22 MR. ROATE: Thank you.

23 Mr. Johnson?

24 MEMBER JOHNSON: Yes, for stated

1 reasons.

2 MR. ROATE: Thank you.

3 Mr. McGlasson?

4 MEMBER McGLASSON: Yes, for stated

5 reasons.

6 MR. ROATE: Thank you.

7 Mr. Sewell?

8 MEMBER SEWELL: Yes, for reasons

9 stated.

10 MR. ROATE: Thank you.

11 Madam Chair?

12 CHAIRWOMAN OLSON: Yes, for reasons

13 stated.

14 MR. ROATE: Thank you.

15 That's eight votes in the affirmative.

16 CHAIRWOMAN OLSON: The motion passes.

17 Congratulations.

18 MS. O'KEEFE: Thank you very much.

19 CHAIRWOMAN OLSON: Next we have an

20 alteration request, Project D-01 -- item D-01,

21 Project 14-013, University of Chicago Medical

22 Center, Chicago.

23 May I have a motion to approve Project

24 14-013, University of Chicago Medical Center, to

1 relocate services and increase the overall project
2 cost?

3 MEMBER DEMUZIO: Motion.

4 MEMBER SEWELL: Second. Sewell.

5 CHAIRWOMAN OLSON: And I believe we've
6 added new people to the table, so let's swear them.

7 (Four witnesses sworn.)

8 CHAIRWOMAN OLSON: Mr. Constantino,
9 your report, please.

10 MR. CONSTANTINO: Thank you, Madam
11 Chairwoman.

12 In July of 2014, the permit holder was
13 approved to relocate 122 med/surg beds, 32
14 intensive care beds from Mitchell Hospital to the
15 Center for Care and Discovery on the campus of the
16 University of Chicago Medical Center. In addition,
17 the permit holder was also approved to increase the
18 number of intensive care beds by twelve, from 114
19 to 126, and increase observation beds from 15 to 46
20 beds.

21 The approved cost of the project was
22 approximately \$123.5 million and the approved
23 completion date is September 30th, 2017.

24 In February of 2016, the Board Chair

1 approved the permit holder's first alteration
2 request to increase the total project costs from
3 123.5 million to 126.3 million, an approximately
4 \$2.8 million increase, or 2.25 percent increase,
5 over the approved permit amount, and increase the
6 gross square footage by 2,152 gross square foot.

7 Today, they're before you -- the permit
8 holder is before you to approve the second
9 alteration request. The permit holder is
10 requesting to relocate the dialysis service from
11 the fourth floor of the Rubloff Tower, adjacent to
12 the Mitchell Hospital, to the Center for Care and
13 Discovery. And they will also reduce the
14 nine-station dialysis services to six-station.

15 The permit holder is requesting to
16 increase the permit amount by \$5.8 million, or a
17 cumulative total of 6.97 percent of the original
18 approved permit amount, which would bring the
19 permit total to \$132.2 million.

20 Thank you, Madam Chairwoman.

21 CHAIRWOMAN OLSON: Thank you, Mike.

22 Comments for the Board?

23 MS. O'KEEFE: Yes, thank you.

24 Madam Chairwoman and Members of the

1 Board, as your staff has reported, we are here
2 before you today to request an alteration to our
3 permit to relocate beds to our Center for Care and
4 Discovery.

5 As I've said already, I'm Sharon
6 O'Keefe, president of the University of Chicago
7 Medical Center. I have with me here today Marco
8 Capicchioni, our vice president for facilities;
9 John Beberman, director of capital budgets; and Joe
10 Ourth, our CON counsel.

11 We seek your approval to add a clinical
12 service, change our financing to include some
13 borrowing, and increase the permit amount.

14 The service, as mentioned, to be added
15 is acute dialysis presently located in the Mitchell
16 Hospital. We propose to relocate it to the Center
17 for Care and Discovery to be close to the majority
18 of our inpatients, as we have moved patients into
19 our newest facility.

20 The debt financing is 3.9 million, and
21 this is done through a New Market Tax Credits
22 Program that encourages economic development in
23 disadvantaged communities by offering banks tax
24 credits for making these loans.

1 Finally, we ask to increase the permit
2 amount by \$5.8 million, which -- after which we
3 would remain within the maximum seven percent
4 increase.

5 To provide a bit of context, this
6 project actually allows us to consolidate a great
7 majority of our medical/surgical beds into the
8 Center for Care and Discovery, and all of our
9 intensive care beds into that facility. This
10 clears the way, actually, for us to redevelop the
11 Mitchell Hospital as a cancer hospital, which you
12 had approved when we were here most recently in
13 May.

14 Further, you approved the construction
15 of our adult trauma center, which in addition to
16 the bed increase will bring urgently needed medical
17 care to our community.

18 I'm actually very pleased to see that
19 we have proceeded quickly and will be having a
20 groundbreaking ceremony for our emergency
21 department this Thursday of this week.

22 We thank you for your -- the staff for
23 their thorough and thoughtful review, and are here
24 to respond to any questions there might be about

1 this alteration request.

2 CHAIRWOMAN OLSON: Thank you.

3 Questions or comments from Board
4 Members?

5 Seeing none, I would ask for a roll
6 call vote.

7 MR. ROATE: Motion made by Senator
8 Demuzio; seconded by Mr. Sewell.

9 Senator Burzynski?

10 MEMBER BURZYNSKI: I vote aye, based on
11 the staff report and the comments made by the
12 applicant.

13 MR. ROATE: Thank you.

14 Senator Demuzio?

15 MEMBER DEMUZIO: I vote aye, based on
16 the staff report.

17 MR. ROATE: Thank you.

18 Justice Greiman?

19 MEMBER GREIMAN: I vote aye, based on
20 those same previous statements.

21 MR. ROATE: Thank you.

22 Mr. Hayes?

23 VICE CHAIRMAN HAYES: I'm going to vote
24 aye, based on the state agency report and also the

1 information given to us by the applicant.

2 MR. ROATE: Thank you.

3 Mr. Johnson?

4 MEMBER JOHNSON: Yes, for the reasons
5 stated.

6 MR. ROATE: Thank you.

7 Mr. McGlasson?

8 MEMBER McGLASSON: Yes, in concurrence
9 with reasons stated.

10 MR. ROATE: Thank you.

11 Mr. Sewell?

12 MEMBER SEWELL: Yes, based on the state
13 agency report.

14 MR. ROATE: Thank you.

15 Madam Chair?

16 CHAIRWOMAN OLSON: Yes, based on the
17 positive state agency report.

18 MR. ROATE: Eight votes in the
19 affirmative.

20 CHAIRWOMAN OLSON: The motion passes.
21 Congratulations.

22 MS. O'KEEFE: Thank you very much.

23 CHAIRWOMAN OLSON: Next we have item
24 D-02, Project 14-002, Asbury Court Nursing &

1 Rehabilitation in Des Plaines.

2 May I have a motion to approve Project
3 14-002 -- or, 022 -- sorry -- Asbury Court Nursing
4 & Rehabilitation, to increase the overall project
5 cost?

6 MEMBER DEMUZIO: Motion.

7 MEMBER SEWELL: Second. Sewell.

8 CHAIRWOMAN OLSON: The applicant will
9 be sworn in, please.

10 (One witness sworn.)

11 CHAIRWOMAN OLSON: Mr. Constantino,
12 your report.

13 MR. CONSTANTINO: Thank you, Madam
14 Chairwoman.

15 In August of 2014, the permit holder
16 was approved to establish a 71-bed long-term care
17 facility in Des Plaines, Illinois, at a cost of
18 approximately \$7.2 million. The anticipated
19 completion date is July 31st, 2017.

20 On June 16th, 2016, the Board Chair
21 approved a twelve-month permit renewal from July
22 31st, 2016, to July 31st, 2017. At that time the
23 permit holder stated the permit renewal was due to
24 delays in construction.

1 The permit holder is now before you
2 requesting to increase the cost of the project from
3 7.2 million to 7.7 million, or approximately
4 \$505,000, a seven percent increase. The scope of
5 the project and the gross square footage is not
6 changing as a result of this alteration. All of
7 the costs will be funded from cash.

8 Thank you, Madam Chairwoman.

9 CHAIRWOMAN OLSON: Thank you, Mr.
10 Constantino.

11 Mr. Sheets.

12 MR. SHEETS: Well, the good news is
13 this one is almost finished.

14 CHAIRWOMAN OLSON: That is good news.
15 Although, you do look lonely again.

16 MR. SHEETS: It's well under
17 construction. The target date is the end of
18 December, so we're -- we're well on our way.

19 I do have to disclose, in all fairness,
20 I don't think Mr. Constantino knows this, but I've
21 been talking to Mr. Morado about a compliance issue
22 on this particular permit, and that compliance
23 issue involves square footage. So it -- the square
24 footage is larger than the permit had allowed and

1 thus that is why I'm talking to Mr. Morado.

2 So I don't know if you want us to defer
3 this because we have a compliance matter or whether
4 we should go forward on this. I'll do whatever you
5 wish.

6 MR. MORADO: We have entered into
7 negotiations to settle that compliance matter. We
8 can move forward with a deferral at this time till
9 we complete those or the Board can consider this
10 alteration request.

11 I think the settlement negotiations
12 with regard to the square footage issue is going to
13 encompass everything that is at issue right now.

14 CHAIRWOMAN OLSON: So you don't see an
15 issue with us moving forward with this -- the
16 motion that's on the floor?

17 MR. MORADO: It's probably best to
18 defer.

19 CHAIRWOMAN OLSON: Okay. So who made
20 this motion?

21 MEMBER DEMUZIO: I did.

22 CHAIRWOMAN OLSON: Would you be willing
23 to rescind?

24 MEMBER DEMUZIO: I'd be willing to

1 rescind it.

2 CHAIRWOMAN OLSON: The motion on the
3 floor has been rescinded. And I'm now looking for
4 a motion from the Board to defer Project 14-022.

5 MEMBER DEMUZIO: I would make that
6 motion to defer.

7 VICE CHAIRMAN HAYES: Second.

8 CHAIRWOMAN OLSON: Let's clarify that
9 this is a Board deferral.

10 MEMBER DEMUZIO: Yes.

11 CHAIRWOMAN OLSON: So we have a motion
12 by Demuzio, a second by Hayes to defer the project.
13 May I have a roll call vote?

14 MR. ROATE: Thank you, Madam Chair.

15 Motion made by Senator Demuzio;
16 seconded by Mr. Hayes.

17 Senator Burzynski?

18 MEMBER BURZYNSKI: I'm going to vote
19 yes to defer, based on counsel's recommendation.

20 MR. ROATE: Thank you.

21 Senator Demuzio?

22 MEMBER DEMUZIO: Yes.

23 MR. ROATE: Thank you.

24 Justice Greiman?

1 MEMBER GREIMAN: Yes. I vote aye, but
2 I think we should keep a close watch on when they
3 actually complete it.

4 MR. ROATE: Thank you.

5 Mr. Hayes?

6 VICE CHAIRMAN HAYES: Yes, based on
7 counsel's recommendation.

8 MR. ROATE: Thank you.

9 Mr. Johnson?

10 MEMBER JOHNSON: Yes, for reasons
11 stated.

12 MR. ROATE: Thank you.

13 Mr. McGlasson?

14 MEMBER McGLASSON: Yes, based on
15 counsel's recommendation.

16 MR. ROATE: Thank you.

17 Mr. Sewell?

18 MEMBER SEWELL: Yes, for reasons
19 stated.

20 MR. ROATE: Thank you.

21 Madam Chair?

22 CHAIRWOMAN OLSON: Yes, for reasons
23 stated.

24 MR. ROATE: Thank you.

1 That's eight votes in the affirmative.

2 CHAIRWOMAN OLSON: The motion passes.

3 Thank you.

4 MR. SHEETS: Thank you.

5 CHAIRWOMAN OLSON: The next order of
6 business is declaratory rulings and other business.
7 We have none.

8 The next order of business is the
9 Health Care Self-Referral Act. And for the first
10 time since I've been on the Board, we do have
11 something here. F-01, self-referral request/
12 completeness determination by Dr. Tiesenga. Did I
13 say that correctly?

14 MR. TIESENGA: Yes, Tiesenga.

15 CHAIRWOMAN OLSON: Tiesenga.

16 May I have a motion to approve the
17 Self-Referral Act request in determining Dr.
18 Tiesenga's request is complete?

19 And I'm going to ask Juan to clarify
20 what we're actually doing here.

21 MR. MORADO: Right. So Section
22 1235.310 of our administrative rules governs the
23 Self-Referral Act and how the Board is supposed to
24 proceed when they receive a request for an opinion.

1 The initial step of this process is the
2 Board Administrator receives the request and
3 ensures that all the information that's required by
4 that section has in fact been submitted. It is
5 then incumbent upon this Board to approve the
6 completeness so that the State Board staff can
7 begin with writing the opinion and making sure that
8 it's issued. In order to determine completeness,
9 this Board must -- there must be seven affirmative
10 votes to determine that.

11 So today's motion will be to vote on
12 the completeness of the submission by Dr. Tiesenga.

13 One more thing. I apologize.

14 If in fact the request is deemed
15 complete, Board staff then has 90 days to complete
16 an opinion and provide it to the requester.

17 CHAIRWOMAN OLSON: So I hope everybody
18 understands that what we're voting on here is just
19 is the application complete so that our staff can
20 proceed.

21 MEMBER GOYAL: Madam Chair, may I ask a
22 question?

23 CHAIRWOMAN OLSON: Yes. You're on, I
24 think. Oh, no, you're not. Burzynski.

1 MEMBER GOYAL: My question is that
2 application being complete, I am not totally
3 understanding what your procedure is afterwards.

4 MR. MORADO: So once it's been deemed
5 complete, the information is then provided to Board
6 staff. It would be myself, Jeannie, working in
7 conjunction with Mike and George to draft an
8 opinion answering the request. This particular
9 request has four different questions in it and so
10 we would work to address each of those.

11 MEMBER GOYAL: So it'll come back
12 before the Board at some point?

13 MR. MORADO: It will not come back
14 before the Board.

15 MEMBER GOYAL: So the ruling on each of
16 those four things, when does that end?

17 MR. MORADO: There will -- we will
18 draft the opinion and it will issue -- we will
19 provide it to the requester, but there's no
20 additional approval of the Board of that opinion.

21 MEMBER GOYAL: Thank you.

22 CHAIRWOMAN OLSON: Yes.

23 MEMBER SEWELL: Application
24 completeness with respect to review criteria or

1 with respect to things that we think we'd like to
2 know about this that may or may not be in the
3 application?

4 MR. MORADO: So Section 1235.310 that I
5 mentioned before gives a laundry list of items that
6 needed to be submitted in order for us to deem it
7 complete. And that's just information that we want
8 from them.

9 MEMBER SEWELL: And that's what we are
10 addressing today?

11 MR. MORADO: Yes. Today we are saying
12 yes, you submitted everything that is required to
13 be submitted so we can consider it.

14 MS. MITCHELL: And staff went through
15 in the report that you have and prepared that and
16 identified whether or not those items were
17 provided.

18 CHAIRWOMAN OLSON: So, again, we don't
19 have to make any judgment on how to answer or not
20 answer any of the questions that the doctor is
21 asking. We're only deeming this application
22 complete so our legal counsel and Board staff can
23 answer his questions.

24 So, once again, may I have a motion to

1 approve a self-referral request determining Dr.

2 Tiesenga's request is complete?

3 MEMBER SEWELL: So moved. Sewell.

4 VICE CHAIRMAN HAYES: Second. Hayes.

5 CHAIRWOMAN OLSON: Mike.

6 Oh, let's swear the doctor in, please.

7 MR. TIESENGA: Madam Chair, for the
8 record, I should state my name is Edward Tiesenga.
9 I'm an attorney. The doctor is Dr. Frederick
10 Tiesenga, who is my brother.

11 CHAIRWOMAN OLSON: Okay.

12 MR. TIESENGA: But I can be sworn.

13 CHAIRWOMAN OLSON: Yes.

14 (One witness sworn.)

15 CHAIRWOMAN OLSON: Thank you.

16 Michael, your report.

17 MR. CONSTANTINO: I was under the
18 impression Juan and Jeannie were going to provide
19 it -- provide --

20 CHAIRWOMAN OLSON: Well, I don't know
21 that anybody has actually said that they believe
22 that we got all the information we need. That's
23 what I'm --

24 MR. MORADO: Okay. We do have all the

1 information.

2 CHAIRWOMAN OLSON: Now it's in the
3 record.

4 Okay. Are there any questions or
5 comments from Board Members or can we call for a
6 vote here?

7 I believe I'll call for a vote.

8 MR. ROATE: Thank you, Madam Chair.

9 Motion made by Mr. Sewell; seconded by
10 Mr. Hayes.

11 Senator Burzynski?

12 MEMBER BURZYNSKI: Aye.

13 MR. ROATE: Thank you.

14 Senator Demuzio?

15 MEMBER DEMUZIO: Yes.

16 MR. ROATE: Thank you.

17 Justice Greiman?

18 MEMBER GREIMAN: Aye. Do we even know
19 if there's a lack of transparency with the staff?

20 MR. ROATE: That's an aye. Thank you.

21 Mr. Hayes?

22 VICE CHAIRMAN HAYES: Yes, based on the
23 comments of our general counsel.

24 MR. ROATE: Thank you.

1

2

Mr. Johnson?

3

4

MEMBER JOHNSON: Yes, based on the
general counsel's comments and the report.

5

MR. ROATE: Thank you.

6

Mr. McGlasson?

7

MEMBER McGLASSON: Yes.

8

MR. ROATE: Thank you.

9

Mr. Sewell?

10

11

MEMBER SEWELL: Yes, based on counsel's
input and the report.

12

MR. ROATE: Thank you.

13

Madam Chair?

14

15

CHAIRWOMAN OLSON: Yes, based on
previous comments.

16

MR. ROATE: Thank you.

17

That's eight votes in the affirmative.

18

CHAIRWOMAN OLSON: The motion passes.

19

Thank you.

20

21

MR. MORADO: Mr. Tiesenga, you will be
receiving an opinion within the required 90-day

22

period.

23

MR. TIESENGA: That you, Mr. Morado.

24

CHAIRWOMAN OLSON: The next order of

1 business is a status report on conditional and
2 contingent permits, and there is none.

3 The next item of business is
4 applications subsequent to initial review.

5 I will call Project H-07 to the table,
6 Project 16-030, Stroger Hospital of Cook County in
7 Chicago.

8 May I have a motion to approve Project
9 16-030, Stroger Hospital of Cook County, to
10 construct a medical office building on the campus
11 of Stroger Hospital?

12 MEMBER DEMUZIO: Motion.

13 CHAIRWOMAN OLSON: May I have a second?

14 VICE CHAIRMAN HAYES: Second. Hayes.

15 CHAIRWOMAN OLSON: The applicant will
16 be sworn in, please.

17 (Three witnesses sworn.)

18 CHAIRWOMAN OLSON: Mr. Constantino,
19 your report, please.

20 MR. CONSTANTINO: Thank you, Madam
21 Chairwoman.

22 The applicant is proposing the
23 construction of a medical office building in
24 approximately 280,000 gross square feet of space at

1 a cost of approximately \$138 million. The
2 anticipated project completion date is October
3 31st, 2018. Essentially the county -- or, the
4 hospital is replacing the Fantus Building on its
5 campus.

6 We had one finding related to
7 reasonableness of project costs. It's on Page 3 of
8 your report.

9 Thank you, Madam Chairwoman.

10 CHAIRWOMAN OLSON: Thank you, Michael.

11 Comments for the Board?

12 MR. SHANNON: Good morning, Chair and
13 Members. I'm Dr. Jay Shannon, the chief executive
14 officer of --

15 CHAIRWOMAN OLSON: Oh, hold on a
16 second, Doctor.

17 MR. SHANNON: Yes.

18 MR. MORADO: I just wanted to give a
19 couple Board Members an opportunity --

20 CHAIRWOMAN OLSON: Oh, I'm sorry. Yes.

21 MR. MORADO: -- to recuse themselves.

22 CHAIRWOMAN OLSON: If anybody is
23 choosing to recuse themselves, would you please do
24 so now?

1 MEMBER JOHNSON: Joel Johnson, just
2 based on my company's business relationship with
3 County Care, I will recuse myself.

4 CHAIRWOMAN OLSON: Thank you,
5 Mr. Johnson.

6 MEMBER SEWELL: Richard Sewell. We at
7 the School of Public Health recently assisted in
8 the development of the System's strategic plan, so
9 I'm going to recuse myself.

10 CHAIRWOMAN OLSON: Thank you,
11 Mr. Sewell.

12 Proceed, Doctor.

13 DR. SHANNON: Thank you, Members.

14 I'm Dr. Jay Shannon, the CEO of Cook
15 County Health and Hospitals System. I'm joined
16 today by Sam Williams, our executive director of
17 facilities, and Claire Ranalli, our CON counsel.

18 I would like to thank the staff for
19 their assistance and guidance on this project, as
20 well as the letters of support we've received in
21 support of our project.

22 We hold a unique position in the health
23 care system of Cook County and Illinois, unique in
24 our mission to provide care to all without any

1 regard to their ability to pay. To that end, last
2 year we provided more than \$400 million in
3 uncompensated care, as we have done in recent
4 years.

5 We employ more than 500 physicians and
6 train another 300 or so every year, many of whom go
7 on to other hospitals in the state.

8 We're now in the midst of a
9 transformation that will be going on for several
10 years, that transformation driven by the Affordable
11 Care Act that has challenged us to be more
12 efficient, more effective, more patient-centered
13 and forward thinking.

14 We've ended the last two fiscal years
15 on a positive note for the first time in our
16 history and have just completed a new three-year
17 strategic plan. That plan continues to stress a
18 shift from sick care to health care to alleviate
19 unnecessary and expensive hospitalization for
20 patients when it can be avoided. Comprehensive
21 ambulatory primary and specialty care is the key to
22 this for us.

23 The project we bring to you today is
24 for construction of an approximately 280,000 square

1 foot medical office building at the northeast
2 corner of Damen and Polk Avenue in Chicago,
3 immediately south of Stroger Hospital. This
4 building would largely replace nearly 680,000
5 square feet of medical and office space that is
6 currently in three antiquated buildings, the Fantus
7 Building built in 1959, the Hektoen Institute built
8 in 1964, and the former nursing school dormitory
9 which was built in 1931, where my office is.

10 In addition to serving more than a
11 hundred thousand patients annually, these three
12 buildings also house more than 800 employees in
13 some of the most inefficient space the state has to
14 offer.

15 The Fantus Clinic has been providing
16 outpatient care to Cook County residents for more
17 than 50 years and has seen little investment in
18 that time. The individuals historically seen at
19 Fantus typically have not had access to
20 comprehensive primary and specialty care anywhere
21 else in the community. We see more than a hundred
22 thousand patients at the Fantus Clinic every year.
23 And while Fantus has been a stalwart through the
24 years, the building is well beyond its useful life.

1 And I can say that, having practiced medicine there
2 for more than 14 years myself. It was outdated
3 when I practiced there, and like any other building
4 in the medical field, age has taken its toll on the
5 building and our ability to provide dignified care
6 and state-of-the-art technology.

7 Likewise, both the administration
8 building and the Hektoen building are aged and
9 inadequate. A study commissioned by the county in
10 2012 placed the deferred maintenance for these
11 buildings at more than \$125 million.

12 Most of the services currently housed
13 in Fantus will move to the new building, Stroger
14 Hospital Specialty Care Center, or into the
15 community as we seek to deepen our portfolio of
16 ambulatory services.

17 It's important to note that also in
18 today's proposal is the creation of a women and
19 children's center on the fourth floor of the
20 Stroger Hospital building, where our labor and
21 delivery unit, newborn nursery, and neonatal
22 intensive care unit are housed. This application
23 contemplates the modernization of that floor to
24 accommodate the obstetric and gynecologic services,

1 as well as pediatric ambulatory exam rooms, a
2 children's play area, and waiting space for the
3 parents.

4 In addition to housing many of the
5 remaining services, the health system also intends
6 to create a center of excellence for cancer care in
7 the new medical office building. We currently
8 treat more than 10,000 cancer patients each year,
9 including more than 1500 newly diagnosed
10 individuals with cancer. Stage for stage, our
11 outcomes are as good or better than those of other
12 systems in the area.

13 But today much of the care is done in a
14 fragmented manner. It's not unusual for a patient
15 to have one appointment in Stroger and three in
16 Fantus, all related to the same diagnosis.

17 In the new building we intend to create
18 interdisciplinary space that can support diseases
19 like cancer and diabetes in convenient and
20 integrated space. A diabetes patient should be
21 able to see the endocrinologist, podiatrist, and
22 ophthalmologist on the same day in the same area.

23 It will also allow us to bring much
24 needed dental and ophthalmology services, which are

1 both lacking current space and current providers,
2 particularly in the economic space that we work in.
3 These are just a few of the service lines that we
4 intend to strengthen in the new building.

5 In addition to the medical space, we
6 have very inefficient and outdated administrative
7 space. Old dormitory rooms from the 1930s are now
8 physician offices and staff offices and are
9 converted to conference space as the building
10 allows us today. Appropriate and efficient
11 administrative space is absolutely critical to our
12 success.

13 This project is long overdue and I'm
14 pleased to present it to the Board this morning.
15 We truly appreciate the feedback and assistance
16 we've received from your staff throughout the
17 planning process. And we believe we've answered
18 their questions in both the application and in
19 subsequent follow-up.

20 It's our hope that explanations around
21 the cost standards related to the necessary
22 relocation of our medical gases and the
23 construction of connectors to the hospital at three
24 different levels and significant infrastructure

1 such as driveways and sidewalks are justified.

2 Ultimately, I want the Board to understand that
3 we're taking the stewardship of taxpayer dollars
4 very seriously.

5 As I began my remarks, I indicated the
6 project is reflective of our commitment to
7 community-based health care for our patients, many
8 of whom have nowhere else to turn. I look forward
9 to the opening of this building as a symbol of that
10 commitment and a recognition that every patient we
11 serve, regardless of their income, insurance, or
12 immigration status, deserves high-quality care in
13 dignified facilities.

14 Thank you for your consideration of
15 this critically important project for our health
16 system. And we're happy to answer any questions
17 that the Members may have.

18 CHAIRWOMAN OLSON: Thank you, Doctor.

19 Questions by Members?

20 I actually have one.

21 Oh, go ahead, John.

22 VICE CHAIRMAN HAYES: Do you want to go
23 first?

24 CHAIRWOMAN OLSON: Well, I just have

1 one question. I'm wondering if you could address
2 the negative finding for reasonableness of cost?
3 Can you explain why you might be over on that? I
4 think I know the answer, but I'd like to hear what
5 you have to say.

6 MR. WILLIAMS: Yes, ma'am. Samuel
7 Williams. I'm the executive director of
8 facilities.

9 So, the cost is related to where the
10 site was selected to put the new addition in.
11 There's a tank farm there. So we have to relocate
12 that tank farm initially. And basically we're
13 going to building a new tank farm on a different
14 site. Then that tank farm has to be removed. So
15 there's a cost of that actually of --

16 CHAIRWOMAN OLSON: Can you tell me what
17 a tank farm is?

18 MR. WILLIAMS: So tank farm is you have
19 your medical gases --

20 CHAIRWOMAN OLSON: Oh, okay.

21 MR. WILLIAMS: -- your oxygen. So you
22 have -- basically where all of that is housed and
23 basically service the field.

24 CHAIRWOMAN OLSON: I understand.

1 MR. WILLIAMS: So that has to be
2 relocated. So that cost is -- initially if I was
3 going to a greenfield, I wouldn't have that cost.
4 Also because we are building it so
5 close to the hospital, we want to ensure that, for
6 instance, oncology, if patients need to have x-rays
7 done, they can go right into the hospital versus
8 going out of the building and going around and
9 coming back into the hospital. We're building
10 connectors that would allow them to come directly
11 into the hospital. The buildings will be separated
12 by those connectors, but they -- so they wouldn't
13 be a part, an extension of the hospital, but it
14 will be a lot -- it will give passageway back into
15 the hospital for patients so they won't have to go
16 out into the elements during the winter months. So
17 that extra cost is another million dollars -- \$1.3
18 million that's added to the construction.

19 And then there's a tunnel for logistic
20 purposes that will go from the building to the
21 hospital, basically to allow for all the logistical
22 support to be able to come over for supplies and
23 things like that, again out of the elements.
24 That's an additional million dollars in cost.

1 So those are the extenuating
2 circumstances to why the increase in the costs as
3 it relates to the project.

4 CHAIRWOMAN OLSON: Thank you for that
5 clarification. I appreciate it.

6 Mr. Hayes.

7 VICE CHAIRMAN HAYES: Thank you, Madam
8 Chair.

9 I was wondering on Page 9, in the top
10 of the page there you have a footnote -- or, the
11 staff report does -- and maybe I can start with Mr.
12 Constantino. "The other funds are a lease of
13 drywall space for the modernization of the fourth
14 floor financed by First American Bank."

15 Now, what is drywall space? What does
16 that mean? Either -- I think Mr. Constantino and
17 then the applicant could answer.

18 MR. CONSTANTINO: It's my understanding
19 that the county is going to be leasing the drywall
20 for five years. That was my understanding of the
21 explanation they gave us.

22 CHAIRWOMAN OLSON: Hope you got
23 something better than that for us because I don't
24 know how you lease drywall.

1 MS. RANALLI: So, Mr. Hayes, I'm happy
2 to answer that. And we're not surprised that the
3 question is being asked. And in fact, Mr.
4 Constantino followed up and asked the same
5 question.

6 And in essence what we're doing is
7 we're being creative with regard to the development
8 of efficient project funding. As you may be aware
9 or probably suspect, when the county goes out for a
10 traditional financing, a traditional loan from the
11 bank, there are various steps that it has to take
12 under its procurement and other rules. In order to
13 be creative to come up with the cash to fund the
14 modernization and not increase the bond financing
15 for this project, what we did was we gave the bank
16 literally a lease to our drywall in our space in
17 the hospital. So it's not a loan. It's a lease.
18 And if we default on the lease payments, the bank
19 technically could come into the hospital and occupy
20 the space. Which I doubt they would want to do.
21 But we won't default. So this is a creative way to
22 finance that modernization without adding to our
23 bond debt and without taking out a traditional bank
24 loan.

1 VICE CHAIRMAN HAYES: Well, it's -- you
2 know, this is about, what, over \$16 million for the
3 total project?

4 MS. RANALLI: Correct. For the
5 modernization.

6 DR. SHANNON: For the modernization,
7 yes. This is related to the creation of the women
8 and children's service within the four walls of the
9 Stroger Hospital on the fourth floor.

10 VICE CHAIRMAN HAYES: So, basically, if
11 you do default, they could come in and take out
12 your drywall. Is that essentially what they could
13 do?

14 DR. SHANNON: That's -- that's
15 theoretically, I suppose, legally the correct
16 answer. As counsel noted, we have no intention of
17 doing that. And in fact, I think our financial
18 performance in the last few years would point out
19 we have not defaulted on any loans. We have no
20 intention of making this the first one.

21 But this did give us an opportunity to
22 move quickly. And we feel a need to move quickly
23 because timeliness is necessary for us to continue
24 to provide services to patients in the way that

1 they deserve that.

2 As I noted earlier, the Fantus Building
3 is abysmal space. We're currently providing
4 services to pregnant women, to children in that
5 space that's almost 60 years old, and it's truly
6 deplorable space. I'm very proud of the clinical
7 care and the medical decision-making that goes on
8 there, but it's terrible space. And frankly, we're
9 losing a competitive advantage when we continue to
10 practice in that space.

11 VICE CHAIRMAN HAYES: Now, will First
12 American Bank be able to put advertisements
13 anywhere on your drywall then?

14 DR. SHANNON: No, they will not.

15 VICE CHAIRMAN HAYES: Okay.

16 MEMBER JOHNSON: Unless they default.

17 VICE CHAIRMAN HAYES: That's true.

18 The other thing is that the loan to
19 First American Bank, okay, is -- you know, if you
20 went out for a bond issue, they would be tax-exempt
21 bonds; isn't that correct? The bond issue of 108
22 million -- 108.4 million, that is tax exempt; is
23 that right?

24 DR. SHANNON: I think that that's

1 correct. Again I'd like to point out that we are
2 trying to do as much as we can within the
3 organization, while minimizing the burden on the
4 local taxpayers and minimizing the amount of bond
5 that we need to float. We thought that this was an
6 appropriate and creative way to be able to finance
7 that project while minimizing taxpayer burden.

8 VICE CHAIRMAN HAYES: Okay. Well, you
9 -- is this bond issue more expensive from First
10 American, the interest rate on it?

11 DR. SHANNON: No.

12 VICE CHAIRMAN HAYES: But you don't
13 know if it's -- if they get any tax advantage,
14 First American, for making this loan. So your
15 bonds would be -- I would imagine would be cheaper,
16 your, you know, nonprofit -- or, your, you know,
17 tax-exempt bonds. Isn't that right?

18 DR. SHANNON: I think that that may be
19 technically correct. But the point is, we want to
20 minimize the amount of bond debt we take on in
21 toto. And by doing this, it gives us a timetable.
22 We'll be paying this off and we will not be
23 floating bonds for that additional amount to allow
24 us to do the rehabilitation of the fourth floor.

1 VICE CHAIRMAN HAYES: Do you think you
2 could have floated bonds? Your credit rating --
3 what is your credit rating?

4 DR. SHANNON: Oh, I can't speak to that
5 off the top of my head, Vice Chair. What I can
6 tell you is that the credit rating in the last two
7 years when we've been looked at by the bond rating
8 agencies, the performance of the health system has
9 actually improved the bond rating for the county as
10 a whole. And I think that's because we've made the
11 kind of adjustments that we feel like we need to
12 make in the post Affordable Care Act era. I'd be
13 happy to look into what that bond rating is and get
14 that back to the Board, though.

15 VICE CHAIRMAN HAYES: Okay. Okay. I
16 notice that your -- the cost of the total project
17 is about \$138 million. And I remember when your
18 hospital -- the new hospital is about, what, 20
19 years old since the opening?

20 DR. SHANNON: We moved into it in
21 December of 2002. It was probably ready for
22 occupancy a year earlier.

23 VICE CHAIRMAN HAYES: Okay, okay. So
24 about 14 or 15 years ago. But the original

1 estimates of the cost of that hospital were
2 probably in the area of, oh, 300 million, and the
3 actual cost was closer to a billion dollars. Does
4 that ring a bell?

5 DR. SHANNON: I'm -- I was not the CEO
6 at that time, so I -- I don't have that
7 information. I don't know.

8 VICE CHAIRMAN HAYES: So do you expect
9 to come back to us and talk about the project cost
10 being two or three times larger?

11 DR. SHANNON: Absolutely not.

12 MR. WILLIAMS: No.

13 VICE CHAIRMAN HAYES: And why is that?
14 Do you feel you have a better planning process and
15 procurement process?

16 DR. SHANNON: I feel, first of all, we
17 have an executive director of facilities who's very
18 experienced in this field. I have a very capable
19 finance department. And I have a very serious and
20 intentional county board president who is not
21 interested in cost overruns.

22 VICE CHAIRMAN HAYES: Okay. Thank you.

23 CHAIRWOMAN OLSON: Mr. Burzynski.

24 MEMBER BURZYNSKI: This is one reason I

1 love being on this Board, in addition to the high
2 salaries that we receive. Which is zero, by the
3 way. I love the question.

4 I'd like to know who the creative
5 genius was that came up with the lease idea and
6 whether or not there's a precedent for that
7 someplace. Because --

8 DR. SHANNON: That's not to be
9 replicated. That's our little trick.

10 CHAIRWOMAN OLSON: You're going to
11 patent it? Is that what you're saying?

12 MEMBER BURZYNSKI: You know, I mean, in
13 all seriousness, it just -- I mean, it's very
14 creative. We were kind of discussing here how a
15 bank examiner might look at that, but I guess we'll
16 let the bank examiners look at that. But it just
17 seems very, very strange. And I would agree. I
18 mean, I understand your wanting to do this quickly
19 so you can move forward.

20 DR. SHANNON: Yeah.

21 MEMBER BURZYNSKI: But I would also
22 agree that the issue of the bonds -- the issuance
23 of the bonds would be less expensive probably in
24 the long term.

1 DR. SHANNON: I would just point out
2 that I think we were only allowed that kind of
3 leeway because of the improved performance of the
4 health system in the last ten or twelve years.

5 CHAIRWOMAN OLSON: Thank you.

6 Seeing no more questions or comments, I
7 would ask for a roll call vote.

8 MR. ROATE: Thank you, Madam Chair.

9 Motion made by Senator Demuzio;
10 seconded by Mr. Hayes.

11 Senator Burzynski?

12 MEMBER BURZYNSKI: I would have to vote
13 yes, based on the creativity of the applicant, but
14 also on the fact that there obviously is the need
15 here to update it and get out of those antiquated
16 facilities.

17 MR. ROATE: Senator Demuzio?

18 MEMBER DEMUZIO: Well, I too vote yes
19 for creativity and the fact that the -- this is a
20 new one, and the Board report.

21 MR. ROATE: Thank you.

22 Justice Greiman?

23 MEMBER GREIMAN: I vote aye also, and
24 make the observation that if they did bonds, they'd

1 have costs and expenses that relate to the issuance
2 and the continuing of the bonding. So there
3 probably is not such a difference between getting a
4 mortgage and getting -- and doing bond work. So I
5 would vote aye.

6 MR. ROATE: Thank you.

7 Mr. Hayes?

8 VICE CHAIRMAN HAYES: I'm going to vote
9 aye, based on the state agency report and the
10 presentation by the applicant here. And I think
11 they've, you know, been able to describe or been
12 able to answer some of our questions about the
13 reasonableness of project costs, the site
14 preparation costs, the modernization, and the
15 construction costs. So I'm going to vote aye.

16 MR. ROATE: Thank you.

17 Mr. McGlasson?

18 MEMBER McGLASSON: Aye, based on
19 previous statements.

20 MR. ROATE: Thank you.

21 Madam Chair?

22 CHAIRWOMAN OLSON: Aye, based on
23 previous statements. And I do appreciate the
24 explanation for the one negative finding. I think

1 it was understandable. I vote aye.

2 MR. ROATE: That's six votes in the
3 affirmative.

4 CHAIRWOMAN OLSON: The motion passes.
5 Congratulations.

6 DR. SHANNON: Thank you, all.

7 CHAIRWOMAN OLSON: I believe we will
8 now move on to H-01, Project 16-018, Memorial
9 Hospital-East Medical Clinics Building, in Shiloh.

10 As the applicant moves to the table,
11 may I have a motion to approve Project 16-018,
12 Memorial Hospital-East Medical Clinics Building, to
13 establish a medical office building?

14 MEMBER DEMUZIO: So moved.

15 VICE CHAIRMAN HAYES: Second. Hayes.

16 CHAIRWOMAN OLSON: The applicant will
17 be sworn in, please.

18 (Three witnesses sworn.)

19 CHAIRWOMAN OLSON: Mr. Constantino,
20 your report.

21 MR. CONSTANTINO: Thank you, Madam
22 Chairman.

23 The applicants are proposing to
24 construct a medical clinics building in Shiloh,

1 Illinois. The project cost is approximately \$25.1
2 million and the completion date is January 15th,
3 2018.

4 There was no findings, no public
5 hearing. Letters of support and opposition were
6 received on this project.

7 Thank you, Madam Chairwoman.

8 CHAIRWOMAN OLSON: Thank you, Mr.
9 Constantino.

10 Comments for the Board, gentlemen?

11 We did swear you in; right?

12 MR. TURNER: Yes.

13 CHAIRWOMAN OLSON: Please introduce
14 yourselves.

15 MR. TURNER: Yes, thank you, Madam
16 Chair. My name is Mark Turner, president of
17 Memorial Regional Health Services. To my right is
18 Jack Axel, our CON consultant. And to my left is
19 Greg Bratcher from BJC HealthCare.

20 We are excited and pleased to be here
21 this morning as we talk about our strategic
22 affiliation. It was complete on January 1st. We
23 were here before you in the past and we appreciate
24 your approval for that process. It's been an

1 exciting year.

2 With this strategic affiliation, we
3 bring many opportunities for specialty care into
4 our region of southwestern Illinois through the
5 relationship with BJC HealthCare and their
6 association with one of the Midwest's leading
7 academic medical centers. So we are excited about
8 our project.

9 We apologize for the lack of
10 creativity. This is a standard medical office
11 building. Okay? Moving forward.

12 MEMBER BURZYNSKI: Thank you.

13 MR. TURNER: Our hospital, Memorial
14 Hospital-East in Shiloh was approved by this Board
15 in 2011 with a projected completion date of June
16 2016. We completed that project a few months early
17 and opened for business in April of 2016. And
18 we're very, very excited about the community's
19 response to our new hospital.

20 In addition, over the last year, we
21 have experienced significant opportunity for
22 physician relocation, physician development on the
23 campus of our facility. Our association with BJC
24 HealthCare has certainly assisted in increasing

1 physician demand to be in the location.

2 So what we have before you is what we
3 would call a standard medical office building,
4 70,500 square feet, with an anticipated -- upon
5 your approval, anticipated completion in the fourth
6 quarter of 2017.

7 So that's where we are at and I would
8 open it up to questions.

9 CHAIRWOMAN OLSON: Thank you.

10 Questions or comments from Board
11 Members?

12 Seeing none, I would ask for a roll
13 call vote.

14 MR. ROATE: Motion made by Senator
15 Demuzio; seconded by Mr. Hayes.

16 Senator Burzynski?

17 MEMBER BURZYNSKI: I vote aye, based on
18 the staff report and comments made by the
19 applicant.

20 MR. ROATE: Thank you.

21 Senator Demuzio?

22 MEMBER DEMUZIO: Yes, based on the
23 staff report and the report of the applicants.

24 MR. ROATE: Thank you.

1 Justice Greiman?

2 MEMBER GREIMAN: Yes, aye, based on the
3 staff report.

4 MR. ROATE: Thank you.

5 Mr. Hayes?

6 VICE CHAIRMAN HAYES: Yes, based on the
7 favorable staff report.

8 MR. ROATE: Thank you.

9 Mr. Johnson?

10 MEMBER JOHNSON: Yes, for previous
11 stated reasons.

12 MR. ROATE: Thank you.

13 Mr. McGlasson?

14 MEMBER McGLASSON: Yes, based on staff
15 report.

16 MR. ROATE: Thank you.

17 Mr. Sewell?

18 MEMBER SEWELL: I vote yes, based on
19 the state agency report.

20 MR. ROATE: Thank you.

21 Madam Chair?

22 CHAIRWOMAN OLSON: I vote yes, based on
23 the positive staff report.

24 MR. ROATE: Thank you.

1 That's eight votes in the affirmative.

2 CHAIRWOMAN OLSON: Motion passes.

3 Congratulations and good luck.

4 MR. TURNER: Thank you very much.

5 CHAIRWOMAN OLSON: It is now a few
6 minutes before 12. We'll break for lunch and
7 reconvene at 12:45.

8 (A recess was taken.)

9 CHAIRWOMAN OLSON: Okay. We're back in
10 session.

11 The next project up for consideration
12 is H-02, Project 16-021, Silver Cross Ambulatory
13 Surgery Treatment Center, in New Lenox.

14 May I have a motion to approve Project
15 16-021, Silver Cross Ambulatory Surgery Treatment
16 Center, to establish a multi-specialty ASTC?

17 MEMBER DEMUZIO: Motion.

18 VICE CHAIRMAN HAYES: Second.

19 CHAIRWOMAN OLSON: Okay. And we'll
20 swear in the applicant, please.

21 (Five witnesses sworn.)

22 CHAIRWOMAN OLSON: Mr. Constantino,
23 your report, please.

24 MR. CONSTANTINO: Thank you, Madam

1 Chair.

2 The applicants are proposing to
3 establish a multi-specialty ambulatory surgical
4 treatment facility in New Lenox, Illinois, at a
5 cost of approximately \$11.1 million. The project
6 completion date is March 31st, 2018.

7 There was no public hearing. There was
8 no letters of opposition. We did receive letters
9 of support on this project.

10 We had two findings related to this
11 project and they are discussed on Page 4 of your
12 report that's in front of you.

13 Thank you, Madam Chairwoman.

14 CHAIRWOMAN OLSON: Thank you, Mr.
15 Constantino.

16 Comments for the Board?

17 MS. COLBY: Good afternoon. My name is
18 Ruth Colby and I'm the chief strategy officer at
19 Silver Cross Hospital. With me today is Ed Green,
20 our CON counsel from Foley & Lardner; Dr. Mark
21 Danielson, medical director of the Silver Cross
22 Procedural Care Unit; Dr. Paul Kirchner, a
23 podiatrist and member of the Silver Cross medical
24 staff; and Geoffrey Tryon, vice president of

1 operations at Silver Cross.

2 I first want to thank the Board for
3 considering project -- our Project 16-021 to
4 establish an ambulatory surgery center on the
5 Silver Cross campus, and I'd like to also thank the
6 staff for preparing the state agency report.

7 As Mike said, please note there were no
8 objections to this project, and we've received
9 strong support from local government officials.

10 Much has happened since we came before
11 this Board in 2008 to request permission to build a
12 replacement hospital in New Lenox, Illinois. And
13 with the Board's permission, I'd like to provide
14 you with a quick update and give you a picture of
15 what now exists on our campus.

16 The replacement hospital opened in
17 February of 2012 and has exceeded the projections
18 that were presented to this Board in the original
19 application. In fact, as illustrated in the 2015
20 hospital profile, Silver Cross is at 87 percent
21 occupancy for medical/surgical services. In the
22 past two weeks we've been operating closer to 90-93
23 percent occupancy. Approximately 45 percent of all
24 babies in our -- born in our service area are

1 delivered at Silver Cross. A total of 75,500
2 emergency visits were seen either at the hospital
3 or at the freestanding emergency center in Homer
4 Glen, which this Board also approved in 2009. The
5 freestanding emergency center now averages 2300
6 visits per room, which is beyond the state
7 standard.

8 In addition to the replacement
9 hospital, this Board also approved two attached
10 medical office buildings which house many
11 independent physicians on our campus. The Lurie
12 Children's Hospital subspecialists are in those
13 buildings and the Rehabilitation Institute of
14 Chicago outpatient physical therapy services are in
15 those buildings.

16 And lastly, in 2010, this Board
17 approved the opening of the University of Chicago
18 Medicine Comprehensive Cancer Center on the campus,
19 which now offers over 100 clinical trials to the
20 residents of the southwest suburbs. Radiation
21 oncology volume has grown year over year. 8,900
22 visits in the past year, which exceeded our
23 original projections by eleven percent.

24 So I tell you all this to confirm that

1 we have a long track record of conservatively
2 estimating volume and meeting the targets that
3 we've set forth. As a result of the planning
4 board's trust in Silver Cross Hospital, there is
5 now a robust medical center in New Lenox, Illinois,
6 in partnerships for specialty services with some of
7 the world's best academic centers.

8 Now I'll fast-forward to the situation
9 today. The original projections for the operating
10 rooms in the replacement hospital's CON were based
11 on historical performance and population growth.
12 In the replacement CON, we stated that by 2014 the
13 operating rooms would be at 80 percent occupancy or
14 16,096 hours. Actually, in 2014 we were at 119
15 percent utilization, in 2015 129 percent
16 utilization, and we expect to end this year -- our
17 fiscal year September 30th at 138.5 percent
18 utilization. We now can justify 15 operating rooms
19 and we have eleven.

20 In a minute, Dr. Danielson will
21 describe to you how we handle this situation. How
22 do you get to 138 percent occupancy? But you may
23 wonder where this growth has come from, given the
24 stabilization of the population, and there are

1 several factors that I would put forward.

2 The first is that we have become the
3 largest robotic surgery program in the Chicago
4 metropolitan area, performing over a thousand
5 robotic cases per year. The growth of our surgical
6 -- the surgeons on our medical staff and certainly
7 the partnerships for specialty programs,
8 Northwestern Medicine for Neurosciences and
9 University of Chicago Medicine for oncology. As
10 noted in the state agency report on Page 21, this
11 project will improve access to care.

12 After reviewing all of our
13 alternatives, building an ambulatory surgery center
14 on the campus made the most sense, both from an
15 economic and patient access perspective. We
16 realize that we could just expand our hospital
17 outpatient services on the campus. We could add
18 more ORs and not be required to obtain a
19 Certificate of Need if we were under the threshold,
20 which in fact this project would be.

21 However, understanding that the
22 patients are responsible for more of the health
23 care dollar today, we chose to go for a lower cost
24 option that will reduce patients' financial burden.

1 In addition, some insurance companies are now
2 requiring that appropriate procedures be performed
3 at ambulatory surgery centers rather than in
4 hospital outpatient settings. That is also why we
5 requested a Type B modification to our application
6 and added three more specialties. We've committed
7 to lower pricing in the ambulatory surgery center
8 and provided assurances that the prices would not
9 increase during the first two years of operation.

10 I'd also like to remind this Board that
11 when the replacement hospital was approved, we made
12 a commitment to provide a minimum of \$4 million in
13 charity care at cost for the next ten years. In
14 fact, we have kept this commitment since 2008 and
15 will remain -- and will maintain the same charity
16 care and insurance policies at the proposed
17 ambulatory surgery center.

18 Medicaid revenue at Silver Cross
19 increased from 35.3 million in 2014 to 37.9 million
20 in 2015, a seven percent increase. And a combined
21 total of close to 40,000 Medicaid beneficiaries and
22 patients qualifying for charity care were served at
23 the hospital in 2015.

24 Before I turn the microphone over to

1 Dr. Danielson, I'd also like to comment on the
2 issue of maldistribution and duplication of
3 services. Our intention with this project is to
4 shift noncomplex surgical cases that already are at
5 Silver Cross out of the main OR suites to the
6 ambulatory surgery center. We only included the 14
7 zip codes immediately surrounding the hospital in
8 our volume projections, about a ten-mile radius,
9 and only included physicians that are already on
10 our medical staff in these projections. Therefore,
11 the proposed center will not negatively impact
12 another hospital or ambulatory center. It is
13 simply a shift of current volume to a lower cost
14 setting.

15 Now I'd like to ask Dr. Danielson to
16 comment on the situation in the operating rooms at
17 Silver Cross today, and then Dr. Kirchner and Jeff
18 Tryon will address costs.

19 DR. DANIELSON: Good afternoon. My
20 name is Mark Danielson and I'm a general surgeon.
21 I've practiced in Will County at both Presence
22 Saint Joseph Medical Center and Silver Cross
23 Hospital for over 30 years. I'm also a board
24 member on the Silver Cross Hospital Board of

1 Directors.

2 Approximately two years ago, Silver
3 Cross created a new position, medical director of
4 the Procedural Care Unit, and asked me to be the
5 first to serve in this capacity. My
6 responsibilities include monitoring outcomes and
7 ensuring patient safety, working collaboratively
8 with anesthesiologists and the administrative staff
9 of the operating rooms and procedural labs to
10 create an efficient environment. It's also my job
11 to try and accommodate the scheduling needs of a
12 very large and diverse group of surgeons who choose
13 to practice at Silver Cross Hospital.

14 You have before you the data
15 illustrating the growth of our surgical services.
16 To bring you more up-to-date, the surgical volume
17 this year as compared to 2015 has increased by
18 another ten percent. Additionally, we've had
19 tremendous growth in our medical staff over the
20 last four years and now have over 300 surgical
21 specialists on our staff competing for time in just
22 eleven operating rooms. Thus, access to our
23 operating rooms has never been more difficult.

24 The team at Silver Cross has absolutely

1 maximized the use of operating room resources by
2 adding both early and late hours and hours on
3 Saturdays and Sundays. But I can tell you from
4 personal experience that it's difficult for
5 surgeons to start cases at 5 p.m. or 7 p.m. at
6 night, after seeing patients all day in the office.
7 Also, elective surgeries conducted at
8 nontraditional hours are inconvenient for the
9 patients and their families.

10 An ambulatory surgery center would ease
11 the stress on our hospital's operating room
12 capacity by shifting appropriate cases from the
13 hospital to the ambulatory surgery center.

14 Next, I'd like to take a moment to
15 address the issue of unnecessary duplication of
16 services and give you the perspective of the
17 surgeons in our community.

18 All surgeons will tell you that time is
19 one of their most valuable assets. It's just not
20 realistic to expect a busy surgeon to drive 45
21 minutes to another ambulatory surgery center or
22 hospital that has open OR time.

23 Most of the surgeons that have attested
24 to using the proposed surgery center have an office

1 on the Silver Cross campus or nearby. An
2 ambulatory surgery center on our campus would allow
3 our surgeons to be more efficient. For example,
4 one would be able to perform outpatient cases at
5 the ambulatory surgery center and then walk to the
6 hospital for the more complicated cases later in
7 the day.

8 In addition, being on multiple hospital
9 staffs comes with added responsibility, such as
10 attending mandatory meetings and answering call
11 responsibilities. Throughout my career, I've been
12 on two medical staffs and I've found that to be the
13 maximum number I could handle and still meet my
14 responsibilities and the expectations of my
15 patients.

16 Lastly, surgeons like to work with
17 familiar teams in the operating room and feel that
18 a team that understands how he or she works creates
19 a safe environment. Trying to do a case in an
20 unfamiliar facility with team members I've rarely
21 worked with is not an ideal situation.

22 Finally and most importantly, patient
23 preference is another factor that supports the need
24 for a Silver Cross ambulatory surgery center.

1 Patient satisfaction scores at Silver Cross are
2 extremely high, in the top percentile in the
3 country according to Press Ganey, who surveys
4 patients and maintains a database. It's known in
5 the community that there is a special culture at
6 Silver Cross, and many of my patients and those of
7 other surgeons on staff actually request that their
8 procedure be done at Silver Cross Hospital.
9 Patients also desire to stay in the community so
10 that family members or friends are available to
11 drive them to the hospital and then home. A
12 45-minute one-way commute would not be readily
13 accepted by our patient population.

14 The increased capacity achieved by
15 adding an ambulatory surgery center on the Silver
16 Cross campus will ensure that patient care will not
17 be delayed by waiting for OR time.

18 So, for all these reasons, combined
19 with our high utilization of the operating rooms, I
20 urge this Board to act favorably on the application
21 to build an ambulatory surgery center on our
22 campus.

23 I'll now turn the microphone over to
24 Dr. Kirchner to specifically address outpatient

1 needs.

2 DR. KIRCHNER: Good afternoon. My name
3 is Paul Kirchner. I'm a podiatrist at Silver Cross
4 and have been in practice for approximately 24
5 years.

6 When Silver Cross was built in 2004,
7 decisions were made to keep costs low and resources
8 used efficiently. Surgical suites are set up so
9 that inpatient and outpatient cases are all
10 performed in the same operating room with easy
11 access to anesthesia. This allows the surgeons to
12 use their prep time for all their cases in the same
13 location.

14 Most of the cases in my field of
15 podiatry are performed on an outpatient basis where
16 an efficient environment is necessary where I can
17 work rapidly. This is especially important for my
18 diabetic patients.

19 Will County has an extremely high
20 prevalence rate of 8.2 percent of the population
21 compared to 6.2 percent of all of Illinois. I
22 frequently treat the diabetic patients that have
23 been fasting for up to eight hours prior to
24 surgery. It is essential that I start these cases

1 as early in the day as possible to get the patients
2 into recovery and resume their normal diet and
3 medication regimen.

4 As the volume of Silver Cross surgery
5 department has grown, patients can sometimes
6 experience delays longer than expected due to
7 inpatient or outpatient emergencies. Having an
8 outpatient surgery center on campus will solve this
9 problem for the podiatric staff. We can be the
10 most efficient in an outpatient environment knowing
11 that emergencies and long cases will not
12 potentially delay and make our patients wait.

13 As stated previously, patients may also
14 be directed to a specific hospital for surgery
15 according to their insurance plan. For example,
16 Silver Cross is the only hospital in Will County
17 that is part of a narrow network called BlueCare
18 Direct. Many of our patients can only have their
19 surgeries done at Silver Cross. Otherwise, they'd
20 be responsible for a very large out-of-network fee.
21 Also, some insurance companies are now mandating
22 that certain procedures be performed at an
23 ambulatory surgery center itself. Thus, surgeons
24 and patients alike who prefer the Silver Cross

1 experience need an ambulatory surgery center on
2 campus to perform these necessary procedures.

3 My patient population, mostly in New
4 Lenox and the surrounding area, find Silver Cross
5 Hospital right off I-55 to be very convenient.
6 They rave about the Silver Cross experience. As
7 their physician, I want to be able to continue to
8 provide the best possible care in a hospital
9 partner with the best quality staff.

10 I strongly support your creation of the
11 ambulatory center, as my colleagues in the
12 department of surgery.

13 Now I'll turn the microphone over to
14 Jeff Tryon.

15 MR. TRYON: Thank you.

16 Good afternoon. My name is Jeff Tryon.
17 I'm vice president of operations at Silver Cross
18 Hospital and I'm responsible for all the
19 construction projects. And in fact, I was the
20 executive that's responsible for building the new
21 replacement hospital campus. And I'd like to
22 advise you that we did finish the project on time
23 and \$13 million under budget.

24 I'd like to address the findings in the

1 state agency report for Criterion 1120.140(c),
2 which relates to the reasonableness of the project
3 and relating costs, and explain the variances to
4 the regulatory standards. I'm going to address
5 site work costs, construction costs, and medical
6 equipment costs.

7 You've already heard of the phenomenal
8 growth of Silver Cross over the last five years.
9 And we have a 72-acre campus which is a hundred
10 percent utilized at the time. There is no room for
11 any future buildings or related parking. In fact,
12 our parking right now is actually getting very
13 tight with what we have.

14 Therefore, the hospital recently
15 purchased land immediately to the west and expanded
16 the campus by 58 acres. The village of New Lenox
17 recently rezoned the property from agriculture to a
18 hospital district. This land is currently a farm
19 and has no infrastructure.

20 Because the land is underdeveloped,
21 Silver Cross will need to bring the sewer, water,
22 and all utilities to the four-acre parcel for this
23 new ambulatory surgery center. In fact, due to the
24 no-sewer infrastructure by the village, we will

1 need to build a sewer lift station, which in itself
2 will be \$300,000.

3 In addition, the site will require mass
4 grading. An access road must be put into the site,
5 as well as the routine site work.

6 In addition, we have to build a
7 detention pond that will not only handle our
8 four-acre project but also have the detention
9 needed for the 58 acres. It would not make sense
10 to develop a detention pond for only four acres and
11 then in the future have to expand it to cover the
12 other 29 acres, especially if it's full of water,
13 and obviously the long-term costs it would
14 generate.

15 The 19.8 percent overage as compared to
16 the state standard is due to the need to bring all
17 the infrastructure to the land. Despite the higher
18 costs to prepare the land for the ambulatory
19 surgery center, this alternative is still the most
20 cost-effective option.

21 Secondly, the proposed project also has
22 a higher construction cost than the state standard.
23 I'd like to point out that this includes a
24 contingency of \$555,000 which actually accounts for

1 the overage. Given our track record of completing
2 projects at or below budget, it is unlikely that
3 the contingency will be used, which would bring the
4 project to the state standard. Our construction
5 costs do appear to be reasonable as compared to
6 other ambulatory surgery projects approved by this
7 Board.

8 In addition, Silver Cross Hospital went
9 through an extensive bidding process with three
10 general contractors, and all the estimates were
11 within a few dollars per square foot. Therefore,
12 we are confident that we have the lowest costs
13 available for this project.

14 Finally, the equipment cost variance is
15 also explainable. There is so much interest by
16 surgeons across the many specialties of Silver
17 Cross, as you have already heard, that the center
18 will need a wide variety of equipment to meet their
19 needs. We used a medical equipment planner and,
20 based off the specialties interested, has developed
21 the required medical list and the costs we have
22 submitted.

23 The cost of medical equipment and new
24 technologies that increase patient safety and

1 enhanced outcomes continue to rise year over year,
2 also adding to the variance. The equipment costs
3 are consistent with other multi-specialty
4 ambulatory surgery centers that were approved by
5 this Board.

6 I would like to stress the state agency
7 report did confirm that the project is in
8 conformance with the criterion total effect of the
9 project on capital costs and projected operating
10 costs. Most importantly, we will be able to
11 deliver a high-quality, low-cost service to our
12 community if the planning board approves our
13 project today.

14 Thank you for considering our project.
15 And we are all available for questions if you have
16 any.

17 CHAIRWOMAN OLSON: Thank you.

18 Questions from Board Members?

19 I actually have a question for the
20 gentleman who just spoke.

21 So am I correct that even with the
22 sewer and water that you're going to have to bring
23 to the site, the access road and the detention
24 pond, if we took out the \$550,000 contingency, you

1 would be within the State Board standard?

2 MR. TRYON: That was on the
3 construction of the building, not on the site work.

4 CHAIRWOMAN OLSON: Okay. So the other
5 things would be site work?

6 MR. TRYON: Yes.

7 CHAIRWOMAN OLSON: Okay. Thanks for
8 that clarification.

9 Other questions or comments?

10 Seeing none, I would ask for a roll
11 call vote.

12 MR. ROATE: Thank you, Madam Chair.

13 Motion made by Senator Demuzio;
14 seconded by Mr. Hayes.

15 Senator Burzynski?

16 MEMBER BURZYNSKI: I'll vote yes, based
17 on the applicant's appropriate responses to staff's
18 findings.

19 MR. ROATE: Thank you.

20 Senator Demuzio?

21 MEMBER DEMUZIO: Yes. I vote yes, in
22 accordance with the report of the State Board
23 staff.

24 MR. ROATE: Thank you.

1 Justice Greiman?

2 MEMBER GREIMAN: I vote aye, based on
3 the very full report by the staff.

4 MR. ROATE: Thank you.

5 Mr. Hayes?

6 VICE CHAIRMAN HAYES: Well, I'm going
7 to vote no, based on the staff report under
8 unnecessary duplication and maldistribution of
9 services.

10 MR. ROATE: Thank you.

11 Mr. Johnson?

12 MEMBER JOHNSON: I'm going to vote yes,
13 based on the comments offered today, in conjunction
14 with the report.

15 MR. ROATE: Thank you.

16 Mr. McGlasson?

17 MEMBER McGLASSON: I vote yes, based on
18 testimony.

19 MR. ROATE: Thank you.

20 Mr. Sewell?

21 MEMBER SEWELL: I'm going to vote yes,
22 based on I've always had discomfort with these
23 demand-based formulas for ambulatory surgery
24 treatment centers, and I hope we can improve those

1 in the future. And I also do buy the applicant's
2 argument on 1120.140(c).

3 MR. ROATE: Thank you.

4 Madam Chair?

5 CHAIRWOMAN OLSON: I'm going to vote
6 yes as well, and would actually like to compliment
7 the applicant on really addressing the two negative
8 findings so succinctly and so understandably that
9 it makes it easy. And I also compliment you on the
10 fact that I believe that a large portion of your
11 presentation focused on patient access, patient
12 care, and patient safety, and I think that's really
13 important. So I'll vote yes as well.

14 MR. ROATE: Thank you, Madam Chair.

15 That's seven votes in the affirmative,
16 one vote in the negative.

17 CHAIRWOMAN OLSON: The motion passes.
18 Congratulations.

19 MS. COLBY: Thank you very much.

20 CHAIRWOMAN OLSON: Good luck.

21 H-03, Project 16-024, Fresenius Kidney
22 Care East Aurora in Aurora.

23 May I have a motion to approve Project
24 16-024 Fresenius Kidney Care East Aurora to

1 establish an end stage renal disease facility?

2 MEMBER JOHNSON: So moved. Johnson.

3 CHAIRWOMAN OLSON: Second, please?

4 MEMBER DEMUZIO: Second.

5 CHAIRWOMAN OLSON: Second by Demuzio.

6 The applicant will be sworn in, please.

7 (Two witnesses sworn.)

8 CHAIRWOMAN OLSON: Your report, Mr.

9 Constantino.

10 MR. CONSTANTINO: Thank you, Madam

11 Chairwoman.

12 The applicants are proposing the
13 establishment of a 12-station ESRD facility in
14 approximately 7300 gross square feet of leased
15 space in Aurora, Illinois. The cost of the project
16 is approximately \$5.3 million. And the scheduled
17 completion date is September 30th, 2018.

18 There were no findings. There was no
19 request for a public hearing. There were support
20 letters received and there was one opposition
21 letter received by the State Board staff.

22 Thank you, Madam Chairwoman.

23 CHAIRWOMAN OLSON: Thank you.

24 Comments for the Board?

1 MS. RANALLI: We'll just introduce
2 ourselves briefly. Lori Wright, CON specialist for
3 Fresenius, and Clare Ranalli, CON counsel.

4 And due to the positive State Board
5 report, we'll simply answer any questions you have.
6 Thank you.

7 CHAIRWOMAN OLSON: Thank you.
8 Questions from Board Members?

9 Is this new construction?

10 MS. WRIGHT: Yes, it is.

11 CHAIRWOMAN OLSON: Thank you.
12 Other questions or comments?

13 Seeing none -- Justice, did you have
14 something?

15 Seeing none, I would ask for a roll
16 call vote.

17 MR. ROATE: Thank you, Madam Chair.

18 Motion made by Mr. Johnson; seconded by
19 Senator Demuzio.

20 Senator Burzynski?

21 MEMBER BURZYNSKI: Vote aye, based on
22 the staff's report.

23 MR. ROATE: Thank you.

24 Senator Demuzio?

1 MEMBER DEMUZIO: Yes, based on the
2 State Board findings.

3 MR. ROATE: Thank you.
4 Justice Greiman?

5 MEMBER GREIMAN: Aye, based on the
6 staff's report.

7 MR. ROATE: Thank you.
8 Mr. Hayes?

9 VICE CHAIRMAN HAYES: Yes, based on the
10 State Board findings and also the location of the
11 facility.

12 MR. ROATE: Thank you.
13 Mr. Johnson?

14 MEMBER JOHNSON: Yes, based on the
15 report.

16 MR. ROATE: Thank you.
17 Mr. McGlasson?

18 MEMBER McGLASSON: Yes, based on the
19 state report.

20 MR. ROATE: Thank you.
21 Mr. Sewell?

22 MEMBER SEWELL: Yes, based on the state
23 agency report.

24 MR. ROATE: Thank you, sir.

1 Madam Chair?

2 CHAIRWOMAN OLSON: Yes, based on the
3 positive state agency report.

4 MR. ROATE: Thank you.

5 That's eight votes in the affirmative.

6 CHAIRWOMAN OLSON: The motion passes.
7 Congratulations.

8 Moving on to H-04, Project 16-023,
9 DaVita Irving Park Dialysis in Chicago.

10 And I will note for the Board that
11 there was no opposition and no findings for this
12 project.

13 The applicant will be sworn in.

14 (Two witnesses sworn.)

15 CHAIRWOMAN OLSON: Mr. Constantino?

16 MR. CONSTANTINO: Thank you, Madam
17 Chair.

18 The applicants are proposing --

19 CHAIRWOMAN OLSON: I'm sorry. Can I
20 stop you for one second?

21 MR. CONSTANTINO: Sure.

22 CHAIRWOMAN OLSON: May I have a motion
23 to approve Project 16-023, DaVita Irving Park
24 Dialysis, to establish a 12-station end stage renal

1 dialysis facility?

2 MEMBER JOHNSON: So moved.

3 CHAIRWOMAN OLSON: Second, please?

4 MEMBER DEMUZIO: Second.

5 MR. CONSTANTINO: Thank you, Madam

6 Chair.

7 The applicants are proposing to
8 establish a 12-station ESRD facility in Chicago,
9 Illinois. The cost of the project is approximately
10 \$4.2 million. And the expected completion date is
11 August 31st, 2018.

12 Thank you, Madam Chairwoman.

13 CHAIRWOMAN OLSON: Thank you.

14 Do you have comments for the Board?

15 MS. DAVIS: No, I'd just like to thank
16 State Board staff and the Board for allowing us to
17 present the project. I'm happy to take any
18 questions you might have.

19 COURT REPORTER: Name, please.

20 MS. DAVIS: Penny Davis.

21 CHAIRWOMAN OLSON: Thank you.

22 Questions or comments from Board

23 Members?

24 Seeing none, I would ask for a roll

1 call vote.

2 MR. ROATE: Thank you, Madam Chair.

3 Motion made by Mr. Johnson; seconded by
4 Senator Demuzio.

5 Senator Burzynski?

6 MEMBER BURZYNSKI: Vote yes, based on
7 the lack of opposition and positive findings.

8 MR. ROATE: Thank you.

9 Senator Demuzio?

10 MEMBER DEMUZIO: Yes, based on the
11 report.

12 MR. ROATE: Thank you.

13 Justice Greiman?

14 MEMBER GREIMAN: I vote yes, because we
15 voted twelve stations for Fresenius a minute ago
16 and now we give twelve stations to these guys. And
17 I would love to give twelve stations to some third
18 person in Illinois. I vote yes.

19 MR. ROATE: Thank you.

20 CHAIRWOMAN OLSON: Fortunately, it's
21 not an option.

22 MR. ROATE: Mr. Hayes?

23 VICE CHAIRMAN HAYES: I'm going to vote
24 yes, because of the access to care and the positive

1 state agency report.

2 MR. ROATE: Thank you.

3 Mr. Johnson?

4 MEMBER JOHNSON: Yes, for reasons
5 stated.

6 MR. ROATE: Thank you.

7 Mr. McGlasson?

8 MEMBER McGLASSON: Yes, due to a
9 positive report.

10 MR. ROATE: Thank you.

11 Mr. Sewell?

12 MEMBER SEWELL: Yes, based on the state
13 agency report.

14 MR. ROATE: Thank you.

15 Madam Chair?

16 CHAIRWOMAN OLSON: Yes, based on the
17 positive State Board staff report.

18 MR. ROATE: That's eight votes in the
19 affirmative.

20 CHAIRWOMAN OLSON: The motion passes.
21 Congratulations.

22 MS. DAVIS: Thank you.

23 MR. SHEETS: Thank you.

24 CHAIRWOMAN OLSON: Next we have H-05,

1 Project 16-025, Rush South Loop Medical Office
2 Building in Chicago.

3 Again, this is a project with no
4 opposition and no findings.

5 May I have a motion to approve Project
6 16-025, Rush South Loop Medical Office Building, to
7 establish a medical office building?

8 MEMBER SEWELL: So moved. Sewell.

9 MEMBER JOHNSON: Second.

10 CHAIRWOMAN OLSON: The applicant will
11 be sworn in, please.

12 (Three witnesses sworn.)

13 CHAIRWOMAN OLSON: Mr. Constantino,
14 your report.

15 MR. CONSTANTINO: Thank you, Madam
16 Chair.

17 The applicant is proposing to construct
18 a medical office building in Chicago, Illinois.
19 The project cost is approximately \$36.2 million.
20 And the project completion date is March 31st,
21 2019.

22 There were no findings, no opposition,
23 and no letters of support received by the State
24 Board staff.

1 Thank you, Madam Chairwoman.

2 CHAIRWOMAN OLSON: Do you have comments
3 for the Board? Open to questions?

4 MR. DANDORPH: We can open it to
5 questions right away if you'd like.

6 CHAIRWOMAN OLSON: Thank you.

7 COURT REPORTER: Your name, please?

8 MR. DANDORPH: I'm Michael Dandorph.
9 I'm the president of Rush University Medical
10 Center.

11 CHAIRWOMAN OLSON: Mike, I have a
12 question. What did you say the completion date
13 was?

14 MR. CONSTANTINO: I've got March 31st,
15 2019.

16 CHAIRWOMAN OLSON: Okay. Yeah. For
17 the record, Jack, can you just tell us who's at the
18 table with you so we can have that in the record?

19 MR. AXEL: Jack Axel with Axel &
20 Associates and Clare Ranalli.

21 CHAIRWOMAN OLSON: Thank you.

22 Questions or comments from Board
23 Members?

24 MEMBER GREIMAN: On Page 4 isn't there

1 a mistake -- a math mistake on the total there?

2 The total of the first -- the first total.

3 MR. CONSTANTINO: Oh, there sure is,
4 Judge. Sorry about that. Yeah, that should equal
5 36,245,629.

6 MEMBER GREIMAN: Yeah. Okay. Well,
7 all right. I just thought it was a mistake and I
8 was concerned about it. Okay.

9 CHAIRWOMAN OLSON: Other questions or
10 comments?

11 VICE CHAIRMAN HAYES: Yes.

12 CHAIRWOMAN OLSON: Mr. Hayes.

13 VICE CHAIRMAN HAYES: Madam Chairman,
14 thank you.

15 This basically is new construction; is
16 that right?

17 MR. DANDORPH: That's correct. It's
18 part of a development.

19 VICE CHAIRMAN HAYES: And how many
20 stories is it again the building will be?

21 MR. DANDORPH: The total stories is 15
22 in the building, of which three floors will be
23 occupied by the medical center.

24 VICE CHAIRMAN HAYES: By Rush?

1 MR. DANDORPH: By Rush.

2 VICE CHAIRMAN HAYES: Only three
3 stories. So they have to -- the next -- well,
4 there's parking; is that right?

5 MR. DANDORPH: There --

6 VICE CHAIRMAN HAYES: A garage or
7 below?

8 MR. DANDORPH: Yes, there's parking and
9 we're -- we have leased 99 spaces in the parking
10 garage.

11 VICE CHAIRMAN HAYES: Okay. And the
12 rest of the twelve stories will be other types of
13 businesses and offices?

14 MR. DANDORPH: Residential.

15 VICE CHAIRMAN HAYES: It will be
16 residential. Okay.

17 Well, is the cost -- maybe that
18 explains why the cost is little bit higher than I
19 would expect, the \$36 million.

20 MR. DANDORPH: That's --

21 VICE CHAIRMAN HAYES: How many units
22 are you going to have for residential?

23 MR. DANDORPH: We're not going to have
24 any residential. That's part of the developer.

1 VICE CHAIRMAN HAYES: That's the
2 developer, yes. But do you have -- do you know how
3 many units?

4 MR. DANDORPH: 199 units.

5 MR. AXEL: 99. Excuse me. It's 99.

6 VICE CHAIRMAN HAYES: 99?

7 MR. AXEL: 199 parking.

8 MS. RANALLI: 99 is parking.

9 MR. AXEL: I'm sorry.

10 VICE CHAIRMAN HAYES: The 99 is parking
11 spaces?

12 MR. AXEL: 99 parking spaces, 199
13 apartments.

14 VICE CHAIRMAN HAYES: Because this area
15 is very, you know, built up and very crowded; isn't
16 that right?

17 MR. DANDORPH: Yeah, it's continuing to
18 develop in that area. There's a number of areas
19 under construction.

20 VICE CHAIRMAN HAYES: Okay. Thank you.

21 CHAIRWOMAN OLSON: Other questions or
22 comments?

23 Seeing none, I would ask for a roll
24 call vote.

1 MR. ROATE: Thank you, Madam Chair.

2 Motion made by Mr. Sewell; seconded by
3 Mr. Johnson.

4 Senator Burzynski?

5 MEMBER BURZYNSKI: Aye, based on the
6 staff findings.

7 MR. ROATE: Thank you.

8 Senator Demuzio?

9 MEMBER DEMUZIO: Yes, based upon the
10 staff report.

11 MR. ROATE: Thank you.

12 Justice Greiman?

13 MEMBER GREIMAN: Yes, following the
14 others.

15 MR. ROATE: Thank you.

16 Mr. Hayes?

17 VICE CHAIRMAN HAYES: Yes, based on the
18 favorable state agency report.

19 MR. ROATE: Thank you.

20 Mr. Johnson?

21 MEMBER JOHNSON: Yes, for reasons
22 stated.

23 MR. ROATE: Thank you.

24 Mr. McGlasson?

1 MEMBER McGLASSON: Yes, due to the
2 state report.

3 MR. ROATE: Thank you.

4 Mr. Sewell?

5 MEMBER SEWELL: Yes, state agency
6 report.

7 MR. ROATE: Thank you.

8 Madam Chair?

9 CHAIRWOMAN OLSON: Yes, based on the
10 State Board staff report.

11 MR. ROATE: Thank you.

12 That's eight votes in the affirmative.

13 CHAIRWOMAN OLSON: Congratulations.

14 The motion passes.

15 MR. DANDORPH: Thank you. Thank you to
16 the staff as well.

17 CHAIRWOMAN OLSON: Next we have H-06,
18 Project 16-028, Surgical Center of DuPage Medical
19 Group in Lombard.

20 May I have a motion to approve 16-028,
21 Surgical Center of DuPage Medical Group, to
22 modernize and expand an existing ambulatory surgery
23 treatment center?

24 MEMBER DEMUZIO: Motion.

1 CHAIRWOMAN OLSON: Motion by Demuzio.

2 Second, please?

3 MEMBER SEWELL: Second.

4 CHAIRWOMAN OLSON: Second by Sewell.

5 The applicant will be sworn in, please.

6 (Three witnesses sworn.)

7 CHAIRWOMAN OLSON: Mr. Constantino,
8 your report.

9 MR. CONSTANTINO: Thank you, Madam
10 Chairwoman.

11 The applicants are proposing to
12 modernize an existing ASTC and increase the number
13 of operating rooms from five to eight, as well as
14 add twelve recovery rooms.

15 In addition, the applicants are
16 proposing to modernize administrative and
17 operational support areas and other existing
18 facility areas to integrate the expansion.

19 The total cost of the project is
20 approximately \$6.7 million. The anticipated
21 completion date is September 30th, 2017.

22 Thank you, Madam Chairwoman.

23 CHAIRWOMAN OLSON: Thank you.

24 Comments for the Board?

1 MR. KASPER: I'm Mike Kasper. I'm the
2 CEO for DuPage Medical Group.

3 I have no comments at this time but
4 will certainly take questions.

5 CHAIRWOMAN OLSON: Questions from Board
6 Members?

7 I have a question. I'd like to know if
8 you could address the two negative findings in the
9 report.

10 MR. KASPER: We'd be glad to.

11 CHAIRWOMAN OLSON: Thank you.

12 MR. KASPER: So the first -- the
13 negative finding as it relates to the project
14 costs, although this is considered modernization,
15 we actually have to take down a wall. So the
16 construction of that wall and the ensuing HVAC
17 systems associated with that expansion versus just
18 redoing an existing space is adding additional
19 costs that wouldn't otherwise be there if it was a
20 new construction or just remodeling existing space.

21 CHAIRWOMAN OLSON: So, Mike, we have
22 the same numbers for new construction as we do for
23 modernization?

24 MR. CONSTANTINO: Yes, on this project

1 we do.

2 CHAIRWOMAN OLSON: Okay. Thank you.

3 MR. CONSTANTINO: Yes.

4 CHAIRWOMAN OLSON: And then the movable
5 equipment costs?

6 MR. KASPER: There's a piece of
7 equipment that's a new sterilization piece that
8 we're putting in that is a variable piece of
9 equipment that if the Board should request we could
10 remove. And it costs \$204,000, which in essence
11 would erase that \$205,000 variance.

12 CHAIRWOMAN OLSON: So it's something
13 you don't need?

14 MR. KASPER: It's -- we need it in
15 terms of modernization, but we have a piece of
16 equipment that's serviceable should we move
17 forward, and if the Board so wishes, we could
18 remove that from this project.

19 CHAIRWOMAN OLSON: Okay. And then as
20 far as the negative finding on financial viability?

21 MR. KASPER: Yeah. So the financial
22 viability is a little bit -- let me clarify. So,
23 our surgery center is a stand-alone entity which is
24 co-owned by us and partially owned by Edward

1 Hospital. We own roughly 88 percent of the
2 building. So it's consolidated under our
3 financials. So the financials that you're looking
4 at today are a view of our ASC, or our surgery
5 center financials.

6 Behind those surgery center financials
7 is DuPage Medical Group itself which it
8 consolidates under, which is a \$700 million
9 organization, not a \$25 million organization as
10 represented through the application. And our
11 profit margins in that business are close to ten
12 percent, not some of the two percent type margins
13 that you see for the surgery center.

14 The one year in 2015 where you see a
15 significant negative balance, the organization went
16 through a private equity and bank debt refinancing
17 of about \$250 million. Of that \$250 million, there
18 were -- there was proceeds that were sent out to
19 the shareholders, our physician shareholders. And
20 so that's why you see that negative balance because
21 that proceeds of roughly \$200 million that was
22 given to the physician shareholders shows as a
23 negative on the income statement. It's a one-time
24 event.

1 CHAIRWOMAN OLSON: Thank you.

2 Other questions or comments?

3 Mr. Sewell.

4 MEMBER SEWELL: I guess I want to ask
5 the staff this question. The financials that you
6 used for your analysis, they have to be audited
7 financial statements. So it's not the practice of
8 this applicant to break out this new unit
9 separately. So, therefore, the financials that
10 they have are for the majority owner.

11 MR. CONSTANTINO: That's correct.

12 MEMBER SEWELL: So they don't -- they
13 just don't have them. Would you have accepted
14 unaudited --

15 MR. CONSTANTINO: We would have put
16 them in the report, but we would also have asked
17 for the audited financial statements of DuPage
18 Medical Center, Limited.

19 MEMBER SEWELL: Right. So had the --
20 now, this is hypothetical and may not be a fair
21 question. But had the unaudited statements just
22 for the unit that's in question today, had they
23 complied with the benchmarks for these financial
24 ratios, would there still have been a negative

1 finding because they weren't audited?

2 MR. CONSTANTINO: For that applicant
3 there would be, yes.

4 MEMBER SEWELL: Yeah. Okay.

5 CHAIRWOMAN OLSON: Mr. Hayes.

6 VICE CHAIRMAN HAYES: Thank you, Madam
7 Chairman.

8 You mentioned that the DuPage Medical
9 Group, the medical group itself, has a margin of
10 approximately ten percent. Is that right?

11 MR. KASPER: That's correct. An EBITDA
12 margin. So it's not just the profit margin, but it
13 includes depreciation and other items.

14 VICE CHAIRMAN HAYES: Okay. And then
15 the surgery center may only have an EBITDA margin
16 of about two percent. Is that what you're saying?

17 MR. KASPER: It's lower than our
18 standard EBITDA margin across the enterprise.
19 That's correct.

20 VICE CHAIRMAN HAYES: Okay. But you
21 have no idea -- you mentioned two percent, but you
22 don't know if that's correct; is that right?

23 MR. KASPER: Well, there's two percent
24 margin that we've historically had in our business.

1 Those margins have improved significantly over the
2 last year for our enterprise.

3 VICE CHAIRMAN HAYES: Is the ambulatory
4 surgery center less profitable than the medical
5 group; would you say?

6 MR. KASPER: I don't know the exact
7 breakout of the profitability margin of the surgery
8 center as it contributes to the organization,
9 whether it's higher or lower. I would suspect it's
10 lower. We take a certain percentage of those
11 profits and actually use those to enhance physician
12 compensation for those folks -- those physicians
13 who participate at the surgery center.

14 VICE CHAIRMAN HAYES: Okay. All right.
15 Thank you.

16 CHAIRWOMAN OLSON: I just have one
17 other question. I'm looking at your profile and
18 I'm seeing -- and I believe this is correct or I
19 assume it's correct -- zero Medicaid. You don't
20 take any Medicaid at this facility?

21 MR. KASPER: We -- we -- that's not
22 exactly true. So first we were not participating
23 in the Medicaid health plan. Effective January of
24 2016, we are now a full participant with BlueCross

1 and BlueShield, so that we do have cases that
2 actually go to the surgery center and our
3 physicians do see Medicaid patients through that
4 program.

5 CHAIRWOMAN OLSON: So you participate
6 in their MCO -- BlueCross BlueShield's MCO for
7 Medicaid?

8 MR. KASPER: Correct. And that's a new
9 development as of January 2016.

10 MEMBER GOYAL: Madam Chair, may I?

11 CHAIRWOMAN OLSON: Yes.

12 DR. MERRICK: My name is Paul Merrick.
13 I'm a urologist there. And our specialists are
14 really the only Medicaid provider in DuPage County.
15 So we do Medicaid from outside our geography and
16 it's up about 150 percent this year.

17 CHAIRWOMAN OLSON: Thank you.

18 MEMBER GOYAL: Madam Chairwoman, the
19 mic is fixed. Thank you.

20 My name is Arvind Goyal and I represent
21 Medicaid as an ex officio member.

22 And my question is, BlueCross probably
23 is one of the 13 plans in operation with Medicaid
24 and that total between 13 -- divided between 13

1 plans is about 64 percent of Medicaid in Illinois.
2 So if I divide 64 by 13, just to make it simple,
3 you're talking about four and a half percent or
4 five percent -- five percent of all Medicaid
5 managed care. That totally excludes roughly
6 approximately 35 percent, one-third, of Medicaid
7 fee-for-service. So I'd like for you to comment a
8 little bit.

9 It appears to me that DuPage does have
10 its share of Medicaid population. And the reason I
11 say that is you have presence at the DuPage County
12 Health Department. You have an access FQHC that is
13 about 70-80 percent Medicaid. And I personally am
14 aware that DuPage has a growing Medicaid
15 population. So if you limit yourself to one
16 Medicaid managed care organization, BlueCross, and
17 exclude everybody else who has a presence in DuPage
18 County -- I mean, these managed care plans have a
19 presence in DuPage County, fee-for-service
20 population has a presence in DuPage County, how do
21 you meet the requirement that you take care of
22 Medicaid just as well as you do others?

23 MR. KASPER: Well, I would start by
24 making it -- we are a tax-paying organization. We

1 are not a tax-exempt organization. And this came
2 up the last time we were here in front of this
3 Board and counsel -- my recollection was counsel
4 gave guidance to the Board that the same criteria
5 that you use for tax-exempt organizations in this
6 regard don't apply to tax-paying organizations.
7 So I'll start with that.

8 Secondarily, we are committed to
9 delivering care to the Medicaid population. When
10 we were in front of this Board again a few years
11 back, the CEO for Access DuPage sat and said, you
12 know, we gave millions of dollars in free care to
13 the community. And we continue to have that as
14 part of our strategy overall is to continue to take
15 care of folks who are either uninsured or go
16 through insurance relative to BlueCross.

17 To answer your question more
18 specifically, I don't know the county breakdown.
19 So I don't know of those 13 health plans what
20 BlueCross's market penetration is relative to the
21 other payers.

22 Based on Dr. Merrick's experience and
23 the number of folks that are reaching out to us
24 from not just within our community, from outside

1 our community, it certainly appears that we are one
2 of the premier access points for these folks in
3 Medicaid.

4 MEMBER GOYAL: Madam Chair, can I
5 continue the dialogue?

6 CHAIRWOMAN OLSON: Absolutely.

7 MEMBER GOYAL: So you have said a few
8 things. So, first of all, free care is not
9 Medicaid care. If you're providing access to --
10 for charity purposes, you may not be a tax-exempt
11 organization. It is not charity care if you
12 exclude Medicaid. So I wanted to make that point
13 very clearly. We still have uninsured who will be
14 eligible for charity care.

15 But what you have done is by not
16 signing contracts with these managed care
17 organizations, by not being a Medicaid
18 fee-for-service provider, you have in effect
19 limited yourself in a way that in name you have
20 Medicaid but you really don't have a significant
21 Medicaid. And I want to make that point clearly.

22 If I had a vote on this Board, you will
23 not get it. Thank you.

24 CHAIRWOMAN OLSON: Any other questions

1 or comments?

2 Seeing none, I'd ask for a roll call
3 vote.

4 MR. ROATE: Thank you, Madam Chair.

5 Motion made by Senator --

6 CHAIRWOMAN OLSON: I'm sorry. Did you
7 have a comment?

8 UNIDENTIFIED WITNESS: I did, but it's
9 fine. Thank you.

10 MR. ROATE: Motion made by Senator
11 Demuzio; seconded by Mr. Sewell.

12 Senator Burzynski?

13 MEMBER BURZYNSKI: Well, I understand
14 Dr. Goyal's comments and concerns, but I believe
15 that based on the comments that have been made by
16 the applicant that they've adequately responded to
17 the findings, staff findings, so I'm going to vote
18 yes.

19 MR. ROATE: Thank you.

20 Senator Demuzio?

21 MEMBER DEMUZIO: I'm going to go ahead
22 and vote yes, based on looking at the executive
23 summary of the staff report, I go ahead and vote
24 yes for it.

1 MR. ROATE: Thank you.

2 Justice Greiman?

3 MEMBER GREIMAN: Aye.

4 MR. ROATE: Thank you.

5 Mr. Hayes?

6 VICE CHAIRMAN HAYES: I'm going to vote
7 yes, based on the state agency report and their
8 explanations for the -- you know, the areas that
9 they did not meet.

10 MR. ROATE: Thank you.

11 Mr. Johnson?

12 MEMBER JOHNSON: I'm going to vote yes,
13 based on the report and the explanation provided
14 today.

15 MR. ROATE: Thank you.

16 Mr. McGlasson?

17 MEMBER McGLASSON: Yes, based on the
18 staff report.

19 MR. ROATE: Thank you.

20 Mr. Sewell?

21 MEMBER SEWELL: I'm going to vote no,
22 based on the findings in the state agency report.

23 MR. ROATE: Thank you.

24 Madam Chair?

1 CHAIRWOMAN OLSON: I'm going to vote no
2 as well. I don't -- I don't think that the
3 negative findings were adequately explained.

4 MR. ROATE: Thank you, ma'am.

5 That's six votes in the affirmative,
6 two in the negative.

7 CHAIRWOMAN OLSON: The motion passes.
8 Congratulations and good luck.

9 MR. KASPER: Thank you to the Board and
10 thank you to the staff. Thank you very much.

11 CHAIRWOMAN OLSON: Thank you.

12 I did want to just make one quick
13 announcement. I apologize. I meant to introduce
14 somebody in the very beginning and I did not.

15 Jesse, would you please stand?

16 Jesse is our new intern. We're very
17 glad to have him with us and appreciate your help.

18 The next order of business is
19 applications subsequent to intent to deny. There
20 is nothing.

21 Other business. None.

22 Rules development. Jeannie?

23 MS. MITCHELL: Thank you.

24 So first I wanted to discuss the 1130

1 rules. These were rules that were published for
2 first notice on December 28th, 2015. We've
3 discussed them a few times. I didn't print
4 everything out because it's very -- it's several
5 pages. I didn't want to waste paper and it -- I
6 can quickly discuss the changes with you.

7 We're going to seek filing for the
8 adopted amendments, but there have been two changes
9 since you've seen them last. First, we were not
10 able to increase our fees; and second, we were
11 going to make NICU applications, neonatal intensive
12 care applications, require a permit as opposed to
13 be eligible for exemption, which they're currently
14 allowed to do right now. And the reason that we
15 are -- we did not do that is because the governor's
16 office strongly requested that we not do that, so
17 we weren't able to do that at this time.

18 And next I want to discuss 1130.531.
19 So I just told you that we were going to make the
20 NICUs -- the NICU projects come in for a permit.
21 Well, last year in 2015, we removed -- the Board
22 removed the NICU exemption requirements. I think
23 at that time the thought was by removing that it
24 would remove the exemption eligibility altogether,

1 but it did not do that. So right now we're in a
2 position where NICU applications continue to be
3 eligible for an exemption, but we don't have any
4 exemption requirements. So we need to reinstate
5 those exemption requirements. So we need to do
6 that since we -- since we already have that in
7 place for the exemptions.

8 So those are the only things I wanted
9 to discuss.

10 CHAIRWOMAN OLSON: Questions for
11 Jeannie on those things?

12 Mr. Hayes.

13 VICE CHAIRMAN HAYES: Yes. In this --
14 on these revisions here, essentially the governor's
15 office as well as other interested parties
16 basically blocked our -- an increase in fees; is
17 that correct?

18 MS. MITCHELL: That is definitely
19 correct. I know that the Illinois Health and
20 Hospital Association objected to those increases.
21 IDPH objected to those increase. And the
22 governor's office based on the combination of that
23 declined to accept it -- to approve it, rather.

24 VICE CHAIRMAN HAYES: One of the things

1 is that, you know, basically that kind of takes our
2 ability to control our own fees out from under us
3 because the -- you know, the interest groups here,
4 they're not going to -- they probably would oppose
5 all fee increases forever and -- unless there was
6 really a dire need. And IDPH might do the same
7 thing. So, you know, we've lost -- that does tend
8 to lose -- we've kind of lost our control over our
9 fees and that may not be a good precedent to set
10 long term. Do you see what I'm saying?

11 MS. MITCHELL: I completely agree. And
12 the governor's office has said -- at least they
13 have said that they're willing to continue
14 discussing it. We have not had those continued
15 conversations as of yet. So we'll see -- we'll
16 continue making the case for it and see what will
17 happen. But I agree with you.

18 VICE CHAIRMAN HAYES: Okay. Thank you.

19 CHAIRWOMAN OLSON: That's a very good
20 point, John. Thanks for bringing that up.

21 Any other questions or comments?

22 There's nothing under old business.

23 Under new business we have a financial
24 report.

1 Courtney, were you going to make any
2 statements?

3 MS. AVERY: Yes. If you have questions
4 about them, please give me a call. I will admit
5 that Kim worked very hard to get them to us and she
6 got them to us this week, and I was not able to ask
7 her any questions about the financial reports. But
8 if you have any questions about them, please let me
9 know, and I'll address those when I meet with Kim
10 to discuss what she's given to us.

11 CHAIRWOMAN OLSON: So I think --

12 MS. AVERY: But I think we're
13 up-to-date.

14 CHAIRWOMAN OLSON: Is it fair to say
15 that we can include this again in our next meeting?

16 MS. AVERY: Yeah, yeah.

17 CHAIRWOMAN OLSON: Nelson, corrections
18 to the profiles, sir. In your outside voice. I
19 know you have it.

20 MR. AGBODO: Mike, do you want to --

21 MS. AVERY: Why don't you come to the
22 table?

23 MR. AGBODO: Mike can do it.

24 MS. AVERY: Oh, Mike's going to do it?

1 MR. CONSTANTINO: Yeah. I'll -- can I
2 speak to the --

3 MR. AGBODO: Mike can do it.

4 CHAIRWOMAN OLSON: Absolutely.

5 MR. CONSTANTINO: Okay, thank you.

6 We've had five corrections to the
7 profiles.

8 Rush Oak Park Hospital, they requested
9 that we correct 2013, '14, and '15 emergency
10 department visits.

11 St. Mary's in Decatur, they requested
12 we correct 2014 cardiac cath information.

13 Silver Cross Hospital and Medical
14 Center, they requested we correct 2014 number of
15 operating rooms, number of gastro procedure rooms,
16 one linear accelerator, and no laser eye procedure
17 rooms.

18 Advocate Sherman Hospital requested
19 that we change surgical and procedural data,
20 private pay and charity care patients for the years
21 2011 through 2014.

22 And the final one is Carle Surgicenter
23 - Champaign and Carle Surgicenter - Danville,
24 change reported revenue numbers and charity care

1 expense for 2013, '14, and '15.

2 Thank you, Madam Chair.

3 CHAIRWOMAN OLSON: Thank you, Mike.

4 And then as far as the 2015 profiles,
5 is there other comments on that?

6 MR. CONSTANTINO: We've -- we attached
7 them to your CD and they will be published on our
8 website tomorrow or as soon as we get back to the
9 office today.

10 CHAIRWOMAN OLSON: Thank you for all
11 your work on that, Nelson. Appreciate it.

12 MR. CONSTANTINO: Yeah. I do have to
13 say Nelson spent an awful lot of time with the
14 facilities helping them correct their data.

15 CHAIRWOMAN OLSON: I feel like for
16 maybe the first time since I've been on the Board
17 we really have a good handle on that. We know that
18 these profiles are accurate.

19 So, thank you, Nelson. Appreciate
20 that.

21 MR. AGBODO: Thank you, Madam Chairman.

22 CHAIRWOMAN OLSON: Any questions?

23 May I have a -- oh, the next meeting,
24 October 25th, 2016, Bolingbrook Golf Club in

1 Bolingbrook. I hope we have as good attendance
2 then as we do now.

3 MEMBER BURZYNSKI: 10 a.m.?

4 CHAIRWOMAN OLSON: Yes, 10 a.m.

5 MEMBER GOYAL: For all of those? For
6 all meetings?

7 CHAIRWOMAN OLSON: Yes.

8 And also as an FYI, we have made the
9 decision to cancel the December meeting. There
10 will be no meeting in December. So after the
11 October meeting, the next time we'll be meeting is
12 January 24th, again in Bolingbrook.

13 May I have a motion to adjourn?

14 MEMBER SEWELL: So moved.

15 CHAIRWOMAN OLSON: A second?

16 MEMBER JOHNSON: Second.

17 CHAIRWOMAN OLSON: All those in favor
18 say aye.

19 (Ayes heard.)

20 CHAIRWOMAN OLSON: Opposed, like sign.

21 (No audible response heard.)

22 CHAIRWOMAN OLSON: The motion passes.

23 The meeting is adjourned.

24 (The meeting adjourned at 1:43 p.m.)

A	116:9,10,12	ADJOURNM...	age 79:4	55:20 57:1,9
A-01 16:24	act 4:3 7:7 67:9	5:8	aged 15:8 79:8	58:2 60:1 63:6
A-02 36:4	67:17,23 77:11	adjustments	agencies 90:8	64:10
a.m 1:12 7:14,17	90:12 111:20	90:11	agency 35:10	alterations 15:6
156:3,4	action 3:14 16:22	administration	38:12,12 39:1	alternative
ability 77:1 79:5	157:16	79:7	60:24 61:13,17	116:19
152:2 157:9	acts 27:19	administrative	94:9 99:19	alternatives
able 25:4 45:19	actual 91:3	31:15 67:22	102:6 105:10	105:13
49:5,7 80:21	acute 39:18	81:6,11 108:8	115:1 118:6	altogether
84:22 88:12	58:15	136:16	124:23 125:3	150:24
89:6 94:11,12	add 58:11 105:17	Administrator	128:1,13	ambulatory 4:9
110:4 114:7	136:14	2:12 68:2	134:18 135:5	43:9 53:18
118:10 150:10	added 56:6 58:14	admit 153:4	148:7,22	77:21 79:16
150:17 153:6	84:18 106:6	adopted 150:8	agenda 3:11 10:2	80:1 100:12,15
absent 6:13	110:9	adult 59:15	10:3,9 14:21	101:3 102:4
absolutely 81:11	adding 86:22	advantage 88:9	24:9,14	105:13 106:3,7
91:11 108:24	109:2 111:15	89:13	ago 11:24 12:13	106:17 107:6
146:6 154:4	118:2 137:18	advertisements	18:23 25:3	107:12 109:10
abysmal 88:3	addition 44:8	88:12	90:24 108:2	109:13,21
academic 45:15	56:16 59:15	advise 114:22	127:15	110:2,5,24
97:7 104:7	78:10 80:4 81:5	Advocate 154:18	agree 32:4 92:17	111:15,21
accelerator	83:10 92:1	affiliation 43:20	92:22 152:11	113:23 114:1
154:16	97:20 103:8	96:22 97:2	152:17	114:11 115:23
accept 8:24 28:14	106:1 110:8	affirmation 47:8	agreed 12:5	116:18 117:6
151:23	116:3,6 117:8	affirmations	agreement 27:7	118:4 120:23
accepted 111:13	136:15	47:7	AGREEMEN...	135:22 142:3
140:13	additional 12:4	affirmative 34:5	3:6	amended 10:9
access 26:24 27:4	43:11 69:20	39:7 53:12	agriculture	19:16
27:12,14 44:18	84:24 89:23	55:15 61:19	115:17	amendments
78:19 105:11	137:18	67:1 68:9 73:17	ahead 25:16	150:8
105:15 108:22	additionally	95:3 100:1	26:16 30:21	American 85:14
112:11 116:4	43:16 108:18	121:15 125:5	82:21 147:21	88:12,19 89:10
118:23 121:11	address 69:10	128:19 135:12	147:23	89:14
127:24 144:12	83:1 107:18	149:5	ALAN 2:6	amount 57:5,16
145:11 146:2,9	109:15 111:24	affirmatively	Alden 15:6	57:18 58:13
accommodate	114:24 115:4	41:21	alike 113:24	59:2 89:4,20,23
79:24 108:11	137:8 153:9	Affordable 77:10	alleviate 77:18	analysis 49:6
accomplish 43:6	addressed 14:5,6	90:12	allow 45:19	50:13 140:6
accounts 116:24	addressing 70:10	affront 14:2	80:23 84:10,21	anesthesia
accurate 155:18	121:7	afresh 31:13	89:23 110:2	112:11
achieved 111:14	adequately	afternoon 21:19	allowed 63:24	anesthesiologists
acquiring 48:9	147:16 149:3	101:17 107:19	93:2 150:14	108:8
49:16	adjacent 57:11	112:2 114:16	allowing 126:16	announcement
acquisition 49:6	adjourn 156:13	AGBODO 2:15	allows 59:6 81:10	149:13
49:13	adjourned 7:14	153:20,23	112:11	annually 78:11
acres 115:16	156:23,24	154:3 155:21	alteration 3:22	answer 24:2

45:22 70:19,20 70:23 82:16 83:4 85:17 86:2 87:16 94:12 123:5 145:17 answered 81:17 answering 69:8 110:10 anticipated 62:18 75:2 98:4 98:5 136:20 antiquated 78:6 93:15 anybody 71:21 75:22 apartments 133:13 Apollo 16:7 apologize 29:1,20 31:22 47:21 68:13 97:9 149:13 appear 37:8 117:5 APPEARANC... 2:1 appears 25:7 144:9 146:1 applicant 12:3,7 13:6,24 14:6 24:1 31:6 36:11 39:23 41:13,18 46:18 52:6 54:1 60:12 61:1 62:8 74:15,22 85:17 93:13 94:10 95:10,16 98:19 100:20 121:7 122:6 125:13 129:10,17 136:5 140:8 141:2 147:16 applicant's 119:17 121:1 applicants 36:18 40:5 41:2 54:8	95:23 98:23 101:2 122:12 125:18 126:7 136:11,15 application 8:4 9:12 10:6 12:11 12:14 14:9 21:24 31:1,7 41:10,20 46:6 48:17 68:19 69:2,23 70:3,21 79:22 81:18 102:19 106:5 111:20 139:10 applications 4:7 4:19 27:18 41:17 54:17 74:4 149:19 150:11,12 151:2 applied 13:16 apply 145:6 applying 32:7 appointment 80:15 appraisal 48:23 49:18 50:9,10 appreciate 45:21 48:19 81:15 85:5 94:23 96:23 149:17 155:11,19 approached 50:22 appropriate 81:10 89:6 106:2 109:12 119:17 approval 3:11,11 10:2,20 13:18 44:11 58:11 69:20 96:24 98:5 approvals 16:20 43:22 approve 9:15	10:8,21 14:10 17:2 19:10 20:11,16 22:15 33:6 36:6 39:16 41:21 46:9 48:15,20 53:15 55:23 57:8 62:2 67:16 68:5 71:1 74:8 95:11 100:14 121:23 125:23 129:5 135:20 151:23 approved 3:13 14:21 15:3,5,10 15:16,20 20:20 21:2 32:15,18 32:23,23 47:13 51:3 56:13,17 56:21,22 57:1,5 57:18 59:12,14 62:16,21 97:14 103:4,9,17 106:11 117:6 118:4 approves 118:12 approximately 56:22 57:3 62:18 63:3 74:24 75:1 77:24 96:1 101:5 102:23 108:2 112:4 122:14,16 126:9 129:19 136:20 141:10 144:6 April 12:12 27:14 97:17 architectural 27:17 area 13:13 21:4 32:24 80:2,12 80:22 91:2 102:24 105:4 114:4 133:14 133:18	areas 44:19 133:18 136:17 136:18 148:8 argument 121:2 arrangements 7:21 array 45:17 Arvind 2:10 31:23 143:20 Asbury 3:24 61:24 62:3 ASC 139:4 asked 18:22 46:21 86:3,4 108:4 140:16 asking 18:1 70:21 assets 109:19 assistance 76:19 81:15 Assistant 2:13 assisted 76:7 97:24 associated 28:13 137:17 Associates 130:20 association 97:6 97:23 151:20 assume 50:1 142:19 assumption 29:6 assurances 106:8 assured 12:3 ASTC 100:16 136:12 attached 103:9 155:6 attend 25:4 attendance 45:1 156:1 attendees 43:15 attending 7:2 110:10 attestations 47:1 47:15	attested 109:23 attorney 71:9 157:14 audible 8:16 9:8 9:22 10:18 11:5 156:21 audience 49:11 audit 37:12 audited 37:1 140:6,17 141:1 August 24:10,12 24:20,21 29:3,6 32:3 40:11 43:13 45:1 62:15 126:11 Aurora 121:22 121:22,24 122:15 available 111:10 117:13 118:15 Avenue 78:2 averages 103:5 AVERY 2:12 153:3,12,16,21 153:24 avoided 77:20 aware 86:8 144:14 awful 155:13 Axel 96:18 130:19,19,19 133:5,7,9,12 aye 8:13 9:5,19 10:15 11:2 37:22 38:3,6 52:14 54:16 60:10,15,19,24 66:1 72:12,18 72:20 93:23 94:5,9,15,18,22 95:1 98:17 99:2 120:2 123:21 124:5 134:5 148:3 156:18 Ayes 8:14 9:6,20 10:16 11:3
--	--	--	---	--

156:19	basic 49:8	97:23	117:7 118:5,12	108:16 115:21
B	basically 29:24	blocked 151:16	118:18 119:1	116:16 117:3
B 106:5	47:24 48:8,13	Bloomington--...	119:22 122:21	118:22
babies 102:24	48:14 83:12,22	15:14	122:24 123:4,8	bringing 29:18
back 7:18 26:21	83:23 84:21	BlueCare 113:17	124:2,10	152:20
27:8,15 28:7,15	87:10 131:15	BlueCross	125:10 126:14	brings 42:19
31:13 51:3,6	151:16 152:1	142:24 143:6	126:16,16,22	brother 71:10
69:11,13 84:9	basis 53:3 112:15	143:22 144:16	128:17 129:24	budget 114:23
84:14 90:14	Beberman 58:9	145:16	130:3,22	117:2
91:9 100:9	bed 59:16	BlueCross's	135:10 136:24	budgets 58:9
145:11 155:8	beds 13:13 20:14	145:20	137:5 138:9,17	build 21:14
background	21:3,4 32:18,20	BlueShield 143:1	145:3,4,10	102:11 111:21
46:17	35:16 36:21	BlueShield's	146:22 149:9	116:1,6
balance 139:15	56:13,14,18,19	143:6	150:21 155:16	building 4:9
139:20	56:20 58:3 59:7	board 1:2 2:3,15	board's 13:15,18	23:19 27:18,23
bank 85:14 86:11	59:9	2:16 3:14 7:14	14:3 102:13	40:8 41:6 74:10
86:15,18,23	began 82:5	12:1,4,5,9,19	104:4	74:23 75:4 78:1
88:12,19 92:15	beginning 149:14	13:11 14:11,14	Bolingbrook	78:4,7,24 79:3
92:16 139:16	behalf 18:20	16:22 18:13	155:24 156:1	79:5,8,8,13,20
banks 58:23	27:19	19:8,12 20:6	156:12	80:7,17 81:4,9
based 12:20	believe 31:9	22:11 25:5	bond 86:14,23	82:9 83:13 84:4
32:18,20 35:5,9	33:14 35:17	26:19 31:4 34:4	88:20,21 89:4,9	84:8,9,20 88:2
37:23 38:3,6,11	40:12 45:7	34:20,24 35:1	89:20 90:7,9,13	95:9,12,13,24
38:16,20,24	52:10 56:5	35:11 36:1	94:4	97:11 98:3
39:4 52:22 53:5	71:21 72:7	37:14 38:17	bonding 94:2	105:13 114:20
53:10 54:12,16	81:17 95:7	41:20 42:2,8	bonds 88:21	119:3 129:2,6,7
60:10,15,19,24	121:10 142:18	43:22 44:1 46:1	89:15,17,23	129:18 131:20
61:12,16 65:19	147:14	48:13,14,20	90:2 92:22,23	131:22 139:2
66:6,14 72:22	bell 91:4	49:3,23 51:3,7	93:24	buildings 78:6,12
73:3,10,14 76:2	benchmarks	53:24 56:24	BONNIE 2:15	79:11 84:11
93:13 94:9,18	140:23	57:22 58:1 60:3	book 49:15,17	103:10,13,15
94:22 98:17,22	beneficiaries	62:20 64:9 65:4	born 102:24	115:11
99:2,6,14,18,22	106:21	65:9 67:10,23	borrowing 58:13	built 14:8 32:13
104:10 117:20	benefit 43:11	68:2,5,6,9,15	bothers 21:9	78:7,7,9 112:6
119:16 120:2,7	best 64:17 104:7	69:5,12,14,20	bottom 28:17	133:15
120:13,17,22	114:8,9 157:9	70:22 72:5	Brad 2:5 6:9	bunch 20:2
123:21 124:1,5	better 80:11	75:11,19 81:14	Bratcher 96:19	burden 89:3,7
124:9,14,18,22	85:23 91:14	82:2 90:14	break 100:6	105:24
125:2 127:6,10	beyond 78:24	91:20 92:1	140:8	Burzynski 2:5
128:12,16	103:6	93:20 96:10	breakdown	6:9,10 7:8 24:4
134:5,9,17	bidding 117:9	97:14 98:10	145:18	24:5,6,13,17,20
135:9 145:22	billion 91:3	101:16 102:2	breakout 142:7	24:23 25:1,6,19
147:15,22	Birthing 15:15	102:11,18	briefly 123:2	33:11,12 37:21
148:7,13,17,22	bit 59:5 132:18	103:4,9,16	bring 57:18	37:22 52:4,5
151:22	138:22 144:8	106:10 107:23	59:16 77:23	53:19,19 54:6,7
	BJC 96:19 97:5	107:24 111:20	80:23 97:3	54:8 60:9,10

65:17,18 68:24 72:11,12 91:23 91:24 92:12,21 93:11,12 97:12 98:16,17 119:15,16 123:20,21 127:5,6 134:4,5 147:12,13 156:3 Bush 15:2 business 4:2,20 4:22 5:3 7:3,20 10:1,20 11:7 39:12 43:17 67:6,6,8 74:1,3 76:2 97:17 139:11 141:24 149:18,21 152:22,23 businesses 132:13 busy 109:20 buy 121:1 buyer 50:19 Byron 8:6	103:11,18 105:14,17 110:1,2 111:16 111:22 113:8 114:2,21 115:9 115:16 cancel 156:9 canceled 24:11 29:7 32:3 cancer 59:11 80:6,8,10,19 103:18 capable 91:18 capacity 108:5 109:12 111:14 Capicchioni 58:8 capital 58:9 118:9 Capitol 2:21 cardiac 154:12 care 4:3,11 12:15 15:9,13 18:6 39:18 43:1,10 44:17 45:9,12 45:18 47:9,10 56:14,15,18 57:12 58:3,17 59:8,9,17 62:16 67:9 76:3,23,24 77:3,11,18,18 77:21 78:16,20 79:5,14,22 80:6 80:13 82:7,12 88:7 90:12 97:3 101:22 105:11 105:23 106:13 106:16,22 108:4 111:16 114:8 121:12 121:22,24 127:24 144:5 144:16,18,21 145:9,12,15 146:8,9,11,14 146:16 150:12 154:20,24	career 110:11 Carle 154:22,23 case 35:18 49:14 110:19 152:16 cases 20:19 105:5 107:4 109:5,12 110:4,6 112:9 112:12,14,24 113:11 143:1 cash 50:20 63:7 86:13 Castle 16:4 cath 154:12 CD 155:7 Centegra 15:11 center 3:21,23 4:10,15 8:5 15:3,15,18,19 15:22,24 16:1,2 16:3,5,7,8 36:5 41:4,5 42:11 44:7 45:11,15 48:6 51:16,19 53:17,18 55:22 55:24 56:15,16 57:12 58:3,7,16 59:8,15 79:14 79:19 80:6 100:13,16 102:4 103:3,5 103:18 104:5 105:13 106:7 106:17 107:6 107:11,12,22 109:10,13,21 109:24 110:2,5 110:24 111:15 111:21 113:8 113:23 114:1 114:11 115:23 116:19 117:17 130:10 131:23 135:18,21,23 138:23 139:5,6 139:13 140:18 141:15 142:4,8	142:13 143:2 154:14 centers 97:7 104:7 106:3 118:4 120:24 Central 15:13 CEO 42:9 76:14 91:5 137:2 145:11 ceremony 59:20 certain 20:15 46:7 113:22 142:10 certainly 23:13 48:19 51:6 97:24 105:6 137:4 146:1 Certificate 12:14 105:19 157:1 Certificates 42:17 Certified 157:6 157:21 certify 157:8 cetera 29:5 Chair 6:6 7:24 33:10 35:13 37:18 39:3 42:8 52:1 53:8 55:11 56:24 61:15 62:20 65:14 66:21 68:21 71:7 72:8 73:13 75:12 85:8 90:5 93:8 94:21 96:16 99:21 101:1 119:12 121:4,14 123:17 125:1 125:17 126:6 127:2 128:15 129:16 134:1 135:8 143:10 146:4 147:4 148:24 155:2 Chairman 2:4	6:8 7:9 8:10 9:17 10:13,24 22:7 25:21,22 28:3 29:23 30:6 30:10,13,19 34:18 36:10 38:10 44:4 46:3 46:4,11 47:22 48:8,12 50:8,12 50:16,18,23 52:18 53:21,23 54:20 60:23 65:7 66:6 71:4 72:22 74:14 82:22 85:7 87:1 87:10 88:11,15 88:17 89:8,12 90:1,15,23 91:8 91:13,22 94:8 95:15,22 99:6 100:18 120:6 124:9 127:23 131:11,13,13 131:19,24 132:2,6,11,15 132:21 133:1,6 133:10,14,20 134:17 141:6,7 141:14,20 142:3,14 148:6 151:13,24 152:18 155:21 Chairwoman 2:4 3:13 6:2,22,23 7:1,10,18 8:7 8:11,15,17,23 9:4,7,9,14,18 9:21,23 10:11 10:14,17,19 11:1,4,6 14:17 14:20,22 15:1,5 15:10,16,20 16:10,11,12,18 17:9,14,19,22 18:8,9,12 19:13 19:18,23 21:16
--	--	--	---	---

C

C 4:1,1 5:1,1 6:1
42:11
C-01 39:14
call 3:3,4 6:2,4,5
33:9 37:16
39:14 51:21,21
54:3 60:6 65:13
72:5,7 74:5
93:7 98:3,13
110:10 119:11
123:16 127:1
133:24 147:2
153:4
called 29:10
113:17
campus 56:15
74:10 75:5
97:23 102:5,15

21:22 22:3 23:6 23:7,24 24:4,5 25:15,20 29:12 29:15,21 30:20 30:21 31:2,18 31:20 33:1,8 35:14,22 36:3 36:11,14,17 37:2,13 39:4,8 39:11,23 40:2,4 40:14,15,19,23 41:11,12,23 42:5 43:24 45:24 51:9,20 53:9,13,22,24 55:12,16,19 56:5,8,11 57:20 57:21,24 60:2 61:16,20,23 62:8,11,14 63:8 63:9,14 64:14 64:19,22 65:2,8 65:11 66:22 67:2,5,15 68:17 68:23 69:22 70:18 71:5,11 71:13,15,20 72:2 73:14,18 73:24 74:13,15 74:18,21 75:9 75:10,15,20,22 76:4,10 82:18 82:24 83:16,20 83:24 85:4,22 91:23 92:10 93:5 94:22 95:4 95:7,16,19 96:7 96:8,13 98:9 99:22 100:2,5,9 100:19,22 101:13,14 118:17 119:4,7 121:5,17,20 122:3,5,8,11,22 122:23 123:7 123:11 125:2,6	125:15,19,22 126:3,12,13,21 127:20 128:16 128:20,24 129:10,13 130:1,2,6,11,16 130:21 131:9 131:12 133:21 135:9,13,17 136:1,4,7,10,22 136:23 137:5 137:11,21 138:2,4,12,19 140:1 141:5 142:16 143:5 143:11,17,18 146:6,24 147:6 149:1,7,11 151:10 152:19 153:11,14,17 154:4 155:3,10 155:15,22 156:4,7,15,17 156:20,22 challenged 77:11 Champaign 154:23 change 10:4 15:21 22:14 39:18 40:5 41:3 46:19 47:12 51:13,23 53:17 58:12 154:19 154:24 changed 14:8 23:10 27:9 41:16 47:16 changes 51:14,14 51:18 150:6,8 changing 48:1 63:6 charity 47:9,10 106:13,15,22 146:10,11,14 154:20,24 Charles 18:19	cheaper 89:15 Chicago 3:23 42:21 44:6 48:5 51:15 55:21,22 55:24 56:16 58:6 74:7 78:2 103:14,17 105:3,9 125:9 126:8 129:2,18 chief 75:13 101:18 children 88:4 children's 79:19 80:2 87:8 103:12 choice 45:8 48:20 choose 108:12 choosing 75:23 chose 105:23 circumstances 85:2 citing 34:24 city 13:1,3 26:1 27:6,15,16 28:18 Claire 76:17 Clare 123:3 130:20 clarification 85:5 119:8 clarify 65:8 67:19 138:22 clear 7:13 33:5 clearly 146:13,21 clears 59:10 Clinic 78:15,22 clinical 58:11 88:6 103:19 clinics 4:8 95:9 95:12,24 close 44:12 58:17 66:2 84:5 106:21 139:11 closed 7:5 closely 51:2 closer 91:3	102:22 closing 26:17 Club 155:24 co-owned 138:24 codes 107:7 Colby 101:17,18 121:19 collaborative 44:21 collaboratively 108:7 colleagues 114:11 combination 45:14 151:22 combined 44:14 44:18 106:20 111:18 come 11:16 21:7 21:10 31:13 34:4,12 51:2,6 69:11,13 84:10 84:22 86:13,19 87:11 91:9 104:23 150:20 153:21 comes 110:9 coming 28:2 84:9 comment 48:14 50:24 107:1,16 144:7 147:7 comments 16:21 18:12 20:6 37:4 37:14 38:11 42:1 44:8 51:11 51:21 57:22 60:3,11 72:5,23 73:4,15 75:11 93:6 96:10 98:10,18 101:16 119:9 120:13 122:24 123:12 126:14 126:22 130:2 130:22 131:10 133:22 136:24	137:3 140:2 147:1,14,15 152:21 155:5 commissioned 79:9 commitment 12:22,23 26:8 26:10,11,18,19 28:7,8,14 30:1 30:4 42:20,22 82:6,10 106:12 106:14 committed 12:7 106:6 145:8 communities 43:7,15 58:23 community 12:16 42:24 43:12,18 45:3,4 45:13,15 59:17 78:21 79:15 109:17 111:5,9 118:12 145:13 145:24 146:1 community's 97:18 community-ba... 82:7 commute 111:12 companies 106:1 113:21 company 27:19 27:21 company's 76:2 compared 108:17 112:21 116:15 117:5 compensation 142:12 competing 108:21 competitive 88:9 complete 12:5 36:24 41:20 50:1 64:9 66:3 67:18 68:15,15
--	---	--	---	--

68:19 69:2,5 70:7,22 71:2 96:22 completed 13:17 77:16 97:16 completely 152:11 completeness 67:12 68:6,8,12 69:24 completing 117:1 completion 18:3 36:24 48:4 54:17 56:23 62:19 75:2 96:2 97:15 98:5 101:6 122:17 126:10 129:20 130:12 136:21 complex 45:12 compliance 3:6 7:21 63:21,22 64:3,7 complicated 110:6 complied 42:16 140:23 compliment 121:6,9 comprehensive 77:20 78:20 103:18 CON 13:22 14:2 14:12 42:12 58:10 76:17 96:18 101:20 104:10,12 123:2,3 concern 19:24 concerned 131:8 concerns 147:14 concessions 27:10 concludes 14:18 concurrence 61:8	conditional 74:1 CONDITION... 4:5 conditions 26:18 26:20 42:16 conducted 109:7 conference 81:9 confident 45:18 117:12 confirm 103:24 118:7 confirmed 13:1 43:14 conformance 118:8 Congratulations 55:17 61:21 95:5 100:3 121:18 125:7 128:21 135:13 149:8 conjunction 69:7 120:13 connectors 81:23 84:10,12 conservatively 104:1 consider 64:9 70:13 consideration 8:19 19:11 22:19 49:10 82:14 100:11 considered 137:14 considering 102:3 118:14 consistent 118:3 consolidate 59:6 consolidated 139:2 consolidates 139:8 Constantino 2:14 14:23,24 16:17 17:20,21 20:17	20:21 21:1 22:22 25:13,17 30:20,22 32:10 32:14,22 36:15 36:16 37:3,9 40:2,3,15,18,22 41:1 42:14 46:10,15 56:8 56:10 62:11,13 63:10,20 71:17 74:18,20 85:12 85:16,18 86:4 95:19,21 96:9 100:22,24 101:15 122:9 122:10 125:15 125:16,21 126:5 129:13 129:15 130:14 131:3 136:7,9 137:24 138:3 140:11,15 141:2 154:1,5 155:6,12 Constantino's 37:23 38:11 constitute 14:1 construct 74:10 95:24 129:17 constructed 23:19 construction 13:1,2 21:13 59:14 62:24 63:17 74:23 77:24 81:23 84:18 94:15 114:19 115:5 116:22 117:4 119:3 123:9 131:15 133:19 137:16,20,22 consultant 96:18 contained 26:11 contemplates 79:23	context 59:5 contingency 116:24 117:3 118:24 contingent 4:6 74:2 continue 87:23 88:9 114:7 118:1 145:13 145:14 146:5 151:2 152:13 152:16 continued 152:14 continues 77:17 continuing 94:2 133:17 continuum 45:18 contracted 27:16 contractor 25:3 contractors 117:10 contracts 23:21 23:22 146:16 contributes 142:8 control 40:6 41:3 48:10 50:3 152:2,8 convenient 80:19 114:5 conversation 26:13 conversations 152:15 converted 81:9 Cook 4:17 10:5 74:6,9 76:14,23 78:16 corner 78:2 corporation 50:1 correct 19:20 20:21 21:1 32:10 33:8 40:18 46:9,10 87:4,15 88:21 89:1,19 118:21	131:17 140:11 141:11,19,22 142:18,19 143:8 151:17 151:19 154:9 154:12,14 155:14 Correction 5:5 corrections 153:17 154:6 correctly 67:13 cost 18:7 23:10 40:9 41:7 56:2 56:21 62:5,17 63:2 75:1 81:21 83:2,9,15 84:2 84:3,17,24 90:16 91:1,3,9 91:21 96:1 101:5 105:23 106:13 107:13 116:22 117:14 117:23 122:15 126:9 129:19 132:17,18 136:19 cost-effective 116:20 costs 21:13 57:2 63:7 75:7 85:2 94:1,13,14,15 107:18 112:7 115:3,5,5,6 116:13,18 117:5,12,21 118:2,9,10 137:14,19 138:5,10 counsel 2:13,13 3:9 8:2,8 20:10 25:1 42:12 58:10 70:22 72:23 76:17 87:16 101:20 123:3 145:3,3 157:11,14
--	---	---	--	--

counsel's 65:19 66:7,15 73:4,10	102:1,5,20 103:1 104:4	97:15 101:6 122:17 126:10	deferred 79:10 definitely 151:18	deplorable 88:6
country 111:3	106:18 107:5	129:20 130:12	delay 113:12	depreciation 141:13
county 4:17 10:5 74:6,9 75:3	107:17,22,24 108:3,13,24	136:21	delayed 25:10 111:17	Des 62:1,17
76:3,15,23	110:1,24 111:1	Davis 126:15,20 126:20 128:22	delays 62:24 113:6	describe 25:23 94:11 104:21
78:16 79:9	111:6,8,16	DaVita 8:3 9:12 125:9,23	delighted 42:18	described 48:16
85:19 86:9 90:9	112:3,6 113:4	day 3:21 16:3 41:3,5 53:16	deliver 118:11	deserve 88:1
91:20 107:21	113:16,19,24	80:22 109:6	delivered 103:1	deserves 82:12
112:19 113:16	114:4,6,17	110:7 113:1	delivering 145:9	desire 111:9
143:14 144:11	115:8,21 117:8	days 14:7 37:12 68:15	delivery 79:21	Despite 116:17
144:18,19,20	117:17 154:13	DEANNA 2:5	Delnor 27:1,3,7,8 27:12,13	detention 116:7,8 116:10 118:23
145:18 157:4	crowded 133:15	debt 58:20 86:23 89:20 139:16	demand 98:1	determination 4:4 67:12
couple 47:14 75:19	CSR 2:18,19 157:22	Decatur 154:11	demand-based 120:23	determine 68:8 68:10
court 3:24 11:20 17:7,10,13,18	culture 111:5	December 63:18 90:21 150:2	Demuzio 2:5 6:11,12 9:2,16	determining 67:17 71:1
18:17 37:6	cumulative 57:17	156:9,10	10:10,23 33:20	develop 116:10 133:18
61:24 62:3	current 12:22 41:17 81:1,1	decision 19:3 156:9	33:21 38:1,2	developed 117:20
126:19 130:7	107:13	decision-making 88:7	52:8,9 54:11,12	developer 132:24 133:2
Courtney 2:12 11:9 153:1	currently 78:6 79:12 80:7 88:3	decisions 112:7	56:3 60:8,14,15	developing 43:9
Courts 15:7	115:18 150:13	declaratory 4:2 67:6	62:6 64:21,24	development 4:21 58:22 76:8
cover 116:11	D	declined 151:23	65:5,10,12,15	86:7 97:22
create 80:6,17 108:10	D 4:1 5:1 6:1	deem 70:6 68:14 69:4	65:21,22 72:14	131:18 143:9
created 108:3	D-01 55:20,20	deemed 41:20 68:14 69:4	72:15 74:12	149:22
creates 110:18	D-02 61:24	deeming 70:21	93:9,17,18	diabetes 80:19,20
creation 79:18 87:7 114:10	Damen 78:2	deepen 79:15	95:14 98:15,21	diabetic 112:18 112:22
creative 86:7,13 86:21 89:6 92:4	Dandorph 130:4 130:8,8 131:17	default 86:18,21 87:11 88:16	98:22 100:17	diagnosed 80:9
92:14	131:21 132:1,5	defaulted 87:19	119:13,20,21	diagnosis 80:16
creativity 93:13 93:19 97:10	132:8,14,20,23	defer 18:23 19:24 64:2,18 65:4,6	122:4,5 123:19	dialogue 146:5
credit 90:2,3,6	133:4,17	65:12,19	123:24 124:1	dialysis 4:12 8:3 9:13 16:6 57:10
credits 58:21,24	135:15	deferral 12:18 13:10 14:10	126:4 127:4,9	57:14 58:15
criteria 46:8,12 69:24 145:4	Danielson 101:21 104:20 107:1	18:15 19:9,10	127:10 134:8,9	125:9,24 126:1
criteria 46:8,12 69:24 145:4	107:15,19,20	22:15 25:5	135:24 136:1	diet 113:2
criterion 115:1 118:8	Danville 154:23	29:11 31:5 64:8 65:9	147:11,20,21	difference 94:3
critical 81:11	data 108:14 154:19 155:14		denied 13:15	different 31:10 50:21 69:9
critically 82:15	database 111:4		denies 31:5	81:24 83:13
Cross 4:9 100:12 100:15 101:19	date 13:13 18:3 30:16 31:9 38:7		dental 80:24	
101:21,23	56:23 62:19 63:17 75:2 96:2		deny 4:19 14:16 149:19	
			department 1:1 59:21 91:19	
			113:5 114:12	
			144:12 154:10	

differently 50:22	district 20:13,15 115:18	driven 77:10	ease 109:10	emergency 59:20 103:2,3,5 154:9
difficult 19:5 108:23 109:4	disturbed 35:16	driveways 82:1	easement 27:3	employ 77:5
digging 20:2	diverse 108:12	drywall 85:13,15 85:19,24 86:16 87:12 88:13	easier 22:3	employed 157:12 157:15
dignified 79:5 82:13	divide 144:2	due 13:23 14:1 22:21 23:1,8,11 33:17 34:11 35:18 49:8,12 62:23 113:6 115:23 116:16 123:4 128:8 135:1	East 4:11 121:22 121:24	employee 157:14
diligence 13:24 14:1 22:21 23:1 23:9,11 33:17 34:12 35:18 49:8,12	divided 143:24	DuPage 4:15 15:13 135:18 135:21 137:2 139:7 140:17 141:8 143:14 144:9,11,14,17 144:19,20 145:11	easy 112:10 121:9	employees 78:12
diligently 44:16	Docket 10:4	duplication 107:2 109:15 120:8	EBITDA 141:11 141:15,18	empty 20:20
dire 152:6	doctor 31:18 70:20 71:6,9 75:16 76:12 82:18		economic 58:22 81:2 105:15	encompass 64:13
Direct 113:18	doctors 45:8		Ed 101:19	encourages 58:22
directed 113:14	document 46:22		educated 49:4,4	ended 77:14
direction 157:11	documents 26:11 28:13,16		Edward 71:8 138:24	endocrinologist 80:21
directly 84:10	doing 23:11 26:22 67:20 86:6 87:17 89:21 94:4		effect 47:9,12,13 118:8 146:18	Endoscopy 15:23 15:24 16:2
director 58:9 76:16 83:7 91:17 101:21 108:3	dollar 105:23		effective 77:12 142:23	engage 43:4
Directors 108:1	dollars 12:8 82:3 84:17,24 91:3 117:11 145:12		efficient 77:12 81:10 86:8 108:10 110:3 112:16 113:10	enhance 142:11
dirt 19:19 22:1 22:11 34:14	door 27:2		effort 44:22	enhanced 118:1
disadvantaged 58:23	dormitory 78:8 81:7		efficiently 43:6 112:8	ensuing 137:16
disappointed 33:23	Dorothy 2:18 157:5		eight 6:24 21:15 35:20 39:7 53:11 55:15 61:18 67:1 73:17 100:1 112:23 125:5 128:18 135:12 136:13	ensure 84:5 111:16
disclose 63:19	doubt 86:20	E E 4:1,1 5:1,1 6:1 6:1	effort 44:22	ensures 68:3
discomfort 120:22	Dr 4:4 67:12,17 68:12 71:1,9 75:13 76:13,14 87:6,14 88:14 88:24 89:11,18 90:4,20 91:5,11 91:16 92:8,20 93:1 95:6 101:20,22 104:20 107:1 107:15,17,19 111:24 112:2 143:12 145:22 147:14	E-007-13 8:21,24 E-018-16 15:22 E-019-16 39:14 39:17 51:22 E-020-16 41:2 53:16 E-022-16 15:23 E-024-16 16:1 E-025-16 16:2 E-026-16 16:4 E-027-16 16:5 E-028-16 16:6 E-029-16 16:7 E-030-16 16:8	eight 6:24 21:15 35:20 39:7 53:11 55:15 61:18 67:1 73:17 100:1 112:23 125:5 128:18 135:12 136:13	ensuring 108:7
discontinuations 15:17	discuss 149:24 150:6,18 151:9 153:10	earlier 88:2 90:22	either 85:16 103:2 145:15	entered 64:6
discontinue 47:3	discussed 101:11 150:3	early 24:21 97:16 109:2 113:1	elements 84:16 84:23	enterprise 141:18 142:2
Discovery 56:15 57:13 58:4,17 59:8	discussing 92:14 152:14		eleven 103:23 104:19 108:22	entire 45:18
disease 122:1	diseases 80:18		eligibility 150:24 eligible 146:14 150:13 151:3	entities 49:1
			emergencies 113:7,11	entity 40:7 41:4 48:10 138:23
				environment 108:10 110:19 112:16 113:10
				environmental 26:15
				equal 131:4
				equipment 49:19 115:6 117:14 117:18,19,23 118:2 138:5,7,9 138:16
				equity 139:16
				era 90:12
				erase 138:11
				especially 112:17

116:12	excited 96:20	expensive 77:19	36:22 46:17	fee-for-service
ESRD 122:13	97:7,18	89:9 92:23	58:19 59:9	144:7,19
126:8	exciting 97:1	experience 109:4	62:17 97:23	146:18
essence 20:12	exclude 144:17	113:6 114:1,6	101:4 110:20	feedback 81:15
86:6 138:10	146:12	145:22	122:1,13	feel 33:22 45:18
essential 112:24	excludes 144:5	experienced	124:11 126:1,8	87:22 90:11
essentially 27:18	Excuse 133:5	91:18 97:21	136:18 142:20	91:14,16
48:2 49:24 75:3	executive 3:5 7:3	expertise 45:12	fact 22:13 33:23	110:17 155:15
87:12 151:14	7:11,15 75:13	expire 30:7 31:11	35:5 68:4,14	fees 150:10
establish 18:5	76:16 83:7	31:11	86:3 87:17	151:16 152:2,9
62:16 95:13	91:17 114:20	expired 12:23	93:14,19	feet 74:24 78:5
100:16 101:3	147:22	13:11,12 26:23	102:19 105:20	98:4 122:14
102:4 122:1	exempt 88:22	27:7	106:14 114:19	field 79:4 83:23
125:24 126:8	exemption 3:19	explain 19:5 23:4	115:11,23	91:18 112:14
129:7	8:4 9:12 15:17	29:1 83:3 115:3	121:10	fifth 13:9 14:1
establishment	15:18,21,23,24	explainable	factor 110:23	17:24
122:13	16:1,2,3,4,5,6,7	117:15	factors 23:2	figures 23:13
estate 49:18 50:9	39:13,17 41:1	explained 28:10	105:1	filing 150:7
estimated 18:7	41:10,16,22	149:3	fair 49:18 50:9	final 3:7,10 7:22
estimates 91:1	42:17 46:5	explains 132:18	140:20 153:14	8:18,22,24 9:10
117:10	48:21 51:4	explanation	fairness 63:19	9:10,15 36:24
estimating 104:2	53:16 150:13	85:21 94:24	familiar 110:17	154:22
et 29:5	150:22,24	148:13	families 109:9	finalized 43:20
event 139:24	151:3,4,5	explanations	family 111:10	finally 27:22
evergreen 14:12	exemptions	81:20 148:8	Fantus 75:4 78:6	30:11 59:1
everybody 6:3	151:7	Extended 15:9	78:15,19,22,23	110:22 117:14
68:17 144:17	existence 14:3	extension 3:18	79:13 80:16	finance 86:22
everybody's	existing 47:3,11	13:20 39:12	88:2	89:6 91:19
29:12	135:22 136:12	84:13	far 34:10 138:20	financed 85:14
ex 2:9 31:23	136:17 137:18	extensive 117:9	155:4	financial 5:4
143:21	137:20	extenuating 85:1	farm 83:11,12,13	35:5 37:1 46:23
exact 30:16 142:6	exists 102:15	extra 84:17	83:14,17,18	49:1,21 87:17
exactly 21:23	expand 105:16	extremely 44:9	115:18	105:24 138:20
142:22	116:11 135:22	111:2 112:19	fast-forward	138:21 140:7
exam 80:1	expanded 115:15	eye 16:5 154:16	104:8	140:17,23
examine 43:5	expansion 15:4		fasting 112:23	152:23 153:7
examiner 92:15	136:18 137:17	F	fault 29:17	financially
examiners 92:16	expect 91:8	F-01 67:11	favor 8:13 9:4,18	157:15
example 110:3	104:16 109:20	face 49:23	10:14 11:1	financials 37:12
113:15	132:19	facilities 1:2 14:7	156:17	139:3,3,5,6
exceeded 102:17	expectations	58:8 76:17	favorable 38:12	140:5,9
103:22	110:14	82:13 83:8	99:7 134:18	financing 25:24
excellence 80:6	expected 113:6	91:17 93:16	favorably 111:20	28:4 58:12,20
excess 13:12 21:4	126:10	155:14	February 56:24	86:10,14
32:8,12,19	expense 155:1	facility 13:14	102:17	find 20:1 23:9
exchange 50:5,20	expenses 94:1	18:6 32:7 36:22	fee 113:20 152:5	114:4

finding 75:6 83:2 94:24 137:13 138:20 141:1	64:16 65:3 79:19,23 85:14 87:9 89:24	FQHC 144:12	18:6 26:1,23 27:6,16,16 28:19,24	44:11,14,15,20 60:23 64:12 65:18 67:19 71:18 76:9 77:9 83:13 84:3,8,8 85:19 92:10 94:8,15 115:4 118:22 120:6 120:12,21 121:5 127:23 132:22,23 147:17,21 148:6,12,21 149:1 150:7,11 150:19 152:4 153:1,24
findings 13:8 96:4 101:10 114:24 119:18 121:8 122:18 124:2,10 125:11 127:7 129:4,22 134:6 137:8 147:17 147:17 148:22 149:3	floors 131:22 FMC 4:11 focused 121:11 Foley 101:20 folks 142:12 145:15,23 146:2	fragmented 80:14 frankly 88:8 Frederick 71:9 free 145:12 146:8 freestanding 103:3,5 frequently 112:22 Fresenius 15:12 121:21,24 123:3 127:15 friends 111:10 front 11:24 19:2 28:8 101:12 145:2,10 fulfill 45:20 full 7:2 116:12 120:3 142:24 fund 86:13 funded 63:7 funding 86:8 funds 50:21 85:12 further 51:20 54:1 59:14 157:13 future 14:15 115:11 116:11 121:1 FYI 156:8	genius 92:5 gentleman 118:20 gentlemen 96:10 Geoffrey 101:24 geography 143:15 George 2:14 6:5 16:19 69:7 getting 21:12 94:3,4 115:12 give 23:12 30:16 34:4,5 36:20 46:7 49:15 51:6 75:18 84:14 87:21 102:14 109:16 127:16 127:17 153:4 given 23:18 61:1 104:23 117:1 139:22 153:10 gives 70:5 89:21 glad 137:10 149:17 Glen 16:1 103:4 go 7:5,10 20:19 20:23,23 21:6 23:20,20 25:16 26:14,21 27:7 28:15 30:21 50:4 64:4 77:6 82:21,22 84:7 84:15,20 105:23 143:2 145:15 147:21 147:23 goal 43:6 goes 86:9 88:7 going 6:2 8:1 10:3 20:14 24:8 24:16 25:4 29:3 33:13,21 34:15 34:18,23 38:10	Golf 155:24 good 6:3 7:24 18:14 30:8 42:7 63:12,14 75:12 80:11 100:3 101:17 107:19 112:2 114:16 121:20 149:8 152:9,19 155:17 156:1 goodbye 21:9 governance 50:2 51:15,18 government 102:9 governor's 150:15 151:14 151:22 152:12 governs 67:22 Goyal 2:10 31:19 31:23 32:11,21 68:21 69:1,11 69:15,21 143:10,18,20 146:4,7 156:5 Goyal's 147:14 graciously 12:5 grading 116:4 granted 25:5 grants 31:10
finish 36:23 114:22 finished 21:8 63:13 firm 27:17 first 8:20 10:5 16:24 21:11 27:5 28:6 42:13 57:1 67:9 77:15 82:23 85:14 87:20 88:11,19 89:9,14 91:16 102:2 105:2 106:9 108:5 131:2,2 137:12 142:22 146:8 149:24 150:2,9 155:16 fiscal 77:14 104:17 five 21:7 35:15 85:20 100:21 115:8 136:13 144:4,4 154:6 five-year 32:16 32:20 fixed 143:19 float 89:5 floated 90:2 floating 89:23 floor 19:14 33:2 33:6 57:11	follow-up 81:19 followed 86:4 following 8:2 15:21 37:12 48:4 134:13 follows 7:17 foot 57:6 78:1 117:11 footage 57:6 63:5 63:23,24 64:12 footnote 85:10 foregoing 157:8 forever 152:5 former 78:8 formulas 120:23 forth 104:3 Fortunately 127:20 forward 25:8 28:19 44:11 50:4 64:4,8,15 77:13 82:8 92:19 97:11 105:1 138:17 found 29:7 42:16 110:12 four 15:10 56:7 69:9,16 87:8 108:20 116:10 144:3 four-acre 115:22 116:8 fourth 12:2 57:11 79:19 85:13 87:9 89:24 98:5	Geneva 13:1 17:1		
		G		
		G 6:1 Galassie 6:13 Ganey 111:3 garage 132:6,10 gases 81:22 83:19 gastro 154:15 general 2:13,13 18:6 25:3 72:23 73:4 107:20 117:10 generate 116:14 Geneva 13:1 17:1		

<p>great 7:2 37:13 45:7 59:6 greater 45:8 Green 101:19 greenfield 84:3 Greg 96:19 Greiman 2:6 6:14,15 17:5,9 17:16 20:8,9,18 20:22 21:5,18 21:23 22:2,18 34:8,9 38:5,6 52:13,14 54:15 54:16 60:18,19 65:24 66:1 72:17,18 93:22 93:23 99:1,2 120:1,2 124:4,5 127:13,14 130:24 131:6 134:12,13 148:2,3 gross 57:6,6 63:5 74:24 122:14 ground 13:23 groundbreaking 59:20 group 4:15 108:12 135:19 135:21 137:2 139:7 141:9,9 142:5 groups 152:3 growing 144:14 grown 103:21 113:5 growth 104:11 104:23 105:5 108:15,19 115:8 guess 92:15 140:4 guidance 76:19 145:4 guy 29:9 guys 17:14</p>	<p>127:16 gynecologic 79:24</p> <hr/> <p style="text-align: center;">H</p> <hr/> <p>H 10:7 H-01 95:8 H-02 100:12 H-03 121:21 H-04 125:8 H-05 128:24 H-06 135:17 H-07 10:4 74:5 half 25:2 29:18 144:3 hand 37:10 handle 104:21 110:13 116:7 155:17 hands 48:2 happen 31:8 32:11 152:17 happened 19:6 23:5 26:17 29:1 34:15 35:18 102:10 happy 45:22 82:16 86:1 90:13 126:17 hard 30:3 34:10 153:5 Hart 2:18 157:5 Harvey 39:15,19 40:7 43:13,18 51:23 Hayes 2:4 6:7,8 7:9 8:10 9:17 10:13,24 25:15 25:20,21 26:7 28:3 29:23 30:6 30:10,13,17,19 34:17,18 36:10 37:20 38:9,10 46:2,3,11 47:22 48:8,12 50:8,12 50:16,18,23</p>	<p>51:10 52:17,18 53:21,22,23,23 54:6,19,20 60:22,23 65:7 65:12,16 66:5,6 71:4,4 72:10,21 72:22 74:14,14 82:22 85:6,7 86:1 87:1,10 88:11,15,17 89:8,12 90:1,15 90:23 91:8,13 91:22 93:10 94:7,8 95:15,15 98:15 99:5,6 100:18 119:14 120:5,6 124:8,9 127:22,23 131:11,12,13 131:19,24 132:2,6,11,15 132:21 133:1,6 133:10,14,20 134:16,17 141:5,6,14,20 142:3,14 148:5 148:6 151:12 151:13,24 152:18 head 30:9 90:5 health 1:1,2 4:3 15:3 42:9 44:10 44:15,17 45:9 50:7 67:9 76:7 76:15,22 77:18 80:5 82:7,15 90:8 93:4 96:17 105:22 142:23 144:12 145:19 151:19 HealthCare 96:19 97:5,24 hear 22:6 29:19 45:2 83:4 heard 8:14,16 9:6,8,20,22</p>	<p>10:16,18 11:3,5 24:12 115:7 117:17 156:19 156:21 hearing 40:11 41:9 43:13 45:1 96:5 101:7 122:19 Hektoen 78:7 79:8 help 16:19 17:17 42:24 149:17 helping 155:14 high 92:1 111:2 111:19 112:19 high-quality 82:12 118:11 higher 116:17,22 132:18 142:9 highlight 13:8 Hills 2:15 15:9 historical 104:11 historically 78:18 141:24 history 12:20 77:16 hold 75:15 76:22 holder 18:20 56:12,17 57:8,9 57:15 62:15,23 63:1 holder's 57:1 home 15:8 111:11 Homer 103:3 Homewood 43:19 homework 51:4 honored 44:9 hope 49:9 68:17 81:20 85:22 120:24 156:1 hoping 37:10 hospital 3:20 4:17 8:21 9:1 10:5 15:14,19</p>	<p>27:1,3 39:15,17 39:19 40:6,9 41:7 45:14,15 47:2,11 48:7,9 49:16,19 51:23 56:14 57:12 58:16 59:11,11 74:6,9,11 75:4 78:3 79:14,20 81:23 84:5,7,9 84:11,13,15,21 86:17,19 87:9 90:18,18 91:1 97:13,19 101:19 102:12 102:16,20 103:2,9,12 104:4 105:16 106:4,11,23 107:7,12,23,24 108:13 109:13 109:22 110:6,8 111:8,11 113:14,16 114:5,8,18,21 115:14,18 117:8 139:1 151:20 154:8 154:13,18 hospital's 104:10 109:11 Hospital- 15:11 Hospital-East 4:8 95:9,12 97:14 hospitalization 77:19 hospitals 76:15 77:7 hours 104:14 109:2,2,8 112:23 house 78:12 103:10 housed 79:12,22 83:22</p>
--	--	---	---	---

housing 80:4	implore 14:14	indicated 12:17	113:15,21	issuance 92:22
HUD 25:24 26:4	important 22:17	82:5	145:16	94:1
26:9,9,12,17	79:17 82:15	indicates 16:14	integrate 136:18	issue 20:11 22:17
28:4,9,14,18	112:17 121:13	individuals 78:18	integrated 80:20	26:24 63:21,23
29:24 30:4	importantly	80:10	intend 80:17	64:12,13,15
hundred 78:11	110:22 118:10	industry 14:16	81:4	69:18 88:20,21
78:21 115:9	impression 71:18	inefficient 78:13	intended 51:18	89:9 92:22
Huntley 15:12	improve 44:17	81:6	intends 80:5	107:2 109:15
HVAC 137:16	44:18 105:11	infirm 12:16	intensive 56:14	issued 13:2 30:11
hypothetical	120:24	information 5:5	56:18 59:9	30:12,15,16,18
140:20	improved 90:9	13:4 19:2,7	79:22 150:11	68:8
	93:3 142:1	22:24 25:18	intent 4:19 14:13	issues 7:21 13:19
I	inability 12:15	29:18 30:23,24	149:19	14:5 27:11,20
I-55 114:5	inadequate 79:9	35:6 41:19	intention 25:9	27:23
idea 92:5 141:21	inclined 20:5	48:15,18 54:9	87:16,20 107:3	ISSUES/SETT...
ideal 110:21	include 58:12	61:1 68:3 69:5	intentional 91:20	3:6
identified 70:16	108:6 153:15	70:7 71:22 72:1	interdisciplinary	it'll 69:11
identify 44:16	included 35:6	91:7 154:12	80:18	item 10:4,7 14:21
46:16,16	107:6,9	infrastructure	interest 89:10	16:14 24:9
identifying 43:11	includes 116:23	81:24 115:19	117:15 152:3	55:20 61:23
IDPH 2:14,14,15	141:13	115:24 116:17	interested 20:6	74:3
36:21 151:21	including 43:7	Ingalls 3:20,21	91:21 117:20	items 3:13,14
152:6	43:18 80:9	39:14,17 40:6,9	151:15 157:16	14:21 16:22
IHFS 2:10	income 82:11	41:3,5,7 42:9	interesting 33:13	70:5,16 141:13
Illinois 1:1,10	139:23	42:23 43:2,8,9	intern 2:16	
2:19,22 39:19	inconvenient	43:10 44:10,15	149:16	J
40:7 62:17	109:8	45:12 47:4 48:7	internal 50:13	J 2:18 157:5
76:23 96:1 97:4	increase 56:1,17	48:9 49:2,16	interrupted	Jack 96:18
101:4 102:12	56:19 57:2,4,4	50:1,6,15 51:22	29:22	130:17,19
104:5 112:21	57:5,16 58:13	53:16	introduce 42:6	January 18:3
122:15 126:9	59:1,4,16 62:4	initial 4:7 10:6	96:13 123:1	96:2,22 142:23
127:18 129:18	63:2,4 85:2	14:9 37:11 68:1	149:13	143:9 156:12
144:1 151:19	86:14 106:9,20	74:4	invalidated	Jay 75:13 76:14
157:2,7,22	117:24 136:12	initially 24:11	31:12	Jeannie 2:13
illuminate 26:2	150:10 151:16	83:12 84:2	invariably 21:10	11:10 69:6
illustrated	151:21	inpatient 112:9	inventory 35:17	71:18 149:22
102:19	increased 106:19	113:7	investment 12:15	151:11
illustrating	108:17 111:14	inpatients 58:18	78:17	Jeff 107:17
108:15	increases 151:20	input 44:22,24	investments	114:14,16
imagine 89:15	152:5	73:11	42:23,24 50:3	Jesse 2:16 149:15
immediate 42:23	increasing 97:24	instance 84:6	involved 33:24	149:16
immediately 78:3	incredulous 23:9	Institute 78:7	50:20 157:12	job 108:10
107:7 115:15	incumbent 68:5	103:13	involves 63:23	Joe 42:11 58:9
immigration	independent	institution 47:11	irrelevant 14:13	Joel 2:6 6:16
82:12	103:11	insurance 82:11	Irving 4:12 125:9	39:22 76:1
impact 107:11	INDEX 3:1	106:1,16	125:23	John 2:4,7 6:7,18

37:7 39:20 47:19 53:23 58:9 82:21 152:20 Johnson 2:6 6:16 6:17 8:9 34:22 34:23 36:9 37:19 38:15,16 39:22,22 42:4,7 42:8 49:20 50:11,14,17,19 52:3,21,22 54:23,24 61:3,4 66:9,10 73:2,3 76:1,1,5 88:16 99:9,10 120:11 120:12 122:2,2 123:18 124:13 124:14 126:2 127:3 128:3,4 129:9 134:3,20 134:21 148:11 148:12 156:16 Johnson's 44:8 join 34:9 joined 76:15 joint 43:4 Joseph 107:22 JR 2:13 Juan 2:13 7:23 9:24 67:19 71:18 Judge 131:4 judgment 70:19 July 18:2 24:14 28:4 56:12 62:19,21,22 June 10:22 25:18 62:20 97:15 Justice 6:14 15:22 17:9,16 20:8 21:23 22:18 34:8 38:5 52:13 54:15 60:18 65:24 72:17 93:22	99:1 120:1 123:13 124:4 127:13 134:12 148:2 justified 82:1 justify 104:18 <hr/> K <hr/> K 2:6,10 K-n-i-e-r-y 37:7 Kasper 137:1,1 137:10,12 138:6,14,21 141:11,17,23 142:6,21 143:8 144:23 149:9 KATHY 2:4 keep 13:12 66:2 112:7 kept 106:14 key 46:18 77:21 Kidney 4:11 121:21,24 Kim 153:5,9 kind 18:24 48:6,6 90:11 92:14 93:2 152:1,8 kindly 32:21 Kirchner 101:22 107:17 111:24 112:2,3 Kniery 37:5,7,7 39:10 know 18:22 20:4 21:21 22:18 23:16,18,20,21 23:22 24:15 25:3,10 27:8,24 28:1,12 29:4 30:9 41:15 45:11 46:8 47:24 48:12,14 48:19,23 49:3,8 49:9,11,14,15 51:1,1,3 64:2 70:2 71:20	72:18 83:4 85:24 87:2 88:19 89:13,16 89:16 91:7 92:4 92:12 94:11 133:2,15 137:7 141:22 142:6 145:12,18,19 148:8 151:19 152:1,3,7 153:9 153:19 155:17 knowing 113:10 known 24:13 111:4 knows 63:20 Kurt 42:8 44:12 44:21 <hr/> L <hr/> labor 79:20 labs 108:9 lack 14:6 72:19 97:9 127:7 lacking 81:1 land 12:12,15 115:15,18,20 116:17,18 landscaping 27:10 Lardner 101:20 large 43:15 108:12 113:20 121:10 largely 78:4 larger 63:24 91:10 largest 105:3 laser 154:16 lastly 103:16 110:16 late 109:2 laundry 70:5 law 46:13 54:21 Lawn 15:24 leaders 43:18 leading 44:21	97:6 lease 85:12,24 86:16,17,18 92:5 leased 122:14 132:9 leasing 85:19 leave 53:14 leeway 93:3 left 96:18 legal 3:9 8:2,8 42:12 70:22 legally 87:15 legislation 46:20 47:16 Lemont 15:13 length 47:2 Lenox 100:13 101:4 102:12 104:5 114:4 115:16 let's 56:6 65:8 71:6 letter 40:13 122:21 letters 43:16 76:20 96:5 101:8,8 122:20 129:23 letting 21:6 levels 81:24 license 37:10 licensed 36:21,22 licensee 40:7 41:5 life 78:24 lift 116:1 light 42:1 likewise 33:21 79:7 limit 144:15 limited 15:22 16:5 41:4,6 140:18 146:19 limits 14:12 Lincoln 15:3	line 28:17 linear 154:16 lines 49:9 81:3 list 27:20 70:5 117:21 listed 31:9 literally 86:16 Litigation 2:20 little 78:17 92:9 132:18 138:22 144:8 LLC 16:4,9 loan 12:22,23 30:1,4 86:10,17 86:24 88:18 89:14 loans 58:24 87:19 local 89:4 102:9 located 58:15 location 98:1 112:13 124:10 locations 45:9 logistic 84:19 logistical 84:21 Lombard 135:19 lonely 63:15 long 21:7 23:22 28:11 41:18 81:13 92:24 104:1 113:11 152:10 long-term 18:6 62:16 116:13 longer 46:22,24 47:17 113:6 look 44:22 63:15 82:8 90:13 92:15,16 looked 26:9 90:7 looking 51:2 65:3 139:3 142:17 147:22 Loop 4:13 129:1 129:6 Lori 123:2
---	---	---	---	---

lose 152:8	121:14 122:10	139:12 142:1	142:20,23	52:23 104:2
losing 88:9	122:22 123:17	Mark 96:16	143:3,7,14,15	153:15 155:23
lost 27:5 152:7,8	125:1,16 126:5	101:20 107:20	143:21,23	156:9,10,11,11
lot 20:19 84:14	126:12 127:2	market 49:18	144:1,4,6,10,13	156:23,24
155:13	128:15 129:15	50:9 58:21	144:14,16,22	meetings 7:7
love 92:1,3	130:1 131:13	145:20	145:9 146:3,9	110:10 156:6
127:17	134:1 135:8	Mary's 154:11	146:12,17,20	member 2:9 6:10
low 112:7	136:9,22 141:6	mass 116:3	146:21	6:12,13,15,17
low-cost 118:11	143:10,18	math 131:1	medical 3:23 4:8	6:19,21 7:8 8:9
lower 105:23	146:4 147:4	matter 64:3,7	4:15 15:12,19	9:2,3,16 10:10
106:7 107:13	148:24 155:2	maximized 109:1	42:11 43:1 44:6	10:23 16:11,13
141:17 142:9	155:21	maximum 59:3	45:11,15 48:5	17:5,6 20:9,18
142:10	main 46:19 107:5	110:13	51:15,19 55:21	20:22 21:5,18
lowest 117:12	maintain 106:15	mayor 43:18	55:24 56:16	22:2 23:6,8
luck 100:3	maintains 111:4	McAllister 3:17	58:7 59:16	24:4,6,13,17,20
121:20 149:8	maintenance	36:4,7	74:10,23 78:1,5	24:23 25:1,6,19
lunch 100:6	79:10	McGLASSON	79:4 80:7 81:5	31:4,19,24
Lurie 103:11	majority 58:17	2:7 6:18,19	81:22 83:19	32:11,21 33:12
Lutheran 15:7	59:7 140:10	16:11,13 23:6,7	88:7 95:9,12,13	33:21 34:9,23
	making 16:19	23:8 35:3,4	95:24 97:7,10	35:4,9 36:9
	48:13 58:24	38:19,20 39:20	98:3 101:21,23	37:22 38:2,6,16
	68:7 87:20	39:20 52:2 53:1	103:10 104:5	38:20,24 39:20
	89:14 144:24	53:2 55:3,4	105:6 107:10	39:22 48:4
	152:16	61:7,8 66:13,14	107:22 108:3	51:13 52:5,9,14
	maldistribution	73:6,7 94:17,18	108:19 110:12	52:22 53:2,5,19
	107:2 120:8	99:13,14	115:5 117:19	54:8,12,16,24
	managed 144:5	120:16,17	117:21,23	55:4,8 56:3,4
	144:16,18	124:17,18	129:1,6,7,18	60:10,15,19
	146:16	128:7,8 134:24	130:9 131:23	61:4,8,12 62:6
	manager 18:21	135:1 148:16	135:18,21	62:7 64:21,24
	19:4 34:1	148:17	137:2 139:7	65:5,10,18,22
	mandating	MCO 143:6,6	140:18 141:8,9	66:1,10,14,18
	113:21	Meadowbrook	142:4 154:13	68:21 69:1,11
	mandatory	3:16 11:14 17:1	medical/surgical	69:15,21,23
	110:10	17:3,23	59:7 102:21	70:9 71:3 72:12
	manner 80:14	mean 20:4 23:11	medication 113:3	72:15,18 73:3,7
	Manor 3:16	23:21 31:5	medicine 79:1	73:10 74:12
	11:15 17:1,3,23	32:12 85:16	103:18 105:8,9	76:1,6 88:16
	March 18:2	92:12,13,18	meet 46:8 110:13	91:24 92:12,21
	27:14 101:6	144:18	117:18 144:21	93:12,18,23
	129:20 130:14	means 20:18	148:9 153:9	94:18 95:14
	Marco 58:7	meant 149:13	meeting 1:5 6:3,4	97:12 98:17,22
	margin 141:9,12	Med-Surg 15:22	10:22 12:19	99:2,10,14,18
	141:12,15,18	med/surg 56:13	19:12 20:1	100:17 101:23
	141:24 142:7	Medicaid 106:18	22:11 24:10	107:24 119:16
	margins 139:11	106:21 142:19	29:6,8 32:3	119:21 120:2

120:12,17,21 122:2,4 123:21 124:1,5,14,18 124:22 126:2,4 127:6,10,14 128:4,8,12 129:8,9 130:24 131:6 134:5,9 134:13,21 135:1,5,24 136:3 140:4,12 140:19 141:4 143:10,18,21 146:4,7 147:13 147:21 148:3 148:12,17,21 156:3,5,14,16 members 2:3 6:24 20:7 34:20 35:1,11 37:15 38:17 41:15 42:8,14 44:1 46:1 53:24 57:24 60:4 72:5 75:13,19 76:13 82:17,19 98:11 110:20 111:10 118:18 123:8 126:23 130:23 137:6 Memorial 3:20 4:8 39:14,17 40:6,9 41:7 51:23 95:8,12 96:17 97:13 mentioned 44:13 44:23 49:21 58:14 70:5 141:8,21 Mercy 15:19 merger 45:7,19 49:6,13 51:1 Merrick 143:12 143:12 Merrick's 145:22 met 52:6,10,11	52:19 54:20 metropolitan 105:4 mic 143:19 Michael 2:14 71:16 75:10 130:8 microphone 106:24 111:23 114:13 midst 77:8 Midwest 2:20 16:3 Midwest's 97:6 Mike 16:19 31:2 46:5 48:16 57:21 69:7 71:5 102:7 130:11 137:1,21 153:20,23 154:3 155:3 Mike's 153:24 million 12:8,10 12:10 18:7 22:4 22:5 56:22 57:3 57:3,4,16,19 58:20 59:2 62:18 63:3,3 75:1 77:2 79:11 84:17,18,24 87:2 88:22,22 90:17 91:2 96:2 101:5 106:12 106:19,19 114:23 122:16 126:10 129:19 132:19 136:20 139:8,9,17,17 139:21 millions 145:12 mind 22:5 minimize 89:20 minimizing 89:3 89:4,7 minimum 106:12 minute 28:2	104:20 127:15 minutes 7:12,13 11:21 100:6 109:21 mission 45:20 76:24 mistake 131:1,1 131:7 Mitchell 2:13 11:11,19 14:18 19:15 24:10,15 24:18,21 31:14 33:5 56:14 57:12 58:15 59:11 70:14 149:23 151:18 152:11 MOB 4:13 modernization 15:3 79:23 85:13 86:14,22 87:5,6 94:14 137:14,23 138:15 modernize 135:22 136:12 136:16 modification 106:5 moment 30:2 109:14 monetary 48:1 money 21:12,13 48:1 50:5 money's 20:3 monitoring 108:6 months 11:24 12:3,6 47:5 84:16 97:16 Morado 2:13 7:24 8:18 9:10 18:23 19:7,17 24:24 29:10 31:8 35:24 41:13,14 63:21	64:1,6,17 67:21 69:4,13,17 70:4 70:11 71:24 73:20,23 75:18 75:21 morning 6:3 7:24 18:14 42:7 75:12 81:14 96:21 mortgage 94:4 motion 7:5 8:7 8:17,23 9:2,9 9:14,16,23 10:8 10:10,19,21,23 11:6 17:2,4,8 17:15,15 19:14 19:15 33:2,3,6 35:22 36:6 37:19 39:8,16 52:2 53:13,15 54:5 55:16,23 56:3 60:7 61:20 62:2,6 64:16,20 65:2,4,6,11,15 67:2,16 68:11 70:24 72:9 73:18 74:8,12 93:9 95:4,11 98:14 100:2,14 100:17 119:13 121:17,23 123:18 125:6 125:22 127:3 128:20 129:5 134:2 135:14 135:20,24 136:1 147:5,10 149:7 156:13 156:22 movable 138:4 move 10:5 28:19 39:21 41:12 64:8 79:13 87:22,22 92:19 95:8 138:16 moved 7:8 8:9,11	17:5 19:20 22:1 22:12 36:9 53:20 58:18 71:3 90:20 95:14 122:2 126:2 129:8 156:14 moves 95:10 moving 25:8 64:15 97:11 125:8 multi-specialty 100:16 101:3 118:3 multiple 14:4 110:8 Musculoskeletal 16:8 <hr/> N N 4:1,1,1,1 5:1,1 5:1,1 6:1 N-a-t-a-n 11:23 name 11:20,22 18:18 31:23 37:6 44:5 71:8 96:16 101:17 107:20 112:2 114:16 126:19 130:7 143:12 143:20 146:19 narrow 113:17 Natan 11:13,22 nearby 110:1 nearly 78:4 necessary 81:21 87:23 112:16 114:2 need 12:14 13:14 13:20 19:2,16 21:3 23:4 29:9 32:18 50:5 52:11 71:22 84:6 87:22 89:5 90:11 93:14 105:19 110:23
--	--	--	--	---

114:1 115:21 116:1,16 117:18 138:13 138:14 151:4,5 152:6 needed 12:4 59:16 70:6 80:24 116:9 needs 108:11 112:1 117:19 negative 35:21 83:2 94:24 121:7,16 137:8 137:13 138:20 139:15,20,23 140:24 149:3,6 negatively 107:11 negotiate 27:3 negotiating 28:18 negotiations 64:7 64:11 neighbor 31:21 Neighbors 8:5 neither 157:11 Nelson 2:15 153:17 155:11 155:13,19 neonatal 79:21 150:11 network 113:17 Neurosciences 105:8 never 108:23 new 5:3 31:7 43:9 56:6 58:21 77:16 79:13 80:7,17 81:4 83:10,13 90:18 93:20 97:19 100:13 101:4 102:12 104:5 108:3 114:3,20 115:16,23 117:23 123:9	131:15 137:20 137:22 138:7 140:8 143:8 149:16 152:23 newborn 79:21 newest 58:19 newly 80:9 news 63:12,14 NICU 150:11,20 150:22 151:2 NICUs 150:20 night 109:6 nightmare 28:18 28:22 nine 21:16,18 25:10 33:16 35:17 nine-station 57:14 no-sewer 115:24 nobody's 22:1 noncomplex 107:4 nonprofit 89:16 nontraditional 109:8 normal 113:2 normally 26:16 North 15:23 northeast 78:1 Northwestern 105:8 note 37:22 77:15 79:17 102:7 125:10 noted 87:16 88:2 105:10 notice 16:13 18:16 90:16 150:2 notification 36:1 notified 24:8 nuances 19:5 number 8:3,5,21 11:15 15:2,6,7 15:8,11,12,13	15:14,17,18,21 15:23,24 16:1,2 16:3,4,6,7,8,22 23:2 41:2 43:15 56:18 110:13 133:18 136:12 145:23 154:14 154:15 numbers 23:17 23:17,20 137:22 154:24 nursery 79:21 nursing 3:17,24 36:4,7 61:24 62:3 78:8 NUSS 2:16 <hr/> O O 4:1,1 5:1,1 6:1 O'Keefe 42:10 44:3,5 48:3,11 49:20 51:17 55:18 57:23 58:6 61:22 Oak 8:21,21 9:1 9:1 15:24 154:8 objected 151:20 151:21 objection 33:4 objections 102:8 obligated 41:21 observation 56:19 93:24 obstetric 79:24 obtain 105:18 obviously 30:13 93:14 116:13 occupancy 90:22 102:21,23 104:13,22 occupied 131:23 occupy 86:19 occurred 23:2 33:18 October 19:12 20:1 75:2	155:24 156:11 offense 25:6 offer 44:7 45:8 45:16 78:14 offered 120:13 offering 58:23 offers 103:19 office 74:10,23 78:1,5,9 80:7 95:13 97:10 98:3 103:10 109:6,24 129:1 129:6,7,18 150:16 151:15 151:22 152:12 155:9 officer 75:14 101:18 offices 81:8,8 132:13 officially 13:11 officials 102:9 officio 2:9 31:24 143:21 oh 11:10 29:23 44:2 68:24 71:6 75:15,20 82:21 83:20 90:4 91:2 131:3 153:24 155:23 okay 7:11,18 14:20 17:19 19:13,18 22:2 24:17,23 30:6 30:19 33:1,9 50:12,18 51:8 64:19 71:11,24 72:4 83:20 88:15,19 89:8 90:15,15,23,23 91:22 97:11 100:9,19 119:4 119:7 130:16 131:6,8 132:11 132:16 133:20 138:2,19 141:4	141:14,20 142:14 152:18 154:5 old 2:21 4:22 28:15 81:7 88:5 90:19 152:22 Olson 2:4 6:2,22 6:23 7:1,10,18 8:7,11,15,17,23 9:4,7,9,14,18 9:21 10:11,14 10:17,19 11:1,4 11:6 14:17,20 16:12,18 17:9 17:14,19 18:9 18:12 19:13,18 19:23 21:16,22 22:3 23:7,24 24:5 25:15,20 29:12,15,21 30:21 31:2,18 33:1,8 35:14,22 36:3,11,14 37:2 37:13 39:4,8,11 39:23 40:2,15 40:19,23 41:12 41:23 42:5 43:24 45:24 51:9,20 53:9,13 53:22,24 55:12 55:16,19 56:5,8 57:21 60:2 61:16,20,23 62:8,11 63:9,14 64:14,19,22 65:2,8,11 66:22 67:2,5,15 68:17 68:23 69:22 70:18 71:5,11 71:13,15,20 72:2 73:14,18 73:24 74:13,15 74:18 75:10,15 75:20,22 76:4 76:10 82:18,24 83:16,20,24
---	---	--	--	---

85:4,22 91:23 92:10 93:5 94:22 95:4,7,16 95:19 96:8,13 98:9 99:22 100:2,5,9,19,22 101:14 118:17 119:4,7 121:5 121:17,20 122:3,5,8,23 123:7,11 125:2 125:6,15,19,22 126:3,13,21 127:20 128:16 128:20,24 129:10,13 130:2,6,11,16 130:21 131:9 131:12 133:21 135:9,13,17 136:1,4,7,23 137:5,11,21 138:2,4,12,19 140:1 141:5 142:16 143:5 143:11,17 146:6,24 147:6 149:1,7,11 151:10 152:19 153:11,14,17 154:4 155:3,10 155:15,22 156:4,7,15,17 156:20,22 once 44:12 69:4 70:24 oncology 84:6 103:21 105:9 one-third 144:6 one-time 139:23 one-way 111:12 ongoing 50:3 open 1:5 7:7,16 98:8 109:22 130:3,4 opened 27:4	97:17 102:16 opening 82:9 90:19 103:17 operating 40:7 41:4 102:22 104:9,13,18 107:16 108:9 108:22,23 109:1,11 110:17 111:19 112:10 118:9 136:13 154:15 operation 106:9 143:23 operational 136:17 operations 50:2 102:1 114:17 ophthalmologist 80:22 ophthalmology 80:24 opinion 67:24 68:7,16 69:8,18 69:20 73:21 opportunities 44:16 97:3 opportunity 37:8 44:24 45:2,21 75:19 87:21 97:21 oppose 152:4 opposed 8:15 9:7 9:21 10:17 11:4 150:12 156:20 opposing 12:1 opposition 40:12 96:5 101:8 122:20 125:11 127:7 129:4,22 option 31:6 105:24 116:20 127:21 order 3:3 6:3,4 7:3,20 8:22,24 9:10,15 10:1,20	11:7 23:3 27:11 39:11,13 67:5,8 68:8 70:6 73:24 86:12 149:18 orders 3:7,10 7:22 8:19 organization 29:16 89:3 139:9,9,15 142:8 144:16 144:24 145:1 146:11 organizations 145:5,6 146:17 original 18:2 57:17 90:24 102:18 103:23 104:9 originally 29:2 ORs 105:18 Ourth 42:12 58:10 out-of-network 113:20 outcome 157:16 outcomes 80:11 108:6 118:1 outdated 79:2 81:6 outpatient 78:16 103:14 105:17 106:4 110:4 111:24 112:9 112:15 113:7,8 113:10 outside 27:19 143:15 145:24 153:18 overage 116:15 117:1 overall 56:1 62:4 145:14 overdue 81:13 overruns 91:21 owned 138:24 owner 40:8 41:6	48:6 140:10 owners 43:17 ownership 39:18 47:12 51:24 53:17 ownerships 15:21 owning 13:21 oxygen 83:21 <hr/> P <hr/> P 6:1 p.m 109:5,5 156:24 page 3:2 4:2 5:2 30:22 75:7 85:9 85:10 101:11 105:10 130:24 pages 150:5 Palos 15:8 paper 150:5 paperwork 12:21 33:16 parcel 115:22 parent 49:24 parents 80:3 Park 4:12 8:3,21 8:22 9:1,1,12 9:13 16:6 36:5 53:18 125:9,23 154:8 parking 115:11 115:12 132:4,8 132:9 133:7,8 133:10,12 part 13:24 40:16 40:16 47:6 50:24 84:13 113:17 131:18 132:24 145:14 partially 138:24 participant 142:24 participate 142:13 143:5 participating	142:22 participation 3:12 11:8,13 14:19 particular 19:3 22:20 27:1,4,20 29:5 63:22 69:8 particularly 81:2 particulars 26:15 parties 151:15 157:12,15 partner 44:10 114:9 partnership 45:16 partnerships 104:6 105:7 pass 35:23 passageway 84:14 passed 46:20 passes 8:17 9:9 9:23 10:19 11:6 39:8 53:13 55:16 61:20 67:2 73:18 95:4 100:2 121:17 125:6 128:20 135:14 149:7 156:22 patent 92:11 patient 14:7 80:14,20 82:10 105:15 108:7 110:22 111:1 111:13,16 114:3 117:24 121:11,11,12 patient-centered 77:12 patients 14:15 43:17 45:10,17 58:18 77:20 78:11,22 80:8 82:7 84:6,15 87:24 105:22
---	---	--	---	--

106:22 109:6,9 110:15 111:4,6 111:9 112:18 112:22 113:1,5 113:12,13,18 113:24 143:3 154:20 patients' 105:24 Paul 101:22 112:3 143:12 pay 77:1 154:20 payers 145:21 paying 89:22 payments 86:18 pediatric 80:1 pending 43:21 44:11 penetration 145:20 Penny 126:20 people 20:22,24 21:7 23:4 27:8 28:23 34:12 42:20 49:10 51:2 56:6 percent 57:4,17 59:3 63:4 102:20,23,23 103:23 104:13 104:15,15,17 104:22 106:20 108:18 112:20 112:21 115:10 116:15 139:1 139:12,12 141:10,16,21 141:23 143:16 144:1,3,4,4,6 144:13 percentage 142:10 percentile 111:2 perform 110:4 114:2 performance 87:18 90:8 93:3	104:11 performed 106:2 112:10,15 113:22 performing 105:4 period 73:22 permission 102:11,13 permit 3:15 13:22 15:2,6,6 15:7,8,10,11,12 15:13,14 16:14 16:23 17:2,4,24 18:1,20 19:3,11 25:18 26:8,8,23 27:5,18,24 31:9 31:10,11,17 33:6 35:15 36:6 36:8,19,24 56:12,17 57:1,5 57:7,9,15,16,18 57:19 58:3,13 59:1 62:15,21 62:23,23 63:1 63:22,24 150:12,20 permits 4:6 12:24 13:2 14:12 26:1 74:2 person 11:12,13 28:9 33:24 127:18 personal 109:4 personally 144:13 perspective 49:7 105:15 109:16 phenomenal 115:7 physical 103:14 physician 81:8 97:22,22 98:1 114:7 139:19 139:22 142:11 physicians 43:8	77:5 103:11 107:9 142:12 143:3 picture 102:14 piece 34:14 138:6 138:7,8,15 place 21:11 23:22 151:7 placed 26:18 79:10 Plaines 62:1,17 plan 51:14 76:8 77:17,17 113:15 142:23 planner 117:19 planning 13:13 21:3 32:24 43:4 44:14,20 81:17 91:14 104:3 118:12 plans 143:23 144:1,18 145:19 play 80:2 Plaza 2:21 please 6:5 10:12 11:16,16,19 14:16,23 17:20 18:18 33:9 37:6 39:24 42:3 44:2 56:9 62:9 71:6 74:16,19 75:23 95:17 96:13 100:20,23 102:7 122:3,6 126:3,19 129:11 130:7 136:2,5 149:15 153:4,8 pleased 42:15 59:18 81:14 96:20 podiatric 113:9 podiatrist 80:21 101:23 112:3 podiatry 112:15	point 12:9 19:7 19:19 21:23,24 23:18 24:7 49:7 69:12 87:18 89:1,19 93:1 116:23 146:12 146:21 152:20 pointed 22:22 points 146:2 policies 106:16 policy 47:10 Polk 78:2 Polsinelli 18:20 pond 116:7,10 118:24 population 104:11,24 111:13 112:20 114:3 144:10 144:15,20 145:9 portfolio 79:15 portion 121:10 position 23:12 76:22 108:3 151:2 positive 22:12 61:17 77:15 99:23 123:4 125:3 127:7,24 128:9,17 possible 113:1 114:8 post 90:12 potentially 113:12 powerful 45:16 practice 43:8 88:10 108:13 112:4 140:7 practiced 79:1,3 107:21 precedent 14:11 92:6 152:9 prefer 113:24 preference	110:23 pregnant 88:4 premier 146:2 prep 112:12 preparation 94:14 prepare 116:18 prepared 70:15 preparing 102:6 presence 107:21 144:11,17,19 144:20 present 2:3,9,11 6:24 81:14 126:17 presentation 94:10 121:11 presented 102:18 presently 58:15 president 42:9,11 43:19 44:6 58:6 58:8 91:20 96:16 101:24 114:17 130:9 Press 111:3 presume 16:15 prevalence 112:20 previous 38:16 38:21 39:5 53:3 60:20 73:15 94:19,23 99:10 previously 113:13 prices 106:8 pricing 106:7 primary 77:21 78:20 print 150:3 prior 12:13 112:23 priorities 45:4 private 139:16 154:20 probably 64:17 86:9 90:21 91:2
---	---	--	--	---

92:23 94:3 143:22 152:4 problem 29:23 47:22,23 50:24 113:9 procedural 101:22 108:4,9 154:19 procedure 69:3 111:8 154:15 154:16 procedures 106:2 113:22 114:2 proceed 67:24 68:20 76:12 proceeded 22:21 23:1 59:19 proceeding 157:13 proceedings 1:22 7:16 157:8 proceeds 139:18 139:21 process 14:3 27:22 28:10 31:13 43:5 44:14 68:1 81:17 91:14,15 96:24 117:9 processed 26:10 procurement 86:12 91:15 Professional 157:6,20 profile 5:5 102:20 142:17 profiles 5:6 153:18 154:7 155:4,18 profit 139:11 141:12 profitability 142:7 profitable 142:4 profits 142:11	program 58:22 105:3 143:4 programs 43:10 43:11 105:7 progress 33:14 33:15 project 8:3,4,20 8:24 9:11 10:4 11:14,15 12:1,5 12:7,18,20 13:11,15,17 15:4 16:24 17:3 18:3,5,7,15,21 19:4 21:2 22:9 22:20 23:10 25:8 32:14 33:22 34:1,1 36:3,4,7 55:20 55:21,23 56:1 56:21 57:2 59:6 61:24 62:2,4 63:2,5 65:4,12 74:5,6,8 75:2,7 76:19,21 77:23 81:13 82:6,15 85:3 86:8,15 87:3 89:7 90:16 91:9 94:13 95:8 95:11 96:1,6 97:8,16 100:11 100:12,14 101:5,9,11 102:3,3,8 105:11,20 107:3 114:22 115:2 116:8,21 117:4,13 118:7 118:9,13,14 121:21,23 122:15 125:8 125:12,23 126:9,17 129:1 129:3,5,19,20 135:18 136:19 137:13,24 138:18	projected 97:15 118:9 projection 32:15 32:19,20 projections 102:17 103:23 104:9 107:8,10 projects 8:2,8 32:23 114:19 117:2,6 150:20 promise 22:8,11 22:13 proper 25:24 property 13:21 27:1,2,11 115:17 proposal 79:18 propose 58:16 proposed 18:5 106:16 107:11 109:24 116:21 proposing 40:5 41:2 74:22 95:23 101:2 122:12 125:18 126:7 129:17 136:11,16 proud 88:6 provide 46:14,17 46:18 59:5 68:16 69:19 71:18,19 76:24 79:5 87:24 102:13 106:12 114:8 provided 41:18 46:13 54:9 69:5 70:17 77:2 106:8 148:13 provider 45:13 143:14 146:18 providers 43:3 45:9 81:1 provides 43:2 providing 78:15 88:3 146:9	public 1:1 3:12 11:7,12 14:19 40:11 41:9 43:13 45:1 76:7 96:4 101:7 122:19 published 150:1 155:7 purchase 12:12 49:22 purchased 115:15 purposes 84:20 146:10 pursuant 7:6 put 16:20 20:12 20:14,15 32:5 47:20 83:10 88:12 105:1 116:4 140:15 putting 138:8	118:18 119:9 123:5,8,12 126:18,22 130:3,5,22 131:9 133:21 137:4,5 140:2 146:24 151:10 152:21 153:3,7 153:8 155:22 queue 26:12 28:10 quick 36:20 102:14 149:12 quickly 59:19 87:22,22 92:18 150:6
<hr/> R <hr/>				
R 6:1				
Radiation 103:20				
radius 107:8				
Ranalli 76:17				
86:1 87:4 123:1 123:3 130:20 133:8				
rapidly 112:17				
rarely 110:20				
rate 89:10 112:20				
rating 90:2,3,6,7 90:9,13				
rationale 12:6				
ratios 140:24				
rave 114:6				
reach 25:1				
reaching 145:23				
read 46:11,12				
readily 111:12				
reads 41:17				
ready 21:14 90:21				
real 23:13,14 33:15 49:3,18 50:9				
realistic 109:20				
realities 14:8				
realize 47:20				
<hr/> Q <hr/>				
qualifying 106:22				
quality 114:9				
quarter 98:6				
question 19:19 20:9 21:5 30:8 32:6 68:22 69:1 83:1 86:3,5 92:3 118:19 130:12 137:7 140:5,21,22 142:17 143:22 145:17				
questions 16:20 23:16 24:2,3 37:14 44:1 45:23 46:1 51:11,21 54:1 59:24 60:3 69:9 70:20,23 72:4 81:18 82:16,19 93:6 94:12 98:8 98:10 118:15				

105:16 realized 29:8 really 19:4 28:23 29:11 33:17 34:11 37:5 45:16 49:2 51:4 51:5 121:7,12 143:14 146:20 152:6 155:17 reason 34:5,6 91:24 144:10 150:14 reasonable 117:5 reasonableness 75:7 83:2 94:13 115:2 reasoning 14:2 32:4 reasons 34:19 35:1,10 52:15 53:6,10 55:1,5 55:8,12 61:4,9 66:10,18,22 99:11 111:18 128:4 134:21 recall 26:24 47:17 receive 44:24 67:24 92:2 101:8 received 25:13 25:17 43:16 76:20 81:16 96:6 102:8 122:20,21 129:23 receives 68:2 receiving 35:24 73:21 recess 100:8 recognition 82:10 recollection 145:3 recommendation 65:19 66:7,15	reconvene 100:7 record 71:8 72:3 104:1 117:1 130:17,18 recovery 113:2 136:14 recruiting 43:7 recuse 75:21,23 76:3,9 redevelop 59:10 redo 26:14,21 redoing 137:18 reduce 57:13 105:24 reduced 157:10 refer 8:8 referral 8:1 Referrals 3:9 refinancing 139:16 reflective 82:6 regard 41:16 64:12 77:1 86:7 145:6 regarding 47:2 regardless 82:11 regimen 113:3 region 42:19 97:4 Regional 96:17 Registered 157:5 157:20 regulatory 43:21 44:11 115:4 Rehab 3:17,24 36:8 rehabilitation 8:5 36:5 62:1,4 89:24 103:13 reinstate 151:4 relate 94:1 related 11:14 75:6 80:16 81:21 83:9 87:7 101:10 115:11 157:11 relates 85:3	115:2 137:13 relating 115:3 relationship 76:2 97:5 relative 145:16 145:20 157:14 relocate 56:1,13 57:10 58:3,16 83:11 relocated 84:2 relocation 81:22 97:22 remain 40:8 47:9 47:11,13 59:3 106:15 remaining 80:5 remarks 82:5 remember 90:17 remembered 26:13 remind 41:14 106:10 reminder 41:24 remodeling 137:20 remove 138:10 138:18 150:24 removed 83:14 150:21,22 removing 150:23 renal 122:1 125:24 renewal 3:15 12:2 13:9,24 14:5,11 16:15 16:23 17:3,4,24 18:1 19:3,11 25:18 33:7 36:7 36:8,19 62:21 62:23 renewals 13:19 15:11 31:10 35:15 replace 78:4 replacement 102:12,16	103:8 104:10 104:12 106:11 114:21 replacing 75:4 replicated 92:9 report 5:4 17:20 22:23 34:24 35:1,10 36:14 37:1,11,11 38:3 38:12,13 39:1 40:24 47:21 56:9 60:11,16 60:24 61:13,17 62:12 70:15 71:16 73:4,11 74:1,19 75:8 85:11 93:20 94:9 95:20 98:18,23,23 99:3,7,15,19,23 100:23 101:12 102:6 105:10 115:1 118:7 119:22 120:3,7 120:14 122:8 123:5,22 124:6 124:15,19,23 125:3 127:11 128:1,9,13,17 129:14 134:10 134:18 135:2,6 135:10 136:8 137:9 140:16 147:23 148:7 148:13,18,22 152:24 reported 2:17 12:10 58:1 154:24 reporter 11:21 17:7,10,13,18 18:17 37:6 126:19 130:7 157:1,6,7,20,21 reports 4:5 153:7 represent 143:20	represented 139:10 request 12:21,23 13:9 14:1,11,16 17:24 31:5 55:20 57:2,9 58:2 60:1 64:10 67:17,18,24 68:2,14 69:8,9 71:1,2 102:11 111:7 122:19 138:9 request/ 67:11 Request/Comp... 4:3 requested 12:3,6 29:10 41:19 106:5 150:16 154:8,11,14,18 requester 68:16 69:19 requesting 19:9 57:10,15 63:2 requests 3:15,18 3:19,22 16:23 39:12,13 require 22:20 31:12 46:13 116:3 150:12 required 13:3 22:23 32:17 46:23,24 47:16 47:17 52:10 54:9,13 68:3 70:12 73:21 105:18 117:21 requirement 144:21 requirements 52:6,10,19,23 54:13,21 150:22 151:4,5 requires 13:23 requiring 106:2 rescind 33:3 64:23 65:1
---	--	---	--	---

rescinded 65:3	76:6	123:17,23	4:2	122:5 125:20
research 45:12	right 11:11 19:15	124:3,7,12,16	Rush 4:13 8:21	126:3,4 129:9
residential	20:15,24 24:22	124:20,24	9:1 129:1,6	136:2,3,4
132:14,16,22	28:1 29:2 30:1	125:4 127:2,8	130:9 131:24	150:10 156:15
132:24	30:4 31:15	127:12,19,22	132:1 154:8	156:16
residents 78:16	64:13 67:21	128:2,6,10,14	Ruth 101:18	Secondarily
103:20	84:7 88:23	128:18 134:1,7		145:8
resolved 27:23	89:17 96:11,17	134:11,15,19	S	seconded 8:12
resources 109:1	114:5 115:12	134:23 135:3,7	S 4:1 5:1 6:1	17:12 37:19
112:7	130:5 131:7,16	135:11 147:4	safe 110:19	52:2 54:6 60:8
respect 69:24	132:4 133:16	147:10,19	safety 108:7	65:16 72:9
70:1	140:19 141:10	148:1,4,10,15	117:24 121:12	93:10 98:15
respective 45:4	141:22 142:14	148:19,23	Saint 107:22	119:14 123:18
respond 59:24	150:14 151:1	149:4	salaries 92:2	127:3 134:2
responded	ring 91:4	robotic 105:3,5	Sam 76:16	147:11
147:16	rise 118:1	robust 104:5	Samuel 83:6	Secondly 116:21
response 8:16 9:8	road 116:4	roll 3:4 6:5 33:9	SANGAMON	section 7:6 54:21
9:22 10:18 11:5	118:23	37:16 51:21	157:4	67:21 68:4 70:4
97:19 156:21	ROATE 2:14 6:6	54:3 60:5 65:13	SAR 42:15,15	see 7:2 21:10
responses 119:17	6:9,11,13,16,18	93:7 98:12	Sarah 15:2	59:18 64:14
responsibilities	6:20,22,24	119:10 123:15	sat 28:24 145:11	78:21 80:21
108:6 110:11	17:12 33:10,19	126:24 133:23	satisfaction	139:13,14,20
110:14	34:7,16,21 35:2	147:2	111:1	143:3 152:10
responsibility	35:7,12,20	room 7:13 103:6	Saturdays 109:3	152:15,16
50:2,3 51:6	37:18,24 38:4,8	109:1,11	saw 45:5	seeing 33:4 37:16
110:9	38:14,18,22	110:17 112:10	saying 70:11	51:20 54:3 60:5
responsible	39:2,6 52:1,7	115:10	92:11 141:16	93:6 98:12
105:22 113:20	52:12,16,20,24	rooms 80:1 81:7	152:10	109:6 119:10
114:18,20	53:4,7,11 54:5	104:10,13,18	scheduled 18:22	123:13,15
rest 132:12	54:10,14,18,22	107:16 108:9	29:4 44:13	126:24 133:23
result 63:6 104:3	55:2,6,10,14	108:22,23	122:16	142:18 147:2
resume 113:2	60:7,13,17,21	111:19 136:13	scheduling	seek 31:15 58:11
resumed 7:16	61:2,6,10,14,18	136:14 154:15	108:11	79:15 150:7
revenue 106:18	65:14,20,23	154:15,17	school 76:7 78:8	seeking 8:1,22
154:24	66:4,8,12,16,20	roughly 139:1,21	scope 63:4	9:11 25:5
review 1:2 4:7	66:24 72:8,13	144:5	scores 111:1	seen 49:22 78:17
10:6 31:15	72:16,20,24	routine 116:5	second 7:9 8:10	78:18 103:2
59:23 69:24	73:5,8,12,16	RPR 2:18	9:3,17 10:11,13	150:9
74:4	93:8,17,21 94:6	Rubloff 57:11	10:24 17:6,11	selected 44:10
reviewing 105:12	94:16,20 95:2	rules 4:21 13:15	17:15 27:21	83:10
reviews 27:17	98:14,20,24	22:19 67:22	36:10,19 39:22	self-referral 4:3
revised 23:12	99:4,8,12,16,20	86:12 149:22	53:21 56:4 57:8	4:3 67:9,11,17
revisions 151:14	99:24 119:12	150:1,1	62:7 65:7,12	67:23 71:1
revocation 31:16	119:19,24	ruling 69:15	71:4 74:13,14	Senator 6:11
rezoned 115:17	120:4,10,15,19	rulings 67:6	75:16 95:15	25:13 33:11,20
Richard 2:7 6:20	121:3,14	RULINGS/OT...	100:18 122:3,4	37:21 38:1 52:4

52:8 54:5,7,11 60:7,9,14 65:15 65:17,21 72:11 72:14 93:9,11 93:17 98:14,16 98:21 119:13 119:15,20 123:19,20,24 127:4,5,9 134:4 134:8 147:5,10 147:12,20 sense 105:14 116:9 sent 26:19 30:23 139:18 separated 84:11 separately 40:20 140:9 September 1:11 24:16 43:21 44:13 56:23 104:17 122:17 136:21 serious 25:7 91:19 seriously 82:4 seriousness 92:13 serve 43:6 44:5 82:11 108:5 served 106:22 service 44:19 57:10 58:12,14 81:3 83:23 87:8 102:24 118:11 serviceable 138:16 services 1:2 2:20 44:18 45:9,10 45:17 47:2,3 56:1 57:14 79:12,16,24 80:5,24 87:24 88:4 96:17 102:21 103:14 104:6 105:17	107:3 108:15 109:16 120:9 servicing 78:10 session 1:5 3:5 7:4,6,11,15,16 7:19 100:10 set 48:15 104:3 112:8 152:9 setting 14:11 45:14 107:14 settings 106:4 settle 64:7 settlement 7:21 64:11 seven 13:22 59:3 63:4 68:9 106:20 121:15 Sewell 2:7 6:20 6:21 9:3 17:6 17:12 31:3,4 35:8,9 38:23,24 51:13 53:4,5 55:7,8 56:4,4 60:8 61:11,12 62:7,7 66:17,18 69:23 70:9 71:3 71:3 72:9 73:9 73:10 76:6,6,11 99:17,18 120:20,21 124:21,22 128:11,12 129:8,8 134:2 135:4,5 136:3,4 140:3,4,12,19 141:4 147:11 148:20,21 156:14 sewer 115:21 116:1 118:22 Shannon 75:12 75:13,17 76:13 76:14 87:6,14 88:14,24 89:11 89:18 90:4,20 91:5,11,16 92:8	92:20 93:1 95:6 share 144:10 shared 42:20 45:20 shareholders 139:19,19,22 Sharon 42:10 44:5 49:20 58:5 sheet 11:17 Sheets 18:9,14,19 18:19 19:21 22:7 23:15 26:3 28:6 29:14,17 29:24 30:3,8,12 30:15 36:2 63:11,12,16 67:4 128:23 Sherman 154:18 shift 77:18 107:4 107:13 shifting 109:12 Shiloh 95:9,24 97:14 Shore 15:23 Shorewood 15:7 Shorthand 157:6 157:21 shovel 13:22 show 12:22 21:12 22:24 33:17 shows 139:22 shuffled 33:16 sick 77:18 side 42:21 sidewalks 82:1 sign 8:15 9:7,21 10:17 11:4 27:12 156:20 sign-in 11:17 signed 27:13 significant 81:24 97:21 139:15 146:20 significantly 142:1 signing 146:16	Silver 4:9 100:12 100:15 101:19 101:21,23 102:1,5,20 103:1 104:4 106:18 107:5 107:17,22,24 108:2,13,24 110:1,24 111:1 111:6,8,15 112:3,6 113:4 113:16,19,24 114:4,6,17 115:8,21 117:8 117:16 154:13 simple 144:2 simply 107:13 123:5 sir 6:19 20:17 52:20 124:24 153:18 site 83:10,14 94:13 115:5 116:3,4,5 118:23 119:3,5 sites 43:9 sitting 18:16 situation 19:1,8 33:13 49:12 104:8,21 107:16 110:21 situations 48:22 49:23 six 21:8 95:2 149:5 six-month 36:8 six-station 57:14 slightly 32:2,3 sole 48:6 solve 113:8 somebody 24:1 33:2 149:14 someplace 92:7 soon 155:8 sorry 11:10 17:7 18:19 29:21	44:2 47:19 62:3 75:20 125:19 131:4 133:9 147:6 south 1:9 2:21 4:13 42:21,21 43:6 78:3 129:1 129:6 Southland 42:19 44:17 45:6 southwest 103:20 southwestern 97:4 space 74:24 78:5 78:13 80:2,18 80:20 81:1,2,5 81:7,9,11 85:13 85:15 86:16,20 88:3,5,6,8,10 122:15 137:18 137:20 spaces 132:9 133:11,12 speak 40:19 90:4 154:2 speaking 11:14 23:8 special 111:5 specialist 123:2 specialists 108:21 143:13 specialties 106:6 117:16,20 specialty 43:10 77:21 78:20 79:14 97:3 104:6 105:7 specific 113:14 specifically 49:2 49:17 111:24 145:18 spell 11:20 spent 12:8,11 20:3 22:5 155:13 spoke 118:20
---	---	---	--	--

Springfield 1:10 2:22	stalwart 78:23	134:22	79:13,20 80:15	surgeon 107:20 109:20
square 57:6,6 63:5,23,23 64:12 74:24 77:24 78:5 98:4 117:11 122:14	stand 149:15	statement 139:23	87:9	surgeons 105:6 108:12 109:5 109:17,18,23 110:3,16 111:7 112:11 113:23 117:16
SR 2:7	stand-alone 138:23	statements 37:1 37:23 38:17,21 39:5 46:23 49:1 53:3 60:20 94:19,23 140:7 140:17,21 153:2	strong 102:9 stronger 43:10 strongly 114:10 150:16	surgeries 109:7 113:19
ss 157:3	standard 97:10 98:3 103:7 116:16,22 117:4 119:1 141:18	station 116:1	study 79:9 stuff 20:2	surgery 3:21 4:9 15:18 16:3,5,7 16:8 41:3,5 53:16,18 100:13,15 102:4 105:3,13 106:3,7,17 107:6 109:10 109:13,21,24 110:2,5,24 111:15,21 112:24 113:4,8 113:14,23 114:1,12 115:23 116:19 117:6 118:4 120:23 135:22 138:23 139:4,6 139:13 141:15 142:4,7,13 143:2
St 154:11	standards 81:21 115:4	stations 127:15 127:16,17	submission 68:12 submitted 22:23 38:7 68:4 70:6 70:12,13 117:22	Surgecenter 16:4 154:22,23
stabilization 104:24	start 28:15,20 31:6 51:2 85:11 109:5 112:24 144:23 145:7	status 4:5 22:8 74:1 82:12	subsequent 4:7 4:19 10:6 74:4 81:19 149:19	surprised 86:2
staff 2:14,14,15 2:15 12:17 13:7 20:10 22:22 24:7 32:6 34:24 42:14 43:3 58:1 59:22 60:11,16 68:6,15,19 69:6 70:14,22 72:19 76:18 81:8,16 85:11 98:18,23 99:3,7,14,23 101:24 102:6 105:6 107:10 108:8,19,21 111:7 113:9 114:9 119:23 120:3,7 122:21 126:16 128:17 129:24 134:6 134:10 135:10 135:16 140:5 147:17,23 148:18 149:10	state 2:21 3:14 11:20 12:17 13:7 16:22 18:17 35:10 38:12,12,24 60:24 61:12,17 68:6 71:8 77:7 78:13 94:9 99:19 102:6 103:6 105:10 115:1 116:16 116:22 117:4 118:6 119:1,22 122:21 123:4 124:2,10,19,22 125:3 126:16 128:1,12,17 129:23 134:18 135:2,5,10 148:7,22 157:2 157:7	statute 13:23 14:13 22:19 32:17 41:16,17 41:19	subspecialists 103:12	surrounding 107:7 114:4
staff's 119:17 123:22 124:6	state-of-the-art 79:6	statutory 52:6,19 52:23 54:13	substitution 48:4	survey 26:15
staffing 14:7	stated 34:19 35:1 35:10 52:15 53:6,10 54:24 55:4,9,13 61:5 61:9 62:23 66:11,19,23 99:11 104:12 113:13 128:5	stay 111:9	suburban 43:7	surveys 111:3
staffs 110:9,12		step 68:1	suburbs 42:21 103:20	suspect 86:9 142:9
stage 80:10,10 122:1 125:24		steps 86:11	success 81:12	
stakeholders 44:23		sterilization 138:7	succinctly 121:8	
stale 26:13,20 28:7		stewardship 82:3	suddenly 21:14	
stall 13:5		stop 22:3 28:20 125:20	suggest 24:1	
		stories 131:20,21 132:3,12	suites 107:5 112:8	
		story 50:21	summary 147:23	
		strange 92:17	Sundays 109:3	
		strategic 76:8 77:17 96:21 97:2	supplies 84:22	
		strategy 101:18 145:14	support 42:22 43:2,14,17 76:20,21 80:18 84:22 96:5 101:9 102:9 114:10 122:19 129:23 136:17	
		Street 1:9	supports 110:23	
		strengthen 43:1 81:4	suppose 87:15	
		strengthening 43:8	supposed 24:11 28:2 67:23	
		stress 77:17 109:11 118:6	sure 11:20 19:1 41:1 42:5 68:7 125:21 131:3	
		Stroger 4:17 10:4 74:6,9,11 78:3	surely 34:3	

14:12 21:2 23:10,23 26:4,5 26:6,9,16 27:21 32:9,17 40:13 47:4 62:22 64:8 67:10 77:15 78:18 91:6 108:21 109:18 109:22 111:17 112:12 114:22 115:10 137:3 145:2 150:17 150:23 155:13 155:16 156:11 timeline 30:24 timeliness 87:23 times 26:6 91:10 150:3 timetable 89:21 Tinley 36:5 53:18 today 8:2,19,22 9:11 12:18 13:10,16 17:24 20:1 22:9,10 24:2 25:9 33:23 34:4 36:19 42:10 44:12 45:22 57:7 58:2 58:7 70:10,11 76:16 77:23 80:13 81:10 101:19 104:9 105:23 107:17 118:13 120:13 139:4 140:22 148:14 155:9 today's 68:11 79:18 told 32:8 150:19 toll 79:4 tomorrow 155:8 top 30:9 85:9 90:5 111:2 total 57:2,17,19 87:3 90:16	103:1 106:21 118:8 131:1,2,2 131:21 136:19 143:24 totally 69:2 144:5 toto 89:21 Tower 57:11 town 18:22 track 104:1 117:1 traditional 86:10 86:10,23 train 77:6 transaction 39:18 40:10,17 41:8 44:12 46:19,22 47:24 48:5,17,24 49:21 53:17 transcript 1:22 10:22 transcripts 3:11 10:21 transformation 77:9,10 transparency 72:19 trauma 59:15 treat 80:8 112:22 treatment 4:10 100:13,15 101:4 120:24 135:23 tremendous 108:19 Tri-Cities 15:18 trials 103:19 trick 92:9 troubled 32:2,4 true 88:17 142:22 truly 81:15 88:5 trust 104:4 try 12:24 108:11 trying 89:2 110:19	Tryon 101:24 107:18 114:14 114:15,16 119:2,6 Tuesday 1:11 tunnel 84:19 turn 30:22 82:8 106:24 111:23 114:13 turned 13:23 31:21 34:14 Turner 96:12,15 96:16 97:13 100:4 twelve 12:13 47:5 56:18 93:4 127:15,16,17 132:12 136:14 twelve-month 47:4 62:21 Twenty 11:24 13:21 two 8:8,18 11:21 15:16 16:23 18:23 22:4 25:2 25:2 32:1 36:13 40:16 47:9,12 77:14 90:6 91:10 101:10 102:22 103:9 106:9 108:2 110:12 121:7 122:7 125:14 137:8 139:12 141:16,21,23 149:6 150:8 type 106:5 139:12 types 43:1 132:12 typewriting 157:10 typically 78:19 typo 16:14	UCMC 42:18,22 44:9 49:24 ultimately 42:19 82:2 unanticipated 23:3 unaudited 140:14,21 uncompensated 77:3 underdeveloped 115:20 understand 13:19 18:24 34:11,12 45:3 49:5 82:2 83:24 92:18 147:13 understandable 95:1 understandably 121:8 understanding 27:6,13,24 28:21 69:3 85:18,20 105:21 understands 68:18 110:18 unfamiliar 110:20 UNIDENTIFI... 147:8 uninsured 145:15 146:13 unique 18:24 76:22,23 unit 79:21,22 101:22 108:4 140:8,22 units 132:21 133:3,4 University 3:23 44:6 48:5 51:15 55:21,24 56:16 58:6 103:17 105:9 130:9	unnecessary 77:19 109:15 120:8 unprecedented 12:2 13:7,9 35:15 unusual 80:14 up-to-date 108:16 153:13 update 36:20 93:15 102:14 updated 30:5 35:5 urge 111:20 urgently 59:16 urologist 143:13 use 109:1 112:12 142:11 145:5 useful 78:24 utilities 115:22 utilization 104:15,16,18 111:19 utilized 115:10
<hr/> V <hr/>				
				vacation 29:13 vacations 29:5 valuable 109:19 valuation 50:6 50:14 value 49:15,17 49:18 50:9 variable 138:8 variance 117:14 118:2 138:11 variances 115:3 variety 44:22 117:18 various 29:4 86:11 versus 84:7 137:17 viability 138:20 138:22 vice 2:4 6:8 7:9
		<hr/> U <hr/>		
		U 4:1 5:1 42:11		

8:10 9:17 10:13 10:24 25:21 28:3 29:23 30:6 30:10,13,19 34:18 36:10 38:10 46:3,11 47:22 48:8,12 50:8,12,16,18 50:23 52:18 53:21,23 54:20 58:8 60:23 65:7 66:6 71:4 72:22 74:14 82:22 85:7 87:1,10 88:11,15,17 89:8,12 90:1,5 90:15,23 91:8 91:13,22 94:8 95:15 99:6 100:18 101:24 114:17 120:6 124:9 127:23 131:11,13,19 131:24 132:2,6 132:11,15,21 133:1,6,10,14 133:20 134:17 141:6,14,20 142:3,14 148:6 151:13,24 152:18 view 45:10 139:4 village 43:19 115:16,24 visits 103:2,6,22 154:10 voice 8:12 153:18 volume 103:21 104:2 107:8,13 108:16 113:4 vote 8:12 13:12 19:10 20:5 31:24 33:3,4,9 33:13,22 34:5,6 34:10,15,18,24 35:4,9,14,18	37:17 38:10 40:20 41:21 51:22 52:5,9,14 52:18 53:2,5,9 54:4 60:6,10,15 60:19,23 65:13 65:18 66:1 68:11 72:6,7 93:7,12,18,23 94:5,8,15 95:1 98:13,17 99:18 99:22 119:11 119:16,21 120:2,7,12,17 120:21 121:5 121:13,16 123:16,21 127:1,6,14,18 127:23 133:24 146:22 147:3 147:17,22,23 148:6,12,21 149:1 voted 127:15 votes 35:20 39:7 53:11 55:15 61:18 67:1 68:10 73:17 95:2 100:1 121:15 125:5 128:18 135:12 149:5 voting 34:9 38:2 51:22 68:18 <hr/> W <hr/> W-e-i-s-s 11:23 wait 47:5 113:12 waiting 26:12 36:23 80:2 111:17 walk 110:5 wall 137:15,16 walls 87:8 want 16:18 19:1 19:24 20:5,22	25:2 29:19 40:23 41:14 64:2 70:7 82:2 82:22 84:5 86:20 89:19 102:2 114:7 140:4 146:21 149:12 150:5 150:18 153:20 wanted 75:18 146:12 149:24 151:8 wanting 92:18 wants 33:2 warm 45:5 waste 150:5 watch 66:2 water 115:21 116:12 118:22 way 23:5 41:17 59:10 63:18 86:21 87:24 89:6 92:3 146:19 ways 43:5 we'll 33:4 44:22 89:22 92:15 100:6,19 123:1 123:5 152:15 152:15 156:11 we're 7:18 8:1,22 9:11 32:16 36:23 44:14,15 49:4,5,7 63:18 63:18 67:20 68:18 70:21 77:8 82:3,16 83:12 84:9 86:2 86:6,7 88:3,8 97:18 100:9 132:9,23 138:8 149:16 150:7 151:1 153:12 we've 22:23 23:1 44:23 56:5 76:20 77:14	81:16,17 90:7 90:10 102:8,22 104:3 106:6 108:18 141:24 150:2 152:7,8 154:6 155:6 website 155:8 week 37:11 59:21 153:6 weeks 18:23 25:2 102:22 Weiss 11:13,18 11:22,22 welcome 42:18 45:5 welfare 14:15 well-respected 45:13 went 20:2 27:15 70:14 88:20 117:8 139:15 weren't 141:1 150:17 west 115:15 wide 45:17 117:18 widespread 43:14 Williams 76:16 83:6,7,18,21 84:1 91:12 willing 64:22,24 152:13 winter 84:16 wish 64:5 wishes 138:17 witness 18:11 62:10 71:14 147:8 witnesses 36:13 40:1 56:7 74:17 95:18 100:21 122:7 125:14 129:12 136:6 women 79:18 87:7 88:4	wonder 104:23 wonderful 45:2 wondering 83:1 85:9 words 20:13 work 42:15 44:16 69:10 81:2 94:4 110:16 112:17 115:5 116:5 119:3,5 155:11 worked 110:21 153:5 WORKER 4:3 working 69:6 108:7 works 110:18 world's 104:7 worth 50:6 wouldn't 28:14 29:8 84:3,12 137:19 Wow 14:20 Wright 123:2,10 writing 68:7 written 36:1 <hr/> X <hr/> x-rays 84:6 <hr/> Y <hr/> yeah 92:20 130:16 131:4,6 133:17 138:21 141:4 153:16 153:16 154:1 155:12 year 27:14 30:15 41:15 77:2,6 78:22 80:8 90:22 97:1,20 103:21,21,22 104:16,17 105:5 108:17 118:1,1 139:14 142:2 143:16
---	---	---	--	---

150:21	100 4:10 103:19	14-022 65:4	2(c)(21) 7:7	2019 129:21
years 12:12,13	108 88:21	14-051 15:13	2(c)(5) 7:6	130:15
13:21,22 20:19	108.4 88:22	149 4:19,20,21	2,152 57:6	204,000 138:10
21:8,8,15,17,20	11 3:12	15 2:21 7:11,12	2.25 57:4	205,000 138:11
25:11 33:16	11-104 36:4,7	7:13 56:19	2.8 57:4	21 105:10
35:17 47:10,12	11.1 101:5	90:24 104:18	20 7:12,12,13	217 2:23
77:4,10,14	110 20:14	131:21 154:9	12:12 90:18	21st 10:22
78:17,24 79:2	1120.140(c)	155:1	20-month 17:4	2300 103:5
85:20 87:18	115:1 121:2	15-004 8:4 9:11	18:1	24 112:4
88:5 90:7,19,24	1130 149:24	15-006 15:14	200 139:21	24th 156:12
93:4 106:9,13	1130.531 150:18	150 35:16 143:16	2002 90:21	25 43:16 139:9
107:23 108:2	114 56:18	150-bed 18:6	2004 112:6	25.1 96:1
108:20 112:5	119 104:14	32:7	2008 14:9 102:11	25.3 18:7
115:8 145:10	12 100:6	1500 80:9	106:14	250 139:17,17
154:20	12-025 15:7	152 4:22 5:4	2009 103:4	25th 40:12 43:14
yesterday 13:2	12-032 15:6	153 5:5	2010 103:16	45:1 155:24
	12-station 122:13	155 5:6	2011 18:4 97:15	280,000 74:24
	125:24 126:8	156 5:8	154:21	77:24
<hr/> Z <hr/>	12:45 100:7	15th 96:2	2012 79:10	28th 150:2
zero 92:2 142:19	121 4:11	16 3:14 87:2	102:17	29 116:12
zip 107:7	122 56:13	16-018 95:8,11	2013 28:5 30:5	2nd 1:9
	123.5 56:22 57:3	16-019 15:2	30:14 154:9	
	1235.310 67:22	16-021 100:12,15	155:1	<hr/> 3 <hr/>
	70:4	102:3	2014 56:12 62:15	3 75:7
<hr/> 0 <hr/>	125 4:12 79:11	16-023 125:8,23	104:12,14	3.9 58:20
017-16 15:17	126 56:19	16-024 121:21,24	106:19 154:12	30 107:23
022 62:3	126.3 57:3	16-025 129:1,6	154:14,21	300 77:6 91:2
023-16 15:24	128 4:13	16-028 135:18,20	2015 5:6 30:17	108:20
028-16 8:4 9:12	129 104:15	16-030 10:4 74:6	46:20 102:19	300-plus 32:8
031-16 15:18	13 1:11 114:23	74:9	104:15 106:20	300,000 116:2
08-099 11:15	143:23,24,24	16,096 104:14	106:23 108:17	30th 43:21 44:13
17:3	144:2 145:19	16th 25:18 62:20	139:14 150:2	56:23 104:17
084-001390 2:19	13-032 15:8	17 3:16 16:16	150:21 155:4	122:17 136:21
157:22	13-040 15:12	18 12:3,6	2016 1:11 10:22	31st 18:2,2,3 28:5
	132.2 57:19	19.8 116:15	18:2 25:18	62:19,22,22
<hr/> 1 <hr/>	135 4:15	1930s 81:7	40:12 43:21	75:3 101:6
1-800-280-3376	138 75:1 90:17	1931 78:9	56:24 62:20,22	126:11 129:20
2:24	104:22	1959 78:7	97:16,17	130:14
1.2 12:10	138.5 104:17	1964 78:8	142:24 143:9	32 56:13
1.3 84:17	14 3:13 79:2	199 133:4,7,12	155:24	35 144:6
1.4 12:10	90:24 107:6	1996 12:12	2017 56:23 62:19	35.3 106:19
1:43 156:24	154:9 155:1	1st 96:22	62:22 98:6	36 3:17 132:19
10 3:11,11 156:3	14-002 61:24		136:21	36,245,629 131:5
156:4	62:3	<hr/> 2 <hr/>	2018 18:2 75:3	36.2 129:19
10-090 15:11	14-008 8:5	2(c)(1) 7:6	96:3 101:6	37.9 106:19
10,000 80:8	14-013 55:21,24	2(c)(11) 7:7	122:17 126:11	379 13:13 21:4
10:00 1:12				
10:02 7:14				
10:21 7:17				

32:20	70,500 98:4			
39 3:18,20	700 139:8			
<hr/>	71-bed 62:16			
4	72-acre 115:9			
<hr/>	73 4:6			
4 101:11 106:12	7300 122:14			
130:24	74 4:17			
4.2 126:10	75,500 103:1			
40,000 106:21	<hr/>			
400 77:2	8			
41 3:21	<hr/>			
418 21:3 32:18	8 3:9,10 16:14			
45 102:23 109:20	8,900 103:21			
45-minute	8.2 112:20			
111:12	8/19/2016 36:21			
46 56:19	8/23/16 16:15			
<hr/>	8/31/16 16:15			
5	80 104:13			
<hr/>	800 78:12			
5 109:5	835 1:9			
5.3 122:16	87 102:20			
5.8 57:16 59:2	88 139:1			
50 78:17	<hr/>			
500 77:5	9			
505,000 63:4	<hr/>			
522-2211 2:23	9 16:22 85:9			
55 3:23	90 68:15			
550,000 118:24	90-93 102:22			
555,000 116:24	90-day 73:21			
56 30:23	95 4:9			
58 115:16 116:9	99 132:9 133:5,5			
<hr/>	133:6,8,10,12			
6				
<hr/>				
6 3:3,4				
6.2 112:21				
6.7 136:20				
6.97 57:17				
60 37:12 88:5				
62 3:24				
62701 2:22				
64 144:1,2				
67 4:2,4				
680,000 78:4				
<hr/>				
7				
<hr/>				
7 3:5 109:5				
7.2 62:18 63:3				
7.7 63:3				
70-80 144:13				