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HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Illinois Health Facilities & Services Review Board  
2<sup>nd</sup> Floor  
525 West Jefferson Street  
Springfield, Illinois 62761

Subject: Project 11-042 Provena Covenant Medical Center, Urbana

Dear Review Board Members:

As a member of the Champaign Urbana community and one who relies on Provena Covenant Medical Center in Urbana as my health care provider for hospital related services, I am submitting, in writing, my testimony regarding the proposed merger between the Provena and Resurrection systems to express my concerns with respect to two aspects of the merger and some issues which may be impacted by the merger.

The first aspect deals with how the merger will affect current financial assistance programs that currently exist and operate in the various local facilities of the two systems after the merger; that might be developed and instituted sometime later by and within the merged system at both the system and local levels, and the determination of funding levels and eligibility requirements that might be implemented after the proposed merger. Currently there is a significant discrepancy in the financial assistance programs, eligibility requirements, and funding levels that exists for local facilities of the two hospital systems. According to spokespersons for the two systems, how this discrepancy will need to be handled at the system level on a system wide basis; but other than that, nothing has as yet been discussed or determined. Nor has anything been determined as to the role that local community representation will play in the decision-making or planning processes regarding the formulation of system wide policies and programs with special focus on financial assistance programs or the degree of autonomy and variation local facilities may exercise in meeting the needs of their particular local communities.

In light of this, I wish to raise several questions, which are as follows:

1. Wouldn't it be wise to require the two systems to set forth prior to receiving approval for the merger a more or less detailed outline of the process by which they plan to develop, design, decide on, and implement system level policies, eligibility requirements, funding levels, and procedures pertaining to system wide financial assistance programs and processes?
2. Shouldn't this outline also set forth prior to approval of the proposed merger what role local community representation will play in the planning and decision-making process, what role local community input and feedback will play or have

in this planning and decision-making processes before policies, programs, and decisions are implemented at the local level, how issues revolving around variable individual local community needs that may be at variance with the system level needs and system wide policies, programs, and requirements will be handled within the newly merged system?

The second aspect of the proposed merger that concerns me revolves around the process and practices of outsourcing of services. Currently, the local Urbana facility – like other facilities in both of the systems involved in the proposed merger – outsources a number of their services to external labs, radiologists, occupational and physical therapists, etc. It is unclear what the policies and practices regarding such outsourcing will be under the proposed merger; it is also unclear how such outsourcing will affect the facilities' patients with respect to costs, the ability of the consumer to be given an opportunity to engage in comparative shopping for less costly sources for said services and to select who they want to provide the services. As it stands right now, the consumer is given no choice or set of alternatives along with the costs of each alternative provider so as to make a rational economic decision.

Furthermore, it is unclear - if under the proposed merger – the system wide policy will be to contract out outsourced services to only those providers who accept and follow the provisions of the system's financial assistance programs and policies so as to offer the same financial assistance as the hospital offers to users of the merged hospital system's facilities. Currently, that is not the case and outsource vendors do not honor hospital financial assistance benefits even when they say that they do. For instance, the Provena Covenant system will put a hold on bills to patients while the Provena Covenant determines if the patient is eligible for assistance or not as well as how much assistance they may be eligible for; however, one of their outsource vendors who says they honor and follow the hospitals lead in the provision of financial assistance does not put a hold on its bills to the patient and requires some portion of the bill be paid in 30 days or it will be sent to collection even if the eligibility decision by the hospital is still pending. The patient cannot and will not get the portion that they pay back even if the hospital is to later determine that the patient is eligible for full assistance; and if the vendor sends the patient's bill to collection due to the patient not paying a portion of it within the 30 days despite a hospital determination of eligibility being still pending, the patient will not be given any financial assistance by the vendor even if it is granted by the hospital.

In light of this, the following questions arise with respect to how the proposed merger will deal with outsourcing and the requiring of outsource vendors to abide by the hospital system's policies and procedures concerning billing and financial assistance for outsourced services:

1. Will the merger result in the system implementing on a system level a system wide policy requiring the hospital to notify the patient when a service needs to be outsourced; and will the hospital furnish the patient with a set of alternative providers, their price schedule for the services, and what sorts of financial

assistance programs they have for their services along with the requirements in advance from which the patient will be allowed to select who the outsourced services will be done by?

2. Will merger result in a system that requires all its outsource vendors to participate in and follow the rules, procedures, practices, and policies that govern the hospital's own financial assistance programs, including holding the bill until eligibility determinations are made by either the hospital or the vendor if the vendor is operating under an independent evaluation process?

Sincerely,



Mr. Laurie Solomon

Cc: Claudia Linnhoff, Champaign County Health Care Consumers