

MEMORANDUM

April 3, 2020

TO: Mayor John P. Kahl and Members of City Council

FROM: City Attorney's Office (Scott A. Brunton)

SUBJECT: Resolution Approving Physician-Hospital Network Contract for the City's Group Health Insurance Plan

DISCUSSION:

The physician and hospital network organization contract ("PHO") for the City's self-funded Group Health Care Plan ("Plan") will expire at the end of the current fiscal year on April 30, 2020. The PHO contract covers nearly all medical benefits and services provided to participants under the Plan, and thus is a critical component of the Plan. With assistance from Consociate, the City's Third Party Administrator for the Plan, the City's Insurance & Benefits Committee (the "Committee") has reviewed options for a new PHO contract, as well as potential ways to save costs associated with these medical benefits and services provided under the Plan.

After completing this review, the Committee is again recommending a new three-year contract with the UnityPoint Health Plus ("Health Plus, Inc.") and its network of hospitals and physicians, which includes UnityPoint Methodist, Proctor, and Pekin Hospitals. The UnityPoint Health Plus network continues to provide excellent medical services in the tri-county area, and is the best network of hospitals and physicians from a value and cost perspective as well. The Committee has made this determination by reviewing the financial aspects of the proposal from UnityPoint Health Plus, along with related financial data for the other available networks. The Committee also interviewed representatives from UnityPoint Health Plus to ensure that UnityPoint Health Plus remains poised to address the ever-changing health care market, while continuing to provide excellent medical services. Further, the City and the UnityPoint Health Plus network have partnered for several years to work toward keeping the City's Health Plan financially viable, while still providing excellent services and benefits for all City employees and retirees. Thus, the Committee has determined that the UnityPoint Health Plus network remains the best contract option for the Plan, City employees and retirees, and the City.

RECOMMENDATION:

The Insurance & Benefits Committee, as well as our office, recommends that the Council pass this Resolution.

RESOLUTION NO. 1920-135

East Peoria, Illinois

_____ , 2020

RESOLUTION BY COMMISSIONER _____

**RESOLUTION REGARDING
PREFERRED PHYSICIAN AND HOSPITAL NETWORK
FOR THE CITY'S GROUP HEALTH INSURANCE PLAN**

WHEREAS, the City of East Peoria maintains a self-insured group health care plan ("Plan") for the benefit of its employees and retirees, and the City's Insurance and Benefits Committee oversees the Plan; and

WHEREAS, on behalf of the Plan, the City maintains an exclusive preferred provider network with a local area physician and hospital network for providing medical services and related services to persons covered under the Plan on a discounted cost basis; and

WHEREAS, as part of the contract renewal process related to the Plan, the Insurance and Benefits Committee has reviewed the proposal from the City's current physician and hospital network, UnityPoint Health Plus (Health Plus, Inc.), for providing these medical services and related services to persons covered under the Plan as the exclusive preferred provider; and

WHEREAS, after reviewing the proposal from UnityPoint Health Plus and undertaking due diligence to review the proposal, including conducting an interview with representatives from UnityPoint Health Plus, the Insurance and Benefits Committee recommends continuing the City's current relationship with the UnityPoint Health Plus network, which includes the UnityPoint Health Methodist, Proctor, and Pekin Hospitals, for providing these medical services; and

WHEREAS, the Insurance and Benefits Committee further recommends that the City enter into a three-year contract with UnityPoint Health Plus, attached as "Exhibit 1", as the exclusive preferred provider network for medical services and related services for persons covered under the City's Plan;

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF EAST PEORIA, TAZEWELL COUNTY, ILLINOIS, THAT:

Section 1. The City adopts the recommendation made by the Insurance and Benefits Committee, as set forth above, and hereby approves the Physician Hospital Organization Agreement with Health Plus, Inc., doing business as UnityPoint Health Plus, attached as "Exhibit 1", which will be effective from May 1, 2020, through April 30, 2023.

Section 2. The Mayor, or his designee, is hereby authorized and directed to execute the Physician Hospital Organization Agreement with Health Plus, Inc., doing business as UnityPoint Health Plus, attached as “Exhibit 1”, together with such changes therein as the Mayor in his discretion may deem appropriate; provided, however that such agreement shall not be binding upon the City until an executed original thereof has been delivered to Health Plus, Inc. Furthermore, the Mayor shall be authorized to execute any agreement or documentation that is ancillary to fulfilling the terms and intent of the attached Agreement with Health Plus, Inc., doing business as UnityPoint Health Plus.

APPROVED:

Mayor

ATTEST:

City Clerk

**UNITYPOINT HEALTH PLUS
PHYSICIAN HOSPITAL ORGANIZATION AGREEMENT**

For

City of East Peoria

UnityPoint Health Plus
221 N.E. Glen Oak Avenue
Peoria, Illinois 61636
Telephone Number: (309) 671-8231

PHYSICIAN HOSPITAL ORGANIZATION AGREEMENT

THIS AGREEMENT, (“Agreement”) is entered into as of the 1st day of May, 2020 by and between Health Plus Inc., d/b/a UnityPoint Health Plus an Illinois corporation (“HP”) and City of East Peoria (“Organization”).

RECITALS

WHEREAS, Organization has established a self-insured employee health benefit plan (“Benefit Plan”), which includes incentives for Members to use the services of HP Participating Providers; and

WHEREAS, Organization desires to designate HP Network Providers as a Participating Providers with respect to Organization’s Benefit Plan;

NOW, THEREFORE, in consideration of the mutual covenants herein contained and other valuable considerations, HP and Organization agree as follows:

1. DEFINITIONS

- 1.1 “Benefit Plan” means the plan of employee health care benefits established and maintained by Organization that describes eligibility to participate, funding, covered services, benefits, and the terms and conditions on which benefits will be paid to or on behalf of eligible Members, and that provides financial incentives for Members to use the services of Participating Providers. Any plan providing for workers compensation benefits, automobile liability and disability plans shall not be considered to be a Benefit Plan hereunder.
- 1.2 “Billed Charges” means Participating Provider’s usual and customary charges.
- 1.3 “Clean Claim” means a properly completed paper or electronic billing instrument submitted by Participating Provider containing all reasonably necessary information that does not involve coordination of benefits for third-party liability, pre-existing condition investigations, or subrogation, and that does not involve the existence of particular circumstances requiring special treatment that prevents a prompt payment from being made.
- 1.4 “Copayment, Coinsurance and Deductible” mean charges, as determined under a Member’s Benefit Plan, for which the Member is financially responsible and which should be collected directly by a Participating Provider from a Member.
- 1.5 “Covered Hospital Services” means those health care services that Participating Provider is equipped, staffed, and licensed to provide and which Participating Provider usually and customarily furnishes to persons admitted as inpatients or outpatients of Participating Provider, or persons who present in the emergency room of Participating Provider. In addition, to the extent set forth in Attachment A, Hospital Services shall include home care services, hospice services and home infusion services provided through those companies listed in Attachment A or in the provider directory.

- 1.6 “Covered Services” means those health care services for which benefits are payable to or on behalf of Members under the terms of the Health Benefit Plan.
- 1.7 “Discounted Charges” means the rates set forth in Attachment A.
- 1.8 “Member” means any person who is eligible for benefits for Covered Services under the terms and conditions of the Benefit Plan.
- 1.9 “Participating Provider” means a health professional or entity or institutional health provider that has entered into a written agreement with HP to provide certain health services to Members.
- 1.10 “Utilization Review” means the function performed by Organization or an entity designated by Organization, to review and determine whether health services provided, or to be provided, are Covered Services under the terms of the Benefit Plan.

2. TERM AND TERMINATION

- 2.1 Term. This Agreement shall become effective on May 1st, 2020 and shall continue in effect for three (3) years thereafter through April 30th, 2023.
- 2.2 Termination With Cause. Except as provided in Section 5.8 below, either Party may terminate this Agreement for cause upon the material breach of the Agreement by the other party, provided that the terminating party first gives the breaching party written notice of such termination specifically identifying the alleged material breach and the breaching party fails to cure or substantially cure the material breach within thirty (30) days of receiving said notice.
- 2.3 Rights Upon Termination. Upon termination of this Agreement, Participating Provider shall continue to provide Covered Services to Members then inpatients of Participating facility and entitled to services pursuant to the Benefit Plan until such Members are discharged or transferred consistent with sound medical practice. Organization shall pay Participating Provider in accordance with Attachment A of this Agreement for services rendered by Participating Provider to such Members for a maximum of thirty (30) days following the termination; thereafter, Organization shall pay Participating Provider’s Billed Charges. Further, Organization and Participating Provider shall continue to fulfill their obligations under this Agreement with respect to (i) payments due to Participating Provider, (ii) records maintenance requirements and (iii) insurance requirements.

3. HP RESPONSIBILITIES

- 3.1 Authority and Contracting. HP utilizes the “messenger model” for all healthcare contracting activities involving Participating Providers. The Participating Providers are identified to Organization as those Providers who have agreed to participate in this

Agreement. HP shall enter into agreements with appropriately qualified health care providers to deliver Covered Services to Members.

- 3.2 Credentialing and Quality Assurance. Participating Providers have met and shall, as a condition of continuing participation in the HP network, continue to meet its credentialing standards.
- 3.3 Accreditation and Participation in HP. Participating Providers have and shall, as a condition of continuing participation in the HP network, continue to maintain all licenses and regulatory approvals needed to lawfully carry out its performance of this Agreement, including accreditation by The Joint Commission. Evidence of licenses and/or accreditation will be provided to Organization upon request.
- 3.4 Notification of HP Change. HP will exercise their best effort to notify Organization upon the occurrence of the following events:
 - (a) There is a change in the ownership of HP,
 - (b) There is a change in HP or Participating Provider's business address,
 - (c) There are additions or deletions to HP panel of providers; or
 - (d) Any situation arises which could reasonably be expected to affect HP or Participating Provider's ability to carry out their obligations under this Agreement.
- 3.5 Directory of Participating Providers. HP shall make a Provider Directory available online and update regularly. HP may provide copies of the Provider Directory to the Organization upon request. HP represents that it has authority to include the names, addresses, office telephone numbers, descriptions of services rendered and other information regarding Participating Providers.
- 3.6 Status of HP. HP is not engaged in the delivery or performance of healthcare services, and HP has no authority to control or direct the manner or method by which a Participating Provider furnishes healthcare services to Members. HP is not financially responsible or obligated to pay or in any manner reimburse the Participating Provider.
- 3.7 Claim Audits. In those instances where an audit of a claim is requested, or where a claim is disputed by Organization, Organization shall be entitled to audit the books and records of Participating Provider for the claim involved. Such audit shall be conducted according to the audit policy of the Participating Provider.

4. PROVISION OF SERVICES

- 4.1 Necessary Services. Participating Provider will provide Covered Services to Members. New services developed by UnityPoint Health Participating Hospitals during the term of this agreement are not subject to the discounts contained herein and will be negotiated individually.
- 4.2 Nondiscrimination. Participating Provider will accept Members as patients on the same basis and with equal priority as it accepts patients who are covered under other health

plans. Participating Provider shall furnish Covered Services to Members, as prescribed by the Benefit Plan, in the same manner and with equal priority as Participating Provider's other patients, without regard to the Member's age, sex, race, religion, physical or mental condition, or source of payment.

- 4.3 Medical Records. Participating Provider will establish and maintain Member medical records in accordance with generally accepted standards. Subject to federal, state, and local law governing the use and disclosure of patient medical records and information, Participating Provider agrees to allow Organization or its designee reasonable access to Members' medical records and other medical information maintained by Participating Provider for inspection and duplication, at Organization's expense, to the extent reasonably necessary for Participating Provider to obtain payment for Covered Services pursuant to this Agreement. Organization shall indemnify, defend and hold harmless Participating Provider for any liability arising from Organization's misuse or improper disclosure of Members' medical records and medical information obtained from Participating Provider.
- 4.4 Insurance. Participating Provider and UnityPoint Health Plus will obtain and maintain, in full force and effect, professional medical liability insurance in the minimum amounts of \$1,000,000 per occurrence and \$3,000,000 in the aggregate.

5. ORGANIZATION RESPONSIBILITIES

- 5.1 Incentives. Organization represents and warrants that the Benefit Plan offers Members significant financial incentives (i.e. a benefit differential of at least 20%) to utilize Participating Provider as a preferred provider. Organization shall actively inform Members that Participating Provider is a preferred provider under the Benefit Plan and of the advantages to selecting Participating Providers when Covered Services are needed.
- 5.2 Benefit Plan Changes. Organization agrees to notify HP at least thirty (30) days in advance of any change to the Benefit Plan which affects Covered Services, copayment and/or deductible provisions, or any other change which might affect the scope of Covered Services and benefits therefor.
- 5.3 Identification Cards. Organization shall furnish Members with identification cards that clearly identify coverage by Organization and participation in the HP network.
- 5.4 Eligibility Verification. Organization shall arrange that telephone or online benefit verification and precertification be available to Participating Provider during normal business hours to confirm Members' enrollment, eligibility and coverage of benefits. If Organization is unable to provide verification of coverage, the claim shall be paid at billed charges without application of any contractual discount.
- 5.5 Liability Insurance. Organization will maintain general liability insurance in an amount sufficient to protect Organization, its directors, officers and employees from any liability which may result directly or indirectly from the performance by Organization and its employees of the obligations of Organization under this Agreement. Upon request of Participating Provider, Organization shall provide evidence of such coverage.

- 5.6 Confidentiality of Rates. The compensation that is payable to Participating Provider pursuant to the terms of this Agreement will not be disclosed by Organization, except to the extent required by applicable law or as may be necessary to administer this Agreement. Organization understands that it is specifically prohibited from leasing or selling the Discounted Charges to, or otherwise allowing the Discounted Charges to be used by, any entity that is not a party to this Agreement.
- 5.7 Utilization Review. Participating Provider will cooperate with the Utilization Review Program of Organization during the term of this Agreement. However, if a Member is unable to produce an employer ID card or Organization is unable to provide verification of coverage, Participating Provider will not be subject to any reimbursement reduction that may result from the Organization Utilization Review requirements. Any denial of hospitalization shall occur prior or concurrent to admission. All appeals of a denial shall be reviewed, and determination made no later than 30 days from date of appeal or denial is forfeited.
- 5.8 Exclusivity. During the term of this agreement, Organization agrees that it will not enter into a Provider Agreement with another hospital or ambulatory surgery center not affiliated with Methodist Medical Center of Illinois, Proctor Hospital, or Pekin Hospital without the express written consent of HP. This will include but not be limited to Peoria Day Surgery Center, Great Plains Orthopaedics, Soderstrom Skin Institute and OSF Center for Health. If HP determines that an agreement has been entered into with another hospital or ambulatory surgery center, the rates contained on Attachment A will immediately cease to apply to reimbursements. For claim purposes, HP will notify Organization of the effective date of rate termination.

6. BILLING, COMPENSATION AND COORDINATION OF BENEFITS

- 6.1 Billing. HP shall require Participating Providers to submit claims to the Organization, on a CMS Form UB04 or 1500, or electronic transmission, as applicable.
- 6.2 Compensation. Participating Provider shall be compensated by Organization at the Discounted Charges (net of any applicable deductible, coinsurance or copayment to be paid by the Member) set forth in Attachment A when the Organization is primary, for all Covered Services billed as provided for in section 6.1.
- 6.3 Payment. Organization shall pay the Discounted Charges (net of any applicable Copayment, Coinsurance and Deductible to be paid by the Member) for all Covered Services rendered to Members within thirty (30) days following receipt of a Clean Claim. Each payment shall be accompanied by an explanation of benefits (EOB) showing the Organization name, Billed Charges, the applicable Discounted Charges, and any Copayment, Coinsurance and Deductible amounts owed by the Member. All Clean Claims that are not paid within thirty (30) days of submission to Organization shall be paid at Billed Charges without application of any contractual discount.
- 6.4 Emergency Services. Participating Provider shall be paid in full pursuant to this Agreement for emergency medical screenings and related treatment mandated by the Emergency Medical Treatment and Active Labor Act (EMTALA) to determine the

absence or presence of an emergency medical condition and the care required for stabilization of the emergency medical condition. Participating Provider shall not be required to obtain preauthorization for any such services performed pursuant to EMTALA. After stabilization or determination of the absence of an emergency medical condition, Participating Provider will contact Organization to seek authorization for additional care. If Organization does not return the call within 30 minutes, Participating Provider is deemed to have been authorized to provide additional care required to treat the Member. Notwithstanding any other provision in this Agreement, Organization shall not deny payment for services provided by Participating Provider to Members in accordance with EMTALA.

- 6.5 Coordination of Benefits. Upon request, Participating Provider will give assistance to Organization for purposes of coordinating benefits with primary carriers. If Organization is the secondary carrier, Organization shall pay Participating Provider for Covered Services that were not paid by the primary carrier. Payment by Organization to Participating Provider will not exceed 100% of the Billed Charges.
- 6.6 Non-Covered Services. Subject to the exceptions provided for in Section 6.2, Participating Provider agrees to accept the Discounted Charges as full compensation for Covered Services provided hereunder. Participating Provider shall only bill and collect from Members for Covered Services the applicable deductibles, coinsurance and/or copayments under the Benefit Plan. Participating Provider may seek payment from the Member, or persons acting on his or her behalf, in the amount of Participating Provider's Billed Charges, in the event that Organization fails to make payment for Covered Services pursuant to Section 6.2. Participating Provider may bill Participating Provider's Billed Charges for Services that are determined to be Non-Covered Services.
- 6.7 Underpayments and Overpayments. Participating Provider agrees to refund to Organization and/or Member any amounts overpaid or paid in error, and Organization agrees to promptly pay any underpayments to Participating Provider. Organization shall notify Participating Provider of any alleged overpayment, and shall not offset any such amounts against amounts owed to Participating Provider unless agreed by Participating Provider. No request for refund of overpayment will be accepted if the Payor does not notify Participating Provider of the overpayment within three hundred sixty-five (365) day of the date of the initial payment.
- 6.8 Claims Administration. Organization shall administer Benefit Plan claims in accordance with U.S Department of Labor regulations governing claims procedures for group health plans, to the extent applicable to the Benefit Plan. If a Third Party Administrator (TPA) is used for claims administration, the TPA shall be licensed by the State of Illinois as a TPA and will produce a copy of the license upon request of HP. Company agrees to allow a copy of this signed Agreement to be sent the designated TPA for loading of rates and correct claims processing.

7. DISPUTE RESOLUTION

If a dispute develops, the parties will attempt to resolve the dispute. If the dispute cannot be settled by the mutual cooperation of the parties, either party may, with thirty (30) day prior

written notice to the other party of its intent, refer the dispute to an independent arbitration organization. Except as provided herein, any dispute, controversy, or claim arising out of this Agreement including, but not limited to the payment or non-payment of a claim, the eligibility of a Member, the determination of Covered Hospital Services, or the determination of medically necessary procedures, shall be settled by arbitration in accordance with this Section. Judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction thereof. The place of arbitration shall be Peoria, Illinois. The arbitrators shall decide legal issues pertaining to the dispute, controversy, or claim pursuant to the laws of the State of Illinois. Subject to the control of the arbitrators, or as the parties may otherwise mutually agree, the parties shall have the right to conduct reasonable discovery pursuant to the State of Illinois Rules of Civil Procedure. The parties agree that this Agreement involves interstate commerce and is therefore enforceable pursuant to Title 9, United States Code. The arbitrators shall have no authority to award any punitive or exemplary damages, to vary or to ignore the terms of this Agreement.

8. GENERAL PROVISIONS

- 8.1 Entire Agreement. This Agreement together with all Attachments which are attached hereto and made a part hereof, constitute the entire understanding of the parties to this Agreement, and supersede all prior proposals, representations, communications, negotiations, and agreements between the parties whether oral or written.
- 8.2 Governing Law. This Agreement shall be governed by, interpreted in accordance with and the rights of the Parties shall be determined by the laws of the State of Illinois, without regard to its conflict of law principles.
- 8.3 Venue. The Parties have executed and delivered this Agreement in Peoria, Illinois, and stipulate that if either Party files litigation to construe, interpret, or enforce this Agreement, Peoria County, Illinois is the proper and appropriate venue for such litigation.
- 8.4 Counterparts. This Agreement may be executed in counterparts, and each executed counterpart will be deemed to be an original version of this Agreement.
- 8.5 Attorney's Fees and Expenses. If any arbitration or any other judicial proceeding is necessary to enforce or interpret the terms of this Agreement, each party shall be responsible for its own costs and expenses, including but not limited to attorney's fees. Each party shall be responsible for an equal share of the mediators', arbitrators', and/or administrative fees of mediation and/or arbitration associated with such an action.
- 8.6 Waiver of Breach. The failure of Organization or HP to object to or to take affirmative action with respect to any conduct of the other which is a breach of this Agreement shall not be construed as a waiver of that breach or of any prior or future breaches of this Agreement.
- 8.7 Severability. The provisions of this Agreement are independent of and separable from each other, and no provision shall be affected or rendered invalid or unenforceable by

virtue of the fact that for any reason any other or others of them may be invalid or unenforceable in whole or in part.

- 8.8 Binding Effect. This Agreement shall be binding upon, and shall inure to the benefit of, the parties hereto and their successor and permitted assignees.
- 8.9 Headings. The section and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- 8.10 Independent Contractors. Each party to this Agreement is acting independently of the other party, and none of the provisions of this Agreement may be construed as indicating that either party is acting as the agent or employee of the other party.
- 8.11 No Third Party Beneficiaries. The parties to this Agreement are HP and Organization. No other person may claim or assert any rights under or by virtue of this Agreement. This Agreement is not intended to, and does not, create any rights in any person, including a Member, who is not a signatory to this Agreement.
- 8.12 Use of Name. Neither Organization nor HP may use the other party's name, trademark, service mark, or symbol without prior written consent of the other party.
- 8.13 Assignment. This Agreement or any of its provisions shall not be assigned, delegated, or transferred by either party without the prior written consent of the other, provided that HP may assign, delegate, or transfer this Agreement upon notice to another corporation or entity affiliated with HP if (i) said corporation has the requisite power and authority to perform the obligations of HP set forth herein, and (ii) such assignment, delegation, or transfer will not materially affect services to Members.
- 8.14 Amendment. No amendment to this Agreement shall be valid unless it is in writing and signed by the parties.
- 8.15 Authority. Each party signing this Agreement represents that that party has properly authorized such execution. The execution and performance of this Agreement by each party has been authorized in compliance with all applicable laws and regulations, and this Agreement constitutes the valid and enforceable obligation of the parties.
- 8.16 Notices. Any notices or other communications required under the provisions of this Agreement shall be in writing and delivered in any one of the following ways, and shall be deemed to have been received (a) on the date delivered if delivered by hand, (b) the next following business day after being sent if sent by a nationally recognized professional overnight courier, or (c) three (3) business days after mailing, postage prepaid, by certified mail, return receipt requested, to the party entitled to notice at the addresses set forth on the signature page, or such other addresses as may be directed by notice given hereafter.
- 8.17 Quarterly Reports. Organization agrees to provide quarterly reports to HP which identify specific utilization data by services, including but not limited to, the number of Members,

hospital admissions and provider visits and other reports mutually agreed to by the parties.

- 8.18 Unforeseen Circumstances. In the event Participating Provider does not have proper facilities to treat Members or in the event of circumstances beyond its reasonable control such as major disaster, epidemic, war, complete or partial destruction of facilities, disability of a significant number of personnel, or significant labor disputes, Participating Provider shall provide Covered Services to Members to the extent possible according to its best judgment or limitations of such facilities and personnel as are then available, but neither Participating Provider or any of its agents, directors or officers shall have any liability or obligation for delay or failure to provide or arrange for such services.

* * *

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year as written below.

**HEALTH PLUS, INC., d/b/a
UNITYPOINT HEALTH PLUS**
221 N. E. Glen Oak Ave
Peoria, IL 61636

CITY OF EAST PEORIA
401 W. Washington St.
East Peoria, IL 61611

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

ATTACHMENT A

Hospital Based Physicians

***These medical groups are independent physician providers not employed by UnityPoint.

Group Name	Fee Schedule
***Emergency Physician Services	20% discount off billed charges
***Radiology Physician Services	300% of current year RBVS
***Peoria Tazewell Pathology Group	25% discount off billed charges
Anesthesiologists	25% discount off billed charges
UnityPoint Hospitalists	150% of current year RBRVS

Contract Notes:

- Discounted rates listed above include Methodist, Proctor, Pekin based ambulatory outpatient surgery only. Any other freestanding ambulatory surgical center not affiliated with Methodist Medical Center, Proctor Hospital, & Pekin Hospital in Peoria, Tazewell and Woodford counties without consent of UnityPoint Health Plus are considered out of network or non-PPO. This will include but not limited to Peoria Day Surgery, Great Plains Orthopaedics, Soderstrom Skin Institute and OSF Center for Health.
- New services developed by UnityPoint Health Plus during the term of the contract are not subject to the above discounts. Rates for new services will be negotiated separately.
- Inpatient and outpatient Hospital services are subject to periodic increases.

Additional Hospital Discounts Included

Abraham Lincoln Memorial Hospital <i>Lincoln, Illinois</i>	15% discount
Advocate BroMenn Medical Center Advocate BroMenn Physicians <i>Bloomington/Normal, Illinois</i>	30% discount 20% discount
Carle Foundation Hospital Carle Foundation Physician Services <i>Urbana, Illinois</i>	10% discount 10% discount
Decatur Memorial <i>Decatur, Illinois</i>	10% discount
Advocate Eureka Hospital <i>Eureka, Illinois</i>	20% discount
Galesburg Cottage Hospital Knoxcare Alliance Physicians <i>Galesburg, Illinois</i>	20% discount 20% discount
Graham Hospital Graham Medical Group <i>Canton, Illinois</i>	25% discount 150%/175% of current year RBRV
Mason District Hospital <i>Havana, Illinois</i>	10% discount
Memorial Medical Center <i>Springfield, Illinois</i>	20% discount
Hopedale Medical Foundation Hopedale Health Network <i>Hopedale, Illinois</i>	20% discount 20% discount
St. John's Hospital <i>Springfield, Illinois</i>	20% discount
St. Vincent Memorial Hospital <i>Taylorville, Illinois</i>	15% discount
Ann & Robert H Luri Children's Hospital <i>Chicago, Illinois</i>	30% discount

ATTACHMENT A

Ancillary Services Discounts

Home Health Services (UnityPoint Home Health)

Home Health Services Available at a 15% discount off charges include:

- | | |
|---------------------|----------------------|
| Skilled Nursing | Physical Therapy |
| Psychiatric Nursing | Occupational Therapy |
| Social Work | Speech Therapy |
| Home Health Aid | |

- Available 24 hours a day, 7 days a week, including a second shift staff.
 - Price includes travel time portal to portal, direct patient contact time and documentation time.
 - Any portion of time over a two-hour minimum, but less than four hours, will be charged as two visits.
 - Non-routine supplies subject to a 15% discount off charges.
 - Serving clients in Peoria, Woodford, Tazewell, Fulton, Knox, Stark, Putnam, Mason, & Marshall counties.
 - Occupational Therapy includes the services of an OT and OTA supervised by the OT.
 - Physical Therapy includes the services of a PT and a PTA supervised by the PT.
-

Hospice Services (UnityPoint Hospice)

Hospice Services available at a 15% discount off the Routine Care Rate

Routine Care rate includes all of the following disciplines:

- Registered Nurse
- Social Worker
- Pastoral Care
- Home Care Aide
- Home Medical Equipment
- Oral Medications specific to pain control

Other Hospice services available at the 15% discount:

- Continuous Care
 - Respite Care
 - General Inpatient Care
-

Illinois Institute of Addiction Recovery

Inpatient & Outpatient Services provided at:

Illinois Institute for Addiction Recovery at Proctor Hospital

	Rate	Rev Codes	DRG
Adult & Adolescent	50% discount	116, 118, 126, 128, 913, 900	894-897

ATTACHMENT A

Methodist Medical Center of Illinois, Proctor Hospital, Pekin Hospital

General Information

Hospital facilities	Address, General Phone & Fax	Claims Address and payment office	Provider Tax ID Number
Methodist Medical Center of Illinois	221 NE Glen Oak Ave Peoria, IL 61636 (309) 672-4848	MMCI Business Office PO Box 26708 Salt Lake City, UT 84126	
Methodist Medical Center of Illinois, Home Health	120 NE Glen Oak Ave Ste 200 Peoria, IL 61603 309-671-8247 Fax (309) 671-2743	MMCI Home Health 6220 Reliable Parkway Chicago, IL 60686	
Methodist Medical Center of Illinois, Hospice Services	120 NE Glen Oak Ave Ste 200 Peoria, IL 61603 309-672-5746 Fax: (309) 671-2168	MMCI Hospice 6220 Reliable Parkway Chicago, IL 60686	
Proctor Hospital	5409 N Knoxville Ave Peoria, IL 61614 (309) 691-1000	Proctor Hospital PO Box 26708 Salt Lake City, UT 84126	
Proctor Hospital Skilled Nursing	5409 N Knoxville Ave Peoria, IL 61614 (309) 691-1093 Fax: (309) 689-6064	Proctor Hospital PO Box 26708 Salt Lake City, UT 84126	
Illinois Institute for Addiction Addiction Recovery Treatment	5409 N. Knoxville Ave Peoria, IL 61614 (309) 691-1055 Fax: (309) 689-6064	Proctor Hospital PO Box 26708 Salt Lake City, UT 84126	
Pekin Hospital	600 S. 13th Street Pekin, IL 61554 (309) 347-1151	Pekin Hospital PO Box 26708 Salt Lake City, UT 84126	