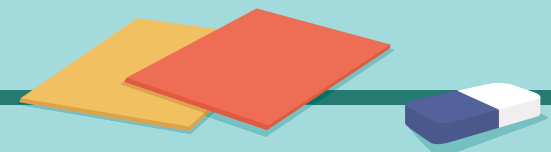




MAINTAINING VITAL CONNECTIONS



2020 ANNUAL REPORT



OUR MISSION

ICAHN is a not-for-profit corporation established in 2003 for the purposes of sharing resources, providing education, promoting efficiency and best practices, and improving healthcare services for member critical access and small, rural hospitals and their communities.



PAST BOARD PRESIDENTS

2004 Susan Urso, CEO, Mendota Community Hospital, Mendota
2005 Nancy Newby, CEO, Washington County Hospital, Nashville
2006 Nancy Newby, CEO, Washington County Hospital, Nashville
2007 Randall Dauby, CEO, Hamilton Memorial Hospital District, McLeansboro
2008 Patty Luker, CEO, Dr. John Warner Hospital, Clinton
2009 Steven Tenhouse, CEO, Kirby Medical Center, Monticello
2010 Ada Bair, CEO, Memorial Hospital, Carthage
2011 Susie Campbell, CEO, Community Memorial Hospital, Staunton
2012 Lynn Klein, CEO, Mendota Community Hospital, Mendota

2013 Steve Hayes, CEO, Memorial Hospital, Chester
2014 Greg Starnes, CEO, Fayette County Hospital, Vandalia
2015 Tom Hudgins, CEO, Pinckneyville Community Hospital District, Pinckneyville
Mark Rossi, COO, Hopedale Medical Complex, Hopedale
2016 Mark Rossi, COO, Hopedale Medical Complex, Hopedale
2017 Trina Casner, CEO, Pana Community Hospital, Pana
2018 Tracy Bauer, CEO, Midwest Medical Center, Galena
2019 Doug Florkowski, CEO, Crawford Memorial Hospital, Robinson
2020 Joann Emge, CEO, Sparta Community Hospital, Sparta

MESSAGE FROM THE BOARD PRESIDENT



Joann Emge
ICAHN Board President

I think we can all agree 2020 was among the most turbulent years in our history as we faced the unprecedented challenges of COVID-19. Last March, we abruptly emerged from our normal operations/practices into the new pandemic world of the “unknown.”

We quickly moved from a world in which collaboration was built on personal relationships through meetings, handshakes, and non-verbal facial expressions to one of isolation, maintaining social distancing, face coverings, and remote learning. This time of difficulty and hardship created a new era of innovation and heroism, marked by a tireless focus on the safety of our staff, providers, patients, and our communities.

ICAHN has been key to our adaptation during the pandemic by identifying ways of “Maintaining Vital Connections” so that the 57 network members could remain strong through effective collaboration. Continuing the connections of the ICAHN members was essential as everyone worked together to address the disruptors caused by the pandemic. Collaborating on challenges, ideas, and best practices was remotely communicated and shared in many ways.

- **A COVID-19 CEO Support Channel** – A weekly conference call was established during which the CEOs shared experiences and issues. This platform allowed for brainstorming and the sharing of best practices.

- As telehealth quickly moved to the forefront for the delivery of healthcare services to our patients, a **Telehealth Task Force** was formed. Thirty-five hospital members collaborated to identify learning, service, and equipment needs. A successful two-day virtual Telehealth Conference was held in October, with more than 150 participants.
- **Three virtual hospital Governing Board Summits** were held during 2020, laying the foundation for the production of a 2021 Hospital Governing Board YouTube video series.
- ICAHN’s peer network groups moved to a **virtual platform**.
- The first ever **virtual ICAHN Spring Conference** was held, as well as the 2020 Annual Conference, with over 180 remote participants.

Other ICAHN accomplishments resulting in benefits to the member hospitals included SHIP and Flex grant opportunities, as well as:

- The **awarding of a \$500,000 Illinois Children’s Health Foundation** grant to support unexpected daycare expenses of the ICAHN membership’s hospital staff.
- The **launching of the Rural Health Fellows program** for 15 individuals from member hospitals.
- Twenty-seven participants in Illinois Rural Community Care Organization (IRCCO) earned **\$2.4 million in shared savings** for 2019.
- As a strategic move, IRCCO selected a national Medicare Advantage business partner to introduce a **rural Medicare Advantage product** in 2022.

As one can see, 2020 has been a very busy year for ICAHN as Pat and her team jumped into high gear early in the pandemic to identify how to continue to be a valuable resource to the member hospitals during their time of drastic need.

Together, we have witnessed many organizational changes in 2020, including protective equipment, the fear and anxiety of staff and patients alike, the change in how we deliver healthcare services, and the structural changes to our facilities in general. Not only do we continue to face the pre-pandemic healthcare struggles, but we now are trying to determine the future healthcare landscape and what the new “norm” will be. What we do know, however, is the value of our ICAHN partnership and the strength it brings through collaboration as we face the unknown together.

Regardless of the role of any healthcare worker, every individual was and continues to be a HERO during this COVID-19 pandemic. All have worked countless hours, putting their fears aside, to perform their role in keeping our facilities and our communities safe. In every cloud, there is a silver lining – we all functioned as a well-organized team to develop solutions to continue to deliver high-quality services that exceeded our patients’ expectations.

ICAHN has been a vital part of that team. I welcome and look forward to 2021 as we work together to determine the future “norm” of our healthcare world.

2020 BOARD OF DIRECTORS



Joann Emge
President, Sparta
Community Hospital,
Sparta



Alisa Coleman
President-Elect, Ferrell
Hospital, Eldorado



Paul Skowron
Secretary-Treasurer,
Warner Hospital & Health
Services, Clinton



Doug Florkowski
Past President, Crawford
Memorial Hospital,
Robinson



Rex Brown
Hillsboro Area Hospital,
Hillsboro



Kathleen Hull
Illini Community
Hospital, Pittsfield



Ollie Smith
Horizon Health, Paris



Ted Rogalski
Genesis Medical Center,
Aledo



Karissa Turner
Wabash General
Hospital, Mt. Carmel

2020 STAFF DIRECTORY

Pat Schou, Executive Director

Nancy Allen, Senior Operations Specialist

Brian Ashpole, Data and Grant Project Coordinator

Scott Cimarusti, IT Consultant

Trudi Colby, Stroke Coordinator/Regional Manager

Gregg Davis, MD, Chief Medical Officer, IRCCO

Stephanie DeMay, Communications and Media Specialist

Kathy Fauble, Professional Education Services Director

Laura Fischer, Flex Grant Project Manager

Michele Folsom, Certified Medical Coder/Auditor

Lori Frick, Administrative Assistant

Diane Garland, Senior Director Finance and HR

Jackie King, Director of Compliance and Clinical Informatics/HIM Consultant

Krista Lehman, Regional Manager

Holly Lendy, Assistant Controller

Terry Madsen, CHNA Project Consultant

Ryan Morgan, Chief Information Security Officer

Ryan Sierman, Chief Information Officer

Liz Swanson, Professional Education Services Assistant Director

Dennis Toth, IT Services Operations Coordinator

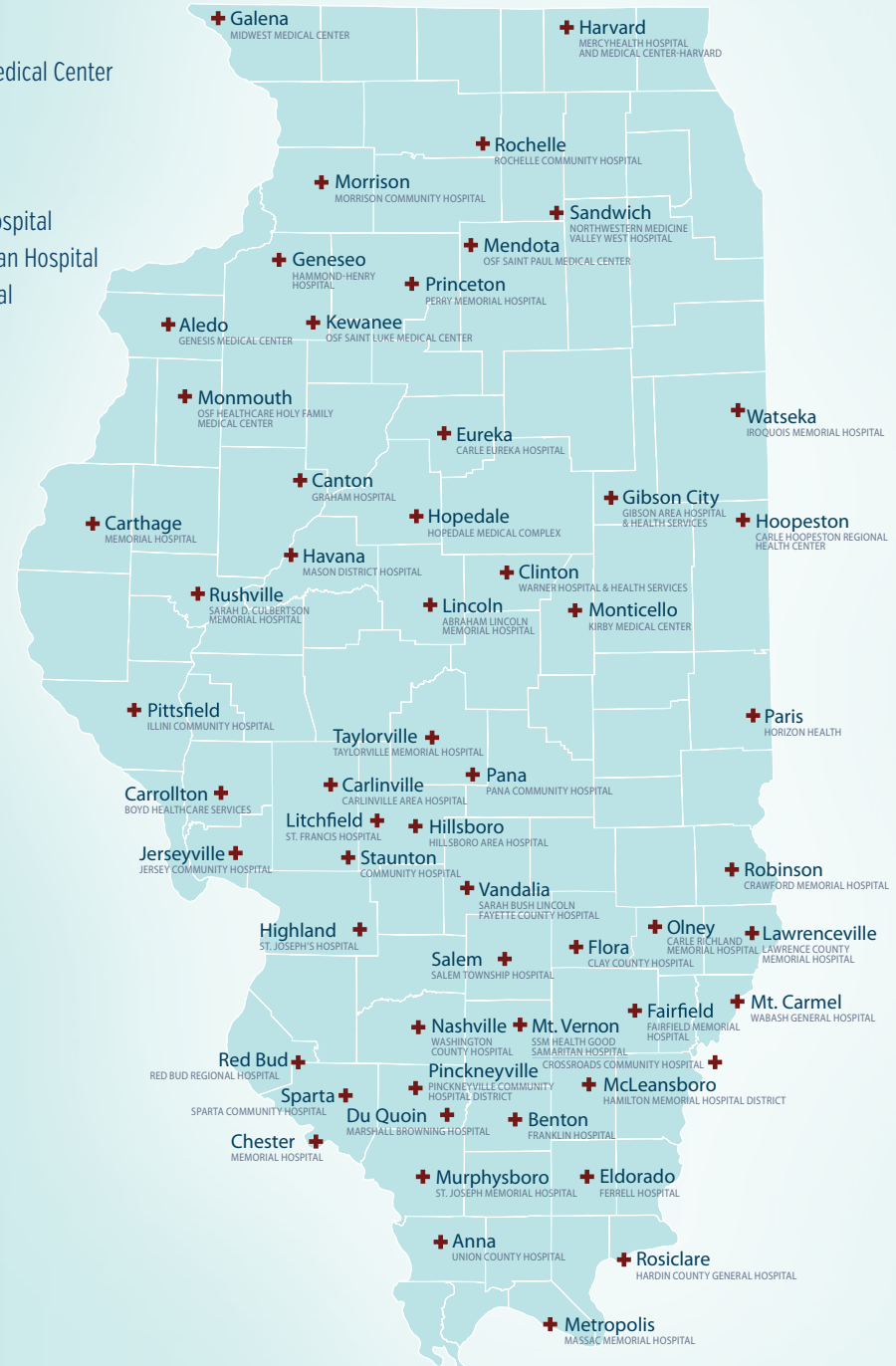
Curt Zimmerman, Senior Director Business Services and Development



MEMBER DIRECTORY

1. **Aledo** Genesis Medical Center
2. **Anna** Union County Hospital
3. **Benton** Franklin Hospital
4. **Canton** Graham Hospital
5. **Carlinville** Carlinville Area Hospital
6. **Carrollton** Boyd Healthcare Services
7. **Carthage** Memorial Hospital
8. **Chester** Memorial Hospital
9. **Clinton** Warner Hospital & Health Services
10. **Du Quoin** Marshall Browning Hospital
11. **Eldorado** Ferrell Hospital
12. **Eureka** Carle Eureka Hospital
13. **Fairfield** Fairfield Memorial Hospital
14. **Flora** Clay County Hospital
15. **Galena** Midwest Medical Center
16. **Geneseo** Hammond-Henry Hospital
17. **Gibson City** Gibson Area Hospital & Health Services
18. **Harvard** Mercyhealth Hospital & Medical Center
19. **Havana** Mason District Hospital
20. **Highland** St. Joseph's Hospital
21. **Hillsboro** Hillsboro Area Hospital
22. **Hoopeston** Carle Hoopeston Regional Health Center
23. **Hopedale** Hopedale Medical Complex
24. **Jerseyville** Jersey Community Hospital
25. **Kewanee** OSF Saint Luke Medical Center
26. **Lawrenceville** Lawrence County Memorial Hospital
27. **Lincoln** Abraham Lincoln Memorial Hospital
28. **Litchfield** St. Francis Hospital
29. **McLeansboro** Hamilton Memorial Hospital District
30. **Mendota** OSF Saint Paul Medical Center
31. **Metropolis** Massac Memorial Hospital

32. **Monmouth** OSF Healthcare Holy Family Medical Center
33. **Monticello** Kirby Medical Center
34. **Morrison** Morrison Community Hospital
35. **Mount Carmel** Wabash General Hospital
36. **Mount Vernon** Crossroads Community Hospital
37. **Mount Vernon** SSM Health Good Samaritan Hospital
38. **Murphysboro** St. Joseph Memorial Hospital
39. **Nashville** Washington County Hospital
40. **Olney** Carle Richland Memorial Hospital
41. **Pana** Pana Community Hospital
42. **Paris** Horizon Health
43. **Pinckneyville** Pinckneyville Community Hospital District
44. **Pittsfield** Illini Community Hospital
45. **Princeton** Perry Memorial Hospital
46. **Red Bud** Red Bud Regional Hospital
47. **Robinson** Crawford Memorial Hospital
48. **Rochelle** Rochelle Community Hospital
49. **Rosiclare** Hardin County General Hospital
50. **Rushville** Sarah D. Culbertson Memorial Hospital
51. **Salem** Salem Township Hospital
52. **Sandwich** Northwestern Medicine Valley West Hospital
53. **Sparta** Sparta Community Hospital
54. **Staunton** Community Hospital of Staunton
55. **Taylorville** Taylorville Memorial Hospital
56. **Vandalia** Sarah Bush Lincoln Fayette County Hospital
57. **Watseka** Iroquois Memorial Hospital



Quality

The ICAHN Ancillary Peer Network Group launched its online portal for reporting quality and productivity data for laboratory and diagnostic imaging. We currently have 34 managers, covering 25 different hospitals, participating in the benchmarking portal. This portal allows for hospitals to compare their data with other hospitals of similar size with similar workflows.

Information Technology Services

ICAHN's IT services provided more than 3,500 information technology support hours and conducted 83 IT site visits to member hospitals in 2020, with four months of no hospital site visits due to the pandemic. On average, ICAHN supported about 21 member hospitals each month. During March and April, ICAHN's IT Support worked with many hospitals, setting up telehealth and remote desktop services for hospital staff to be able to work from home. Member hospitals contracted with ICAHN to ensure backups are updated and systems are upgraded as needed on a weekly basis.

Peer Network Groups and Education

ICAHN currently has 39 active peer network group listservs, which communicate continuously via secure email, and over 25 peer network groups, which met in-person January through mid-March and via Zoom or teleconference call 716 times throughout the remaining months of 2020. These resources have proven to add value to the network and allowed for quick sharing of tools, resources, and new models of care.

Community Health Needs Assessments

ICAHN's Community Health Needs Assessments (CHNAs) provide a comprehensive look into future healthcare trends by organizing community stakeholder focus groups and reporting on their findings. The CHNA and Implementation Strategies give critical access and small, rural

hospitals the opportunity to identify and address the area's most pressing healthcare needs.

Coding Support Services

ICAHN's remote coding team provides experienced and credentialed medical coders who work to help your hospital reduce expensive backlogs quickly, save space in your facility, and avoid expensive travel costs to cover short-term coding needs. We provide affordable coding audit services, recognizing the important role that accurate medical coding plays in ensuring compliance, maximizing revenue, correctly identifying patient risk, and providing quality data to our members. In addition, our HIM consulting expert provides ongoing support and education to our members and can perform on-site reviews of HIM operations as needed.

Business Solutions

ICAHN Business Solutions offers several practical, cost-effective resources to meet the needs of our

GRANTS

- › Almost **\$5 million** in Health Resources and Services Administration (HRSA) grant benefits was distributed to critical access and small, rural hospitals as part of COVID-19 relief in 2020.
- › An additional **\$1.6 million** in grant benefits was distributed as part of ICAHN's distribution of the Medicare Rural Hospital Flexibility Program (Flex), Small Hospital Improvement Program (SHIP), and the 1815 Hypertension and Diabetes Grant in 2020.
- › New this year, **\$500,000** was distributed as part of the Illinois Children's Healthcare Foundation grant, with monies distributed to essential hospital workers needing assistance with daycare expenses due to schools closing.
- › Flex Program Special project awards totaling **\$360,396** were given to critical access hospitals (CAHs) to implement customer service plans, outpatient and emergency department improvements, financial and operational improvement undertakings, population health activities, and EMS education projects.
- › CAHs also benefited from an additional **\$229,336** in educational programming or technical assistance related to infection control best practices, quality reporting education, stroke preparedness, swing bed training, care coordination training, benchmarking software, rural health clinic education, and revenue cycle management education.
- › The Small Hospital Improvement Program awarded **\$688,228** for use in the implementation of HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) projects, ICD-10 training, and other value-based purchasing investment activities.
- › The 1815 Grant, which focuses on improving the health of Illinoisans through prevention and management of diabetes, heart disease, and stroke, provided **\$100,000** in funds for education and training throughout southern Illinois.

members and the clinical, financial, and operational challenges they face. Our comprehensive and expanding portfolio of services involves many strategic business partners, carefully vetted by the network and each providing unique expertise and services. The network may receive important financial support as services are utilized by our members, keeping ICAHN sustainable and enabling us to better serve the needs of our members and other small, rural healthcare organizations.

Mock Surveys

ICAHN has revitalized our mock survey program, including an on-site review of your hospital and/or clinic. The program provides a team of surveyors to come on-site and evaluate your current practice and facility. The full mock survey can be customized to one department or the entire hospital, depending on your hospital's needs, and at the end of the survey, the ICAHN surveyors will meet with your hospital team, discuss findings, and follow up with a written document. In addition, the program offers education about new regulations and best practices and evaluates current practice to policy.

Survey Solutions

Survey Solutions by ICAHN provides efficient and cost-effective patient satisfaction survey solutions dedicated solely to rural hospitals and providers. At the end of 2020, ICAHN had 59 clients for HCAHPS, 31 for ED satisfaction, 23 for CGCAHPS, seven for outpatient services, seven for ambulatory surgery, and 35 for swing bed.

External Peer Review Network

In 2020, 127 external peer reviews were provided to 12 ICAHN hospital members and five out-of-state hospitals. ICAHN signed an agreement this past year with the New Mexico Rural Hospital Network to conduct external peer reviews, joining Indiana and Michigan as out-of-state participants in the EPRN program. There are 20 providers serving on the reviewer panel. The

following specialties are available to participating hospitals for external peer review: anesthesia and pain management, CRNA, emergency medicine, family practice, general surgery, internal medicine, obstetrics/gynecology, pediatrics, podiatric medicine and surgery, and radiology.

Nonviolent Crisis Intervention Training

ICAHN, with the Crisis Prevention Institute, offers a comprehensive nonviolent crisis intervention foundation training to equip hospitals with an effective framework for safely managing and preventing difficult behavior in the workplace. Nonviolent crisis intervention training is utilized to teach staff how to provide safe, effective care for each patient when the patient may be showing escalating behavior.

Professional Education Services

ICAHN Professional Education Services offers in-person and distance learning, continuing education, and workforce development programs that focus on leadership development and clinical knowledge. The majority of the programs presented are in webinar format and available 24/7 through the ICAHN Workforce Academy. In 2020, Professional Education Services developed 41 programs, most of which were specifically designed for nurses to receive contact hours. A total of 2,800 participants received nursing credit. Professional Education Services had over 5,000 individuals view our programs in 2020. ICAHN also reaches out to other partners and offers education credit, social work credit, clinical psychologist credit, physical therapy credit, occupational therapy credit, and dietary and nutrition credit. For ICAHN's leadership programs, credit is offered through the American College of Healthcare Executives.



Trudi Colby, CPI Facilitator, is shown working on visual aids for an upcoming nonviolent crisis intervention training.

RURAL HEALTH'S VOICE ACROSS THE NATION

PAT SCHOU NAMED NRHA "VOLUNTEER OF THE YEAR"

As the National Rural Health Association's 2020 President, ICAHN Executive Director Pat Schou had the opportunity to use this national stage to provide information and outreach about COVID-19. She was, and continues to be, a frequent media contributor, sought-after content expert, policy relationship builder, speaker, and moderator.

Among her many speaking engagements, Pat was called upon to speak on behalf of NRHA and ICAHN for the following:

- Two live C-SPAN interviews
- Intelligent Community Forum (national think tank) interviews – one U.S. presentation and one for Taiwan
- Modern Healthcare virtual interview and article
- More than 50 newspaper, television, and radio interviews from throughout the nation
- ABC Sunday Morning segment
- Medline interview, serving as a panelist
- Wipfli panelist with other key rural health leaders

Additionally, she is currently writing a journal article for the American College of Healthcare Executive's *Frontiers in Healthcare Management* magazine, which will be part of the fall 2021 edition, and she was named NRHA's Volunteer of the Year.



"Pat helped guide and represent NRHA during one of the most trying times in our nation's history – during the COVID-19 pandemic – always making sure America's voice was heard. She is a role model for how to lead in the worst of times, in the most honorable way," said Alan Morgan, CEO, National Rural Health Association.



REGULATORY AND LEGISLATIVE COMMITTEE REPORT



Pam Pfister
Chairperson,
CEO, Morrison
Community Hospital

It is an understatement to say that 2020 has presented many challenges, but I cannot overstate how fortunate ICAHN has been to have monthly participation in our regulatory and legislative calls from the Illinois Department of Public Health's Julie Casper and Don Jones; Mike Patton, policy consultant from the General Assembly; as well as Nicole Magalis, Illinois Health and Hospital Association staff member.

Due to COVID-19, state activity has been limited. They did meet in May and June to approve the state budget and pass key legislations, including the Hospital Assessment Program. Also, early in the year, the state executed a new rule on non-gender restrooms and the requirements of changing tables. Some additional legislation included increased licensing fees for vehicles, sexual harassment training requirements for healthcare and employers, the approval of recreational marijuana use, and the increase of minimum wage to \$10 per hour.

In early March, Governor J.B. Pritzker issued a disaster proclamation to provide federal resources to help the state prepare for the potential further spread of COVID-19. By the end of March, Governor Pritzker issued a State Public Health Emergency, which introduced telehealth waivers addressing distance use for rural providers and required commercial carriers to support telehealth visits during the public health emergency.

ICAHN joined a statewide coalition to require commercial carriers to pay for telehealth. However, there continues to be pushback from commercial carriers. A coalition of state healthcare organizations is asking Illinois lawmakers to make payment parity for telehealth services permanent, arguing that telehealth removes existing barriers to patient access and provider adoption.

ICAHN and one of its newest consultants, Jill Hayden, are working closely with the Illinois Association of Medicaid Managed Care Plans to address the billing and denial issues that are ongoing with the managed care organizations. In 2020, Harmony merged with Meridian, and Illini merged with Aetna – which creates a very challenging environment for our billing practices.

At the federal level, the year started off with the implementation of the No Surprises Billing Act, and hospitals began to prepare for price transparency that went into effect January 2021.

In March, then-President Donald Trump issued a Federal Public Health Emergency, and the Centers for Medicaid and Medicare Services issued more than 100 waivers to offer more flexibility for providing patient care and dealing with the COVID-19 pandemic. The Public Health Emergency was extended through March 2021.

340B programs received strong opposition from five large pharmaceutical companies. 340B Health, hospital associations, the National Rural Health Association, Congress, ICAHN, and others issued letters to HRSA (Health Resources and Services Administration) to address the issues; unfortunately, the compelling efforts resulted in no resolution. However, understanding that the 340B programs bring significant revenue to many rural healthcare organizations and programs, the future viability of these organizations could be compromised. The 340B program is not only a great revenue stream but also expands the type and volume of care provided to vulnerable patient populations. ICAHN is strategically looking at options in working with the pharmaceutical companies and also preparing for formulary options if the 340B drugs become unavailable.

On January 1, 2021, patients gained access to Medicare drug coverage that offers broad access to many types of insulin for no more than \$35 for a 30-day supply. This model allows individuals to choose among drug plans that offer insulin at a predictable and affordable cost.

The federal legislative activity is focused on funding to support hospitals, other healthcare organizations, and providers working through the COVID-19 crisis. Congress passed three CARES [Coronavirus Aid, Relief, and Economic Security] acts and the Payroll Protection Plan, and CMS initiated the accelerated payment program. As the COVID-19 crisis emerged, the viability of rural hospitals continued to be a major concern. Since 2010, 130 rural hospitals have closed, and in 2020 alone, there have been 15 closures. Senators Durbin and Lankford introduced the Save the Rural Hospitals Act [SB 3833] to reopen the CAH [critical access hospital] program for 200 – 300 rural hospitals.

As we begin 2021 under a new presidential administration, we have been fortunate over the past four years to see a reduction in the regulatory burden, and the Trump administration introduced few regulatory changes. Looking at the new Biden administration, he has named Xavier Becerra as his new HHS secretary. Becerra is a strong advocate for the 340B program, the Affordable Care Act, and women's health. Additionally, Mary Wakefield, who formally ran the U.S. Health Resources and Services Administration [HRSA] during most of the Obama administration, was selected to serve on President Biden's transition team for the U.S. Health and Human Services. Wakefield managed the growth of the 340B program and also has a strong rural focus.

Of course, with any new administration, there is always some uncertainty. However, with the continued support of the Illinois Health and Hospital Association and the National Rural Health Association, in collaboration with our Illinois Critical Access Hospital Network, we look forward to the continued support and advocacy to ensure our communities retain our much-needed services. Critical access hospitals have proven to be essential to the economic vitality of rural communities.

ISSUES COMMITTEE REPORT



Don Robbins
Chairman, CEO,
Lawrence County
Memorial Hospital

Just days before the COVID-19 pandemic began hitting the headlines, the ICAHN Issues Committee completed a survey of prioritized issues that needed to be addressed by the membership in 2020. They included 1) Employee and Patient Security; 2) Physician and Health Professional Staff Recruitment and Retention; 3) Recreational Marijuana; and 4) Mental and Behavioral Health.

However, by our next meeting in June, we were well into the pandemic. At this point, it was determined that we needed to add COVID-19 and telehealth and telemedicine as priority issues. The following work groups were set in motion:

- **COVID-19:** Weekly CEO calls were initiated to create a forum where our ICAHN hospital CEOs could discuss their processes in dealing with the outbreaks in each area and how they addressed specific issues such as door screenings, testing and options for testing, staffing, childcare, PPE (personal protective equipment) issues and acquisition, etc. As the year progressed, the meetings were cut down to twice per month and eventually to one call per month up to the present time. Participation at these meetings has been strong from the beginning, and the value in sharing ideas and processes has been most helpful in dealing with the pandemic in each of our respective hospitals.
- **Employee and Patient Security:** The committee initiated a survey to identify key security concerns at each hospital, which yielded 28 respondents. ICAHN staff offered security training programs for plant operations and other hospital staff within their peer networking meetings. The committee also felt it was helpful to

showcase best practices of new programs and methods for keeping patients and employees safe, with this information distributed to the entire ancillary peer network group.

- **Physician and Health Professional Staff Recruitment and Retention:** ICAHN created and distributed a best practice guidebook for recruitment and retention where success stories could be shared.
- **Recreational Marijuana:** There were many concerns about marijuana use and how this would impact employment at hospitals. A survey was initially planned for later in the year. However, due to COVID-19, the committee decided to place the energy and focus on other issues at hand and placed a hold on this topic.
- **Mental and Behavioral Health:** The committee recognized that this is and has been an ongoing issue. The committee wanted to place continued effort on education and support of rural coalitions that help local residents and their families deal with substance use disorders. ICAHN held a mental and behavioral health virtual conference in August 2020 to provide information about available mental and behavioral health resources across the state. There were over 90 participants that attended the virtual meeting.
- **Telehealth/Telemedicine:** Telehealth emerged into prominence as institutions developed processes in efforts to continue to provide care to their patients. A Telehealth Taskforce was organized, including the creation and development of four work groups: Best Practices, Workflow Redesign, Billing and Coding, and Education and Training – complete with several identified special projects. The first-ever virtual ICAHN Telehealth Conference was held in October.

The Telehealth Taskforce was designed to address specific issues related to treating patients during the COVID-19 pandemic; however, this is a timeless subject that the Issues Committee felt needed to

be ongoing past the 2020 Issues Committee year. This will be an ongoing project with vital information from the work groups shared during various, upcoming telehealth and best practice programs.

The 2020 Issues Committee saw a successful year-long process that began much differently than it ended. This committee's nimbleness to adjust, based on timely issues that arose, is a testament to its focus on driving innovative ideas and sharing information for the betterment of our patients and our teams.

COVID-19 PANDEMIC TIMELINE**

- 12/31/19 ● Wuhan, China, confirms first case of coronavirus
- 1/30/20 ● World Health Organization (WHO) declares global emergency
- 2/29/20 ● First death in the United States
- 3/26/20 ● U.S. leads the world in confirmed COVID-19 cases [81,321]
- 4/2/20 ● Coronavirus sickens more than 1M people in 171 countries across six continents, killing at least 51,000 in just a few weeks; pandemic puts nearly 10M Americans out of work, including a staggering 6.6M people who applied for unemployment benefits in the last week of March
- 5/27/20 ● Deaths in U.S. surpass 100,000; far higher than any other nation in the world
- 8/16/20 ● Center for Disease Control (CDC) begins developing plan to distribute vaccine
- 12/11/20 ● Food and Drug Administration (FDA) approves Pfizer vaccine
- 12/18/20 ● FDA approves Moderna vaccine
- 2/27/21 ● FDA approves Johnson & Johnson vaccine



ICAHN'S RURAL HOSPITALS AND HEALTHCARE HEROES WORK TOGETHER TO COMBAT CORONAVIRUS

No one envisioned what this past year would look like, with the advent of the coronavirus (COVID-19), and the impact it would have on our rural populations, our state, our country, and our world, but with the pandemic killing more than 2.9 million people, including 568,786 in the United States and 23,826* in Illinois, its impact is indelibly etched in our history.

For the most part, the experiences associated with the pandemic have been negative – social distancing, massive personal protective equipment needs, masking, testing and vaccine mania, lockdowns, business closures and unprecedented unemployment, school closures and lack of daycare, illness, and death. However, there have been some positive experiences – including three new vaccines, better infection control practices, telehealth, virtual visits, the sharing of resources, and of course, all the hometown healthcare heroes that bravely and selflessly fought this disease at the expense of their own well-being.

One year later, however, we again find that we truly are “better together” and that we can – and will – continue to work together to create change and a better future. We thank our member hospitals and our colleagues, Julie Casper from the Illinois Department of Public Health and Nicole Magalis and Abby Radcliffe from the Illinois Health and Hospital Association, for working so closely with ICAHN to help navigate all the many challenges experienced during the past year and to forward-think new challenges to come.

ICAHN continues to find strength in collaboration, and in 2021, we hope that strength will be one that sees the end of this pandemic and control of this disease in all its forms.

*This figure was current as of April 13, 2021.

**Information provided by <https://www.nytimes.com/article/coronavirus-timeline.html>
As of April 13, 2021, the Illinois Department of Public Health had 1,285,398 COVID cases, including 23,826 deaths in Illinois' 102 counties. A total of 7,344,112 doses of the vaccine have been administered in Illinois.

IRCCO COMMITTED TO BUILDING, STRENGTHENING CARE COORDINATION PROCESS

ACO MAKES IMPROVEMENTS, ACHIEVES SHARED SAVINGS

In 2020, the Illinois Rural Community Care Organization (IRCCO) added Sarah Bush Lincoln Health Center and Hopedale Medical Complex as the 26th and 27th participating hospitals in the accountable care organization (ACO). As in previous years, IRCCO has continued to grow in its sixth year of operation. Across all IRCCO participant locations in 2020, the ACO covered more than 42,000 Medicare beneficiaries and over 40,000 Blue Cross Blue Shield (BCBS) beneficiaries. IRCCO is an expansive organization, with participant locations ranging from the very top to the very bottom of Illinois and many areas in between.

IRCCO has continued its commitment to building and strengthening care coordination processes across different patient care settings while still focusing on preventative care and well visits. In the summer/fall of 2020, IRCCO received its finalized quality scores from 2019. The quality scores proved that IRCCO has made drastic improvements in many Medicare Shared Savings Program (MSSP) measures. IRCCO also learned in the summer of 2020 that the ACO had achieved shared savings with BCBS for the year 2019. IRCCO has made meaningful improvements in most BCBS quality metrics year over year and was thrilled to have the opportunity to reward IRCCO participants for their commitment to the ACO and for providing a high quality of care to their patients. Although 2020 has been a challenging year with the global pandemic, early returns suggest that quality metrics have remained steady for IRCCO, which is a testament to IRCCO participant hospitals' commitment to providing high-quality care.

As IRCCO has continued to evolve and grow, the organization has become starved for more robust data and analytics. One value of ACO participation is the availability of claims data, which reveals how beneficiaries use local and specialty care. IRCCO receives hundreds of thousands of raw claims each month, which are then processed into usable data. Toward the end of 2020, IRCCO began a transition to a new data analytics platform, Acclivity. Acclivity will allow for more customization and “deeper dives” into the data than IRCCO has ever experienced before. IRCCO is looking forward to utilizing the data and analytics that Acclivity provides in the ongoing effort to reduce costs while simultaneously providing the highest possible quality of care to rural Illinois.

The path from IRCCO's beginnings in 2015 until now has been an interesting journey. Many trials and tribulations have been experienced along the way, but great progress has been made. IRCCO participants have advanced in ways that have made it possible for IRCCO to advance toward ACO models with greater financial rewards. The strong performance of IRCCO has also opened avenues for different contracts and payment options, such as Medicare Advantage plans. The sky is the limit for IRCCO.



Pana Community Hospital received assistance from Slack Glass, a local business, to create this “aerosol box,” used to contain airborne COVID-19 droplets and reduce contamination risk.



Randolph County Health Department's Angela Oathout checks the temperature of some recently acquired COVID-19 vaccine at Memorial Hospital, Chester.

HEALTHCARE LANDSCAPE CONTINUES TO EVOLVE

SHIP GRANT SEES SHIFT TOWARD PATIENT EXPERIENCE, SATISFACTION

ICAHN helps manage the Small Rural Hospital Improvement Grant Program (SHIP), in collaboration with the Illinois Department of Public Health (IDPH). Small, rural hospitals actively staffing 49 beds or fewer are eligible for the grant, including all critical access hospitals (CAHs). Fifty-eight hospitals are participating in the FY20 SHIP Grant. Each of the 58 participating hospitals were awarded \$10,833 from the FY20 SHIP Grant. Hospitals have the option to utilize funds for an individual project or to pool funds in a group project.

Three group projects, which are in their second and final year of implementation, include:

- Rural customer service development
- HIPAA/compliance management
- Rural patient safety initiatives

Hospitals that opted to not pool their funds chose their projects from the SHIP purchasing menu. The SHIP purchasing menu includes three main categories. Those categories include:

- Value Based Purchasing (VBP) activities
- Accountable Care Organization (ACO) activities
- Payment Bundling (PB)/Prospective Payment System (PPS) activities

As the healthcare landscape has continued to evolve, hospital needs pertaining to the SHIP Grant have shifted some as well. Many hospitals are focusing more and more on patient experience and satisfaction, as well as increasing involvement and focus toward ACO initiatives. With regards to patient experience/satisfaction, several hospitals utilized funds for patient experience training with their employees. Many hospitals also utilized funds to work with their HCAHPS vendor to improve patient satisfaction data collection and analytics. Still other hospitals, as they have become more entrenched in the world of ACOs, utilized FY20 SHIP funds for ACO assessment fees and ACO education.

Also, as a sign of the evolution of healthcare, some hospitals utilized funds for telehealth hardware and software to bolster their telehealth infrastructure, and lastly, in the PB/PPS category, several hospitals, in response to the new rules to take effect in 2021, focused their SHIP Grant efforts on pricing transparency.

CARES SHIP FUNDS ALLOCATED FOR SAFETY, RESPONSE, AND MAINTAINING OPERATIONS

Participating hospitals each receive about \$85,000

CORONAVIRUS SHIP GRANT

ICAHN helps manage the Coronavirus Aid, Relief, and Economic Security (CARES) Small Rural Hospital Improvement Grant Program (SHIP), in collaboration with the Illinois Department of Public Health (IDPH). Small, rural hospitals actively staffing 49 beds or fewer are eligible for the grant, including all critical access hospitals (CAHs). Sixty-five hospitals are participating in the CARES SHIP Grant. \$84,089.72 was awarded per hospital for the CARES SHIP Grant. The impact of the COVID-19 pandemic was felt by everyone in the world, and rural hospitals were certainly not an exception. Illinois hospitals participating in the CARES SHIP grant have found a wide variety of uses for the funds to help supplement and provide needed resources during this unprecedented time. CARES SHIP funds can be allocated toward three primary categories: safety, response, and maintaining hospital operations.

SAFETY

Funds have been spent on vital personal protective equipment (PPE), such as N-95 masks, face shields, gloves, gowns, and more. Hospitals have also utilized funds in this category to purchase and install temporary barriers that have allowed for proper social distancing in areas of the hospital, such as registration and waiting rooms. Similarly, a small percentage of funds have been used to make minor renovations, creating areas where patients and/or staff can be separated to minimize virus exposure. Several hospitals have also used funds to enhance and/or install ventilation to improve air quality in their facilities.

RESPONSE

Millions of dollars of CARES SHIP funds have been spent to date in the response category. Several hospitals have utilized funds to bolster their lab and testing capabilities, whether that be for testing equipment or for the costs associated with specimen handling and collection. Hospitals have also used funds to purchase ventilators, which became desperately needed during the pandemic. Numerous hospitals have also used CARES SHIP funds to enhance their telehealth infrastructures, as the pandemic has amplified the value that virtual care can provide. Other popular uses of funds have been to create separate areas for COVID-19 testing and also to disseminate education and information related to COVID-19 to the communities that they serve. Additionally, CARES SHIP funds have allowed hospitals to purchase radiological equipment, such as X-ray machines, in an effort to enhance imaging capabilities, which can be crucial in diagnosis and treatment planning of patients with COVID-19.

MAINTAINING HOSPITAL OPERATIONS

Funds in this category have largely been used to support staff salaries for the extraordinary amount of time that has been required to address operations during the pandemic. Several hospitals have used funds to cover the many hours of staff time needed to conduct incident command meetings/planning related to COVID-19. CARES SHIP funds have also been used to cover staff time allocated to screening patients for COVID-19 as they enter the hospital.

ICAHN PROFESSIONAL EDUCATION SERVICES



Kathy Fauble

There is an old saying that goes, “The only thing that overcomes hard luck is hard work.” That was certainly the case for 2020, a year that the term “hard luck” doesn’t even begin to describe. At ICAHN Professional Education Services, we are so thankful for all the hard work each of you did in 2020. Your dedication and fortitude were an inspiration to all of us.

Despite the challenges of the year, we were able to bring important education and workforce development programs to ICAHN member hospitals. If I had a penny for every time I used the word Zoom in 2020, I’d be a rich woman! But what a great tool it has been. As the pandemic set in, we were able to use technology to stay connected with all of you and bring you the ongoing education you were looking for.

Some of our highlights in 2020 include the development and launch of our ICAHN Rural Health Fellowship. With the insight of our Advisory Committee and Executive Director Pat Schou, an eight-month curriculum was developed, and we welcomed our first 15 Fellows and their accompanying mentors to the inaugural class. The focus of the Fellowship is to immerse participants in understanding what sets rural healthcare apart from urban and what rural leaders are called to do in their positions. It has been exciting to watch these individuals learn and grow in our time together.

Much of 2020 involved switching scheduled in-person events to virtual events, including our Behavioral Health Day and our Nurse Preceptor Academy. While we missed meeting and seeing everyone in person, we were able to make these days a success. Our virtual lineup featured 41 webinars, including a new, three-part supervisor series, patient safety series, sexual harassment training, and a summer “lunch and learn” on diabetes.

The year also saw us continuing our work on the Illinois Department of Public Health’s Chronic Disease and Prevention grant. Our work on this grant involved education projects and engagement strategies to reduce the risk of diabetes, heart disease, and stroke. A few of our activities included training sessions on hypertension and high blood cholesterol and piloting the use of community health workers in a critical access hospital. Hard luck and hard work certainly went hand in hand in 2020, so I am pleased to count the many successes we had along the way. I also want to thank you for your support of our programming. We look forward to working with (and seeing) you in 2021.



Liz Swanson

The inaugural class of ICAHN’s Rural Health Fellows engages up-and-coming leaders within a four-pillared leadership approach focusing on rural health, leadership, operations, and finance.



SOCIAL MEDIA

IMPACT! Communications, Inc., performed an overall marketing, communications, and social media assessment and discovery of ICAHN in 2020, and in early 2021, facilitated a social media boot camp for the network, designed to provide strategy, process, and purpose to ICAHN's social media presence.

Goals include providing ICAHN with the education and tools needed to expand its social media efforts, increasing ICAHN's social media visibility across its current and target stakeholder groups, adding value to member and partner/sponsor engagement, establishing processes to sustain and grow social media efforts that have the potential to increase revenue streams and present new opportunities for growth, and advancing ICAHN's status as thought leaders and rural health experts across targeted audiences.

"With Pat [Schou, ICAHN Executive Director] being a trusted and well-known industry influencer, coupled with the orchestration of this new training, I'm excited to see where this targeted strategic communications focus will take us in 2021 and beyond," said Stephanie DeMay, ICAHN Communications and Media Specialist. "By closely aligning our social media message with both the newly created 'playbook' we will soon receive and our strategic plan, I'm hopeful we will experience significant growth in our service lines while expanding ICAHN's reach and presence in general among all departments of our member hospitals and small, rural hospitals throughout the nation."

Aspects of the training included an overview of social media channels, choosing the right channels, tools of the trade, content development, social media advertising, planning, programming, ROI and analytics, and algorithms.





Illini Community Hospital and Illini Rural Health Clinics offered drive-through lab draws, complete with remote network capabilities.

ICAHN IT Services helped many of our member hospitals quickly and securely expand their network footprint due to the increased demands from the pandemic, including increasing or setting up new work-from-home and remote capabilities as well as unusual access locations, like testing sites in parking lots and other locations where internal network resources are typically not available.

ICAHN IT Services provided more than 3,500 information technology support hours and conducted 83 IT site visits to member hospitals in 2020, with four months of no hospital site visits due to the pandemic. On average, ICAHN supported about 21 member hospitals each month.

Member hospitals contracted with ICAHN to ensure backups are updated and systems are upgraded as needed on a weekly basis.

ICAHN IT Consulting offers member CEOs, CFOs, and IT Directors services to move the hospital's information technology plan forward with critical IT decision-making. Services include:

- Meaningful use assistance for IT and clinical staff
- HIPAA security review and assistance with updating HIPAA policies
- Enhanced network monitoring services and firewall monitoring
- Server virtualization, installs, and/or upgrades
- Network, support, firewall, VPN, and switch configuration
- Vendor liaison, including negotiated discounts on hardware and services
- Staff recruitment support/training
- Cybersecurity
- Internal and external vulnerability assessments





MOCK SURVEY PROGRAM

ARE YOU PREPARED?

In 2019, ICAHN revitalized its Mock Survey Program, including an on-site review of your hospital and/or clinic. The program provides a team of surveyors to come on-site to evaluate your current practice and facility.

The ICAHN team surveys to the Conditions of Participation from the Centers for Medicare and Medicaid Services [CMS]. Many organizations use mock surveys to test their compliance with CMS accreditation requirements. By surveying to meet CMS standards, The Joint Commission, DNV GL Healthcare, and other groups, many organizations find it extremely helpful in their preparation for survey.

“Mock surveys allow and encourage staff to participate in an environment of learning, which is less stressful and helps to prepare them for the real survey,” said Nancy Allen, ICAHN Senior Operations Specialist. “You just never know when you could have an unannounced survey from an accrediting organization or a state survey in response to a complaint. Survey readiness is key, as you never know when a real survey is going to occur, and a mock survey keeps you ready for whenever that moment arrives.”

A mock survey can be facility-wide or department-specific. Having a mock survey team at your facility helps staff understand how the process of a real survey is going to work. The mock survey can help staff members understand how to interact with surveyors, as many staff members have never spoken with a regulatory surveyor.

The full mock survey can be customized to one department or the entire hospital and can be scheduled to meet your needs:

- Entire system survey
- Individual department survey
- Document review
- Audits
- Quarterly focused survey
- Quality review
- New standards review for compliance
- New program/service

The ICAHN team develops an agenda, collects the necessary documents, and plans the schedule. When the team arrives, the survey is conducted like a real regulatory survey. At the end of the survey, the ICAHN team will meet with the hospital team, discuss findings, and follow up with a written document.

In addition, the program offers education about new regulations, best practice, and evaluates current practice to policy.

2021 PROGRAMS AND SERVICES FOR MEMBERS

Innovative Solutions for Rural Healthcare

STRATEGIC LEADERSHIP

- Board consulting and education
- Executive leadership and mentoring
- Physician coaching and conflict resolution
- Physician-hospital alignment
- Provider coaching and conflict resolution
- Rural healthcare regulatory and legislative support
- Strategic planning assistance

PROFESSIONAL SERVICES

- Grant management
- Group health, life, and disability solutions – Consociate
- Healthcare staffing solution – Medefis
- HIM/informatics consulting
- Nonviolent crisis intervention training
- Member listservs and peer networking
- Lean training
- Preceptor training
- Online Workforce Academy
- Professional Education Services and CEUs
- Rural Nurse Residency Program
- Executive, physician, advanced practitioners, and allied health professional placement – Adkisson Search Consultants

QUALITY SERVICES

- External peer review – physician and advanced practice
- Hospital and clinics quality program consultant
- Meaningful use training and compliance readiness
- Mock surveys – hospital and clinic surveys
- Survey Solutions: patient, physician, board, and employee surveys – CAHPS-approved vendor
- Quality database and benchmarking

POPULATION HEALTH AND WELLNESS

- Accountable Care Organization management
- Care management services and consulting
- Community Health Needs Assessment
- Managed care consulting – Managed Care Partners
- Patient Centered Medical Home
- Population health management
- Stroke and STEMI consulting

INFORMATION TECHNOLOGY SERVICES

- Cyber security and network monitoring solutions
- HIPAA and PCI security compliance
- HIPAA risk and business impact assessments
- Internal and external vulnerability assessments
- Network support, firewall, VPN, and switch configuration
- Project management services
- Server management, email, connectivity support
- Strategic IT staffing assessments and CIO services

REVENUE CYCLE MANAGEMENT

- Remote coding support services/coding audits
- Patient responsibility estimator
- Revenue cycle networking and consulting – efficientC/Magnet Solutions

SUPPLY CHAIN / RISK MANAGEMENT

- Energy supply management – Midwest Energy
- Group purchasing program – Intalere GPO
- Property, casualty, professional liability, med-mal – Consociate
- Regulated medical and pharmacy waste management – Stericycle/Heritage

2020 FINANCIAL REVIEW

ICAHN had total revenue in 2020 of \$10,188,820

The revenue primarily consisted of grant income and services provided by ICAHN. The majority of grant revenue for 2020 was received from coronavirus SHIP relief funds as an extension of the Small Rural Hospital Improvement Program (SHIP). Grant funds were also received from the Medicare Rural Hospital Flexibility Program (Flex) and the SHIP. ICAHN also received a \$500,000 grant through the Illinois Children's Healthcare Foundation. The other main portion of revenue comes from services provided by ICAHN, such as IT support, Survey Solutions (HCAHPS reporting), managed care consulting, and ICAHN's insurance program. ICAHN also received \$328,500 from the Payroll Protection Program.

ICAHN had total expenses in 2020 of \$9,859,462

Administration and grant expenses comprise the largest share of the expenses incurred. Administration expenses include all overhead for maintaining the organization, along with the cost for services provided by the organization.

In 2020, ICAHN had a net income of \$430,554. The net income includes interest and investment activity of \$101,196. ICAHN invested \$250,000 with Edward D. Jones in 2015 and another \$310,000 in December 2019. The December 31, 2020, value of the investment is \$735,079.

Note: These are audited numbers.

ILCHF, ICAHN COLLABORATE TO OFFER \$500,000 TO ESSENTIAL HOSPITAL WORKERS FOR CHILDCARE

With essential hospital staff facing childcare challenges due to schools and daycares closing, the Illinois Children's Healthcare Foundation (ILCHF) generously awarded ICAHN a \$500,000 grant to help its rural hospital membership. Twenty-eight ICAHN member hospitals applied for ICAHN's Essential Hospital Staff Child Care Support (EHSCCS) Initiative and received grant funding between the months of April and August 2020.

The EHSCCS Initiative was used to help reimburse hospitals that opened their own emergency childcare centers, including Ferrell Hospital, which was one of only 12 new emergency DCFS-approved daycare sites in the state of Illinois; to work in collaboration with another community or religious organization to open state-of-emergency childcare centers; or to individually provide support to the employee who sends his or her children to a childcare worker that obtains an approved background check and fingerprinting.

"When the schools and daycares were closed due to the coronavirus, there was only one Eldorado daycare that applied for emergency status, and it had limited capacity," said Caleigh Bruce, MBA, Ferrell Hospital's Chief Compliance Officer, Director of Human Resources, and Childcare Center Project Coordinator. "We knew creating our own daycare facility would

provide relief to our employees with young children, and we just started taking the necessary steps to make that happen."

Celebrating a socially distanced open house on May 18, Ferrell Hospital's daycare center cared for a census of 16 children during the hours of 7 a.m. to 5:30 p.m. The vast majority of the children served by the ILCHF grant, however, were seen by approved childcare workers in the child(ren)'s own home or at the caregiver's home.

"Our member hospitals' employees were on the frontline of this pandemic, and with that came sacrifice. They cared for our communities despite needing to find alternative care for their children," said Stephanie DeMay, EHSCCS Grant Coordinator. "Having this financial assistance alleviated some of their financial burden in this very trying time. As a matter of fact, we heard numerous stories of how some employees would have had to quit their jobs and stay at home had it not been for this grant."

The vision of ILCHF is that every Illinois child grows up healthy. "As a statewide funder, we recognize and appreciate that ICAHN's member hospitals provide health safety net services in rural communities that families rely on for their comprehensive care," said Heather Alderman, ILCHF President. "We are grateful for the opportunity to support this vital work."



Ferrell Hospital was one of only 12 new emergency DCFS-approved daycare sites in the state of Illinois. Some of the children and volunteer caregivers are shown during arts and crafts or play time.

2020 AWARDS AND ACCOMPLISHMENTS



The Exemplary Leadership Award

Joann Emge, CEO of Sparta Community Hospital, was honored during the first-ever virtual 2020 ICAHN Annual Conference, held in November via Zoom, for her dedicated service as President of the Board of Directors for the state hospital network. Joann had previously served as ICAHN's President-Elect and its Secretary-Treasurer, and she has chaired and currently serves as a member of ICAHN's Education Committee. Joann also led the IRCCO transformation and care coordination team.



Lifetime Achievement Award

Nancy Newby, former CEO of Washington County Hospital, received the Lifetime Achievement Award for her service and dedication to Washington County Hospital, ICAHN, and all its rural communities. She was among the founding members of ICAHN, served as Vice President of the Board in 2003 and then President from 2004 – 2006. She also served as Chairman of the ICAHN Education Committee, won the ICAHN President's Award in 2010, and was appointed to the Governor's Task Force on Health Information Exchange and Telemedicine. She retired from WCH in 2018.



Presidential Award

Doug Florkowski, CEO of Crawford Memorial Hospital, received the Presidential Award for exemplary character and services as a rural health leader. Doug had previously served as ICAHN's President, President-Elect, and its Secretary-Treasurer, and he has chaired and currently serves as a member of ICAHN's Regulatory and Legislative Committee and the ICAHN Business Services Committee.



Special Partner Award

Illinois Children's Healthcare Foundation, represented by Amy Starin, Senior Program Officer, was lauded for its exemplary work and incredible donation to the betterment of Illinois' children in rural populations. ILCHF granted ICAHN \$500,000 to be used by member hospitals' essential workers who needed assistance with daycare expenses when the COVID-19 pandemic hit.



Special Service Award

Dr. Patrick Molt, MD, FACS, Chief of Surgery, Fairfield Memorial Hospital, received the Special Service Award for his longstanding service to ICAHN and its rural hospitals by serving as a veteran reviewer on ICAHN's External Peer Review Network provider panel.



2020 Hospital IMPACT Awards

The IMPACT Awards are given to those ICAHN member hospitals that find creative ways to motivate staff, initiate a new approach to improve patient relationships, and implement successful community projects.

This year's winner is **Jersey Community Hospital for its Medication Assisted Treatment Clinic and Counseling Program, represented by Beth King, CEO, and Dr. Michael McNear, Chief Medical Officer/Medical Group President.** Honorable mention winners included Abraham Lincoln Memorial Hospital for its "Greening the OR" Program and Northwestern Medicine Valley West Hospital for its External Transfer Project.

2020 "4 Under 40" Winners



Victoria Woodrow
CEO, Hamilton Memorial Hospital



Emily Whitson
COO, Hopedale Medical Complex



Chris Troxell
Director of EMS and Emergency Department/
Safety Officer and Emergency Preparedness
Coordinator, Mason District Hospital



Blake Thornton
Director of Quality and Risk Management,
Pinckneyville Community Hospital



Consociate Health

Consociate Health provides insurance, benefits, and consulting services to employers in 48 states, specializing in asset protection and cost containment – proactively identifying and controlling risks. Consociate Health has 70 employees and, with offices in Decatur and Peoria, is centrally located to serve the needs of the ICAHN member hospitals. Consociate Health prides itself on meeting in person with its clients regularly and participates in employee enrollment meetings, health fairs, and corporate-level plan reviews and discussions.



efficientC

efficientC is a comprehensive decision support and claims management technology platform. It combines powerful denial analytics, claim scrubber, and clearinghouse technologies to deliver the finest denial prevention tool available. efficientC's denial analytics, Insights, is a predictive analytics solution that leverages machine learning to provide the intelligence you need to keep your denials at bay. Built on the backbone of its powerful claim scrubber, and optional clearinghouse, the efficientC platform delivers the best possible results to hospital revenue cycles across the United States. efficientC and OS inc. are proud providers of services to over 15 ICAHN member hospitals.



Intalere

Intalere's mission focuses on elevating the operational health of America's healthcare providers by designing tailored, smart solutions that deliver optimal cost, quality, and clinical outcomes. Intalere strives to be the essential partner for operational excellence in healthcare through customized solutions that address customers' individual needs. Intalere assists its customers in managing their entire non-labor spend, providing innovative technologies, products, and services and leveraging the best practices of a provider-led model.



Midwest Energy

Midwest Energy combines its expertise and knowledge of the energy market and energy contracts with the ability to leverage preferred pricing from suppliers on behalf of hospitals. This combination allows Midwest Energy to provide low-cost electricity and natural gas supply to its more than 700 clients, including several critical access hospitals throughout Illinois. Midwest Energy serves as an advocate and resource for all energy needs of a healthcare provider and helps customers choose the lowest utility distribution rates while also offering tax-saving strategies, utility rebate programs, and utility incentive programs – all value-added services provided to customers at no cost.

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