ORIGINAL

09-075

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Certificate of Need Permit Application

Submitted by:
Saint Anthony's Health Center
D/B/A Surgery Center of Saint Anthony's Medical Mall
4325 Alby Street
Alton, Illinois 62002

December 22, 2009

RECEIVED
DEC 2 8 2009
HEALTH FACILITIES &
SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Saint Anthony's Health Center D/B/A Surgery Center of Saint Anthony's Medical Mall		
Street Address: 4325 Alby Street		
City and Zip Code: Alton 62002		
County: Madison	Health Service Area 11	Health Planning Area: F-01

Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Saint Anthony's Health Center
Address: P.O. Box 340; Alton, IL 62002
Name of Registered Agent: Mark Weber
Name of Chief Executive Officer: E.J. Kuiper
CEO Address: P.O. Box 340; Alton, IL 62002
Telephone Number: 618-474-4690

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

Type of Ownership

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

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

Facility/Project Identification

Facility Name: Saint Anthony's Health Center D/B/A Surgery Center of Saint Anthony's Medical Mall		
Street Address: 4325 Alby Street		
City and Zip Code: Alton 62002		
County: Madison	Health Service Area 11	Health Planning Area: F-01

Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Saint Anthony's Health System
Address: P.O. Box 340; Alton, IL 62002
Name of Registered Agent: Mark Weber
Name of Chief Executive Officer: E.J. Kuiper
CEO Address: P.O. Box 340; Alton, IL 62002
Telephone Number: 618-474-4690

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

Type of Ownership

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

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Janice L. Samberg
Title: Director of Decision Support Services
Company Name: Saint Anthony's Health Center
Address: 915 East Fifth Street; Alton, IL 62002
Telephone Number: 618-474-6104
E-mail Address: jsamberg@sahc.org
Fax Number: 618-463-5606

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Michael Russo
Title: Chief Administrative Officer
Company Name: Saint Anthony's Health Center
Address: P.O. Box 340; Alton, IL 62002
Telephone Number: 618-474-6109
E-mail Address: mrusso@sahc.org
Fax Number: 618-465-4569

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: Janice L. Samberg
Title: Director of Decision Support Services
Company Name: Saint Anthony's Health Center
Address: 915 East Fifth Street; Alton, IL 62002
Telephone Number: 618-474-6104
E-mail Address: jsamberg@sahc.org
Fax Number: 618-463-5606

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Saint Anthony's Health Center
Address of Site Owner: P.O. Box 340; Alton, IL 62002
Street Address or Legal Description of Site: P.O. Box 340; Alton, IL 62002

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. NOT APPLICABLE

Operating Identity/Licensee

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

Exact Legal Name: Saint Anthony's Health Center
Address: P.O. Box 340; Alton, IL 62002

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.idph.state.il.us/about/hfpb.htm)**.

NOT APPLICABLE

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act. NOT APPLICABLE

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
☐ Substantive X☐ Non-substantive	X☐ Part 1120 Not Applicable ☐ Category A Project ☐ Category B Project ☐ DHS or DVA Project

2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery				X	2
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

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

3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Surgery Center of Saint Anthony's Medical Mall is owned and operated by Saint Anthony's Health Center and Saint Anthony's Health System and is located at 4325 Alby Street in Alton, Illinois.

The Surgery Center of Saint Anthony's Medical Mall is a tenant on the lower level of the building which houses other business and medical offices on its other two floors.

Saint Anthony's Health Center and Saint Anthony's Health System seek authority from the Illinois Health Facilities and Services review Board to discontinue, in its entirety, the Surgery Center of Saint Anthony's Medical Mall located within the Medical Mall building. Any future patients can be accommodated at the Surgery Department of Saint Anthony's Health Center, located two miles away.

No costs are expected to be incurred in discontinuing this service. The project is classified as non-substantive (Part 1110) because it is a "Discontinuation of category of service or facility." Therefore, Section 1120 of the Illinois Administrative Code is not applicable.

Saint Anthony's proposes to close the surgery center immediately should we receive CON approval.

In summary, we propose to discontinue the Surgery Center of Saint Anthony's Medical Mall located on the Lower Level of the building. We are completing the following sections of this application:

- Section 1 – Identification, General Information, and Certification
- Section 2 - Discontinuation

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NON-CLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	**CLINICAL $0**	**NON-CLINICAL $0**	**TOTAL $0**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$0**	**$0**	**$0**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes X☐ No
Purchase Price: $________
Fair Market Value: $________

The project involves the establishment of a new facility or a new category of service
☐ Yes X☐ No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ ________.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:
X☐ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): ________

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
X ☐ Project obligation will occur after permit issuance.

State Agency Submittals

Are the following submittals up to date as applicable:
☐ Cancer Registry
☐ APORS
X☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.** NOT APPLICABLE

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Saint Anthony's Health Center D/B/A Surgery Center of Saint Anthony's Medical Mall | **CITY: Alton**

REPORTING PERIOD DATES: From: 1/1/2008 to: 12/31/2008

Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify) Non-Hospital Based Ambulatory Surgery Center	2 procedure rooms	6 procedures **		2 procedure rooms	0 procedure rooms
TOTALS:	2 procedure rooms	6 procedures **		2 procedure rooms	0 procedure rooms

**** For the period *January 1, 2008 through May 31, 2008*, 6 procedures were performed. For the period *June 1, 2008 through December 31, 2008*, 0 procedures were performed.**

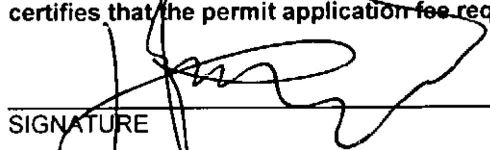
**** For the period *January 1, 2009 through December 22, 2009*, 0 procedures were performed.**

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

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

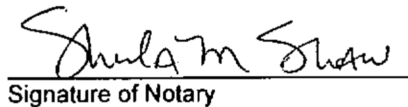


SIGNATURE

E.J. Kuiper, FACHE
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of December 2009



Signature of Notary

Seal

SIGNATURE

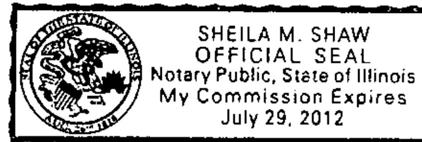
Sister M. Mikela Miedl
PRINTED NAME

Chairman of the Saint Anthony's Health Center Board
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of December 2009

Signature of Notary

Seal



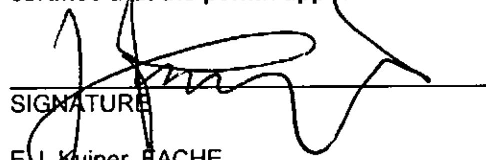
*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

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

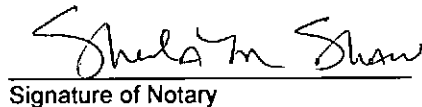


SIGNATURE

E.J. Kuiper, FACHE
PRINTED NAME

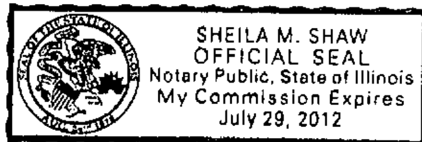
President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of December 2009



Signature of Notary

Seal

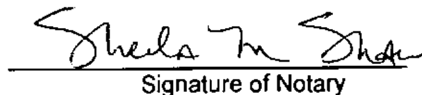


SIGNATURE

Sister M. Mikela Miedl
PRINTED NAME

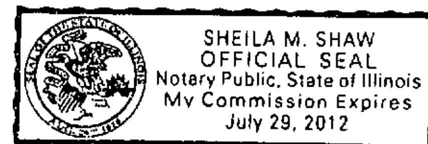
Chairman of the Saint Anthony's Health Center Board
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of December 2009



Signature of Notary

Seal



*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SAFETY NET IMPACT STATEMENT that describes all of the following:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service

APPEND DOCUMENTATION AS ATTACHMENT-77, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section 1
Attachment 1
Applicant Identification

The Certificates of Good Standing for Saint Anthony's Health Center and Saint Anthony's Health System are attached as ATTACHMENT – 1.

ATTACHMENT – 1

File Number 1808-530-5

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SAINT ANTHONY'S HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 06, 1925, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* OCTOBER *A.D.* 2008 .

Authentication #: 0829801624

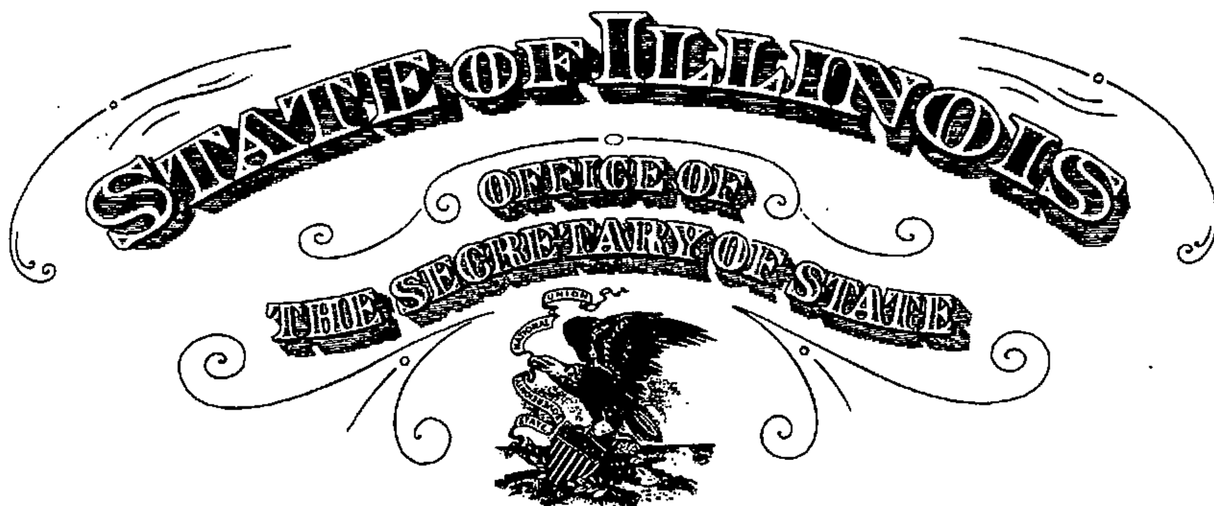
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment - 1

File Number 5552-603-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SAINT ANTHONY'S HEALTH SYSTEM., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1989, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* JUNE *A.D.* 2008 .

Authentication #: 0815702662

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment - 1

Section 1
Attachment 2
Site Ownership

Saint Anthony's Health Center owns the premises at which the Surgery Center is located. Accordingly, Site Ownership requirements are not applicable.

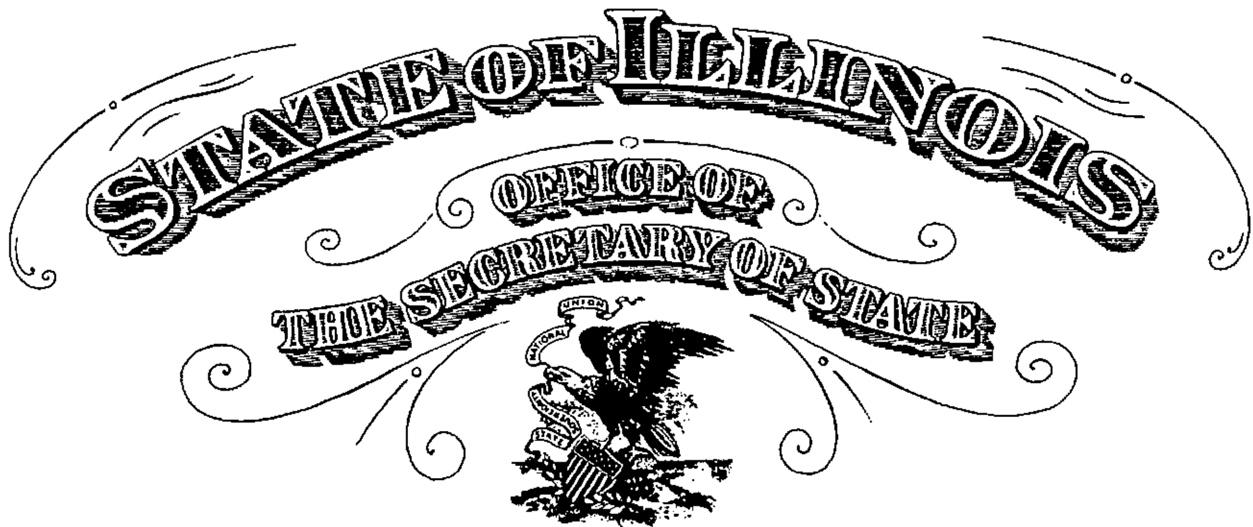
ATTACHMENT - 2

Section 1
Attachment 3
Operating Identity/Licensee

The Certificate of Good Standing for Saint Anthony's Health Center and Saint Anthony's Health System and the current License for the Surgery Center are attached as ATTACHMENT – 3.

Organizational Relationships
The Organizational Chart for Saint Anthony's Health Center is attached as ATTACHMENT – 3.

File Number 1808-530-5



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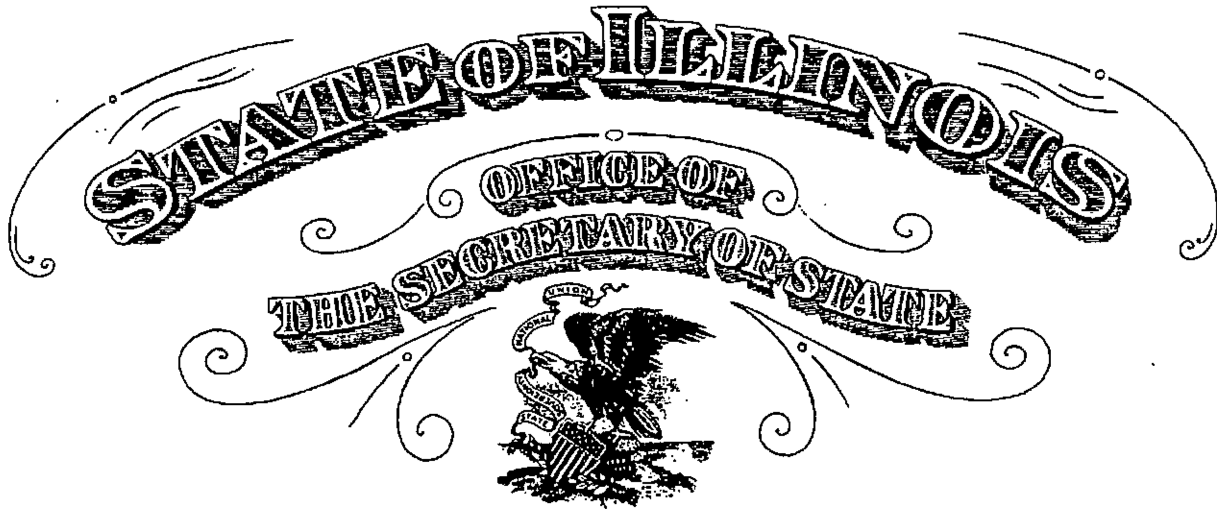
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

File Number 5552-603-6



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I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SAINT ANTHONY'S HEALTH SYSTEM., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1989, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* JUNE *A.D.* 2008 .

Jesse White

SECRETARY OF STATE

Authentication #: 0815702662

Authenticate at: http://www.cyberdriveillinois.com

State of Illinois 1943327
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/12/10	BGBD	7002223

FULL LICENSE
AMBUL SURGICAL TREAT CNTR
EFFECTIVE: 09/13/09

BUSINESS ADDRESS

SAINT ANTHONY'S HEALTH CENTER D/B/A
SURG CTR OF SAINT ANTHONY'S MED MALL
4325 ALBY STREET
ALTON IL 62002

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION ↓

State of Illinois 1943327
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

SAINT ANTHONY'S HEALTH CENTER D/B/A

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/12/10	BGBD	7002223

FULL LICENSE
AMBUL SURGICAL TREAT CNTR
EFFECTIVE: 09/13/09

08/22/09

SAINT ANTHONY'S HEALTH CENTER D/B/A
4325 ALBY STREET
ALTON IL 62002

FEE RECEIPT NO. 8068

Attachment -3

E.J. Kuiper
President & CEO

Sr. M. Anselma
Asst to CEO/ Admin Fellow

Patti Fischer
VP, Professional Services

- Emergency Department / EMS
- Radiology
- Oncology
- Neurology
- Pain Management
- Pharmacy
- Wound Care/DTC
- Laboratory
- Medical Staff Office
- Psychological Services
- DME
- Building Leases
- Employee Health

Terry Brennan
VP, Physician Services

- ComPAS
- Physician Recruitment

Mike Russo
Chief Administrative Officer

- Engineering
- Security
- Environmental Services
- Food Services
- IT
- BioMed / Medical Technology
- Communications
- Supply Chain Services

Mike Nelson
Chief Financial Officer

- Patient Accounts
- General Accounting
- Registration
- Central Scheduling
- Health Information
- Decision Support

Noney Dooling
VP, Finance

- General Accounting

Janice Samberg
Director, Decision Support

- Decision Support

Diane Schuette
AVP, Marketing and Development

- Community Relations
- Foundation
- Auxiliary

Sr. M. Mikela
VP, Mission Stewardship

- Mission Stewardship
- Pastoral Care
- Care Management
- Quality
- Risk
- Patient Advocacy
- Human Resources
- Employee Assistance
- Compliance
- Patient Satisfaction

Sr. M. Angelica
VP, Patient Care Services

- Perioperative Services
- Women's Pavilion
- ICU
- Resp / Sleep Lab
- Cardiology Services
- II West
- II South
- Acute Rehab
- ECF
- Therapies
- Home Health / Hospice / Adult Day Care
- Saint Clare's Villa

Deny Boettger
AVP, Patient Care Services

- PCS Leadership Support
- House Supervisors
- Clinical Education

Attachment 3

Section 1
Attachment 4
Flood Plain Requirements

This project is a discontinuation of a health care facility. There will be no construction associated with this project. Accordingly, the Flood Plain requirements under Executive Order #5 (2006) are not applicable.

Section 1
Attachment 5
Historic Resources Preservation Act Requirements

This project is a discontinuation of a health care facility. There will be no demolition of any structures, construction of new buildings or modernization of existing buildings associated with this Project. Accordingly, the requirements of the Illinois Historic Resources Preservation Act are not applicable.

Section 1
Attachment 6
Project Classification

Pursuant to Section 1110.40 of the Illinois Administrative Code, the Project is considered "Non-Substantive." The Project is solely for the discontinuation and has no project costs. Accordingly, Section 1120 of the Illinois Administrative Code is not applicable.

Section 1
Attachment 7
Project Costs

The total cost of the Project will be $0.

Section 1
Attachment 8
Cost/Space Requirements

This Project is for the discontinuation of a health care facility. There are no costs associated with this Project. Accordingly, Cost/Space Requirements are not applicable.

Section II. Discontinuation
Attachment 9

General Information Requirement:

1. *Identify the category of service that is to be discontinued:*

Saint Anthony's Health Center plans to discontinue, in its entirety, the Surgery Center of Saint Anthony's Medical Mall located at 4325 Alby Street, Alton, IL 62002. This is the Ambulatory Surgical Treatment Center (ASTC) category of service.

2. *Identify all of the other clinical services that are to be discontinued:*

All procedures and services at the Surgery Center of Saint Anthony's Medical Mall will be discontinued.

3. *Provide the anticipated date of discontinuation for each identified service or for the entire facility.*

Saint Anthony's Health Center proposes to close the ASTC immediately should we receive CON approval.

4. *Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.*

The ASTC is located in approximately 3,543 square feet of the lower level of the Medical Mall building. We do not have any immediate plans for the use of this space.

The equipment that is located in the ASTC i.e. crash carts, supplies, defibrillators, beds, etc. will either be discarded if outdated or will be moved to the Surgery department at Saint Anthony's Health Center, which is located two miles away.

5. *Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.*

Medical records for the patients being served at the Surgery Center of Saint Anthony's Medical Mall have historically been stored at Saint Anthony's Health Center's Health Information Department (HID) and maintained in accordance with the state and federal requirements. This will continue should we receive CON approval.

6. *For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g. , annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.*

Attached as ATTACHMENT – 9 is a certification from Saint Anthony's Health Center's President and CEO that the Surgery Center at Saint Anthony's Medical Mall has submitted and will continue to submit through its closure date, all questionnaires and data required by the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health.

Reasons for Discontinuation:
The Surgery Center of Saint Anthony's Medical Mall has had low utilization for many years as noted in the chart below. Saint Anthony's Health Center's surgery department has had the capacity to absorb the surgical volume and it is more economical to perform procedures at Saint Anthony's Health Center rather than performing surgery at both locations.

In addition, on May 18, 2008, the Surgery Center of Saint Anthony's Medical Mall was cited for noncompliance with several deficiencies in its Life Safety Code therefore, the utilization has been reduced to zero since May 18, 2008. The high cost to make the repairs in order to become fully compliant has caused Saint Anthony's to reconsider the use of this space. The total cost to correct the deficiencies was $465,991. Since the survey in May 2008 and as part of its Plan of Correction, Saint Anthony's said it would not perform any procedures in the ASTC.

To date, Saint Anthony's has spent $259,812 to correct some of the deficiencies cited:
Sprinkler installation - $206,179
Elevator Recall (parts only) - $30,633
Misc. Items: $23,000

An additional $229,686 needs to be spent to widen the public corridor to 8'0" (from the current 5'0") outside the ASTC entrance ($203,635) and complete the installation (labor only) for the elevator recall ($26,051).

Saint Anthony's anticipated that it would be able to finance the remaining construction to widen the public corridor; however, our circumstances changed when a proposed affiliation transaction with Hospital Sisters Health System did not close as anticipated. Our financial position has been further exacerbated by the world financial crisis.

As mentioned above, Saint Anthony's has not performed any surgical procedures at the ASTC since May 2008. Prior to that time, the ASTC was poorly utilized since there is adequate surgical capacity at nearby Saint Anthony's Health Center's Surgery Department.

Five Year Historical Utilization of the ASTC is as follows:

Year	YTD 2009	2008	2007	2006	2005
# Surgical Procedures Performed at the ASTC	0	6 * (prior to May 18, 2008)	6	9	41

* Life Safety Survey, May 18, 2008. Since that time, 0 procedures have been performed.

ATTACHMENT - 9

Impact on Access

1. *Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.*

Because ambulatory surgical procedures will be available at Saint Anthony's Health Center, Saint Anthony's Way, which is located two miles away, it is anticipated that there will not be a lack of ambulatory surgical services in the area. Utilization has been so low at the ASTC at the Medical Mall that Saint Anthony's has had more than enough capacity to absorb the few patients that would have had procedures performed at the Surgery Center of Saint Anthony's Medical Mall. In addition, physician preference is to perform all surgical procedures in one location because of the convenience of one location rather than two locations.

2. *Document that a written request for an impact statement was received by all existing or approved health care facilities located within 45 minutes travel time of the applicant facility.*

Not Applicable since 0 procedures have been performed at the facility in the last 1 ½ years.

3. *Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicants workload will be absorbed without conditions, limitations or discrimination.*

Not Applicable

SAINT ANTHONY'S HOSPITAL

SAINT CLARE'S HOSPITAL

Saint Anthony's Way, P.O. Box 340, Alton, IL 62002-0340
618 / 465-4501

December 22, 2009

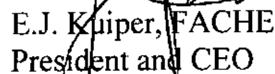
Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street
Springfield, IL 62761 – 0001

Re: Application to Discontinue Services at Saint Anthony's Health Center D/B/A Surgery Center of Saint Anthony's Medical Mall

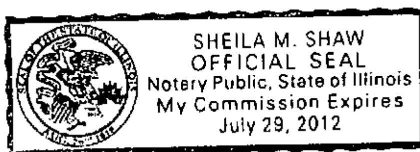
Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1- 109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill Admin. Code § 110.130(a)(6), that Saint Anthony's Health Center has submitted, and will continue to submit through its closure date, all questionnaires and data required by the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health.

Sincerely,



E.J. Kuiper, FACHE
President and CEO



12.22.09

ATTACMENT - 9

To serve God is to serve His people.

Safety Net Impact Statement

1. As set forth in this Application, we believe that the discontinuation of surgical services at the Surgery Center of Saint Anthony's Medical Mall will have no impact on the essential safety net services provided to the community served by the Surgery Center of Saint Anthony's Medical Mall. Since 0 procedures have been performed at the Surgery Center of Saint Anthony's Medical Mall in the last 1 ½ years, Saint Anthony's Health Center's Surgery Department has sufficient capacity to absorb any future surgical procedures and meet the needs of the community.

2. The chart below sets forth the Surgery Center of Saint Anthony's Medical Mall's charity care services and Medicaid revenues for the last three years, 2008, 2007 and 2006.

	2008	2007	2006
Charity Care Services	$0	$0	$0
Medicaid Revenues	$0	$0	$0

Copies of the last three year's Annual Ambulatory Surgical Treatment Center Questionnaires are attached as ATTACHMENT – 77.

3. Copies of the Annual Community Benefit Plan Reports for Saint Anthony's Health Center are attached as ATTACHMENT – 77.

Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2008
Part II - Financial and Capital Expenditures Data

B. NET REVENUE BY PAYMENT SOURCE - REPORTED FISCAL YEAR
Please indicate your Net Revenue during your reported Fiscal Year, by payment source.

	Net Revenue (in Dollars)
Medicaid	0
Medicare	931
Other Public*	0
Private Insurance	9667
Private Payment	0

Total Revenues 10,598

*Other Public payment includes individuals whose primary payment source is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excluding Medicare and Medicaid.

C. TOTAL ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE* CASES - REPORTED FISCAL YEAR

A worksheet to help you calculate the cost of charity care services is located at this link.

	Amount (in Dollars)
Total Actual Cost of Services Provided to Charity Care* Cases	0

*"*Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3]* Charity care does not include bad debt
or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs,
eligibility for which is based on financial need.

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Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2007
Part II - Financial and Capital Expenditures Data

B. NET REVENUE BY PAYMENT SOURCE - REPORTED FISCAL YEAR

Please indicate your Net Revenue during your reported Fiscal Year, by payment source.

	Net Revenue (in Dollars)
Medicaid	0
Medicare	1682
Other Public*	0
Private Insurance	6141
Private Payment	0

Total Revenues 7823

*Other Public payment includes individuals whose primary payment source is Veterans Administration, County B Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excludi Medicare and Medicaid.

C. TOTAL ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE* CASES - REPORTED FISCAL YE

	Amount (in Dollars)
Total Actual Cost of Services Provided to Charity Care* Cases	0

*Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

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Illinois Department of Public Health
AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR 2006
Part II - Financial and Capital Expenditures Data

B. LONG-TERM DEBT

Provide the amount of long-term indebtedness (including current maturities) incurred by or on behalf o health care facility as reported in the facility's audited financial statements for your reported Fiscal Yea facility does not have its own financial statements, indicate the amount of debt that is allocated to the f by the controlling entity.

LONG-TERM DEBT FOR REPORTED FISCAL YEAR 0

C. NET REVENUE BY PAYMENT SOURCE - REPORTED FISCAL YEAR
Please indicate your Net Revenue during your reported Fiscal Year, by payment source.

	Net Revenue (in Dollars)
Medicaid	0
Medicare	4570.00
Other Public*	0
Private Insurance	3939.00
Private Payment	0
Total Revenues	8509.00

*Other Public payment includes individuals whose primary payment source is Veterans Administration, County Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, exclu Medicare and Medicaid.

D. TOTAL ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE* CASES - REPORTED FISCAL YE

	Amount (in Dollars)
Total Actual Cost of Services Provided to Charity Care* Cases	0

*Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

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2/05

LISA MADIGAN
ATTORNEY GENERAL

Annual Non-Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Saint Anthony's Health Center

Mailing Address: #1 Saint Anthony's Way, PO Box 340, Alton, IL 62002
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

Saint Anthony's Way, PO Box 340 AND 915 E. Fifth Street, Alton, IL 62002
(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 01 / 01 / 08 through 12 / 31 / 08 (Month Day Year) **Taxpayer Number:** 37-0661234

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

Hospital Name	Address	FEIN #
Saint Anthony's Hospital	Saint Anthony's Way PO Box 340, Alton, IL 62002	37-0661234
Saint Clare's Hospital	915 E.Fifth Street Alton, IL 62002	37-0661234

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and specify the date it was adopted. Attachment #1

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:
   1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
   2. Identify the populations and communities served by the hospital.
   3. Disclose health care needs that were considered in developing the plan.

   Attachment #2

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part I, PPS Inpatient Ratios), and not the actual charges for the services.

Charity Care..$ 2,200,000

ATTACH Charity Care Policy: Attachment #3
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

Attachment-77

4. **REPORT** Community Benefits actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services	$6,441
Government Sponsored Indigent Health Care DPA	$ 0
Donations	$257,868
Volunteer Services	
a) Employee Volunteer Services $ 151,620	
b) Non-Employee Volunteer Services $ 105,271 (minimum wage)	
c) Total (add lines a and b)	$256,891
Education	$973,425
Government-sponsored program services Medicare	$582,203
Research	$ 0
Subsidized health services	$454,541
Bad debts	$2,287,000
Other Community Benefits Advocacy	$12,338

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Attachment #4

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Michael L. Nelson / EVP/CFO
Name / Title (Please Print)

(618) 463-5616
Phone: Area Code / Telephone No.

Michael L Nelson
Signature

6/29/09
Date

Noncy J. Dooling
Name of Person Completing Form

(618) 463-5616
Phone: Area Code / Telephone No.

ndooling@sahc.org
Electronic / Internet Mail Address

(618) 463-5643
FAX: Area Code / FAX No.

Item #1

Saint Anthony's Health Center

MISSION STATEMENT

Saint Anthony's Health Center sponsored by the Sisters of St. Francis of the Martyr St. George, has as our goal to witness Christ's merciful love by providing quality health services motivated by respect for the people we serve. We foster a climate that enhances the empowerment of those who serve with us in faithful stewardship of human and financial resources.

VALUES

Our Health Center goal is to be a witness of Christ's merciful love by providing quality health services motivated by respect for the people we serve. Our goal is achieved by adherence to a set of shared values. These include:

- Respect for life
- Fidelity to the Church and our Franciscan heritage
- Charity
- Service
- Quality
- Stewardship
- Partnering with physicians, other health care institutions and employees

VISION

Our vision is to minister to those in need, providing services based on the moral values and the teachings of the Catholic Church. To achieve this vision we will serve:

- With compassion for those in need, especially the poor and needy of every condition,
- With respect for life and the dignity of all persons as created in the image and likeness of God at all stages of development from conception to natural death,
- With commitment to the wellness of human beings and the prevention of illness,
- With dedication to restoring the health to the body, mind and soul in imitation of Jesus who healed the whole person,
- With acceptance that death is the final step toward ultimate union with the Lord.

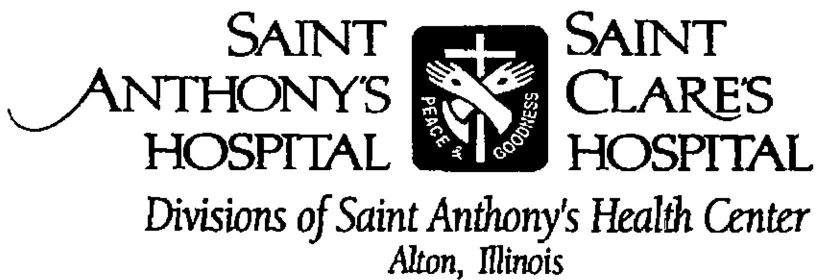
To achieve this vision, we will utilize our resources to provide services in support of the right-to, and quality of, life for all persons, extending our ministries by providing a continuum of high quality, cost effective care, including acute care services and the care of the elderly and the homebound.

#2

Community Benefits Plan

for Saint Anthony's Health Center

2009



Attachment-77

Purpose

- The *Community Benefits Act, SB 1064*, requires all NFP hospitals subject to the Act to file a yearly Community Benefits Plan report. The Community Benefits Plan is one of five items included within the Community Benefits Plan report.

The Community Benefits Plan Report includes the following five items:

- ☐ 1. The hospital's Mission Statement
- ☐ 2. Community Benefits Plan
- ☐ 3. Charity Care Policy
- ☐ 4. A disclosure of the amount and type of community benefits provided; and
- ☐ 5. Audited annual financial report.

Definition of a Community Benefits Plan

- "An operational plan for serving the community's health care needs that:

  (A) sets out goals & objectives for providing community benefits that include charity care & government sponsored indigent health care; and

  (B) identifies the populations and communities served by the hospital."

"The health care needs of the community must be considered in developing the hospital's community benefit's plan."

How the Community Benefits Plan relates to our Community Needs Assessment

- The *Community Benefits Act (SB 1064)* states that the health care needs of the community must be considered in developing the hospital's Community Benefits Plan.
  - Saint Anthony's performs a Community Needs Assessment on a regular basis. The results of the Assessment are communicated to Saint Anthony's Board, Administration, Management and Mission Partners. Saint Anthony's also uses other area Community Needs Assessments and Health Plans, such as the *Madison County Health Needs Assessment and Community Health Plan (2007-2012)*
  - The results of the Assessments are incorporated into the planning process for future goals and action items. Saint Anthony's Goals identified in 2008 are shown on the next slide

Saint Anthony Health Center's Organizational Goals – July 2008

- Internal
  - Patient Satisfaction
  - Employee Satisfaction
  - Quality/Core Measures
- External
  - Volume
  - Finances
  - Community Relations

Saint Anthony's Mission, Vision and Values

Our Mission

Saint Anthony's Health Center, sponsored by the Sisters of St. Francis of the Martyr St. George, has as its goal to witness Christ's merciful love by providing quality health services motivated by respect for the people we serve. We foster a climate that enhances the empowerment of those who serve with us in faithful stewardship of human and financial resources.

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- Charity
- Service
- Quality
- Stewardship
- Partnering with physicians, other health care institutions and employers

To achieve this vision, we will utilize our resources to provide services in support of the right to, and quality of, life for all persons and extend our ministries by providing a continuum of high quality, cost effective care, including acute care services and the care of the elderly and the homebound.

Saint Anthony's
Community Needs Assessment
The Top Five Needs - 2007

A Community Needs Assessment was completed in May 2007. The top five needs were identified as follows:

1. Poor Physician Assess especially for those without health insurance. (1)
2. Housing Issues related to mortgage crisis (n/a)
3. High Cost of Prescription Drugs, especially for those under age 65. (3)
4. Homelessness (4)
5. Mental Illness(5) Suicide/Depression among teens

(Numbers in red represent <u>2005</u> CNA Results)

Other Area Community Needs Assessments

- *Madison County Health Needs Assessment and Community Health Plan, 2007 - 2012*
  - <u>Health Priorities</u>
    - Addictive Behaviors
      - Focus: Alcohol, Tobacco & Methamphetamine
    - Sexual Risk Behaviors
      - Focus: STDs, maternal & infant care
    - Cardiovascular Health
      - Obesity, exercise, heart-related issues

Identification of the populations and communities served by Saint Anthony's Health Center

- Saint Anthony's serves our partners. This includes: Patients, Mission Partners (our staff), Physicians and our Community.
- Our community consists of the primary and secondary service areas surrounding Saint Anthony's Health Center.

Saint Anthony's Health Center's Primary/Secondary Service Area Population,

2008 and Projected 2013

Source: Claritas

City PSA	Zip Code	08' Population Est	13' Population Projected	% Change 08' - 13'	% of Discharges PSA/SSA	Female Population Age 15-44 yrs. 2008/2013	% Change	% of Population > age 65 yrs. 2008/2013	% Change
Alton	62002	33,451	32,575	2.60%		6865/6424	-6.40%	15.4/15.9	0.5
Bethalto	62010	10,732	10,734	0		2255/2138	-5.2	13.4/14.5	1.1
E. Alton	62024	10,137	9,771	-3.6		2059/1935	-6	16.2/16.6	0.4
Godfrey	62035	14,783	15,153	2.5		2675/2659	-0.6	17.8/19.1	1.3
WoodRiver	62095	11,368	11,075	-2.6		2330/2203	-5.5	16.6/16.7	0.1
Brighton	62012	7,139	7,233	1.3		1459/1402	-3.9	13.0/14.9	1.9
Jerseyville	62052	12,494	12,872	3		2576/2585	0.3	17.3/17.7	0.4
PSA		***100,104***	***99,413***	***-0.70%***	***73.00%***	***20,219/19,386***	***-4.10%***	***15.7/16.5***	***0.80%***
								IL Avg. = 12.5%	
SSA									
Cottage Hill	62018	4,280	4,248	0.70%		897/864	-3.70%	11.1/11.8	0.70%
Edwardsville	62025	33,630	35,024	4.1		8356/8316	-0.5	11.9/13.0	1.1
Hartford	62048	1379	1368	-0.8		257/281	9.3	17.1/17.5	0.4
Roxana	62084	1521	1512	-0.06		328/315	-4	16.1/15.9	-0.2
S. Roxana	62087	2391	2570	7.5		531/546	2.8	11.1/12.2	1.1
Bunker Hill	62014	3865	3801	-1.7		781/740	-5.2	15.1/16.2	0.9
Grafton	62037	2062	2152	4.4		394/487	23.6	13.2/16.0	2.8
Moro	62067	3384	3412	0.8		410/440	7.3	14.0/14.9	6.4
SSA		***52,512***	***54,087***	***3.00%***	***24.00%***	***11,954/11,989***	***0.30%***	***13.7/14.7***	***1.00%***
		152,616	153,230	0.40%	97.00%	32,173/31,375	-2.50%	14.7/15.6	0.90%

Attachment - 77

Social Accountability

- Every year, Saint Anthony's Health Center compiles a Social Accountability Report. This report identifies services mandated for public interest. In 2008, Saint Anthony's provided $1,860,000 in uncovered costs to provide programs to benefit the community.

#3

Saint Anthony's Health Center
Finance Division Manual
Procedure

Department: Patient Accounts, Credit and Collections

Title: Hospital Charity and Uninsured Discount Procedure

Number: 90302.C7

Formulated: March 1991
Revised: February 1995; February 1998 (Exec VP: eligibility criteria); December 2003; November 2005 (200% of Poverty Guideline); April 2008; April 2009

Saint Anthony's Health Center Statement of Policy

At Saint Anthony's Health Center, our goal is to provide quality health care to the sick and helpless, regardless of race, religion, national origin, disability, sex, age, or economic status. Saint Anthony's will make available charity care (community benefit) to those persons who qualify for such care. Saint Anthony's Charity and Uninsured Discount is secondary to any and all other types of third party coverage.

Statement of Purpose

The purpose of this policy is to set forth an avenue for providing charity care to those who are unable to pay, based on the HHS (Department of Health and Human Services) Federal Poverty Income Guidelines, published annually in the Federal Register on or about February 1.This policy will comply with the Illinois Hospital Uninsured Patient Discount Act.

Procedure:

A. DEFINITIONS

For the purpose of this procedure, family income and family unit shall be defined as follows:

1. **Family unit**—An individual, or group of individuals related by blood, marriage, or adoption, living together in one household. The family cannot include any individuals who reside outside the household, with the exception of college students who, regardless of their residence, depend on the family for support.

2. **Family Income** – The sum of a family's annual earning and cash benefits from all sources before taxes, less payments made for child support.

3. **Uninsured Patients** – Patients who are not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability.

Attachment - 77

B. ELIGIBILITY CRITERIA

1. Charity Services are available to all persons with open accounts, or who wish to utilize the hospital's services, as long as the services provided or requested, and circumstances of treatment, are not included in the **EXCEPTIONS** listing following this section. The sole criterion for eligibility is based on the individual's or family's income.

2. Uninsured Patients:

   a. 100% charity allowance will be available to those individuals whose individual or family income falls at or below 200% of the HHS Federal Poverty Income Guidelines, as published annually in the Federal Register.

   b. A sliding scale will be utilized for those individuals or families whose income is between 200% and 250%of the HHS Federal Poverty Income Guidelines. (Exhibit A).

   c. A 75% discount will be offered to those whose individual or family income fall between 250% and 600% of the HHS Federal Poverty Income Guidelines. The minimum discount will always exceed 135% of costs as defined in the Illinois Hospital uninsured Patient Discount Act.

   d. All uninsured persons whose individual or family income is above 600% of the HHS Federal Poverty Income Guidelines will be granted a 25% discount from Total Charges.

   e. Non-Illinois residents who are uninsured are eligible for a maximum discount of 25%.

   f. The maximum amount that may be collected in a 12 month period for healthcare services provided by the hospital to a patient eligible for an uninsured discount is 25% of the family's income and is subject to the patient's continued eligibility under this policy. To be eligible to have this maximum amount applied to subsequent charges, the uninsured patient shall inform the hospital in subsequent inpatient admissions or outpatient encounters that the patient has previously received health care services from Saint Anthony's and was determined to be entitled to the uninsured discount.

3. Insured Patients: Patients who are covered under a Managed Care or Governmental Plan may be eligible for a charity allowance for their copays and deductibles if their individual or family income falls at or below 200% of the HHS Federal Poverty Income Guidelines, as published annually in the Federal Register.

C. EXCEPTIONS:

The following patients and/or services are excluded from the Charity and Uninsured Discount Program:

1. Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

2. Balances which result from the patient's failure to cooperate with third party payers, or which result from the patient's negligence in providing information or documents requested by the third party payer.

3. Patients who refuse to apply for Medicaid, or other alternative sources of payment

4. Patients who refuse to use their health insurance for reasons of confidentiality, or to avoid higher premiums, or to avoid incurring high deductibles or coinsurance obligations.

5. Uninsured patients who apply for the discount after 60 days from date of service or insured patients who apply after 60 days from date of payment..

6. Patients who have collected from their insurance carriers, but fail to pay the hospital the money received from their insurance carrier.

7. Patients who supply and certify information that is false in their application.

8. Patients covered by managed care programs, but who are denied coverage because they neglected to comply with the rules of their plan.

9. Custodial or non-acute care.

D. APPLICATION FORMS AND CHARITY INFORMATION

1. The patient or responsible party may obtain an application for Charity and Uninsured Discount (Exhibit B) at the cashier's office near the front entrance of Saint Anthony's Hospital, or from the registration office.

2. Patients and responsible parties may obtain detailed information about Saint Anthony's Health Center Charity and Uninsured Discount Policy by phone, or in person, from either of these locations.

3. Business Office and Registration staff will offer any needed assistance in completing the application form.

E. VERIFICATION OF INCOME

1. It is the patient's responsibility to document household income mentioned in Section A above within 30 days of request to be eligible under this policy.

   Acceptable family income documentation shall include any one of the following:

   a. A copy of the most recent tax return

   b. A copy of the most recent W-2 form and 1099 forms

   c. Copies of the two most recent pay stubs

   d. Written income verification from an employer if paid in cash.

   e. Sworn or notarized statements signed by the patient or responsible party will be acceptable if the family has received no income in the prior three months. .

2. Failure to meet at least one of the above criteria may result in denial of charity care.

F. STEPS IN MAILING THE APPLICATION

1. The Hospital will mail the Charity and Uninsured Discount Application within 24 hours of request.

2. A signed form letter (also Exhibit B) will accompany each Charity Care application, along with a postage-paid return envelope.

G. STEPS IN PROCESSING APPLICATION

1. All returned applications will be forwarded to the Patient Accounting Department.

2. Each application will be reviewed to determine that it is complete, and that proof of income is present. If not, the reviewer will return the application to the applicant for completion (Exhibit D).

3. Financial Counselors will forward completed applications to the appropriate person for approval (see next section).

4. Final reviewers will return the application to the financial counselors immediately after review.

5. Financial Counselors will generate a Charity and Uninsured Discount Approval letter (Exhibits E and F), explaining the determination that has been made for the patient's accounts.

6. For approved applications, the Financial Counselors will generate the appropriate adjustment to each open account.

H. AUTHORITY FOR APPROVAL AND REJECTION

1. Financial Counselors may reject incomplete applications.

2. The Business Office Director or Site Executive may approve balances up to $7,500, and may reject any application deemed incomplete.

3. The Business Office Director or Site Executive will review and endorse any requests for Charity or Uninsured Discounts over $7,500, and forward these accounts to the Chief Financial Officer for review and approval.

4. The Chief Financial Officer will approve all additional amounts for Charity in cases of extreme need, medical indigency, or other situations in which the Mission, Goals and Objectives of the Hospital would be served.

I. TIMEFRAMES FOR NOTIFYING THE PATIENT OF DENIAL OR APPROVAL

1. Retrospective Applications—Financial Counselors will ensure that patients and responsible parties receive notification within 30 days of receipt of a completed application.

2. Prospective Applications—Financial Counselors will make every effort to process and obtain approval prior to the scheduled date of service.

3. Notifications of Approval/Denial—Financial Counselors will mail letters of notification as soon as possible, and not later than 10 days from the date of decision.

J. APPLICATIONS FROM MEDICARE PATIENTS

1. Medicare patients may apply for charity discounts to cover deductible, co-insurance, lifetime reserve days, and non-covered and personal charges, but only after the possibility of payment by supplemental insurance has been exhausted.

2. Medicare as a Secondary Payer accounts whose responsible parties fail to supply the hospital with required insurance information will not be considered for charity or uninsured discounts.

K. DECEASED NON-MEDICARE PATIENTS

1. Deceased non-Medicare patients may qualify for charity care if there is no other third party coverage.

2. In cases where the deceased patient's family has not responded to collection efforts (statements and phone calls), and there is no estate established for the deceased after at least 90 days have passed since the patient's expiration, then the account(s) may qualify for charity care.

L. HOMELESS OR INCARCERATED PATIENTS

1. Homeless patients may qualify for charity care if at registration or time of treatment the Hospital identifies that the patient is homeless, or if subsequent collection efforts determine that the patient is homeless.

2. Incarcerated patients may qualify for charity care if there is no chance for release from prison for a period over 3 months.

M. APPLICATIONS FROM MEDICAID PATIENTS

1. Medicaid patients may apply for and be granted charity discounts for spend-down amounts, or in cases where only part of a particular stay is covered by Medicaid.

2. Medicaid patients cannot be considered if the remaining balance is the result of an unresolved "third party liability" situation, or if payment was received from a third party and not paid to the hospital.

APPROVAL: Approved by Board Date: 4/8/09

Policy effective 4/1/09

Attachment- 77

Form AG-CBP-1
2/05

LISA MADIGAN
ATTORNEY GENERAL

Annual Non-Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Saint Anthony's Health Center

Mailing Address: #1 Saint Anthony's Way, PO Box 340, Alton, IL 62002
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

Saint Anthony's Way, PO Box 340 AND 915 E. Fifth Street, Alton, IL 62002
(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 01 / 01 / 2007 through 12 / 31 / 2007 (Month Day Year) **Taxpayer Number:** 37-0661234

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

Hospital Name	Address	FEIN #
Saint Anthony's Hospital	Saint Anthony's Way PO Box 340, Alton, IL 62002	37-0661234
Saint Clare's Hospital	915 E. Fifth Street Alton, IL 62002	37-0661234

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and specify the date it was adopted. Attachment 1

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:
   1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
   2. Identify the populations and communities served by the hospital.
   3. Disclose health care needs that were considered in developing the plan.

   Attachment 2

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), and not the actual charges for the services.

   Charity Care...$2,095,263

   ATTACH Charity Care Policy: Attachment 3
   Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

Attachment - 77

4. **REPORT Community Benefits** actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services .... $ 5,845

Government Sponsored Indigent Health Care .... $ 0

Donations .... $ 159,613

Volunteer Services
a) Employee Volunteer Services .... $ 109,677

b) Non-Employee Volunteer Services .... $ 134,760

c) Total (add lines a and b) .... $ 244,437

Education .... $ 1,039,937

Government-sponsored program services ... Medicare Subsidy .... $ 7,451,798

Research .... $ 2,140

Subsidized health services .... $ 1,808,174

Bad debts . At cost .... $ 2,082,735

Other Community Benefits ... Advocacy .... $ 136,544

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.** Attachment 4

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Michael L. Nelson / EVP/CFO	(618) 463-5616
Name / Title (Please Print)	Phone: Area Code / Telephone No.
Michael L. Nelson	6/30/08
Signature	Date
Noncy J. Dooling	(618) 463-5616
Name of Person Completing Form	Phone: Area Code / Telephone No.
ndooling@sahc.org	(618) 463-5643
Electronic / Internet Mail Address	FAX: Area Code / FAX No.

Attachment-77

Annual Non-Profit Hospital Community Benefits Plan Report
Section 4 Instructions for Reporting Community Benefits

Community Benefit Type

Language assistant services. Unreimbursed actual costs pertaining to language assistance service such as salaries and benefits of translators, costs of translation services provided via phone and costs of forms, notices and brochures provided in languages other than English, offset by any revenue received for these services.

Government Sponsored Indigent Health Care. Unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. Includes both inpatient and outpatient services. In calculating this cost, hospitals should apply a total cost-to-charge ratio to obtain costs, unless the hospital has an alternative method for determining costs, then deduct any revenues that were received for such services.

Donations. Cash and in-kind donations such as the value of meeting space, equipment, and personnel to assist other community health care providers, social service agencies and organizations.

Volunteer Services. Voluntary activities provided by hospital employees and volunteers in connection with a hospital's Community Benefits Program that take place as the result of a formal hospital initiative to organize or promote voluntary participation in the activity. Value of volunteer time is to be calculated as the number of volunteer hours multiplied by minimum wage.

Education. Costs incurred for hospital-based educational programs such as medical residency and internships and nursing, radiology technician and physical therapy programs, reduced by direct medical education funding from third-party payer reimbursement, offsite rotation revenue, fees charged, etc. Community health education and wellness programs should be reported under **Subsidized Health Services** section.

Government-sponsored program services. Any other unreimbursed costs not included in **Government Sponsored Indigent Health Care** section.

Research. Cost of research activities conducted primarily to advance medical or health care services, including clinical drug trials, demonstration projects for alternative delivery systems, disease-specific research, etc. This portion of the report should include only actual costs not covered by grant funding or donations.

Subsidized health services. Subsidized health services for which the hospital, in response to community need, must subsidize from other revenue sources. It includes, but is not limited to, such services as emergency and trauma care, neonatal intensive care, community health clinics, and collaborative efforts with local government or private agencies to prevent illness and improve wellness, such as immunization programs. Includes specialty services that yield a financial loss such as rehabilitation, burn care, substance abuse, AIDS, geriatric, pediatric, clinics, hospice, physician referral service, ambulance and programs to prevent illness or injury and improve wellness such as community health screenings, immunization programs, health education, counseling and support groups, poison control, etc. Hospitals should determine the financial loss by calculating the costs of staff, materials, equipment, space, etc., offset by any third-party payment, patient fees, or donations.

Bad debts. The bad debt expense resulting from the extension of credit for services the hospital provided for which payment was expected but not received.

Other Community Benefits. Attach a schedule listing and describing any community benefits not listed above. Provide complete detail as to how each community benefit is provided and calculated.

Item #1

Saint Anthony's Health Center

MISSION STATEMENT

Saint Anthony's Health Center sponsored by the Sisters of St. Francis of the Martyr St. George, has as our goal to witness Christ's merciful love by providing quality health services motivated by respect for the people we serve. We foster a climate that enhances the empowerment of those who serve with us in faithful stewardship of human and financial resources.

VALUES

Our Health Center goal is to be a witness of Christ's merciful love by providing quality health services motivated by respect for the people we serve. Our goal is achieved by adherence to a set of shared values. These include:

- Respect for life
- Fidelity to the Church and our Franciscan heritage
- Charity
- Service
- Quality
- Stewardship
- Partnering with physicians, other health care institutions and employees

VISION

Our vision is to minister to those in need, providing services based on the moral values and the teachings of the Catholic Church. To achieve this vision we will serve:

- With compassion for those in need, especially the poor and needy of every condition,
- With respect for life and the dignity of all persons as created in the image and likeness of God at all stages of development from conception to natural death,
- With commitment to the wellness of human beings and the prevention of illness,
- With dedication to restoring the health to the body, mind and soul in imitation of Jesus who healed the whole person,
- With acceptance that death is the final step toward ultimate union with the Lord.

To achieve this vision, we will utilize our resources to provide services in support of the right-to, and quality of, life for all persons, extending our ministries by providing a continuum of high quality, cost effective care, including acute care services and the care of the elderly and the homebound.

Attachment-77

Community Benefits Plan
for Saint Anthony's Health System
2008

Purpose

- The *Community Benefits Act, SB 1064*, requires all NFP hospitals subject to the Act to file a yearly Community Benefits Plan report. The Community Benefits Plan is one of five items included within the Community Benefits Plan report.

The Community Benefits Plan Report includes the following five items:

- ☐ 1. The hospital's Mission Statement
- ☐ 2. Community Benefits Plan
- ☐ 3. Charity Care Policy
- ☐ 4. A disclosure of the amount and type of community benefits provided; and
- ☐ 5. Audited annual financial report.

Definition of a Community Benefits Plan

- "An operational plan for serving the community's health care needs that:
  - (A) sets out goals & objectives for providing community benefits that include charity care & government sponsored indigent health care; and
  - (B) identifies the populations and communities served by the hospital."

"The health care needs of the community must be considered in developing the hospital's community benefit's plan." – See our Community Needs Assessment, Item number 3.

How the Community Benefits Plan relates to our Community Needs Assessment

- The *Community Benefits Act (SB 1064)* states that the health care needs of the community must be considered in developing the hospital's Community Benefits Plan.
  - Saint Anthony's performs a Community Needs Assessment on a regular basis. The results of the Assessment are communicated to Saint Anthony's Board, Administration, Management and Mission Partners.
  - The results of the Assessment are incorporated into the planning process for future goals and action items. Saint Anthony's incorporates these items into our seven goals as shown on the next slide.

Saint Anthony's Health Center Goals/Objectives

1. Patient Satisfaction
2. Physicians
3. Mission Partners
4. Clinical Services, Facilities, and Equipment
5. Quality and Risk
6. Finance and IT
7. Community/Fundraising

Our Mission

Saint Anthony's Health Center, sponsored by the Sisters of St. Francis of the Martyr St. George, has as its goal to witness Christ's merciful love by providing quality health services motivated by respect for the people we serve. We foster a climate that enhances the empowerment of those who serve with us in faithful stewardship of human and financial resources.

Our Vision

Our vision is to minister to those in need, providing services based on the moral values and the teachings of the Catholic Church. To achieve this vision we will serve:

- with compassion for those in need, especially the poor and needy of every condition;
- with respect for life and the dignity of all persons as created in the image and likeness of God at all stages of development, from conception to natural death;
- with commitment to the wellness of human beings and the prevention of illness;
- with dedication to restoring the health to the body, mind, and soul in imitation of Jesus who healed the whole person;
- with acceptance that death is the final step toward ultimate union with the Lord.

Our Values

Our Health Center goal is to be a witness of Christ's merciful love by providing quality health services motivated by respect for the people we serve. Our goal is achieved by adherence to a set of shared values.

These include:

- Respect for life
- Fidelity to the Church and our Franciscan heritage
- Charity
- Service
- Quality
- Stewardship
- Partnering with physicians, other health care institutions and employers

To achieve this vision, we will utilize our resources to provide services in support of the right to, and quality of, life for all persons and extend our ministries by providing a continuum of high quality, cost effective care, including acute care services and the care of the elderly and the homebound.

(68)

Attachment - 77

Community Needs Assessment
The Top Five Needs

A Community Needs Assessment was completed in May 2007. The top five needs were identified as follows:

1. Poor Physician Assess especially for those without health insurance. (1)
2. Housing Issues related to mortgage crisis (n/a)
3. High Cost of Prescription Drugs, especially for those under age 65. (3)
4. Homelessness (4)
5. Mental Illness(5) Suicide/Depression among teens

(Numbers in red represent 2005 CNA Results)

Attachment- 77

Identification of the populations and communities served by Saint Anthony's Health System

- Saint Anthony's serves our partners. This includes: Patients, Mission Partners (our staff), Physicians and our Community.
- Our community consists of the primary and secondary service areas surrounding Saint Anthony's Health System.

Our Primary Service Area:

- Our Primary Service Area includes the communities of:
  - Alton (62002)
  - Bethalto (62010)
  - Brighton (62012)
  - East Alton (62024)
  - Godfrey (62035)
  - Jerseyville (62052)
  - Wood River (62095)

Our Secondary Service Area:

- Our Secondary Service Area includes the communities of:
  - Bunker Hill (62014)
  - Carrollton (62016)
  - Edwardsville (62025)
  - Grafton (62037)
  - Granite City (62040)
  - Hartford (62048)
  - Moro (62067)
  - Roxana (62084
  - Cottage Hills (62018)

Social Accountability

- Every year, Saint Anthony's Health Center compiles a Social Accountability Report. This report identifies services mandated for public interest.

Annual Non-Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Saint Anthony's Health Center

Mailing Address: P. O. Box 340 (Street Address/P.O. Box) Alton, IL 62002 (City, State, Zip)

Physical Address (if different than mailing address):

Saint Anthony's Way, P.O. Box 340 AND 915 E. Fifth Street, (Street Address/P.O. Box) Alton, IL 62002 (City, State, Zip)

Reporting Period: 01 / 01 / 06 (Month Day Year) through 12 / 31 / 06 (Month Day Year) Taxpayer Number: 37-0661234

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

Hospital Name	Address	FEIN #
Saint Anthony's Hospital	Saint Anthony's Way PO Box 340, Alton IL 62002	37-0661234
Saint Clare's Hospital	915 E. Fifth Street Alton, IL 62002	37-0661234

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and specify the date it was adopted.
Attachment #1

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:
    1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
    2. Identify the populations and communities served by the hospital.
    3. Disclose health care needs that were considered in developing the plan.

Attachment #2

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part I, PPS Inpatient Ratios), and not the actual charges for the services.

Charity Care .... $ 2,686,000

ATTACH Charity Care Policy:
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.
Attachment #3

Attachment - 77

4. REPORT Community Benefits actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services .... $ 15,213

Government Sponsored Indigent Health Care .... $ -0-

Donations .... $ 165,870

Volunteer Services

a) Employee Volunteer Services .... $ 49,823

b) Non-Employee Volunteer Services .... $ 114,387

c) Total (add lines a and b) .... $ 164,210

Education .... $ 537,963

Government-sponsored program services .... Medicare Cost Subsidy .... $ 5,743,877

Research .... $ 21,909

Subsidized health services .... $ 1,099,955

Bad debts .... $ 1,888,000

Other Community Benefits .... Advocacy .... $ 164,792

Attach a schedule for any additional community benefits not detailed above.

5. ATTACH Audited Financial Statements for the reporting period.

Attachment #4

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Michael L. Nelson / EVP/CFO
Name / Title (Please Print)

(618) 463-5616
Phone: Area Code / Telephone No.

[signature]
Signature

6/29/07
Date

Noncy J. Dooling
Name of Person Completing Form

(618) 463-5616
Phone: Area Code / Telephone No.

ndooling@sahc.org
Electronic / Internet Mail Address

(618) 463-5643
FAX: Area Code / FAX No.

Saint Anthony's Health Center

MISSION STATEMENT

Saint Anthony's Health Center sponsored by the Sisters of St. Francis of the Martyr St. George, has as our goal to witness Christ's merciful love by providing quality health and senior housing services, motivated by respect for the people we serve. We foster a climate that enhances the empowerment of those who serve with us in faithful stewardship of human and financial resources.

VISION

Our vision is to minister to those in need, providing services based on the moral values and the teachings of the Catholic Church. To achieve this vision we will serve:

- with compassion for those in need, especially the poor and needy of every condition,
- likeness of God at all stages of development from conception to natural death,
- with commitment to the wellness of human beings and the prevention of illness,
- with dedication to restoring the health to the body, mind, and soul in imitation of Jesus who healed the whole person,
- with acceptance that death is the final step toward ultimate union with the Lord.

To achieve this vision, we will utilize our resources to provide services in support of the right-to, and quality of, life for all persons, extending our ministries by providing a continuum of high quality, cost effective care, including acute care services and the care of the elderly and the homebound.

VALUES

Our Health Center goal is to be a witness of Christ's merciful love by providing quality health services motivated by respect for the people we serve. Our goal is achieved by adherence to a set of shared values. These include:

- Respect for life
- Fidelity to the Church and our Franciscan heritage
- Charity
- Service
- Quality
- Stewardship
- Partnering with physicians, other health care institutions and employers

Community Benefits Plan
for Saint Anthony's Health System
2007

Purpose

- The *Community Benefits Act, SB 1064*, requires all NFP hospitals subject to the Act to file a yearly Community Benefits Plan report. The Community Benefits Plan is one of five items included within the Community Benefits Plan report.

The Community Benefits Plan Report includes the following five items:

- 1. The hospital's Mission Statement
- 2. Community Benefits Plan
- 3. Charity Care Policy
- 4. A disclosure of the amount and type of community benefits provided; and
- 5. Audited annual financial report.

Attachment-77

Definition of a Community Benefits Plan

- "An operational plan for serving the community's health care needs that:
  - (A) sets out goals & objectives for providing community benefits that include charity care & government sponsored indigent health care; and
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"The health care needs of the community must be considered in developing the hospital's community benefit's plan." – See our Community Needs Assessment, Item number 3.

Attachment - 77

How the Community Benefits Plan relates to our Community Needs Assessment

- The *Community Benefits Act (SB 1064)* states that the health care needs of the community must be considered in developing the hospital's Community Benefits Plan.
  - Saint Anthony's performs a Community Needs Assessment on a regular basis. The results of the Assessment are communicated to Saint Anthony's Board, Administration, Management and Mission Partners.
  - The results of the Assessment are incorporated into the planning process for future goals and action items. Saint Anthony's incorporates these items into our seven goals as shown on the next slide.

Saint Anthony's Health Center Goals/Objectives

1. Patient Satisfaction
2. Physicians
3. Mission Partners
4. Clinical Services, Facilities, and Equipment
5. Quality and Risk
6. Finance and IT
7. Community/Fundraising

Attachment-77

Our Mission

Saint Anthony's Health Center, sponsored by the Sisters of St. Francis of the Martyr St. George, has as its goal to witness Christ's merciful love by providing quality health services motivated by respect for the people we serve. We foster a climate that enhances the empowerment of those who serve with us in faithful stewardship of human and financial resources.

Our Vision

Our vision is to minister to those in need, providing services based on the moral values and the teachings of the Catholic Church. To achieve this vision we will serve:

- with compassion for those in need, especially the poor and needy of every condition;
- with respect for life and the dignity of all persons as created in the image and likeness of God at all stages of development, from conception to natural death;
- with commitment to the wellness of human beings and the prevention of illness;
- with dedication to restoring the health to the body, mind, and soul in imitatic of Jesus who healed the whole person;
- with acceptance that death is the final step toward ultimate union with the Lord.

Our Values

Our Health Center goal is to be a witness of Christ's merciful love by providing quality health services motivated by respect for the people we serve. Our goal is achieved by adherence to a set of shared values.

These include:

- Respect for life
- Fidelity to the Church and our Franciscan heritage
- Charity
- Service
- Quality
- Stewardship
- Partnering with physicians, other health care institutions and employers

To achieve this vision, we will utilize our resources to provide services in support of the right to, and quality of, life for all persons and extend our ministries by providing a continuum of high quality, cost effective care, including acute care services and the care of the elderly and the homebound.

(83)

Attachment-T1

Community Needs Assessment
The Top Five Needs

A Community Needs Assessment was completed in May 2006. The top five needs were identified as follows:

1. Poor Physician Assess especially for those without health insurance. (1)
2. Dental Care Referrals for those without dental insurance. (n/a)
3. High Cost of Prescription Drugs, especially for those under age 65. (2)
4. Homelessness (n/a)
5. Mental Illness(3) Suicide/Depression among teens

(Numbers in red represent 2004 CNA Results)

Attachment - 77

Identification of the populations and communities served by Saint Anthony's Health System

- Saint Anthony's serves our partners. This includes: Patients, Mission Partners (our staff), Physicians and our Community.
- Our community consists of the primary and secondary service areas surrounding Saint Anthony's Health System.

Our Primary Service Area:

- Our Primary Service Area includes the communities of:
  - Alton (62002)
  - Bethalto (62010)
  - Brighton (62012)
  - Cottage Hills (62018)
  - East Alton (62024)
  - Godfrey (62035)
  - Jerseyville (62052)
  - Wood River (62095)

Our Secondary Service Area:

- Our Secondary Service Area includes the communities of:
  - Bunker Hill (62014)
  - Carrollton (62016)
  - Edwardsville (62025)
  - Grafton (62037)
  - Granite City (62040)
  - Hartford (62048)
  - Moro (62067)
  - Roxana (62084

Attachment-77

Social Accountability

- Every year, Saint Anthony's Health Center compiles a Social Accountability Report. This report identifies services mandated for public interest. In 2006, Saint Anthony's provided $2 million in uncovered costs to provide programs to benefit the community.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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