

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

DEC 31 2013

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &
SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Jersey Community Hospital		
Street Address: 400 Maple Summit Road		
City and Zip Code: Jerseyville 62052-2028		
County: Jersey County	Health Service Area 3	Health Planning Area: E-03

Applicant /Co-Applicant Identification

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

Exact Legal Name: Jersey Community Hospital District	
Address: 400 Maple Summit Road, Jerseyville, Illinois 62052-2028	
Name of Registered Agent: N/A*	
Name of Chief Executive Officer: Jon Wade	
CEO Address: 400 Maple Summit Road, Jerseyville, Illinois 62052-2028	
Telephone Number: 618-498-8300	

*Applicant is an Illinois Hospital District which is not required to have a registered agent

Type of Ownership of Applicant/Co-Applicant **See Attachment 1**

- | | |
|--|---|
| ☐ Non-profit Corporation | ☐ Partnership |
| ☐ For-profit Corporation | ☒ Governmental (Hospital District) |
| ☐ 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.

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

Name: Lynn Gordon
Title: Attorney
Company Name: Ungaretti & Harris LLP
Address: 70 West Madison Street, Suite 3500, Chicago, Illinois 60602-4224
Telephone Number: 312-977-4134
E-mail Address: lgordon@uhlraw.com
Fax Number: 312-977-4405

Additional Contact

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

Name: Shawn Moon
Title: Attorney
Company Name: Ungaretti & Harris LLP
Address: 70 West Madison Street, Suite 3500, Chicago, Illinois 60602-4224
Telephone Number: 312-977-4342
E-mail Address: skmoon@uhlraw.com
Fax Number: 312-977-4405

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Jon Wade
Title: Chief Executive Officer
Company Name: Jersey Community Hospital
Address: 400 Maple Summit Road, Jerseyville, Illinois 62052-2028
Telephone Number: 618-498-8300
E-mail Address: jwade@jch.org
Fax Number: 618-498-8496

Site Ownership See Attachment 2

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Jersey Community Hospital District
Address of Site Owner: 400 Maple Summit Road, Jerseyville, Illinois 62052-2028
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee See Attachment 3

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

Exact Legal Name: Jersey Community Hospital District	
Address: 400 Maple Summit Road, Jerseyville, Illinois 62052-2028	
☐ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☒ Governmental (Hospital District) ☐ 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. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships See Attachment 4

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Not Applicable - The Proposed Project does not entail any construction.

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.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Not Applicable - The Proposed Project does not entail any construction.

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, 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:

- ☐ Substantive
- ☒ Non-substantive

2. 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.

Jersey Community Hospital District ("Applicant") proposes to discontinue the six (6) bed obstetrics category of service (the "Proposed Project") at Jersey Community Hospital (the "Hospital"). The Proposed Project is not anticipated to materially affect the availability of obstetrics services as the communities served by the Hospital will continue to have access to obstetrics services. Furthermore, Applicant intends to coordinate with an existing hospital which provides obstetrics services to establish a plan to transition care for patients who would normally seek obstetrics care from the Hospital.

The Hospital is located at 400 Maple Summit Road in Jerseyville, Illinois.

The Proposed Project is classified as non-substantive under 77 Ill. Admin. Code §1110.40(b) because it proposes the discontinuation of a category of service.

Project Costs and Sources of Funds

Not Applicable - The Proposed Project does not entail any costs.

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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	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	NONCLINICAL	TOTAL
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			
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 ☒ No Purchase Price: \$ <u>N/A</u> Fair Market Value: \$ <u>N/A</u>
The project involves the establishment of a new facility or a new category of service ☐ Yes ☒ 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 \$ <u>N/A</u>.

Project Status and Completion Schedules See Attachment 8

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- | | |
|--|--|
| ☒ None or not applicable | ☐ Preliminary |
| ☐ Schematics | ☐ Final Working |

Anticipated project completion date (refer to Part 1130.140): March 16, 2014

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
- ☒ Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits
- Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

Cost Space Requirements

Not Applicable - The Proposed Project does not propose any space or entail any costs.

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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.**

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

APPEND DOCUMENTATION AS ATTACHMENT-9, 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**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Jersey Community Hospital		CITY: Jerseyville, Illinois			
REPORTING PERIOD DATES: From: 1/1/2012 to: 12/31/2012					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	51	928	3,132	0	51
Obstetrics	6	183	308	-6	0
Pediatrics	4	0	0	0	4
Intensive Care	4	232 (155 Direct, 77 Transfer)	414	0	4
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify) Swing Beds		19	70		
TOTALS:	65	1,285	3,924	-6	59

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 manager 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 Jersey Community Hospital District *
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.

William H. Strang
SIGNATURE
WILLIAM H. STRANG
PRINTED NAME
BOARD MEMBER
PRINTED TITLE

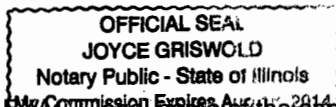
Amy T. Best
SIGNATURE
Amy T. Best
PRINTED NAME
BOARD MEMBER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of December

Notarization:
Subscribed and sworn to before me
this 23rd day of December

Joyce Griswold
Signature of Notary

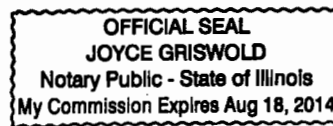
Seal



*Insert Exact legal name of the applicant

Joyce Griswold
Signature of Notary

Seal



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 See Attachment 10

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 is 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 ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

Not Applicable - The Proposed Project does not entail any costs and consequently requires no funding.

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

Not Applicable - The Proposed Project does not entail any costs and consequently requires no funding.

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

Not Applicable - The Proposed Project does not entail any costs and consequently requires no funding.

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement See Attachment 40

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information See Attachment 41

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	17-21
2	Site Ownership	22-27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	28-32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Obligation Document if required	34
9	Cost Space Requirements	N/A
10	Discontinuation	35-64
11	Background of the Applicant	N/A
12	Purpose of the Project	N/A
13	Alternatives to the Project	N/A
14	Size of the Project	N/A
15	Project Service Utilization	N/A
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	N/A
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	Selected Organ Transplantation	N/A
29	Kidney Transplantation	N/A
30	Subacute Care Hospital Model	N/A
31	Children's Community-Based Health Care Center	N/A
32	Community-Based Residential Rehabilitation Center	N/A
33	Long Term Acute Care Hospital	N/A
34	Clinical Service Areas Other than Categories of Service	N/A
35	Freestanding Emergency Center Medical Services	N/A
	Financial and Economic Feasibility:	
36	Availability of Funds	N/A
37	Financial Waiver	N/A
38	Financial Viability	N/A
39	Economic Feasibility	N/A
40	Safety Net Impact Statement	65-66
41	Charity Care Information	67-69

ATTACHMENT 1

TYPE OF OWNERSHIP – CERTIFICATE OF GOOD STANDING

Applicant is a hospital district duly established, existing and operating in accordance with the provisions of the Hospital District Law (70 ILCS 910/1 *et seq.*). While the Illinois Secretary of State does not provide Certificates of Good Standing for Illinois Hospital Districts, Applicant appends a copy of its Certificate of Incorporation, issued on October 17, 1950.

DUPLICATE

STATE OF ILLINOIS

OFFICE OF
THE SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

Whereas, there has been filed in the Office of the Secretary of State on the 17th day of October A.D. 1950, under and in accordance with the provisions of "An Act providing for the creation and operation of Hospital Districts"

approved July 15 1949 in force July 15 1949
a copy of the Order of Wm. F. Hanley County Judge
of Jersey County, Illinois, finding the results of the
election in a certain proceeding for the organization of ~~the~~ JERSEY
COMMUNITY HOSPITAL DISTRICT, and

Whereas, said Order was entered, and is dated the 15th day
of June A.D. 1950, and is certified to be a true and correct
copy by the County Clerk of Jersey County, Illinois, and

Whereas, it is found by said Order that those voting in favor of
the establishment of ~~the~~ JERSEY COMMUNITY HOSPITAL DISTRICT
were 1,047 and those voting in the negative, and against such
proposition were 273 and that the affirmative of said proposition
received a majority of 774 and said Order determines the said
JERSEY COMMUNITY HOSPITAL DISTRICT to be established.

Now Therefore, I, EDWARD J. BARRETT, Secretary of State of the
State of Illinois, by virtue of the power and authority vested in me by law,
do hereby issue this Certificate of Incorporation to said JERSEY COMMUNITY
HOSPITAL DISTRICT

In Testimony Whereof, I hereto set my hand and
the Great Seal of the State of Illinois. Done at the Capitol
in the City of Springfield this the seventeenth
day of October A.D. nineteen
hundred and fifty and of the
Independence of the United States the one hundred and
seventy-fifth.

Edward J. Barrett
SECRETARY OF STATE

STATE OF ILLINOIS)
COUNTY OF JERSEY) ss.

IN THE COUNTY COURT IN AND
FOR SAID COUNTY AND STATE

IN THE MATTER OF THE CREATION OF) ORDER DETERMINING AND DE-
JERSEY COMMUNITY HOSPITAL DISTRICT) CLARING THE RESULT OF ELECTION

I, Wm. F. Hanley, County Judge of Jersey County, Illinois, do hereby certify that I have canvassed the returns of an election held on the 13th day of June, 1950, for the purpose of deciding whether or not "An Act providing for the creation and operation of Hospital Districts" approved the 15th day of July, 1949, be adopted, and the Jersey Community Hospital District be established in the following described territory, to-wit: All that part of Jersey County, Illinois, with the exception of that part thereof which lies within the corporate limits of the Village of Brighton, Illinois.

I, further certify that all statutory steps have been taken in the holding of the said election; all statutory notices have been given as required; and that the results of the election were as follows:

Name of Voting Precinct	Total Number of Votes Cast	Yes	No
Jersey	824	735	89
Elsah	62	24	38
English	37	25	12
Fidelity	52	26	26
Mississippi	74	64	10
Piasa	27	13	24
Otter Creek	53	34	19
Quarry	60	30	30
Richwoods	74	69	5
Rosedale	20	20	0
Huyle	27	7	20
Total Votes by Precincts	1320	1047	273

I have therefore determined and hereby declare that the election resulted in the establishment of a Hospital District to be known as Jersey Community Hospital District and that the inhabitants of the above described territory have accepted the provisions of The Hospital District Law approved July 15, 1949, and the said Jersey Community Hospital District shall henceforth be deemed an organized Hospital District under the provisions of the said Act.

IT IS ORDERED that this Order shall be entered of record in the proceedings for the creation of said Hospital District and shall be enrolled upon the records of the County Court of Jersey County, Illinois.

DONE AND ORDERED this 15th day of June, A. D. 1950.

/s/ Wm. F. Hanley
County Judge of Jersey County,
Illinois.

STATE OF ILLINOIS)
) SS.
COUNTY OF JERSEY)

CERTIFICATE

I, G. P. Pearce, Clerk of the County Court in and for the County of Jersey, in the State aforesaid, do hereby certify that the foregoing is a true, perfect and complete copy of the Order Determining and Declaring the Result of Election, as the same appears of record in my office now remaining.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Court, at Jerseyville, Illinois, this 26th day of September, 1950.


CLERK

ATTACHMENT 2

SITE OWNERSHIP – PROOF OF OWNERSHIP

As proof of ownership of the site, Applicant attaches profile information for the parcel on which Jersey Community Hospital is located, as well as a copy of the Vesting Deed conveying the parcel to Applicant.

Jersey County, Illinois
200 N. Lafayette
Suite 4
Jerseyville, IL 62052
Phone: (618) 498-5571

PIN: 04-211-011-00

Parcel Information

PIN	04-211-011-00
GIS PIN	07-29-100-006
Owner Name	JERSEY COMMUNITY HOSPITAL
Address	400 MAPLE SUMMIT RD
City, State, Zip	JERSEYVILLE IL 62052
Billing Name	JERSEY COMMUNITY HOSPITAL
Billing Address	ATT:FS 34501
Billing City, State, Zip	JERSEYVILLE IL 620520000

Property Information

Lot Dimension	
Legal Description	S29 T8 R11 UNPLATTED PARCELS S 20 A OF E 25 A SE 1/4 NW 1/4. (HOSPITAL)
Book	A11
Page	2169
Document Number	
Township	04 - Jersey Township
Class	0090
Tax Status	E
Tax Billed	\$0.00
Sale Date	

Assessment Information

Last Assessed	5/15/2013
Farm Land	\$0
Farm Building	\$0
Non-Farm Land	\$0
Non-Farm Building	\$0

Exemption Information

Owner Occupied

Historic Freeze

Homestead Improvement

Senior Citizen

Owner Occupied Partial

Fraternal Assessment Freeze

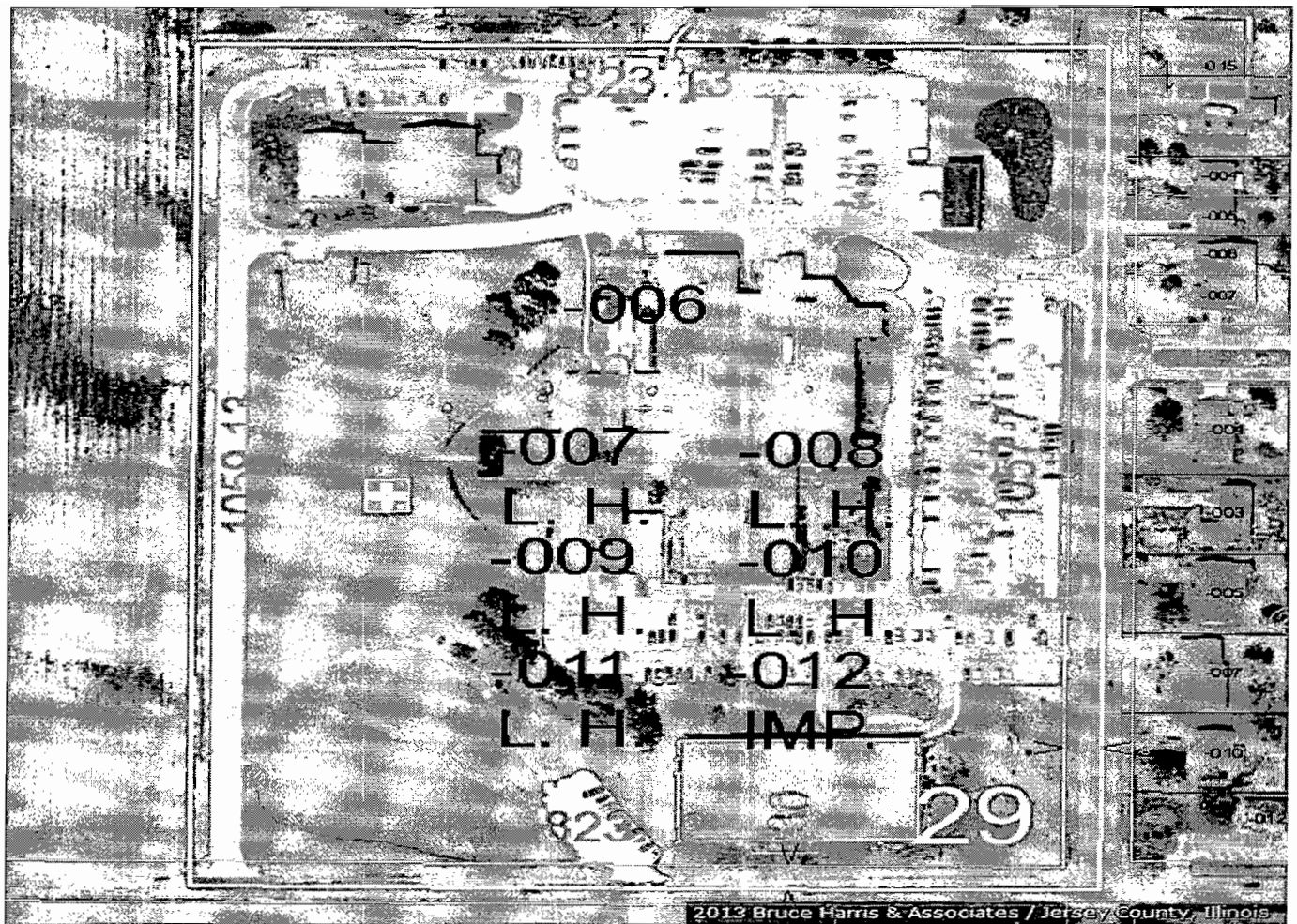
Veteran Freeze

Disabled Veteran

Exempt Parcel Y

Senior Freeze

Drainage



2169

Form 281 - WARRANTY DEED

Perfection Legal Forms & Printing Co., Rockford, Ill.

THIS INDENTURE WITNESSETH That the Grantors, Nancy Godfrey Gustafson and Roy W. Gustafson, her husband,

of the County of Jersey, in the County of
and State of Illinois, FOR AND IN CONSIDERATION of

Ten Dollars (\$10.00) and other good and valuable considerations ----- DOLLARS
in hand paid, CONVEY and WARRANT to Jersey Community Hospital District,
a Hospital District organized and existing under the Laws of the State of Illinois,

of the City of Jerseyville, County of Jersey, and
State of Illinois, the following described real estate to-wit:

The South Twenty (20) acres of the East Twenty-five (25) acres of the Southeast
Quarter of the Northwest Quarter of Section Twenty-nine (29), Township Eight (8)
North, Range Eleven (11) West of the Third Principal Meridian,

STATE OF ILLINOIS
JERSEY COUNTY
Filed for record this 25 day of June
1973 at 11:30 a.m. of Book 1149
Recorded Cabinet 4 Drawer 4
Spida J. Kostchett



situated in the County of Jersey,
in the State of Illinois, hereby releasing and waiving all right under and by virtue of
the Homestead exemption Laws of the State wherein said land is located.

Subject to the 1973 taxes due and payable in 1974.

DATED this 22nd day of June, 1973.

Mail Tax Statement To: (SEAL)
Jersey Community Hospital (SEAL)
District (SEAL)
Jerseyville, Illinois (SEAL)
(SEAL)

Nancy Godfrey Gustafson (SEAL)
Nancy Godfrey Gustafson (SEAL)
Roy W. Gustafson (SEAL)
Roy W. Gustafson (SEAL)

STATE OF ILLINOIS
County of JERSEY

Helen Walsh

a Notary Public

in and for, and residing in said County, in the State aforesaid.
DO HEREBY CERTIFY, that

Nancy Godfrey Gustafson and Roy W. Gustafson,
her husband,

are
personally known to me to be the same persons whose name is subscribed to the
foregoing instrument, appeared before me this day in person and acknowledged that
they signed, sealed and delivered the said instrument as their free and
voluntary act for the uses and purposes therein set forth, including the release and
waiver of the right of homestead.
GIVEN under my hand and seal, this 22nd day of June, A.D. 1973

Helen Walsh
Notary Public

My Commission Expires Jan. 14, 1977.

STATE OF
County of

a Notary Public, in and for and residing in said County, in the State aforesaid
DO HEREBY CERTIFY That

personally known to me to be the same person whose name subscribed to
the foregoing instrument, appeared before me this day in person and acknowl-
edged that signed, sealed and delivered the said instrument as free
and voluntary act for the uses and purposes therein set forth, including the
release and waiver of the right of homestead.
GIVEN under my hand and Notarial Seal, this _____ day of
A. D. 19 _____

My Commission Expires

19

WARRANTY DEED

Nancy Godfrey Gustafson and

Roy W. Gustafson, her husband
TO

Jersey Community Hospital Dis-

trial

Notarized Legal Form & Notary Seal, Illinois, 11

ATTACHMENT 3

OPERATING IDENTITY/LICENSEE CERTIFICATE OF GOOD STANDING

Applicant is a hospital district duly established, existing and operating in accordance with the provisions of the Hospital District Law (70 ILCS 910/1 *et seq.*). While the Illinois Secretary of State does not provide Certificates of Good Standing for Illinois Hospital Districts, Applicant appends a copy of its Certificate of Incorporation, issued on October 17, 1950.

DUPLICATE

STATE OF ILLINOIS

OFFICE OF
THE SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

Whereas, there has been filed in the Office of the Secretary of State on the 17th day of October, A.D. 1950 under and in accordance with the provisions of "An Act providing for the creation and operation of Hospital Districts" approved July 15, 1949 in force July 15, 1949 a copy of the Order of Wm. F. Hanley, County Judge of Jersey County, Illinois, finding the results of the election in a certain proceeding for the organization of ~~the~~ JERSEY COMMUNITY HOSPITAL DISTRICT, and

Whereas, said Order was entered and is dated the 15th day of June, A.D. 1950 and is certified to be a true and correct copy by the County Clerk of Jersey County, Illinois, and

Whereas, it is found by said Order that those voting in favor of the establishment of ~~the~~ JERSEY COMMUNITY HOSPITAL DISTRICT were 1,047 and those voting in the negative and against such proposition were 273 and that the affirmative of said proposition received a majority of 774 and said Order determines the said JERSEY COMMUNITY HOSPITAL DISTRICT to be established.

Now Therefore, I, EDWARD J. BARRETT, Secretary of State of the State of Illinois, by virtue of the power and authority vested in me by law, do hereby issue this Certificate of Incorporation to said JERSEY COMMUNITY HOSPITAL DISTRICT

In Testimony Whereof, I hereto set my hand and the Great Seal of the State of Illinois. Done at the Capitol in the City of Springfield this seventeenth day of October, A.D. nineteen hundred and fifty and of the Independence of the United States the one hundred and seventy-fifth.

Edward J. Barrett
SECRETARY OF STATE

STATE OF ILLINOIS }
COUNTY OF JERSEY } SS.

IN THE COUNTY COURT IN AND
FOR SAID COUNTY AND STATE

IN THE MATTER OF THE CREATION OF } ORDER DETERMINING AND DE-
JERSEY COMMUNITY HOSPITAL DISTRICT } CLARING THE RESULT OF ELECTION

I, Wm. F. Henley, County Judge of Jersey County, Illinois, do hereby certify that I have canvassed the returns of an election held on the 13th day of June, 1950, for the purpose of deciding whether or not "An Act providing for the creation and operation of Hospital Districts" approved the 15th day of July, 1949, be adopted, and the Jersey Community Hospital District be established in the following described territory, to-wit: All that part of Jersey County, Illinois, with the exception of that part thereof which lies within the corporate limits of the Village of Brighton, Illinois.

I, further certify that all statutory steps have been taken in the holding of the said election; all statutory notices have been given as required; and that the results of the election were as follows:

Name of Voting Precinct	Total Number of Votes Cast	Yes	No
Jersey	824	735	89
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English	37	25	12
Fidelity	52	26	26
Mississippi	74	64	10
Plaza	37	13	24
Otter Creek	53	34	19
Quarry	60	30	30
Richwoods	74	69	5
Rosedale	20	20	0
Ruyle	27	7	20
Total Votes by Precincts	1320	1047	273

I have therefore determined and hereby declare that the election resulted in the establishment of a Hospital District to be known as Jersey Community Hospital District and that the inhabitants of the above described territory have accepted the provisions of The Hospital District Law approved July 15, 1949, and the said Jersey Community Hospital District shall henceforth be deemed an organized Hospital District under the provisions of the said Act.

IT IS ORDERED that this Order shall be entered of record in the proceedings for the creation of said Hospital District and shall be enrolled upon the records of the County Court of Jersey County, Illinois.

DONE AND ORDERED this 15th day of June, A. D. 1950.

/s/ Wm. F. Hanley
County Judge of Jersey County,
Illinois.

STATE OF ILLINOIS)
) SS.
COUNTY OF JERSEY)

CERTIFICATE

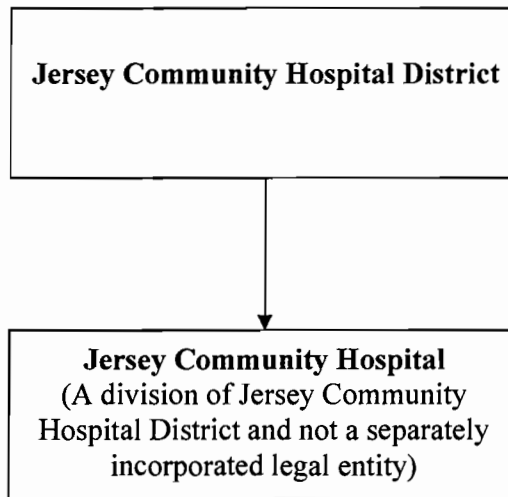
I, G. P. Pearce, Clerk of the County Court in and for the County of Jersey, in the State aforesaid, do hereby certify that the foregoing is a true, perfect and complete copy of the Order Determining and Declaring the Result of Election, as the same appears of record in my office now remaining.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Court, at Jerseyville, Illinois, this 26th day of September, 1950.


CLERK

ATTACHMENT 4

ORGANIZATIONAL RELATIONSHIPS –
ORGANIZATIONAL
CHART



ATTACHMENT 8

OBLIGATION

Project Obligation will occur after permit issuance.

ATTACHMENT 10

DISCONTINUATION

These criteria pertain to categories of service and facilities, as referenced in 77 Ill. Adm. Code §1130.

Applicant is a rural hospital district that currently maintains sixty-five (65) approved CON beds. Applicant requests approval to discontinue its obstetrics category of service given the low volume of obstetrics patients, decreasing demand for obstetrics services, staffing difficulties experienced by the Hospital and economic difficulties in continuing to provide obstetrics services.

(a) Information Requirements – Review Criterion.

(1) Identification of the categories of service and the number of beds, if any, that are to be discontinued.

Applicant proposes to discontinue its obstetrics category of service that consists of six (6) approved obstetrics beds.

(2) Identification of all other clinical services that are to be discontinued.

Applicant does not propose to discontinue any other clinical services in connection with the Proposed Project.

(3) The anticipated date of discontinuation for each identified service or for the entire facility.

Applicant proposes to discontinue its obstetrics category of service on March 16, 2014.

(4) The anticipated use of the physical plant and equipment after discontinuation occurs.

At the current time, Applicant is conducting a planning process to determine the future use of the physical plant and equipment following the Proposed Project. This planning process will focus on the priorities identified in the Jersey Community Hospital – Community Health Needs Assessment (the "Needs Assessment"). The Needs Assessment serves as a guide for planning and implementation of health care initiatives that will allow the Hospital and its partners to best serve the emerging health needs of the Jerseyville area. The Needs Assessment analyzes the community's need for health care services using various data sources including health and population data and meetings with health and community stakeholders. The Needs Assessment identified the following priority areas for the Hospital: 1. Heart and Vascular Disease, 2. Cancer Care, and 3. Mental Health. Upon completion of this planning process, Applicant will determine

whether a certificate of need application is required and submit such an application, as necessary, prior to moving forward with any new project.

(5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained.

Applicant maintains all medical records for obstetrics services in the Hospital's Medical Record Department. The location of such records will not change following discontinuation of obstetrics services. Applicant will maintain such records for such time-periods as is necessary to facilitate patient and provider access in accordance with applicable law.

(6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFPB or IDPH (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.

This criterion is not applicable as Applicant does not propose to discontinue the Hospital.

(b) Reasons for Discontinuation – Review Criterion. Applicant is seeking approval to discontinue the obstetrics unit due to various reasons supporting the Proposed Project: the Proposed Project is justified given the low volume of obstetrics patients, decreasing demand for obstetrics services, staffing difficulties experienced by the Hospital and economic difficulties in continuing to provide obstetrics services.

(1) Insufficient volume or demand for the service.

Insufficient Obstetrics Volume. Applicant's primary reason for discontinuing the obstetrics unit is a result of the low utilization of obstetrics services at the Hospital. The Hospital has historically experienced low demand for obstetrics services. According to the available IDPH data, the Hospital experienced its greatest utilization of obstetrics services in 2008, when the Hospital admitted 216 obstetrics patients which resulted in 206 deliveries. For the six beds in service at that time, such admissions resulted in a CON occupancy rate of only 19.3%. Moreover, the Hospital has experienced a decreasing trend in utilization for such services. For each of the past three years, the average obstetrics unit census has not exceeded 1.0 occupied beds. Similarly, the CON occupancy rate for such beds has not exceeded 16.0% in such years and has a cumulative occupancy rate of only 14.5% over the three-year period.

Insufficient Obstetrics Demand. The already insufficient obstetrics volume observed by the Hospital will only decrease in the future. As described in Attachment 10-A, the number of births observed for residents of Health Planning Area E-03 has decreased over time. According to IDPH data, the highest number of births observed since 2000 was in 2003 where 493 births were observed. As of 2009, such volume had decreased 13% from the high of 493. According to data available from the U.S. Census Bureau, obstetrics

volume as of 2012 had decreased even further, nearly 20% from the high of 493.¹ As the number of births decrease in Health Planning Area E-03, the already insufficient obstetrics volume treated by the Hospital will continue to decrease.

Changing Mix of Population of Health Planning Area E-03. The Proposed Project is, in part, necessary to focus the Hospital's limited resources to better address the medical needs of its community. In addition to the decreasing obstetrics demand experienced by the Hospital, the general demand for obstetrics services in Health Planning Area E-03 will decrease due to the changing mix of the population. According to population projections from the Illinois Department of Commerce and Economic Opportunity (as described in Attachment 10-A), the population of females between the ages of 15 and 44² is projected to decrease from 18.8% of the total population in 2010 to only 16.5% of the total population in 2030. This decrease is accompanied by an increase in the population 65 and over which is projected to increase from 17.3% of the total population in 2010 to 23.7% of the total population in 2030. As a result of this changing population mix, the health needs of Health Planning Area E-03 will shift increasingly toward elder issues, including an increased focus on geriatric and cardiac issues, which are common among elderly populations. In order to meet the medical needs of the elderly population, the Hospital must prioritize the provision of services that this growing population subset requires. The Proposed Project is thus necessary to focus the Hospital's limited resources to better address the medical needs of the growing elderly population.

Linkage Between Provider Delivery Volume and Complication Rates. Lastly, academic research has linked providers' delivery volumes with the rate of complications observed for such providers.³ Such research has indicated that providers with low delivery volumes experience higher rates of complications than providers with high delivery volumes. Given the low volume of deliveries currently performed by the Hospital, it is likely that the providers at the Hospital perform an insufficient volume of deliveries to maximize their skill and minimize the risk of complications during such procedures. As nearby facilities perform a greater volume of deliveries (which likely results in a greater number of deliveries per provider), such facilities and providers may be better suited to minimize the complications associated with deliveries for patients in the Hospital's area.

(2) Lack of sufficient staff to adequately provide the service.

Due to the low obstetrical patient volume in the community, private practice physicians and groups specializing in obstetrics have not established any significant presence in the community, meaning the Hospital, which employs very few physicians, must employ such specialists as long as it maintains an obstetrics unit. In the near future, the Hospital may no longer be able to supply the appropriate professional staff to provide obstetrics

¹ IDPH birth data is available through 2009, U.S. Census Bureau data is available for July 1, 2010 – July 1, 2011 and July 1, 2011 – July 1, 2012.

² The female population between the ages of 15 and 44 is used to determine the need for obstetrics services (See 77 Ill. Admin. Code §1100.530(e)(1)).

³ Janakiraman V et. al., Hospital Volume, Provider Volume, and Complications After Childbirth in U.S. Hospitals, *Obstetrics and Gynecology*, 118(3):521-7 (September 2011).

services. The current physician contract for the provision of obstetrics services will expire in March of 2014 and the Hospital has concerns about extending the arrangement. As such physicians are the only obstetricians in the area and based on historical efforts in this regard, the Hospital will be forced to conduct a broad recruitment effort at significant cost if the obstetrics unit is not permitted to discontinue. Moreover, given the low patient volume that such physicians will treat, the Hospital would continue to be required to provide significant subsidies to maintain obstetrics services at the Hospital, taxing its limited resources.

The significant recruitment and retention costs, and trouble attracting and retaining quality providers, experienced by the Hospital are evident in the Hospital's history in conducting such efforts. Since 1998, the Hospital has recruited five obstetricians to provide services at the Hospital. Of such physicians, two physicians provided services for less than three years each between the years of 1998 and 2004. During the two-year period following 2004, only one obstetrician provided services at the Hospital and efforts to recruit additional physicians were unsuccessful. Compounding this issue, this sole obstetrician was summarily suspended from the medical staff in 2006 due to allegations of improper patient conduct which subsequently resulted in civil law suits being filed against the physician, a criminal indictment and an investigation and certain restrictions being placed on such physician's licensure by the Illinois Department of Financial and Professional Regulation.

While the Hospital redoubled recruitment efforts during this time, the Hospital was forced to obtain expensive locum tenens coverage for nearly two months at a cost of nearly \$1,000 per day. As a result of such recruitment, two obstetricians currently provide obstetrics services for the Hospital. Due to the geographic location and patient volume of the Hospital, however, the Hospital must offer salaries that are higher than average based on salary information compiled by the Medical Group Management Association and despite these salaries, the recruits have not met expectations. As practice losses for such obstetricians continue to grow due to the lack of patient volume and other expenses continue to increase while reimbursement lags behind, the Hospital can no longer support such losses.

In summary, given the low obstetrics volume and anticipated decrease in demand for obstetrics services, the effort and cost of recruitment and retention efforts is significantly disproportional to the patient volume that recruited providers will ultimately treat and, as a result, offers minimal benefit to the communities of Health Planning Area E-03. Based on the Needs Assessment, the Hospital needs to reallocate its resources accordingly.

(3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability.

The Hospital is realizing significant economic losses that are attributable to the obstetrics unit. Such losses make the continued operation of the unit economically unfeasible and impairs the Hospital's financial viability. Due to an increasing trend in departmental expenses and decrease in net review, the overall loss of the Obstetrics Department at the Hospital has increased from \$479,573 in Fiscal Year 2011 to \$591,756 in Fiscal Year

2013. This represents a 23% increase in the loss realized by the Hospital in the operation of the Obstetrics Department. In combination with the Obstetrics Clinic, such losses amounted to \$1,394,535 in 2013. These losses have had a significant impact on the already strained financial position of the Hospital. In Fiscal Year 2013, the Hospital realized a net loss from operations of \$1,383,328, an increase of nearly 100% from the previous year's loss of \$695,371. Given the extraordinary growth in such loss, the Hospital must assess and address areas that result in significant financial loss and limit such loss as possible.

(4) The facility or the service is not in compliance with licensing or certification standards.

This criterion is not applicable as Applicant remains in compliance with licensing and certification standards.

(c) Impact on Access – Review Criterion. The Proposed Project will not have a significant adverse impact upon access to care for residents of the Hospital's market area. Obstetrics services will continue to exist within a 45-minute drive time of the Hospital and will continue to be available within such a drive time for a majority of the Hospital's patients. Furthermore, the immediately adjacent health planning areas continue to operate with excess beds and capacity such that facilities in the neighboring health planning areas can absorb obstetrics volume that result from the Proposed Project.

(1) The service will no longer exist within 45 minutes travel time of the applicant facility.

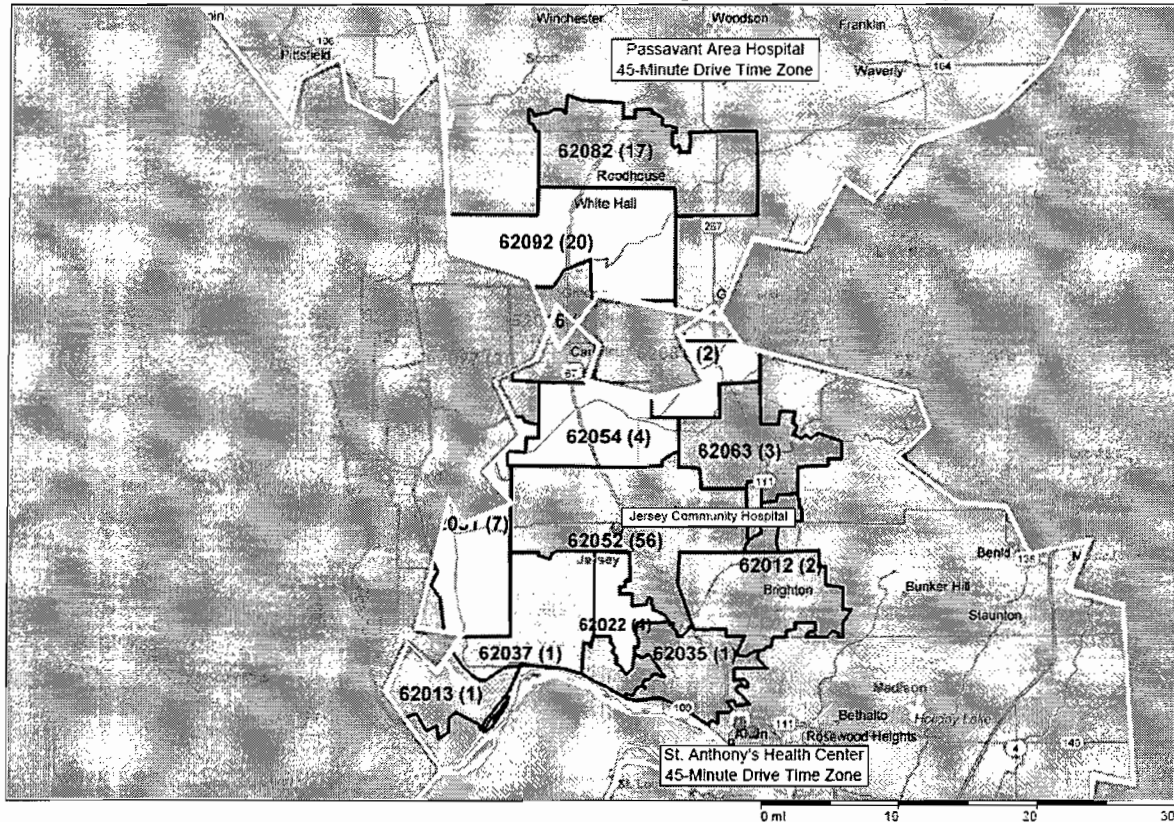
The Proposed Project will not have a significant adverse impact upon access to care for residents in the market area of the Hospital. At the current time, there are two facilities that provide obstetrics services located within a 45-minute drive time of the Hospital, Alton Memorial Hospital and St. Anthony's Health Center. Applicant has sent each facility a request for impact statement and each facility has responded to such requests. In such responses, each facility anticipates that it can accommodate the additional volume generated from the Proposed Project. In fact, Applicant has communicated with Alton Memorial Hospital and intends to coordinate a plan to transition care for patients who would normally seek obstetrics care from the Hospital if the Proposed Project is approved.

Furthermore, the hospitals that provide obstetrics services that are located most proximately the Hospital's north (Passavant Area Hospital) and south (St. Anthony's Health Center) possess overlapping 45-minute drive times zones that encompass nearly all of the zip codes from which the Hospital's deliveries originate. As depicted in the map below, the zip codes from which 90%⁴ (127) of the Hospital's obstetrics discharges originate are within the 45-minute drive time zones of one or both of Passavant Area Hospital and St. Anthony's Health Center. As such, a majority of the Hospital's obstetrics

⁴ Jersey Community Hospital deliveries between April 2012 and March 2013.

patients will continue to have access to obstetrics services within a 45-minute drive of their residence. A larger copy of this map is included as Attachment 10-B.

45-Minute Drive Time Zones of Passavant Area Hospital and St. Anthony's Health Center



(2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities.

While the Proposed Project would create a shortage of obstetrics beds in Health Planning Area E-03, such shortage would only number six beds. Given the low demand for such services (as exhibited through the Hospital's average obstetrics census of less than one occupied bed per day), the Proposed Project will not have a significant effect on the demand for obstetrics services. In 2012, the Hospital admitted only 183 obstetrics patients that translated into 165 deliveries and 309 patient days. On average, this equates to only one obstetrics admission every two days. Furthermore, as the Hospital maintains a six-bed unit, the total patient days that may be accommodated by this unit is 2,190 days. Based on the 2012 actual patient days of 309, the resulting CON occupancy rate for this unit is only 14.1%. This gross underutilization results in significant waste of resources that the Hospital can redirect to more highly utilized areas.

In addition, the Health Planning Areas that share a contiguous border with Health Planning Area E-03 (namely, Health Planning Areas E-02, E-04 and F-01) maintain a cumulative excess of 115 obstetrics beds. Moreover, the occupancy rate of obstetrics beds in such Health Planning Areas also exhibits capacity to accommodate additional

obstetrics volume. The obstetrics occupancy rate for Health Planning Areas E-02, E-04 and F-01 was 58.2%, 22.5% and 33.2%, respectively. Overall, the cumulative obstetrics occupancy rate of these three Health Planning Areas is only 32.9%, which demonstrates excess capacity and that such areas can absorb any additional volume that would transition to such Health Planning Areas from Health Planning Area E-03. A map highlighting the relevant Health Planning Areas and the profiles for such Health Planning Areas are included as Attachment 10-C.

(3) Facilities or a shortage of other categories of service as determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

Applicant appends copies of its request for impact statements, certified confirmation of receipt of certified mailings and responses to such requests (as received). Applicant sent such requests for impact statements on October 24, 2013 to all hospitals with obstetrics units located within a forty-five (45) minute drive time of the Hospital, specifically Alton Memorial Hospital and Saint Anthony's Health System. The aforementioned documents for Alton Memorial Hospital and Saint Anthony's Health System are included as Attachments 10-D and 10-E, respectively.

ATTACHMENT 10-A

DISCONTINUATION

Birth and Population Statistics for Health Planning Area E-03

BIRTH DATA FOR CALHOUN, GREENE AND JERSEY COUNTIES

2000-2009 Data from IDPH Vital Statistics
2010-2012 Data from the U.S. Census Bureau

County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Calhoun	51	49	48	58	51	58	55	49	59	53	Not Available*	54	49
Greene	170	173	151	195	151	168	172	158	167	145	230	138	131
Jersey	211	241	240	240	244	241	258	255	254	230	217	217	211
Total	432	463	439	493	446	467	485	462	480	428	409	409	391

*County-level data is not available from IDPH or the U.S. Census Bureau

DCEO POPULATION PROJECTIONS

Population data obtained from the Illinois Department of Commerce and Economic Opportunity

Females 15-44

County	2000	2005	2010	2015	2020	2025	2030
Calhoun	916	829	771	746	754	774	804
Greene	2,817	2,683	2,503	2,380	2,313	2,204	2,121
Jersey	4,612	4,846	5,016	5,307	5,594	5,805	5,614
Total	8,345	8,358	8,290	8,433	8,661	8,783	8,539
% Total Population	20.1%	19.6%	18.8%	18.3%	17.9%	17.4%	16.5%

65+

County	2000	2005	2010	2015	2020	2025	2030
Calhoun	975	962	1,015	1,116	1,190	1,314	1,402
Greene	2,588	2,708	2,786	2,981	3,321	3,745	4,140
Jersey	3,120	3,427	3,825	4,357	5,073	5,911	6,666
Total	6,683	7,097	7,626	8,454	9,584	10,970	12,208
% Total Population	16.1%	16.7%	17.3%	18.4%	19.8%	21.7%	23.7%

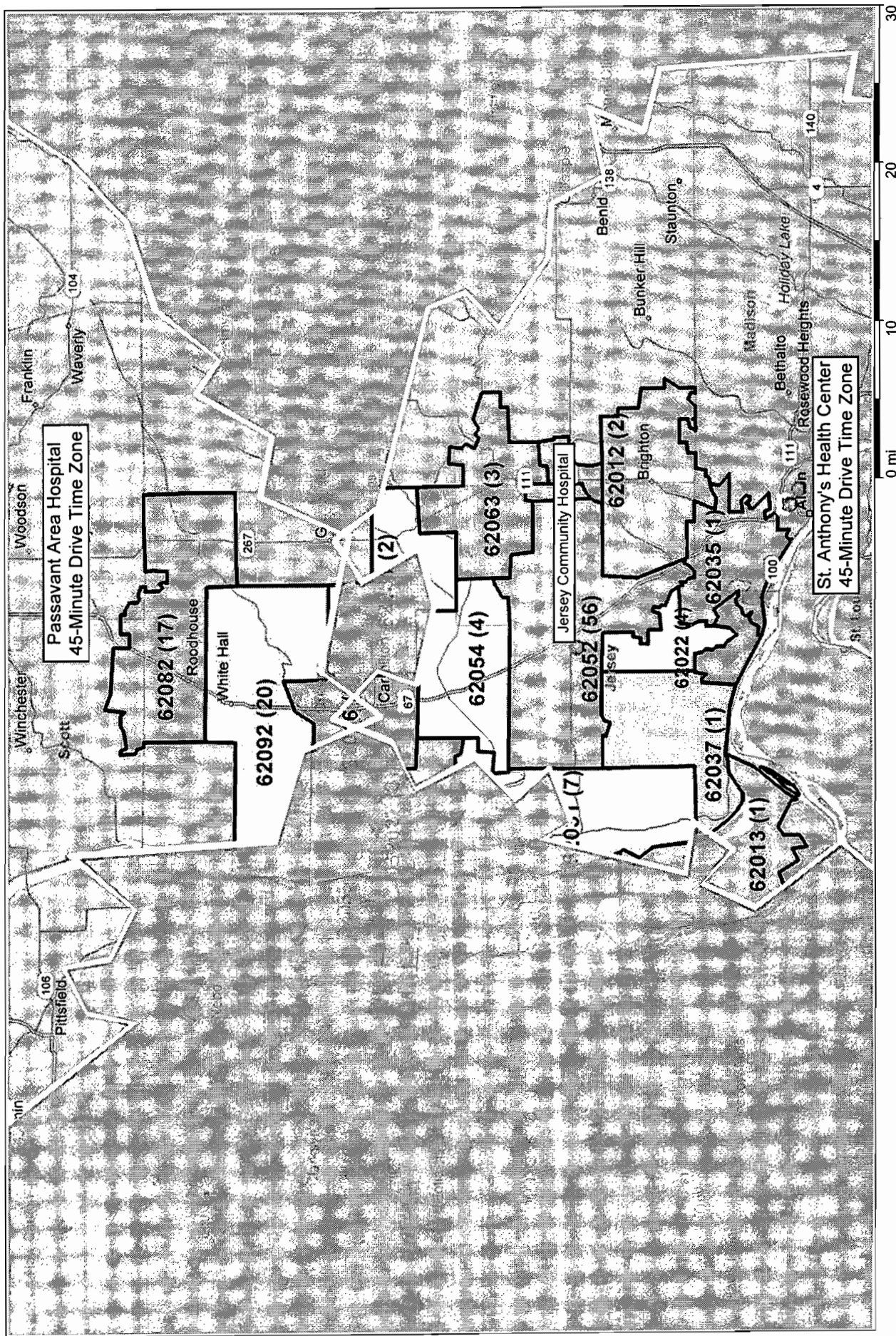
Total Population

State/County	2000	2005	2010	2015	2020	2025	2030
Calhoun	5,084	4,992	5,018	5,127	5,260	5,397	5,572
Greene	14,791	14,746	14,641	14,735	14,872	14,859	14,958
Jersey	21,706	22,874	24,334	26,129	28,280	30,202	31,071
Total	41,581	42,612	43,993	45,991	48,412	50,458	51,601

ATTACHMENT 10-B

DISCONTINUATION

45-Minute Drive Time Areas of Passavant Area Hospital and St. Anthony's Health Center



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ATTACHMENT 10-C

DISCONTINUATION

Health Planning Area Map and Inventories

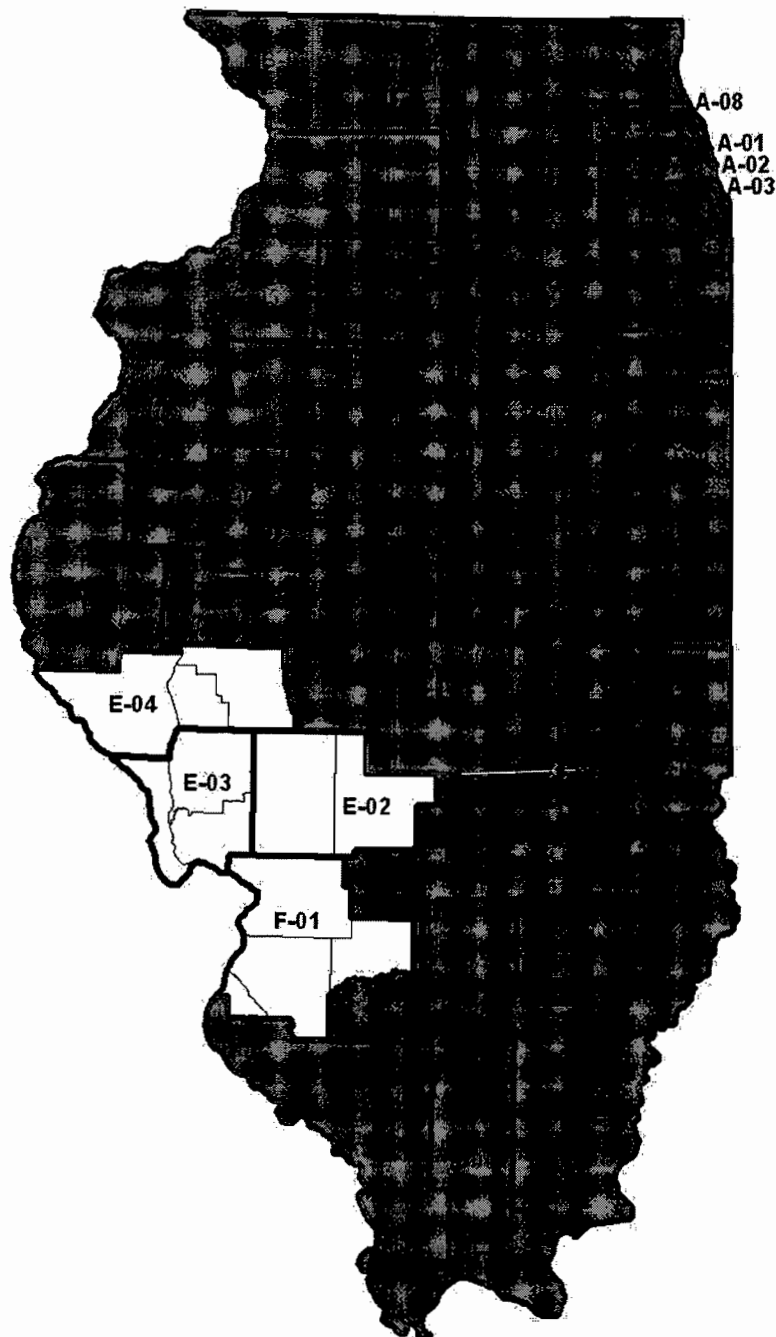
**Inventory of Health Care Facilities and Services
and Need Determinations**

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

Page B-2
8/14/2013

For the Obstetric category of service:

1. 40 Obstetric care planning areas have been designated by the Health Facilities and Services Review Board as illustrated by this map (detailed descriptions can be found in the Board Administrative Rules).



**Inventory of Health Care Facilities and Services
and Need Determinations**

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Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

OBSTETRIC CATEGORY OF SERVICE				
Existing Beds, Calculated Beds Needed, and Additional Beds Needed or Existing Excess Beds By Planning Region and Area				
Planning Regions and Areas	Existing Beds	Total Beds Needed	Additional Beds Needed	Existing Excess Beds
Planning Area E-02	3	12	9	0
Planning Area E-04	11	8	0	3
Planning Area F-01	189	68	0	121

ILLINOIS HOSPITALS DATA SUMMARY - Calendar Year 2012

Hospital Planning Area E-02

Page 1

Number of Hospitals:	4	<u>Emergency Services</u>		<u>Patients by Race</u>			<u>Patients by Ethnicity</u>			
Number of Critical Access Hospitals:	4	<u>Classifications</u>		White	99.2%	Hispanic or Latino:	0.0%			
Number of Long-Term Acute Care Hospitals:	0	Comprehensive:	1	Black	0.6%	Not Hispanic or Latino	99.9%			
Number of General Hospitals	4	Basic:	2	American Indian	0.0%	Unknown:	0.1%			
Number of Psychiatric Hospitals	0	Stand-By:	1	Asian	0.1%	<u>Trauma Care Hospitals</u>				
Number of Rehabilitation Hospitals	0	None:	0	Hawaiian/ Pacific	0.0%		Adult	Pediatric		
Number of Children's Specialty Care Hospitals	0			Unknown:	0.1%	Level 1:	0	0		
						Level 2:	0	0		
<u>Facility Utilization Data by Category of Service</u>										
Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	89	89	40	1,995	7,072	1,372	4.2	23.1	26.0	26.0
0-14 Years				30	75					
15-44 Years				208	763					
45-64 Years				407	1,264					
65-74 Years				379	1,322					
75 Years +				971	3,648					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	8	8	5	128	413	27	3.4	1.2	15.1	15.1
Direct Admission				128	335					
Transfers					78					
Obstetric/Gynecology	3	3	3	279	454	183	2.3	1.7	58.2	58.2
Maternity				273	443					
Clean Gynecology				6	11					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				411	4,111		10.0	11.3		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Total Utilization	100			2,813	12,050	1,582	4.8	37.3	37.3	
<u>Inpatient and Outpatients Served by Payor Source</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	72.4%	12.3%	0.1%	11.8%	0.9%		2.4%			
	2,037	346	3	333	26		68	2,813		
Outpatients	42.7%	19.6%	0.4%	31.1%	4.6%		1.7%			
	53,908	24,716	464	39,339	5,762		2,120	126,309		
<u>Inpatient and Outpatient Net Revenue by Payor Source (Fiscal Year Data)</u>										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care		
Inpatient Revenue (\$)	75.7%	7.3%	0.0%	15.1%	1.9%	100.0%		1.5836		
in Millions	12.3	1.2	0.0	2.4	0.3	16.3	0.1	Total Charity Care as % of Total Net Revenue		
Outpatient Revenue	34.8%	11.2%	0.1%	49.0%	4.9%	100.0%				
(\$ in Millions	24.5	7.9	0.1	34.5	3.5	70.4	1.5	1.83%		
<u>Birthing Data</u>										
Number of Total Births	279	<u>Newborn Nursery Utilization</u>					<u>Organ Transplantation</u>			
Number of Live Births:	277	Level 1 Patient Days				455	Kidney:	0		
Birthing Rooms:	0	Level 2 Patient Days				0	Heart:	0		
Labor Rooms:	0	Level 2+ Patient Day				0	Lung:	0		
Delivery Rooms:	0	Total Nursery Patientdays				455	Heart/Lung:	0		
Labor-Delivery-Recovery Rooms:	4						Pancreas:	0		
Labor-Delivery-Recovery-Postpartum	0						Liver:	0		
C-Section Rooms:	0						Total:	0		
CSections Performed:	53									

Source: 2012 Annual Hospital Questionnaire, Illinois Department of Public Health, Division of Health Systems Development.

Surgery and Operating Room Utilization

<u>Surgical Speciality</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hour	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	140	1,132	270	1,489	1,760	1.9	1.3
Gastroenterology	0	0	0	0	69	1,522	77	1,447	1,525	1.1	1.0
Neurology	0	0	0	0	0	152	0	89	89	0.0	0.6
OB/Gynecology	0	0	0	0	3	24	9	37	46	3.0	1.5
Oral/Maxillofacial	0	0	0	0	0	8	0	11	11	0.0	1.4
Ophthalmology	0	0	0	0	0	612	0	338	338	0.0	0.6
Orthopedic	0	0	0	0	28	352	82	431	513	2.9	1.2
Otolaryngology	0	0	0	0	0	225	0	201	201	0.0	0.9
Plastic Surgery	0	0	0	0	2	15	3	23	27	1.5	1.5
Podiatry	0	0	0	0	53	53	0	51	51	0.0	1.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	2	103	2	62	64	1.0	0.6
Totals	0	0	8	8	244	4,198	443	4,179	4,625	1.8	1.0
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations		5		Stage 2 Recovery Stations		2		

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
<i>Gastrointestinal</i>	0	0	0	0	0	0	0	0	0	0.0	0.0
<i>Laser Eye Procedures</i>	0	1	0	1	0	50	0	250	250	0.0	5.0
<i>Pain Management</i>	0	0	1	1	0	57	0	41	41	0.0	0.7
<i>Cystoscopy</i>	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified for Trauma Care	0
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Number of Emergency(ER) Stations:	17
Persons Treated by Emergency Services:	28,454
Patients Admitted from Emergency:	1,297
Total ED Visits (Emergency+Trauma):	28,454

Outpatient Service Data

Total Outpatient Visits	125,360
Outpatient Visits at the Hospital/ Campus:	122,762
Outpatient Visits Offsite/off campus	2,598

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

	<u>Examinations</u>				<u>Radiation Equipment</u>			<u>Therapies/ Treatments</u>
	Owned	Contract	Inpatient	Outpatient	Owned	Contract		
<i>General Radiography/Fluoroscopy</i>	13	1	2,027	29,891	<i>Lithotripsy</i>	0	1	24
<i>Nuclear Medicine</i>	2	3	74	1,474	<i>Linear Accelerator</i>	0	0	0
<i>Mammography</i>	4	0	1	8,079	<i>Image Guided Rad Therapy</i>	0	0	0
<i>Ultrasound</i>	2	3	292	4,443	<i>Intensity Modulated Rad Therap</i>	0	0	0
<i>Diagnostic Angiography</i>	0	0	0	0	<i>High Dose Brachytherapy</i>	0	0	0
<i>Interventional Angiography</i>			0	0	<i>Proton Beam Therapy</i>	0	0	0
<i>Positron Emission Tomography (PET)</i>	0	1	0	0	<i>Gamma Knife</i>	0	0	0
<i>Computerized Axial Tomography (CAT)</i>	4	0	589	9,977	<i>Cyber knife</i>	0	0	0
<i>Magnetic Resonance Imaging</i>	1	3	54	1,760				

Source: 2012 Annual Hospital Questionnaire, Illinois Department of Public Health, Division of Health Systems Development.

ILLINOIS HOSPITALS DATA SUMMARY - Calendar Year 2012

Hospital Planning Area E-04

Page 1

Number of Hospitals:	2	<u>Emergency Services</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
Number of Critical Access Hospitals:	1	<u>Classifications</u>		White	96.2%	Hispanic or Latino:	1.6%
Number of Long-Term Acute Care Hospitals:	0	Comprehensive:	1	Black	3.5%	Not Hispanic or Latino	98.4%
Number of General Hospitals	2	Basic:	1	American Indian	0.0%	Unknown:	0.0%
Number of Psychiatric Hospitals	0	Stand-By:	0	Asian	0.1%	<u>Trauma Care Hospitals</u>	
Number of Rehabilitation Hospitals	0	None:	0	Hawaiian/ Pacific	0.0%	Adult	Pediatric
Number of Children's Specialty Care Hospitals	0			Unknown:	0.2%	Level 1:	0
						Level 2:	0

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	120	91	91	3,187	13,197	1,143	4.5	39.3	32.7	43.2
0-14 Years				89	243					
15-44 Years				384	1,130					
45-64 Years				747	2,910					
65-74 Years				627	2,644					
75 Years +				1,340	6,270					
Pediatric	2	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	13	9	9	295	1,000	18	3.5	2.8	21.5	31.0
Direct Admission				295	1,000					
Transfers					0					
Obstetric/Gynecology	11	8	8	377	858	44	2.4	2.5	22.5	30.9
Maternity				377	858					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Total Utilization	146			3,859	15,055	1,205	4.2	44.5	30.5	

Inpatient and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	61.0%	12.3%	0.0%	18.2%	4.2%	4.2%	
	2,355	475	0	703	163	163	3,859
Outpatients	36.8%	20.3%	0.1%	34.1%	6.3%	2.3%	
	41,058	22,626	130	38,002	7,038	2,593	111,447

Inpatient and Outpatient Net Revenue by Payor Source (Fiscal Year Data)

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care
Inpatient Revenue (\$)	66.3%	8.7%	0.0%	20.5%	4.4%	100.0%		4.5751
in Millions	20.9	2.8	0.0	6.5	1.4	31.5	1.5	Total Charity Care as % of Total Net Revenue
Outpatient Revenue (\$)	33.7%	17.2%	0.3%	42.2%	6.6%	100.0%		
in Millions	25.5	13.0	0.2	32.0	5.0	75.8	3.1	4.26%

Birth Data

Number of Total Births	349
Number of Live Births:	349
Birth Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	4
Labor-Delivery-Recovery-Postpartum	0
C-Section Rooms:	1
CSections Performed:	107

Newborn Nursery Utilization

Level 1 Patient Days	0
Level 2 Patient Days	730
Level 2+ Patient Day	0
Total Nursery Patientdays	730
<u>Laboratory Studies</u>	
Inpatient Studies	116,758
Outpatient Studies	269,087
Studies Performed Under Contract	11,529

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Source: 2012 Annual Hospital Questionnaire, Illinois Department of Public Health, Division of Health Systems Development.

Surgery and Operating Room Utilization

<u>Surgical Speciality</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hour	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	602	1,357	1,146	1,409	2,555	1.9	1.0
Gastroenterology	0	0	1	1	8	223	25	650	675	3.1	2.9
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	9	0	15	15	0.0	1.7
Oral/Maxillofacial	0	0	0	0	0	3	0	13	13	0.0	4.3
Ophthalmology	0	0	1	1	1	807	1	725	726	1.0	0.9
Orthopedic	0	0	2	2	407	977	983	1,499	2,482	2.4	1.5
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	6	0	30	30	0.0	5.0
Podiatry	0	0	0	0	16	16	0	43	43	0.0	2.7
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	34	222	40	229	269	1.2	1.0
Totals	0	0	10	10	1,052	3,620	2,195	4,613	6,808	2.1	1.3
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations				7	Stage 2 Recovery Stations			23

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
<i>Gastrointestinal</i>	0	0	2	2	975	1,649	123	1,079	1,202	0.1	0.7
<i>Laser Eye Procedures</i>	0	0	0	0	0	0	0	0	0	0.0	0.0
<i>Pain Management</i>	0	0	1	1	0	35	0	88	88	0.0	2.5
<i>Cystoscopy</i>	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified for Trauma Care	0
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Number of Emergency(ER) Stations:	0
Persons Treated by Emergency Services:	36,457
Patients Admitted from Emergency:	2,604
Total ED Visits (Emergency+Trauma):	36,457

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Outpatient Service Data

Total Outpatient Visits	112,162
Outpatient Visits at the Hospital/ Campus:	103,180
Outpatient Visits Offsite/off campus	8,982

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

	<u>Examinations</u>				<u>Radiation Equipment</u>			<u>Therapies/ Treatments</u>
	<u>Owned</u>	<u>Contract</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Owned</u>	<u>Contract</u>		
<i>General Radiography/Fluoroscopy</i>	16	0	6,840	38,839	<i>Lithotripsy</i>	0	1	13
<i>Nuclear Medicine</i>	2	0	145	2,023	<i>Linear Accelerator</i>	0	0	0
<i>Mammography</i>	3	0	3	4,889	<i>Image Guided Rad Therapy</i>	0	0	0
<i>Ultrasound</i>	4	1	489	5,282	<i>Intensity Modulated Rad Therap</i>	0	0	0
<i>Diagnostic Angiography</i>	1	0	0	0	<i>High Dose Brachytherapy</i>	0	0	0
<i>Interventional Angiography</i>			0	0	<i>Proton Beam Therapy</i>	0	0	0
<i>Positron Emission Tomography (PET)</i>	0	1	0	0	<i>Gamma Knife</i>	0	0	0
<i>Computerized Axial Tomography (CAT)</i>	2	0	1,928	9,385	<i>Cyber knife</i>	0	0	0
<i>Magnetic Resonance Imaging</i>	1	1	144	2,471				

ILLINOIS HOSPITALS DATA SUMMARY - Calendar Year 2012

Hospital Planning Area F-01

Page 1

Number of Hospitals:	10	<u>Emergency Services</u>			<u>Patients by Race</u>			<u>Patients by Ethnicity</u>			
Number of Critical Access Hospitals:	1	<u>Classifications</u>			White	79.0%	Hispanic or Latino:	13.7%			
Number of Long-Term Acute Care Hospitals:	0	Comprehensive:	4	Black	19.5%	Not Hispanic or Latino	85.8%				
Number of General Hospitals	9	Basic:	5	American Indian	0.0%	Unknown:	0.5%				
Number of Psychiatric Hospitals	0	Stand-By:	1	Asian	0.3%	<u>Trauma Care Hospitals</u>					
Number of Rehabilitation Hospitals	0	None:	0	Hawaiian/ Pacific	0.0%		Adult	Pediatric			
Number of Children's Specialty Care Hospitals	0			Unknown:	1.1%	Level 1:	0	0			
						Level 2:	0	0			
<u>Facility Utilization Data by Category of Service</u>											
Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %	
Medical/Surgical	1,006	968	637	38,264	152,709	9,205	4.2	443.6	44.1	45.8	
0-14 Years				418	1,269						
15-44 Years				5,840	18,824						
45-64 Years				11,684	45,033						
65-74 Years				7,229	30,733						
75 Years +				13,093	56,850						
Pediatric	56	24	15	90	168	3	1.9	0.5	0.8	2.0	
Intensive Care	110	109	99	4,954	22,040	135	4.5	60.8	55.2	55.7	
Direct Admission				4,954	14,189						
Transfers					7,851						
Obstetric/Gynecology	173	158	111	7,267	17,892	3,048	2.9	57.4	33.2	36.3	
Maternity				6,612	16,538						
Clean Gynecology				655	1,354						
Neonatal	0	0	1	1	2	0	2.0	0.0	0.0	0.0	
Long Term Care	77	73	60	1,149	14,245	0	12.4	39.0	50.7	53.5	
Swing Beds				209	1,526		7.3	4.2			
Acute Mental Illness	167	162	152	5,819	31,337	2	5.4	85.9	51.4	53.0	
Rehabilitation	95	89	69	1,253	14,993	2	12.0	41.1	43.2	46.2	
Long Term Acute Care	0	0	0	0	0	0	12.0	0.0	0.0	0.0	
Dedicated Observation	0					0					
Total Utilization	1,684			59,006	254,912	12,395	4.5	732.3	43.5		
<u>Inpatient and Outpatients Served by Payor Source</u>											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals			
Inpatients	41.2%	17.6%	4.3%	26.8%	4.2%		5.9%				
	24,288	10,411	2,553	15,806	2,464		3,484			59,006	
Outpatients	23.8%	21.5%	4.8%	41.2%	5.8%		2.8%				
	219,872	198,714	44,140	379,767	53,784		25,884			922,161	
<u>Inpatient and Outpatient Net Revenue by Payor Source (Fiscal Year Data)</u>											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care			
Inpatient Revenue (\$)	46.2%	17.1%	1.8%	31.9%	2.9%	100.0%		26.683			
in Millions	208.9	77.5	8.2	144.3	13.3	452.1	12.3	Total Charity Care as % of Total Net Revenue			
Outpatient Revenue	20.5%	9.4%	2.9%	60.9%	5.4%	99.0%					
(\$) in Millions	106.8	49.1	14.9	316.7	27.9	515.4	14.4	2.74%			
<u>Birthing Data</u>											
Number of Total Births	6,488	<u>Newborn Nursery Utilization</u>			12,242	<u>Organ Transplantation</u>			0		
Number of Live Births:	6,464	Level 1 Patient Days	1,447			Kidney:	0				
Birthing Rooms:	0	Level 2 Patient Days	1,176			Heart:	0				
Labor Rooms:	23	Level 2+ Patient Day	14,865			Lung:	0				
Delivery Rooms:	5	Total Nursery Patientdays				Heart/Lung:	0				
Labor-Delivery-Recovery Rooms:	32					Pancreas:	0				
Labor-Delivery-Recovery-Postpartum	18	<u>Laboratory Studies</u>					Liver:	0			
C-Section Rooms:	9	Inpatient Studies	1,338,650			Total:	0				
CSections Performed:	1,841	Outpatient Studies	1,789,990								
		Studies Performed Under Contract	587,681								

Source: 2012 Annual Hospital Questionnaire, Illinois Department of Public Health, Division of Health Systems Development.

Surgery and Operating Room Utilization

Surgical Speciality	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hour	Inpatient	Outpatient
Cardiovascular	0	0	4	4	648	321	2,905	676	3,581	4.5	2.1
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	57	57	4,622	7,753	8,371	8,328	16,699	1.8	1.1
Gastroenterology	0	0	4	4	208	994	266	897	1,163	1.3	0.9
Neurology	0	0	0	0	752	250	2,349	466	2,815	3.1	1.9
OB/Gynecology	0	0	5	5	1,717	3,154	2,906	3,594	6,500	1.7	1.1
Oral/Maxillofacial	0	0	0	0	21	477	24	839	863	1.1	1.8
Ophthalmology	0	0	1	1	4	861	5	678	683	1.3	0.8
Orthopedic	0	0	4	4	2,666	4,195	6,594	5,679	12,273	2.5	1.4
Otolaryngology	0	0	2	2	167	1,913	271	2,071	2,342	1.6	1.1
Plastic Surgery	0	0	2	2	219	2,756	427	2,798	3,225	1.9	1.0
Podiatry	0	0	1	1	813	813	77	886	963	0.1	1.1
Thoracic	0	0	0	0	229	103	375	124	499	1.6	1.2
Urology	0	0	6	6	792	2,441	1,048	2,509	3,557	1.3	1.0
Totals	0	0	86	86	12,128	26,031	25,618	29,545	55,163	2.1	1.1

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 91 Stage 2 Recovery Stations 150

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	1	0	26	27	4,435	20,428	5,198	17,460	22,658	1.2	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	5	5	136	5,795	102	1,919	2,021	0.8	0.3
Cystoscopy	0	0	3	3	256	574	307	502	809	1.2	0.9

Emergency/Trauma Care

Certified for Trauma Care	0
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Number of Emergency(ER) Stations:	115
Persons Treated by Emergency Services:	193,546
Patients Admitted from Emergency:	28,140
Total ED Visits (Emergency+Trauma):	193,546

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	12
Cath Labs used for Angiography procedures	5
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	1
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	7,193
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	5,099
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	1,969
EP Catheterizations (15+)	125

Outpatient Service Data

Total Outpatient Visits	1,212,599
Outpatient Visits at the Hospital/ Campus:	1,036,926
Outpatient Visits Offsite/off campus	175,673

Cardiac Surgery Data

Total Cardiac Surgery Cases:	268
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	268
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	126

	Examinations				Radiation Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpatient	Owned	Contract		
General Radiography/Fluoroscopy	97	2	73,292	279,012	Lithotripsy	0	5	292
Nuclear Medicine	20	0	6,531	16,400	Linear Accelerator	2	0	5,323
Mammography	19	0	217	82,559	Image Guided Rad Therapy	0	0	770
Ultrasound	44	0	26,372	65,441	Intensity Modulated Rad Therap	0	0	1,693
Diagnostic Angiography	6	0	940	1,596	High Dose Brachytherapy	0	0	0
Interventional Angiography			655	793	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	5	0	0	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	17	0	25,043	84,954	Cyber knife	0	0	0
Magnetic Resonance Imaging	9	4	3,927	19,732				

ATTACHMENT 10-D

DISCONTINUATION

Alton Memorial Hospital Request for Impact Letters

400 Maple Summit Road
P.O. Box 426
Jerseyville, Illinois 62052



Phone: (618) 498-6402
Fax: (618) 498-8496
www.jch.org

Jersey Community Hospital

October 24, 2013

VIA CERTIFIED MAIL

David Braasch
President
Alton Memorial Hospital
One Memorial Drive
Alton, IL 62002

**Re: Request for Impact Assessment of the Discontinuation of the
Inpatient Obstetrics Unit at Jersey Community Hospital**

Dear Mr. Braasch:

This letter is written regarding the contemplated submission of a certificate of need ("CON") application for the discontinuation of the inpatient obstetrics unit at Jersey Community Hospital, located at 400 Maple Summit Road, Jerseyville, Illinois 62052. The anticipated date of such discontinuation is March 16, 2014.

As required by 77 Ill. Admin. Code §1110.130, we provide you with the opportunity to assess the impact that the proposed discontinuation will have on your workload and submit a written response to Jersey Community Hospital regarding same. In order to assess such impact, we provide Jersey Community Hospital's inpatient admissions for obstetrics services for the past two years below:

Year	Admissions
2012	183
2011	181

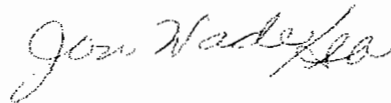
Please respond to this letter indicating whether your facility has, or will have, available capacity to accommodate a portion or all of Jersey Community Hospital's experienced caseload and whether your facility anticipates any restrictions or limitations that would preclude it from providing obstetrics services to the residents of Jersey Community Hospital's market area.

Please note, 77 Ill. Admin. Code §1110.130 permits you up to fifteen (15) days to provide Jersey Community Hospital with a written response to this letter. Please address any such response on this matter to:

Jon Wade, CEO
Jersey Community Hospital
P.O. Box 426
Jerseyville, IL 62052

Thank you very much for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jon Wade".

Jon Wade
Chief Executive Officer
Jersey Community Hospital

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID BRAASCH, Pres.
ALTON MEMORIAL HOSP
ONE MEMORIAL DR.
ALTON, IL 62002

2. Article Number

(Transfer from service label)

7012 0470 0001 2130 0422

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2002-25-73

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

ALTON MEMORIAL
HOSPITAL

November 6, 2013

Jon Wade, CEO
Jersey Community Hospital
400 Maple Summit Rd
Jerseyville, IL 62052-2028

Dear Mr. Wade:

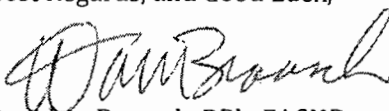
Thank you for your notice regarding the need to discontinue obstetrics (OB) services at Jerseyville Community Hospital. We sympathize with the challenges you and your community face in trying to provide these specialized services outside of a major market; health care today has evolved such that it is difficult to be able to offer obstetrics in a smaller hospital.

I also appreciate the time you personally took to discuss the situation with us. Our conversation was especially valuable in helping us understand the details of your current operation. From our discussion, I am confident we will be able to work closely together to coordinate a transition of care. I have every belief that we will be able to accommodate those who are projected to seek care in our facility. Furthermore, I have every confidence that our facilities and staffs will be able to implement a plan that makes patients and families comfortable adapting to new patterns of care.

Please forward to the Illinois Health Facilities and Services Review Board our support of you certificate of need application to discontinue the inpatient obstetric service at your hospital. Also communicate to the Board our willingness to accommodate the projected changes in care patterns and to continue working with you and your staff to make any transition efficient and minimally disruptive to patients and families.

Change is always difficult, but from our conversations, I believe we can create a system that serves these patients at a very high level of care.

Best Regards, and Good Luck,



David A. Braasch, RPh, FACHE
President

ATTACHMENT 10-E

DISCONTINUATION

St. Anthony's Health Center Request for Impact Letters

400 Maple Summit Road
P.O. Box 426
Jerseyville, Illinois 62052



Phone: (618) 498-6402
Fax: (618) 498-8496
www.jch.org

Jersey Community Hospital

October 24, 2013

VIA CERTIFIED MAIL

E.J. Kuiper
President and Chief Executive Officer
Saint Anthony's Health Center
One Saint Anthony's Way
Alton, IL 62002

**Re: Request for Impact Assessment of the Discontinuation of the
Inpatient Obstetrics Unit at Jersey Community Hospital**

Dear Mr. Kuiper:

This letter is written regarding the contemplated submission of a certificate of need ("CON") application for the discontinuation of the inpatient obstetrics unit at Jersey Community Hospital, located at 400 Maple Summit Road, Jerseyville, Illinois 62052. The anticipated date of such discontinuation is March 16, 2014.

As required by 77 Ill. Admin. Code §1110.130, we provide you with the opportunity to assess the impact that the proposed discontinuation will have on your workload and submit a written response to Jersey Community Hospital regarding same. In order to assess such impact, we provide Jersey Community Hospital's inpatient admissions for obstetrics services for the past two years below:

Year	Admissions
2012	183
2011	181

Please respond to this letter indicating whether your facility has, or will have, available capacity to accommodate a portion or all of Jersey Community Hospital's experienced caseload and whether your facility anticipates any restrictions or limitations that would preclude it from providing obstetrics services to the residents of Jersey Community Hospital's market area.

Please note, 77 Ill. Admin. Code §1110.130 permits you up to fifteen (15) days to provide Jersey Community Hospital with a written response to this letter. Please address any such response on this matter to:

**Jon Wade, CEO
Jersey Community Hospital
P.O. Box 426
Jerseyville, IL 62052**

Thank you very much for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jon Wade".

**Jon Wade
Chief Executive Officer
Jersey Community Hospital**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☒ Print your name and address on the reverse so that we can return the card to you. ☒ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: EJ KUIPER, Pres & CEO ST ANTHONY'S HEALTH CTR ONE ST ANTHONY'S WAY ALTON, IL 62002		B. Received by (Printed Name) Danielle Pace	C. Date of Delivery
		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service)		7012 0470 0001 2130 0255	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



SAINT ANTHONY'S
H E A L T H C E N T E R

#1 Saint Anthony's Way, P.O. Box 340
Alton, Illinois 62002

(618) 465-2571 • www.sahc.org

E.J. Kuiper, FACHE
President and CEO

October 28, 2013

Jon Wade, CEO
Jersey Community Hospital
P.O. Box 426
Jerseyville, IL 62052

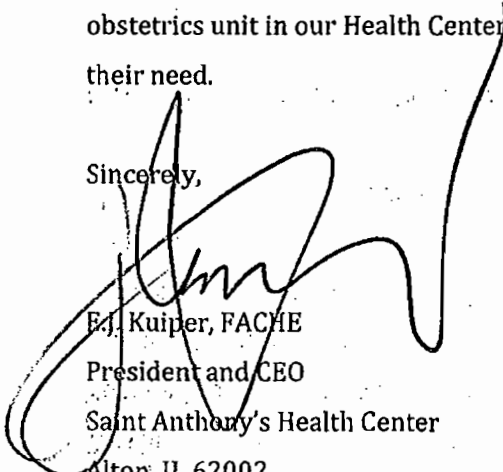
Re: Response to Request for Impact Assessment of the Discontinuation of the Inpatient Obstetrics
Unit at Jersey Community Hospital

Dear Mr. Wade,

This letter is in response to your inquiry of our facility's ability to accommodate Jersey Community Hospital's caseload of obstetrics patients in light of the discontinuation of these services at your hospital. I assure you that Saint Anthony's Health Center has the available capacity and capabilities needed to accommodate this influx of patients. We do not anticipate any restrictions or limitations that would preclude us from providing obstetrics services to *all* of the residents of Jersey Community Hospital's Market area.

I would like to thank you for considering Saint Anthony's Health Center as a viable option for your patients. Through our care, respect, and dignity of human life in all stages, we value most highly the obstetrics unit in our Health Center. Please assure your patients of our willingness to assist them in their need.

Sincerely,


E.J. Kuiper, FACHE
President and CEO
Saint Anthony's Health Center
Alton, IL 62002

To serve God is to serve His people.

ATTACHMENT 40

SAFETY NET IMPACT

- (a) **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.**

Applicant does not anticipate that the Proposed Project will have a material impact on essential safety net services in the community. The Hospital will continue to provide emergency medical services and obstetrics services will continue to be available through existing providers of such services. In an effort to minimize any impact of the Proposed Project on essential safety net services in the community, Applicant has communicated with Alton Memorial Hospital regarding the Proposed Project and intends to coordinate a plan to transition care for patients who would normally seek obstetrics care from the Hospital.

- (b) **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.**

While the applicant cannot fully quantify the ability of other providers to cross-subsidize safety net services, Applicant intends to minimize any impact of the Proposed Project on essential safety net services, as discussed above. In addition, Applicant intends to work with nearby delivery services to support such programs and ensure the availability of such programs to the community. Moreover, Applicant will continue to provide outpatient services in Jersey County through service line affiliations.

- (c) **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.**

As previously discussed, in an effort to minimize any impact of the Proposed Project on essential safety net services in the community, Applicant has communicated with Alton Memorial Hospital regarding the Proposed Project and intends to coordinate a plan to transition care for patients who would normally seek obstetrics care from the Hospital. In addition, Applicant intends to work with nearby delivery services to support such programs and ensure the availability of such programs to the community. Moreover, Applicant will continue to provide outpatient services in Jersey County through service line affiliations.

Safety Net Information per 96-0031			
CHARITY CARE			
Charity (# of patients)	2012	2011	2010
Inpatient	52	169	22
Outpatient	365	195	176
Total	417	364	198
Charity (cost in dollars)*			
Inpatient	\$17,647	\$13,386	\$19,282
Outpatient	\$97,792	\$87,567	\$48,410
Total	\$115,439	\$100,953	\$67,692

MEDICAID			
Medicaid (# of patients)	2012	2011	2010
Inpatient	213	242	238
Outpatient	10,531	10,186	10,280
Total	10,744	10,428	10,518
Medicaid (revenue) *			
Inpatient	\$422,918	\$600,726	\$541,146
Outpatient	\$2,695,515	\$2,088,750	\$2,847,179
Total	\$3,118,433	\$2,689,476	\$3,388,325

*Financial Information is provided on the basis of Fiscal Year running from July 1st to June 30th.

ATTACHMENT 41

CHARITY CARE

CHARITY CARE			
	2012	2011	2010
Net Patient Revenue	\$20,296,199	\$21,122,820	\$21,374,049
Amount of Charity Care (Charges)*	\$243,960	\$238,797	\$212,779
Cost of Charity Care	\$115,439	\$100,953	\$67,692

In addition to the provision of financial charity care to patients, in the form of care for which the Applicant does not expect payment from the either patient or a third party payer, Applicant also plays an important role in Jersey County and the surrounding areas. As provided in the attached "JCH Community Benefit Report," Applicant provides significant services to the community, including, but not limited to: emergency and ambulance services; educational efforts on disease management, wellness and prevention; and emergency preparedness for catastrophic events.



JCH Community Benefit Report

- 24/7 emergency physician services were instituted in 1988; when minutes save lives, this local resource has made a difference for many, many people.
- Nurse Practitioners added to the ER in August 2011, dramatically reducing waiting time for patients.
- We rescued the community ambulance service in 1992, elevated the service level from Basic to Paramedic, expanded coverage to south Jersey County, and have provided significant subsidies for the past 20 years.
- JCH Ambulances provide free coverage for many entertainment, sports, and fund raising events.
- We are the hub of emergency preparedness for catastrophic events, coordinating state and federal resources, information, and personnel.
- We provide a helipad and support for the air-transport of emergent patients.
- We are the Resource Hospital for three area volunteer ambulance services, providing medical direction, protocols, and education.
- JCH is the access point for inpatient mental health services and provides transport to outlying centers.
- We are the community link with and provide monetary support to the State's Poison Control Center.
- We provide free and low cost health screenings to thousands of people annually through health fairs and health promotions.
- JCH personnel are encouraged to be the life blood of many health and civic organizations, including the Red Cross, American Cancer Society, the Arthritis Foundation, and numerous local benefits.
- JCH is a center of collaboration between other health and human service agencies in the region, including the Health Provider Alliance of Illinois, Jersey County Health Department, the Ministerial Alliance, and others.
- JCH hosts the Lifeline Program with units in 130 homes over three counties.
- We offer monthly community education classes on disease management, wellness and prevention throughout the year.
- We provide a social network for area seniors and others through targeted Wellness Center activities.

- The Wellness Center teaches health by example and offers more than 30 classes per week, childcare, and the area's only indoor pools.
- JCH provides life-style education to area children through programs like Kids Kamp, swimming lessons, Girls on the Run, and the Activity Zone (daycare.)
- Staff from JCH teach over 1200 people (junior high and up) to perform CPR every year.
- Many outside groups use JCH for meetings and meals, including Rotary, AA, Impact, grief counseling, and church groups.
- We are a training ground for many health career programs including RNs, CNAs, Radiology Techs, EMTs, Pharmacists, CRNAs, IT students, and more.
- Our Diabetic Education program teaches disease management techniques to more than 1000 persons per year.
- We created the local Dialysis Center, a resource to thirty families who would otherwise be inconvenienced by long driving times multiple times per week.
- The Women's Center provides parenting education, child birth classes, and offers safe harbor and personal resources for emergent or abuse situations.
- Charity and uncompensated care will amount to \$3 million in the current fiscal year or approximately 10 % of annual revenues.
- JCH subsidizes care provided to state beneficiaries under the Public Aid program.
- JCH provides an environment that allows nearly 80 physicians to provide local care, bringing a variety of primary and specialty services, saving time, money, and energy costs.
- JCH recruits new physicians to the area to maintain adequate physician availability and an appropriate mix of specialties for the care of area residents.
- JCH employs and subsidizes four physician specialists who would not otherwise be available to the community.
- JCH anchors the Tri-county economy (Greene, Jersey, and Calhoun,) providing over 400 jobs and thirty million dollars (\$30,000,000) in annual expenditures.

Edited and updated April 2012

Lawrence P. Bear, Administrator