

14-014

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION APR 21 2014

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: Proctor Community Hospital		
Street Address: 5409 N. Knoxville Ave.		
City and Zip Code: Peoria 61614		
County: Peoria	Health Service Area 2	Health Planning Area: C-1

Applicant /Co-Applicant Identification

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

Exact Legal Name: Methodist Health Services Corporation	
Address: 221 NE Glen Oak Ave., Peoria, IL	
Name of Registered Agent: Deborah Simon	
Name of Chief Executive Officer: Deborah Simon	
CEO Address: 221 NE Glen Oak Ave., Peoria, IL	
Telephone Number: 309-672-5929	

Type of Ownership of Applicant/Co-Applicant

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

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

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: Terry Waters
Title: Vice President, Strategy and Development
Company Name: Methodist Health Services Corporation
Address: 221 NE Glen Oak Ave., Peoria, IL 61636
Telephone Number: 309-672-4521
E-mail Address: Terry.Waters@unitypoint.org
Fax Number:

Additional Contact

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

Name: Edward J. Green
Title: Attorney at Law
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, IL 60654
Telephone Number: 312-832-4375
E-mail Address: egreen@foley.com
Fax Number: 312-832-4700

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Fax Number: 312-832-4700

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: Marty Dorgan
Title: Vice President, Patient Services
Company Name: Proctor Community Hospital
Address: 5409 North Knoxville Avenue
Telephone Number: 309-691-1065
E-mail Address: Marty.Dorgan@unitypoint.org
Fax Number: 309-691-1631

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Proctor Community Hospital
Address of Site Owner: 5409 North Knoxville Avenue, Peoria, IL 61614
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 <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

See ATTACHMENT-2

Operating Identity/Licensee

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

Exact Legal Name: Proctor Community Hospital		
Address: 5409 North Knoxville Avenue, Peoria, IL 61614		
☒ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ Other
○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

See ATTACHMENT-3

Organizational Relationships

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.

See ATTACHMENT-4

Flood Plain Requirements – N/A (Discontinuation of Service)

[Refer to application instructions.]

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

[Refer to application instructions.]

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.

Methodist Health Services Corporation ("MHSC") and Proctor Health Care Incorporated ("Proctor") hereby seek a Certificate of Need ("CON") from the Illinois Health Facilities & Services Review Board (the "Board") to discontinue the open heart surgery program (the "Project") at Proctor Community Hospital ("Proctor Hospital") because the volume of open heart procedures at Proctor Hospital has steadily declined over the years, to the point that the open heart surgery program at Proctor Hospital is now well below the minimum number of procedures required to maintain staff proficiency. Proctor Hospital is located at 5409 North Knoxville Avenue in Peoria and is licensed for 220 beds. Proctor Hospital only performed eleven (11) open heart procedures in 2013 and has performed one (1) open heart procedure from January 1, 2014 through March 31, 2014.

On November 5, 2013, the Board approved an Affiliation Agreement (the "Affiliation Agreement") between MHSC and Proctor (COE Project No. 22-013). Pursuant to the terms of the Affiliation Agreement, MHSC became the sole corporate member of Proctor. The transaction set forth in the Affiliation Agreement closed on November 6, 2013.

Page 236 of the Application for COE Project No. 22-013 provided as follows:

"Consistent with the requirements set forth in Sections 1130.520(b)(1) and 1110.240(b), MHSC will not close, discontinue, or substantially reduce the number of beds or any categories of service (recognized by the Board) at Proctor Hospital for a period of at least twelve (12) months following the Closing Date of the Transaction (i.e., November 6, 2013). . . . That said, and as set forth in the Recitals and Section 3.3(c) of the Affiliation Agreement, between the Effective Date of the Affiliation Agreement (i.e., September 9, 2013) and the Closing Date of the Transaction, the Applicants have agreed to work together to develop a one hospital, two campus shared vision for the integration of patient care services between Methodist Medical Center and Proctor Hospital (the "Shared Vision"). As part of that Shared Vision, it is possible that certain patient care services (including certain categories of service recognized by the Board) may be discontinued or substantially reduced at Proctor Hospital (or at Methodist Medical Center) at some point in the future to achieve and further the objectives of the Affiliation Agreement, including, but not limited to: (i) developing viable responses to the rapidly changing market impacting health care delivery systems, including federal health care reform legislation, reductions in reimbursement and movement toward global and full-risk payment models; (ii) advancing excellence in clinical innovations, access, services, quality, cost, outcomes, and medical education for both Methodist Medical Center and Proctor Hospital; and (iii) creating measurable benefits to consumers and payers through quality improvements, development of new services, efficiency enhancements and other potential cost savings through the elimination of redundant services. Critically, the Applicants will ensure that the Shared Vision will not negatively impact the overall level of patient care services (including any categories of service recognized by the Board) in the Region. To the extent the Shared Vision ultimately outlines any discontinuations or substantial reductions in any category of service recognized by the Board at Proctor Hospital within twelve (12) months following the Closing Date of the Transaction,

MHSC (and Proctor Hospital) will first seek a Certificate of Need from the Board for any such discontinuations or substantial reductions in any category of service recognized by the Board.”

For the reason set forth above (i.e., low volumes), MHSC and Proctor have identified the open heart surgery program at Proctor Hospital as a service that needs to be discontinued and transitioned to Methodist Medical Center. Methodist Medical Center, which is located just 4 miles from Proctor, is a recognized leader in cardiovascular care, performing three hundred twenty-six (326) open heart procedures in 2013.

The open heart surgery program at Proctor Hospital will be discontinued immediately upon approval of this CON Application by the Board. Pursuant to Section 1110.40 of the Illinois Administrative Code, this Project is considered “Non-Substantive.” This Project is solely for discontinuation and has no project costs. Therefore, Section 1120 of the Illinois Administrative Code is not applicable.

Project Costs and Sources of Funds – N/A (Discontinuation of Service)

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 – N/A (Discontinuation of Service)

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: \$ _____
Fair Market Value: \$ _____

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 \$ _____.

Project Status and Completion Schedules – N/A (Discontinuation of Service)

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): _____

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 – N/A (Discontinuation of Service)

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 – N/A (Discontinuation of Service)

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: Proctor Community Hospital			CITY: Peoria, Illinois		
REPORTING PERIOD DATES: From: 1/1/2013 to: 12/31/13					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	151	4,265	20,516		
Obstetrics	15	618	1,438		
Pediatrics	8	0	0		
Intensive Care	16	509	2,109		
Comprehensive Physical Rehabilitation	--	--	--		
Acute/Chronic Mental Illness	18	275	3,059		
Neonatal Intensive Care	--	--	--		
General Long Term Care	25	544	4,533		
Specialized Long Term Care	--	--	--		
Long Term Acute Care	--	--	--		
Other ((identify))					
TOTALS:	233	6,211	31,655		

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 Proctor Community Hospital* 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.

Abraham R Simon
SIGNATURE
Deborah R Simon
PRINTED NAME
President (CEO, Board member)
PRINTED TITLE

Deborah R. Simon
SIGNATURE
DEBORAH R SIMON
PRINTED NAME
Board Member, MHSC
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of April

Notarization:
Subscribed and sworn to before me
this 17th day of April

Lori Blackburn
Signature of Notary

Lori Blackburn
Signature of Notary



*Insert EXACT legal name of the applicant

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Debra R. Simon

SIGNATURE

Deborah R. Simon

PRINTED NAME

President/CEO, Board member MASC

PRINTED TITLE

Devendra V. Trivedi

SIGNATURE

DEVENDRA V TRIVEDI

PRINTED NAME

Board Member, MHS

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 17th day of April

Notarization:

Subscribed and sworn to before me
this 17th day of April

Lori Blackburn

Signature of Notary



LORI BLACKBURN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 24, 2017

* Insert EXACT legal name of the applicant

Lori Blackburn

Signature of Notary



LORI BLACKBURN
OFFICIAL SEAL
Notary Public, State of Illinois
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Deborah L. Simon

SIGNATURE

Deborah L. Simon

PRINTED NAME

President/CEO, MHSC Board member

PRINTED TITLE

Devendra V. Trivedi

SIGNATURE

DEVENDRA V TRIVEDI

PRINTED NAME

Board Member, MHSC

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 17th day of April

Notarization:

Subscribed and sworn to before me
this 17th day of April

Lori Blackburn

Signature of Notary

Lori Blackburn

Signature of Notary



*Insert ACT legal name of the applicant



SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that 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.

See ATTACHMENT-10

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

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. SEE 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.

See ATTACHMENT-40

XII. Charity Care Information

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.

See ATTACHMENT-41

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
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	37
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	38-39
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
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10	Discontinuation	
11	Background of the Applicant	40-49
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	
40	Safety Net Impact Statement	50-51
41	Charity Care Information	52



To all to whom these Presents Shall Come, Greeting:

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

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1318301776

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JULY A.D. 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1



To all to whom these Presents Shall Come, Greeting:

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

METHODIST HEALTH SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 25, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1325301912

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

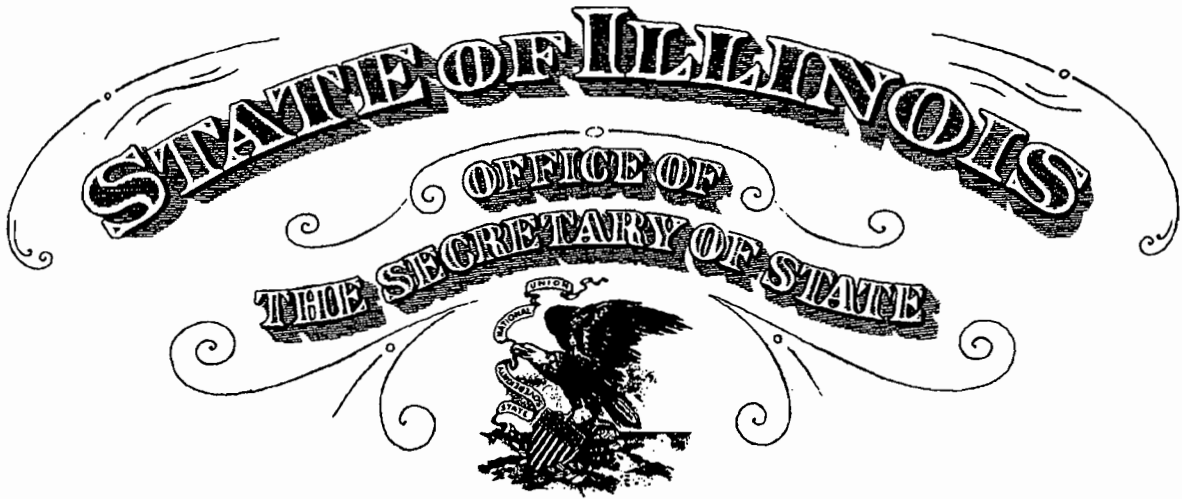
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of SEPTEMBER A.D. 2013 .

Jesse White

SECRETARY OF STATE

File Number

5308-523-7



To all to whom these Presents Shall Come, Greeting:

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

PROCTOR HEALTH CARE INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 13, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1325301918

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of SEPTEMBER A.D. 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

Site Ownership

Attached is a copy of the original warranty deed from December 1955 as well as a Title Policy issued on July 12, 3013.

DEC 20 1955

Recorder of Deeds

SILBERSTEIN and ROBERT SILBERSTEIN, her husband, each in her and his own right and as spouse of the other,

In the County of Peoria and State of Illinois for and in

County of Peoria, and State of Illinois

Ad of Lots Thirteen (13), Fourteen (14), Fifteen (15) and Sixteen (16), in HILLS-
SUPERVISOR of part of Sections Sixteen (16) and Twenty-one (21) in Township Nine
(9) North, Range Eight (8) East of the Fourth Principal Meridian; Sixtate, lying
and being in the County of Peoria and State of Illinois, EXCEPT the easterly
Twenty-two (22) feet of said Lot Thirteen (13) dedicated for right-of-way for
public road purposes as appearing in Warranty Deed dated April 16, 1916, appearing
in Record Book 751, page 11, office of Recorder of Deeds, Peoria County, Illinois;

SUBJECT to the general taxes for the year 1955 payable in 1956:

As a covenant running with the land above described it is agreed that in the event, during the lives of the Grantors or either of them, the Grantee should decide for any reason not to use the property or any part thereof for its own use and should decide that it would be to the best interests of the Grantee to resell said property, or any part thereof, then in that event the Grantors shall have the first refusal to repurchase said property and said Grantors or surviving grantor shall have thirty (30) days after receipt of written notice of such proposed bona fide sale to agree in writing to purchase for such proposed price; otherwise said covenant shall become null and void.

~~Nothing herein contained shall prohibit Grantee from mortgaging said premises for hospital purposes at any time hereafter.~~

situated in the County of Peoria, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Dated this

day of

A.D. 1930



DOCUMENTARY

10. 8. 1975 10

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STATE OF ILLINOIS } ss.
Peoria County }

**Place Notary Seal
in Space Below**

I, the undersigned, a Notary Public, in and for said County and State aforesaid, DO HEREBY CERTIFY THAT HILLEN E. STUBBINS and ROBERT SHIFFERT, her husband, each in her and his own right and as spouse of the other, are lawfully married.

personally known to me to be the same person whose name is a _____ subscriber
to the foregoing instrument, appeared before me this day in person and acknowledged that
he/she signed, sealed and delivered said instrument as his/her _____ 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 _____, 2006. *Notary Public* ASD 119 220 *7465*

Robert R. Karsner
Notary Public

[illegible]

UNITED STATES
INTERNAL SECURITY
33 AUG 1953

ALTA COMMITMENT FOR TITLE INSURANCE

Issued By:



CHICAGO TITLE INSURANCE COMPANY

Commitment Number:

5245-1300164

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation ("Company"), for a valuable consideration, commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges and compliance with the Requirements; all subject to the provisions of Schedules A and B and to the Conditions of this Commitment.

This Commitment shall be effective only when the identity of the Proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A by the Company.

All liability and obligation under this Commitment shall cease and terminate ninety (90) days after the Effective Date or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue the policy or policies is not the fault of the Company.

The Company will provide a sample of the policy form upon request.

This Commitment shall not be valid or binding until countersigned by a validating officer or authorized signatory.

IN WITNESS WHEREOF, CHICAGO TITLE INSURANCE COMPANY has caused its corporate name and seal to be affixed by its duly authorized officers on the date shown in Schedule A.

Chicago Title Insurance Company

By:

President

Attest:

Secretary

Countersigned By:

Authorized Officer or Agent



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ISSUING OFFICE:	FOR SETTLEMENT INQUIRIES, CONTACT:
Title Officer: Thomas Hayes Phone: (309)673-0536 Fax: (309)673-9878 Email: hayesth@ctt.com	

SCHEDULE A**ORDER NO. 5245-1300164**

1. Effective Date: July 12, 2013 at 05:00PM
2. Policy or (Policies) to be issued:
 - a. ALTA Owner's Policy 2006
Proposed Insured: OSF Healthcare System, an Illinois not-for-profit corporation
Policy Amount: To Be Determined
3. The estate or interest in the land described or referred to in this Commitment is:
Fee Simple
4. Title to the Fee Simple estate or interest in land is at the Effective Date vested in:
Proctor Hospital, an Illinois not-for-profit corporation
5. The land referred to in this Commitment is described as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

END OF SCHEDULE A

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EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 14-21-101-023, 14-21-103-014, 14-21-101-004, 14-21-101-003, 14-21-101-002 and 14-21-101-019

A part of the Northwest Quarter of Section 21; Lot 5 in Endres Heights, being a subdivision of the South Half of the Northwest Quarter of Section 21; Lots 15 and 16 and a part of Lots 13 and 14, all in Hillis' Subdivision, being a part of Section 16 and part of Section 21; all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Northwest corner of Lot 4 of Belcrest Court Subdivision, being a subdivision of Lot 10 and a part of Lots 11 and 14 of said Hillis' Subdivision, as the Point of Beginning of the tract to be described; thence South 0 degrees 10 minutes 05 seconds East along the West line of said Belcrest Court Subdivision, a distance of 538.68 feet to the Northwest corner of Lot 13 of Belcrest Court Extended, a subdivision of part of the Northeast Quarter of the Northwest Quarter of said Section 21; thence South 0 degrees 04 minutes 05 seconds East along the West line of Lot 13 of said Belcrest Court Extended, a distance of 125 feet to the Southwest corner of Lot 13 of said Belcrest Court Extended; thence South 88 degrees 54 minutes 05 seconds East along the South line of Lot 13 of said Belcrest Court Extended, a distance of 50 feet to a point on the West line of said Belcrest Court Extended; thence South 0 degrees 04 minutes 05 seconds East along the West line of said Belcrest Court Extended, a distance of 330 feet to the Southwest corner of said Belcrest Court Extended; thence South 89 degrees 11 minutes 05 seconds East along the South line of said Belcrest Court Extended, a distance of 599.9 feet to a point on the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88); thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 169.45 feet; thence South 21 degrees 29 minutes 27 seconds West along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 53.85 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 60 feet; thence North 89 degrees 41 minutes 23 seconds East, a distance of 20 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 50 feet to the Northeast corner of said Lot 5 in Endres Heights Subdivision; thence continuing South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 165.00 feet to the Southeast corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of said Lot 5, a distance of 469.60 feet to the Southwest corner of said Lot 5; thence North 0 degrees 02 minutes 59 seconds West along the West line of said Lot 5, a distance of 165.00 feet to a point on the South line of Lot 13 of said Hillis' Subdivision; said point being also the Northwest corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of Lots 13, 14, 15 and 16 of said Hillis' Subdivision, a distance of 1170.11 feet to the Southwest corner of Lot 16 of said Hillis' Subdivision; thence North 0 degrees 00 minutes 57 seconds East along the West line of Lot 16 of said Hillis' Subdivision, a distance of 666.22 feet to the Northeast corner of Lot 19 of Richwoods Park Section 2, being a subdivision of part of the Northwest Quarter of said Section 21; thence North 88 degrees 54 minutes 44 seconds West along the North line of

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ALTA Commitment (08/17/2006)

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EXHIBIT "A"
Legal Description

said Richwoods Park Section 2 and Richwoods Park, being a part of the Northwest Quarter of said Section 21, a distance of 825.80 feet to a point lying 123.67 feet Easterly of the East R.O.W. line of Sheridan Road; thence North 0 degrees 08 minutes 07 seconds West, a distance of 210 feet; thence North 88 degrees 54 minutes 52 seconds West, a distance of 123.67 feet to a point on the East R.O.W. line of Sheridan Road; thence North 0 degrees 08 minutes 07 seconds West along the East R.O.W. line of Sheridan Road, a distance of 375 feet; thence South 88 degrees 54 minutes 52 seconds East, a distance of 103.67 feet; thence South 38 degrees 21 minutes 55 seconds East, a distance of 32.40 feet; thence South 0 degrees 12 minutes 52 seconds East, a distance of 95 feet; thence South 39 degrees 57 minutes 26 seconds East, a distance of 87.59 feet; thence South 73 degrees 00 minutes 04 seconds East, a distance of 125 feet; thence South 67 degrees 06 minutes East, a distance of 168.90 feet; thence North 73 degrees 05 minutes 08 seconds East, a distance of 190 feet; thence North 47 degrees 05 minutes 08 seconds East, a distance of 130 feet; thence North 1 degree 05 minutes 08 seconds East, a distance of 225 feet to a point on the North line of the Northwest Quarter of said Section 21; thence South 88 degrees 54 minutes 52 seconds East along the North line of the Northwest Quarter of said Section 21, a distance of 1195.59 feet to the Point of Beginning, situate, lying and being in the County of Peoria and State of Illinois;

EXCEPTING THEREFROM a part of Lots 15 and 16 of Hillis' Subdivision, being a part of Section 16 and a part of Section 21, all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Southwest corner of Lot 13 of said Belcrest Court Extended; thence South 83 degrees 53 minutes 34 seconds West, a distance of 444.29 feet to the Point of Beginning of the tract to be described; thence South 68 degrees 21 minutes West, a distance of 39.02 feet; thence South 21 degrees 39 minutes East, a distance of 119.06 feet; thence South 0 degrees 04 minutes 53 seconds West, a distance of 15.39 feet; thence South 68 degrees 21 minutes West, a distance of 118.90 feet; thence North 21 degrees 39 minutes West, a distance of 100 feet; thence South 68 degrees 21 minutes West, a distance of 153.95 feet; thence North 21 degrees 39 minutes West, a distance of 125 feet; thence North 68 degrees 21 minutes East, a distance of 217.37 feet; thence North 21 degrees 39 minutes West, a distance of 75.28 feet; thence North 68 degrees 21 minutes East, a distance of 14.75 feet; thence North 21 degrees 39 minutes West, a distance of 144.44 feet; thence South 68 degrees 21 minutes West, a distance of 27 feet; thence North 21 degrees 39 minutes West, a distance of 33.53 feet; thence North 68 degrees 09 minutes 40 seconds East, a distance of 128.25 feet; thence South 21 degrees 39 minutes East, a distance of 30.94 feet; thence North 68 degrees 21 minutes East a distance of 70.08 feet; thence South 21 degrees 39 minutes East, a distance of 133.42 feet; thence South 2 degrees 37 minutes 41 seconds West, a distance of 9.92 feet; thence South 68 degrees 21 minutes West, a distance of 81.81 feet; thence South 21 degrees 39 minutes East, a distance of 171.92 feet to the Point of Beginning; situate, lying and being in the County of Peoria and State of Illinois.

EXCEPTING THEREFROM A part of Lot 5 in ENDRES HEIGHTS, being a subdivision of the South Half

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EXHIBIT "A"
Legal Description

of the Northwest Quarter of Section 21, and part of Lot 13 in HILLIS' SUBDIVISION, being a part of Section 16 and part of Section 21, all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Southwest corner of Lot 13 of Belcrest Court Extended, a Subdivision of part of the Northeast Quarter of the Northwest Quarter of said Section 21; thence South 88 degrees 54 minutes 05 seconds East, along the South line of Lot 13 of said Belcrest Court Extended, a distance of 50.00 feet to a point on the West line of said Belcrest Court Extended; thence South 0 degrees 04 minutes 05 seconds East along the West line of said Belcrest Court Extended, a distance of 330.00 feet to the Southwest corner of said Belcrest Court Extended, said point being the Point of Beginning of the tract to be described; thence South 89 degrees 11 minutes 05 seconds East along the South line of said Belcrest Court Extended, a distance of 599.9 feet to a point on the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40); thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 169.45 feet; thence South 21 degrees 29 minutes 27 seconds West along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 53.85 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 60.00 feet; thence North 89 degrees 41 minutes 23 seconds East, a distance of 20.00 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 50.00 feet to the Northeast corner of said Lot 5 in Endres Heights Subdivision; thence continuing South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 165.00 feet to the Southeast corner of said Lot 5; thence North 89 degrees 07 minutes 43 seconds West along the South line of said Lot 5, a distance of 469.60 feet to the Southwest corner of said Lot 5; thence North 0 degrees 02 minutes 59 seconds West, along the West line of said Lot 5, a distance of 165.00 feet to a point on the South line of said Lot 13 of said Hillis' Subdivision, said point being also the Northwest corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of Lot 13 of said Hillis' Subdivision, a distance of 132.45 feet to the Southwest corner of Lot 13 of said Hillis' Subdivision, thence North 0 degrees 04 minutes 05 seconds West along the West line of Lot 13 of said Hillis' Subdivision, a distance of 328.82 feet to the Point of Beginning, situate, lying and being in the County of Peoria and State of Illinois.

EXCEPTING THEREFROM Commencing at the Northwest Corner of Lot 20 of Richwoods Park Section Two, then East along the Northern boundary line of said Lot 20 and Lot 19 of Richwoods Park, Section Two, to the Northeast corner of Lot 19, then North 50 feet, then West to a point that is 50 feet due North of the Point of Beginning, then South 50 feet to the Point of Beginning, situated in the Northwest Quarter of Section 21, Township 9 North, Range 8 East of the Fourth Principal Meridian, located in Peoria County, Illinois.

EXCEPTING THEREFROM Commencing at the Northwest Corner of Lot 23 of Richwoods Park, Section Two, then East to the Northeast Corner of Lot 23, then North 50 feet, then West to a point that is 50 feet

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EXHIBIT "A"
Legal Description

due North of the Northwest corner of Lot 23, then South 50 feet to the Northwest Corner of Lot 23, (the Point of Beginning), situated in the Northwest Quarter of Section 21, Township 9 North, Range 8 East of the Fourth Principal Meridian, located in Peoria County, Illinois.

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ALTA Commitment (06/17/2006)

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SCHEDULE B

Schedule B of the policy or policies to be issued will contain exceptions to the following matters unless the same are disposed of to the satisfaction of the Company:

GENERAL EXCEPTIONS

1. RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN BY PUBLIC RECORD.
2. ANY ENCROACHMENT, ENCUMBRANCE, VIOLATION, VARIATION, OR ADVERSE CIRCUMSTANCE AFFECTING THE TITLE THAT WOULD BE DISCLOSED BY AN ACCURATE AND COMPLETE LAND SURVEY OF THE LAND.
3. EASEMENTS, OR CLAIMS OF EASEMENTS, NOT SHOWN BY THE PUBLIC RECORDS.
4. ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.
5. TAXES OR SPECIAL ASSESSMENTS WHICH ARE NOT SHOWN AS EXISTING LIENS BY THE PUBLIC RECORDS.

SCHEDULE B OF THE POLICY OR POLICIES TO BE ISSUED WILL CONTAIN EXCEPTIONS TO THE FOLLOWING MATTERS UNLESS THE SAME ARE DISPOSED OF TO THE SATISFACTION OF THE COMPANY.

NOTE FOR INFORMATION: THE COVERAGE AFFORDED BY THIS COMMITMENT AND ANY POLICY ISSUED PURSUANT HERETO SHALL NOT COMMENCE PRIOR TO THE DATE ON WHICH ALL CHARGES PROPERLY BILLED BY THE COMPANY HAVE BEEN FULLY PAID.

6. DEFECTS, LIENS, ENCUMBRANCES, ADVERSE CLAIMS OR OTHER MATTERS, IF ANY, CREATED, FIRST APPEARING IN THE PUBLIC RECORDS OR ATTACHING SUBSEQUENT TO THE EFFECTIVE DATE HEREOF BUT PRIOR TO THE DATE THE PROPOSED INSURED ACQUIRES FOR VALUE OF RECORD THE ESTATE OR INTEREST OR MORTGAGE THEREON COVERED BY THIS COMMITMENT.
7. AN ALTA LOAN POLICY WILL BE SUBJECT TO THE FOLLOWING EXCEPTIONS (A) AND (B), IN THE ABSENCE OF THE PRODUCTION OF DATA AND OTHER ESSENTIAL MATTERS DESCRIBED IN OUR STATEMENT REQUIRED FOR THE ISSUANCE OF ALTA OWNERS AND LOAN POLICIES (ALTA STATEMENT). (A) ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR, OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS; (B) CONSEQUENCES OF THE FAILURE OF THE LENDER TO PAY OUT PROPERLY THE WHOLE OR ANY PART OF THE LOAN SECURED BY THE MORTGAGE DESCRIBED IN SCHEDULE A, AS AFFECTING; (I) THE VALIDITY OF THE LIEN OF SAID MORTGAGE; AND (II) THE PRIORITY OF THE LIEN OVER ANY OTHER RIGHT, CLAIM, LIEN OR ENCUMBRANCE WHICH HAS OR MAY BECOME SUPERIOR TO THE LIEN OF SAID MORTGAGE BEFORE THE DISBURSEMENT OF THE ENTIRE PROCEEDS OF THE LOAN.

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SCHEDULE B

(continued)

8. Taxes for the years 2012 SECOND INSTALLMENT & 2013.

Taxes for the year 2012 are payable in two installments.

PIN: 14-21-101-023

Taxes for the year 2012 are EXEMPT.

PIN: 14-21-103-014

Taxes for the year 2012 are EXEMPT.

PIN: 14-21-101-004

The first installment amounting to \$339.86 is paid of record.

The second installment amounting to \$339.86 is not delinquent before September 4, 2013.

PIN: 14-21-101-003

The first installment amounting to \$311.62 is paid of record.

The second installment amounting to \$311.62 is not delinquent before September 4, 2013.

PIN: 14-21-101-002

Taxes for the year 2012 are EXEMPT.

PIN: 14-21-101-019

Taxes for the year 2012 are EXEMPT.

Taxes for the year 2013 are not yet due and payable.

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ALTA Commitment (06/17/2006)

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SCHEDULE B

(continued)

9. A mortgage to secure an indebtedness as shown below

Amount: \$1,000,000.00
Dated: May 1, 2006
Mortgagor: PROCTOR HOSPITAL, AN ILLINOIS NOT FOR PROFIT CORPORATION
Mortgagee: J.P. MORGAN TRUST COMPANY, NATIONAL ASSOCIATION
Loan No.: NOT STATED
Recording Date: May 11, 2006
Recording No: 06-14691

10. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Central Illinois Light Company and Illinois Bell Telephone Company
Purpose: Utility and Phone
Recording No: Book 1276, page 489

Subordination of Surface Rights
Recording Date: November 2, 1978
Recording No: 78-26596

Subordination of Surface Rights
Recording Date: November 2, 1978
Recording No: 78-26597

11. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Greater Peoria Sanitary and Sewage Disposal District
Purpose: Sanitary and Sewer
Recording No: 70-03023

Subordination of Surface Rights
Recording Date: November 2, 1978
Recording No: 78-26598

12. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Greater Peoria Sanitary and Sewage Disposal District
Purpose: Sanitary and Sewer
Recording No: 74-09724

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SCHEDULE B

(continued)

13. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Central Illinois Light Company
Purpose: Utility
Recording No: 78-05771

14. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Central Illinois Light Company and Illinois Bell Telephone Company
Purpose: Utility and Phone
Recording No: Book 1079, page 682

15. Terms, provisions and conditions contained in Setback Encroachment Agreement recorded April 29, 1980 as document no. 80-06450.

16. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Central Illinois Light Company
Purpose: Utility
Recording No: 84-02794

17. Rights of the public, the State of Illinois and the municipality in and to that part of the Land:

A: Grant recorded June 18, 1946 in Book 673, page 315;

B: Grant recorded June 18, 1946 in Book 673, page 321;

C: Dedication recorded February 14, 1948 in Book 737; page 271;

D: if any, taken or used for road purposes.

18. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Central Illinois Light Company and Illinois Bell Telephone Company
Purpose: Utility and Phone
Recording No: Book 1269, page 214

19. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Central Illinois Light Company
Purpose: Utility
Recording No: 90-01058

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SCHEDULE B

(continued)

20. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company
Purpose: Utility
Recording No: 90-18630
21. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Illinois Bell Telephone Company
Purpose: Phone
Recording No: 90-21197
22. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Illinois American Water Company
Purpose: Water
Recording No: 90-29228
23. Terms, provisions and conditions contained in the Exclusive Easement in favor of Lots 19 and 20 in Richwoods Park Section 2 to preserve and maintain the existing vegetation and to improve the existing vegetation on part of premises described in schedule A as created by instrument recorded December 28, 1990 as document no. 90-30382.
24. Terms, provisions and conditions contained in the Exclusive Easement for the benefit of Lot 23 in Richwoods Park Section 2 for the purpose of preserving and maintaining the existing vegetation and improving the existing vegetation on part of premises described in schedule A as created by instrument recorded December 28, 1990 as document no. 90-30384.
25. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company and Illinois Bell Telephone Company
Purpose: Utility and Phone
Recording No: Book 1276, page 489
26. Terms, provisions and conditions contained in the Setback Encroachment Agreement recorded December 9, 1991 as document no. 91-29358.
27. Rights of way for drainage tiles, ditches, feeders, laterals and underground pipes, if any.

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SCHEDULE B

(continued)

28. Terms, provisions and conditions contained in the Notice of Federal Interest recorded December 8, 2003 as document no. 03-59914, which does not contain a reversionary or forfeiture clause.
29. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: SBC Ameritech Illinois
Purpose: Phone
Recording No: 03-26777
30. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company
Purpose: Utility
Recording No: 98-21615
31. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company
Purpose: Utility
Recording No: 04-21017
32. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Greater Peoria Sanitary and Sewage Disposal District
Purpose: Sanitary and Sewer
Recording No: 04-31951
33. Terms, provisions and conditions contained in Agreement recorded January 30, 1991 as document no. 91-02770.
34. Terms, provisions and conditions contained in Access Easement recorded April 6, 2004 as document no. 04-12451.
Amendment thereto recorded May 24, 2004 as document no. 04-19562.
35. A financing statement as follows:
- Debtor: Proctor Hospital
Secured Party: J.P. Morgan Trust Company, National Association
Recording Date: May 11, 2006
Recording No: 0001016775
36. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Comcast of Illinois/Indiana/Ohio, LLC
Purpose: Cable
Recording No: 2009027399

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ALTA Commitment (06/17/2006)

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SCHEDULE B

(continued)

37. Existing unrecorded leases and all rights thereunder of the lessees and of any person or party claiming by, through or under the lessees.
38. The Company will require the following documents for review prior to the issuance of any title assurance predicated upon a conveyance or encumbrance by the corporation named below.

Name of Corporation: Proctor Hospital

- a) A Copy of the corporation By-laws and Articles of Incorporation
- b) An original or certified copy of a resolution authorizing the transaction contemplated herein. Said resolution should evidence the authority of the person(s) executing the conveyance or mortgage.
- c) If the Articles and/or By-laws require approval by a 'parent' organization, a copy of the Articles and By-laws of the parent.

The Company reserves the right to add additional items or make further requirements after review of the requested documentation.

39. The "Good Funds" section of the Title Insurance Act (215 ILCS 155/26) is effective January 1, 2010. This Act places limitations upon our ability to accept certain types of deposits into escrow. Please contact your local Chicago Title office regarding the application of this new law to your transaction.
40. Note: The Land lies within Peoria County, Illinois, all of which is subject to the Predatory Lending Database Program Act (765 ILCS 77/70 et seq. as amended) (The Act). On and after July 1, 2008, a Certificate of Compliance with the Act or a Certificate of Exemption must be obtained at time of closing in order for the Company to record any insured mortgage. If the closing is not conducted by the Company, a Certificate of Compliance or Certificate of Exemption must be attached to any mortgage to be recorded.

END OF SCHEDULE B

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ALTA Commitment (06/17/2006)

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CONDITIONS

1. The term mortgage, when used herein, shall include deed of trust, trust deed, or other security instrument.
2. If the proposed Insured has or acquired actual knowledge of any defect, lien, encumbrance, adverse claim or other matter affecting the estate or interest or mortgage thereon covered by this Commitment other than those shown in Schedule B hereof, and shall fail to disclose such knowledge to the Company in writing, the Company shall be relieved from liability for any loss or damage resulting from any act of reliance hereon to the extent the Company is prejudiced by failure to so disclose such knowledge. If the proposed Insured shall disclose such knowledge to the Company, or if the Company otherwise acquires actual knowledge of any such defect, lien, encumbrance, adverse claim or other matter, the Company at its option may amend Schedule B of this Commitment accordingly, but such amendment shall not relieve the Company from liability previously incurred pursuant to paragraph 3 of these Conditions.
3. Liability of the Company under this Commitment shall be only to the named proposed Insured and such parties included under the definition of Insured in the form of policy or policies committed for and only for actual loss incurred in reliance hereon in undertaking in good faith (a) to comply with the requirements hereof, or (b) to eliminate exceptions shown in Schedule B, or (c) to acquire or create the estate or interest or mortgage thereon covered by this Commitment. In no event shall such liability exceed the amount stated in Schedule A for the policy or policies committed for and such liability is subject to the insuring provisions and Conditions and the Exclusions from Coverage of the form of policy or policies committed for in favor of the proposed Insured which are hereby incorporated by reference and are made a part of this Commitment except as expressly modified herein.
4. This Commitment is a contract to issue one or more title insurance policies and is not an abstract of title or a report of the condition of title. Any action or actions or rights of action that the proposed Insured may have or may bring against the Company arising out of the status of the title to the estate or interest or the status of the mortgage thereon covered by this Commitment must be based on and are subject to the provisions of this Commitment.
5. *The policy to be issued contains an arbitration clause. All arbitrable matters when the Amount of Insurance is \$2,000,000 or less shall be arbitrated at the option of either the Company or the Insured as the exclusive remedy of the parties. You may review a copy of the arbitration rules at <http://www.alta.org>.*

END OF CONDITIONS

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ALTA Commitment (08/17/2008)

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To all to whom these Presents Shall Come, Greeting:

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

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1318301776

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JULY A.D. 2013 .

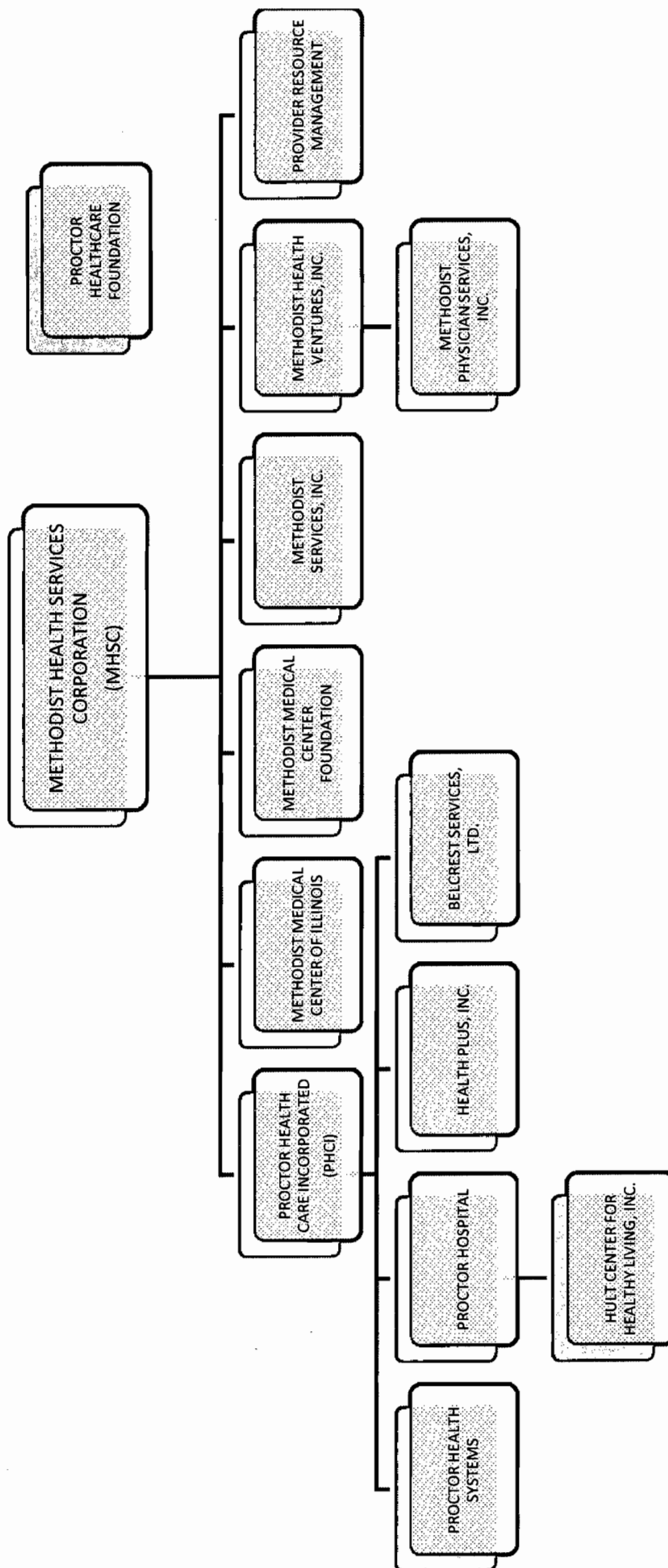
Jesse White

SECRETARY OF STATE

Organizational Relationships

Proctor Community Hospital is a subsidiary corporation of Methodist Health Services Corporation. An organizational chart showing the relationship of the two entities is attached. As the parent corporation, MHSC is financially and legally responsible for the programs and services offered at Proctor Community Hospital. The proposed discontinuation of open heart surgery does not require any type of funding or financial contribution.

METHODIST HEALTH SERVICES CORPORATION



SECTION II. DISCONTINUATION

General Information Requirements

1. Identify the categories of service and the number of beds, if any that is to be discontinued.

Answer: Open Heart Surgery

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

Answer: None

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

Answer: July 16, 2014

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

Answer: Open heart surgery occurs within two operating rooms located on the first floor of the hospital. The operating rooms will remain in operation and will be used for other surgical or invasive procedures. Equipment or supplies used exclusively for open heart will be transferred to Methodist Medical Center.

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.

Answer: Medical records will be maintained onsite for the length of time as specified by 210 ILCS 85/6.17 that is not less than 10 years after discharge or 12 years if there is litigation.

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.

Answer: N/A, the entire facility is not being discontinued.

Reasons for the Discontinuation

The reason for discontinuing the open heart surgery program is there is inadequate demand to support the service. The volume of open heart procedures has declined steadily over the last several years, as new technology has replaced the need for the procedure. The number of cases performed at Proctor is summarized in the table below. The case volume is well below the minimum number required to maintain staff proficiency and for the program to function efficiently. There is substantial empirical evidence to document the relationship between open heart surgery volume and clinical outcomes.

	2011	2012	2013
CABG Only	38	16	9
Valve Only	15	6	1
CABG/Valve	7	8	1
TOTAL	60	30	11

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.

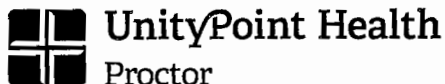
Answer: Methodist Medical Center of Illinois has more than sufficient capacity to accommodate Proctor's historical open heart volume. Methodist has two fully functioning open heart operating rooms with a dedicated open heart surgery team. The operating rooms have a capacity to perform 500 cases annually, assuming one case per day per room, five days a week. In 2013, Methodist performed 326 cardiac surgery cases.

2. Document that a written request for an impact statement was received by all existing or approved health care services (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

Answer: There are two hospitals within 45 minutes drive time of Proctor Hospital: Saint Francis Medical Center and the Methodist Medical Center of Illinois. Methodist is an affiliate of Proctor Community Hospital and as such, there was not a need to send ourselves a certified letter. St. Joseph's Hospital in Bloomington, Illinois also provides open heart surgery but is beyond the 45 minute travel time from Proctor. The written request to Saint Francis, along with the Certification of receipt and Google MapQuest's are included in ATTACHMENT-10.

3. Provide copies of impact statements received from other resources of 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.

Answer: A letter from Methodist Medical Center is attached. Saint Francis Medical Center has not yet responded to the request for an impact statement.,



5409 N. Knoxville Avenue
Peoria, IL 61614-5094
(309) 691-1000

March 28, 2014

Mr. Keith Steffen
President & CEO
OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, IL 61637-0002

RE: Request for Impact Statement

Dear Mr. Steffen:

In accordance with the requirements of 77 Ill. Adm Code 1110.130(c)(3), UnityPoint Health – Proctor is requesting an Impact Statement from St. Francis regarding the closure of Proctor's open heart program. The code requires contact with all approved healthcare facilities providing open heart surgery that are located within 45 minutes travel time. For your information, Proctor Hospital performed 11 open heart procedures in 2013 and 1 through March 28, 2014.

Please provide the following information with respect to the impact of the closure of Proctor's open heart program.

- Your hospital's capacity to accommodate Proctor's open heart caseload;
- An explanation of any restrictions, limitations, or discrimination that would preclude OSF Saint Francis from serving the patient population historically served by Proctor's open heart program.

If a response is not received within 15 days from the date of delivery, I will assume that the discontinuation will not have an adverse impact on your organization.

Responses should be directed to the following:

Terry Waters
Vice President, Strategy & Development
UnityPoint Health – Methodist
221 NE Glen Oak Avenue
Peoria, IL 61636-0002

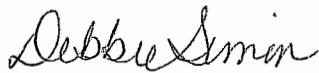
Mr. Keith Steffen

Page Two

March 28, 2014

I appreciate your attention to this matter. Should you have a question, please contact Terry Waters at (309) 672-4521.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Simon".

Debbie Simon
President and CEO

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 (Domestic Mail Only; No Insurance Coverage Provided)

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
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3/28/14

Sent To	
Keith Steffen OSF	
Street, Apt. No., or PO Box No. 530 NE Glen Oak	
City, State, ZIP+4 Peoria, IL 61637	

PS Form 3800, August 2006

See Reverse for Instructions

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:

Keith Steffen
 President + CEO
 OSF Saint Francis Medical Ctr.
 530 NE Glen Oak Ave.
 Peoria, IL 61637-0002

2. Article Number
 (Transfer from service label)

7013 2630 0001 8621 7904

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Address

B. Received by (Printed Name)

Steffen

C. Date of Delivery

3/28/14

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



UnityPoint Health
Methodist | Proctor

221 Northeast Glen Oak Avenue
Peoria, IL 61636-0002
(309) 672-5522

5409 N. Knoxville Avenue
Peoria, IL 61614-5094
(309) 691-1000

www.unitypoint.org/peoria

April 9, 2014

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: CON Application to Discontinue Open Heart Services at Proctor Community Hospital

Dear Ms. Avery:

I am writing to express my support for the Certificate of Need application submitted by Proctor Community Hospital to discontinue its open heart surgery program. In accordance with the requirements of 77 Ill. Adm Code 1110.130(c)(3), the Methodist Medical Center of Illinois falls within the 45-minutes travel time and currently offers open heart surgery. Methodist Medical Center has more than sufficient capacity to accommodate Proctor's open heart caseload and does not have any restrictions, limitations or discrimination that would preclude serving Proctor's patient population.

If you have any questions I can be reached at 309-672-5929.

Sincerely,

Debbie Simon
President and CEO

DS:wn



Directions to 530 NE Glen Oak Ave, Peoria, IL
61637
3.7 mi – about 7 mins

*From Proctor
to OSF*



5409 N Knoxville Ave, Peoria, IL 61614

1. Head **south** on **N Knoxville Ave** toward **E Frances Ave**
About 6 mins

go 3.3 mi
total 3.3 mi



2. Take the exit toward **N Knoxville Ave**

go 0.2 mi
total 3.4 mi



3. Slight right onto **N Knoxville Ave**

go 0.2 mi
total 3.6 mi



4. Take the 1st left onto **NE Glen Oak Ave**
Destination will be on the left

go 0.1 mi
total 3.7 mi



530 NE Glen Oak Ave, Peoria, IL 61637

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.



Directions to 5409 N Knoxville Ave, Peoria, IL
61614
4.0 mi – about 9 mins

*From Methodist
to Proctor*



221 NE Glen Oak Ave, Peoria, IL 61636

-
1. Head **southwest** on **NE Glen Oak Ave** toward **Hamilton Blvd** go 364 ft
total 364 ft
 -  2. Take the 1st right onto **Hamilton Blvd** go 0.3 mi
total 0.3 mi
About 1 min
 -  3. Slight right onto **N North St/North North St/North North Street** go 0.5 mi
total 0.9 mi
About 1 min
 -  4. Turn right onto **W Nebraska Ave** go 0.3 mi
total 1.1 mi
About 48 secs
 -  5. Take the 3rd left onto **N Knoxville Ave** go 1.4 mi
total 2.5 mi
About 3 mins
 6. Continue straight to stay on **N Knoxville Ave** go 1.5 mi
total 4.0 mi
Destination will be on the left
About 3 mins



5409 N Knoxville Ave, Peoria, IL 61614

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.



Directions to 2200 E Washington St, Bloomington, IL 61701

46.7 mi – about 50 mins

*From Proctor to
St. Joseph's*

5409 N Knoxville Ave, Peoria, IL 61614

1. Head **south** on **N Knoxville Ave** toward **E Frances Ave**
About 6 mins go 3.3 mi
total 3.3 mi
2. Turn right onto the ramp to **I-74** go 0.1 mi
total 3.4 mi
3. Keep left at the fork, follow signs for **I-74 E/Bloomington** and merge onto **I-74**
About 31 mins go 33.8 mi
total 37.2 mi
4. Take exit **127** on the left to merge onto **I-55 N** toward **Chicago**
About 5 mins go 5.0 mi
total 42.3 mi
5. Take exit **167** for **I-55 Loop S/Veterans Pkwy**
About 46 secs go 0.5 mi
total 42.7 mi
6. Turn right onto **Veterans Pkwy**
About 6 mins go 3.8 mi
total 46.5 mi
7. Turn right onto **E Washington St**
Destination will be on the right go 0.1 mi
total 46.7 mi

2200 E Washington St, Bloomington, IL 61701

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

SECTION XI – SAFETY NET IMPACT STATEMENT

Safety net impact statement that describes 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.

ANSWER: The discontinuation of open heart surgery at Proctor is not expected to have any impact on safety net services. In 2013, only 11 patients had open heart surgery at Proctor. Methodist Medical Center has the capacity to accommodate this volume without any impact on patient access.

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

ANSWER: There will not be a need to subsidize open heart surgery. Of the surgeries performed at Proctor in 2013, 6 were commercial insured and 5 were Medicare. Moreover, Methodist has an AA2 rated bond rating demonstrating more than sufficient financial capacity to provide charity care should the need arise.

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.

ANSWER: Because of the low volume of cases, discontinuation of open heart services will not have a material impact on any other provider.

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.

ANSWER: Please see Chart in ATTACHMENT-43

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.

ANSWER: Please see Chart in ATTACHMENT-43

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

ANSWER: Not Applicable.

XII – CHARITY CARE INFORMATION

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.

ANSWER: See Chart in ATTACHMENT-44

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.

ANSWER: See Chart in ATTACHMENT-44

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.

ANSWER: Not Applicable.

XI – SAFETY NET IMPACT INFORMATION

PROCTOR COMMUNITY HOSPITAL

CHARITY CARE			
Charity (# of patients)	2011	2012	2013
Inpatient	259	195	182
Outpatient	1,391	1,092	822
Total	1,650	1,287	1,004
Charity (cost in dollars)			
Inpatient	\$417,473	\$327,917	\$463,546
Outpatient	\$408,935	\$399,527	\$473,016
Total	\$826,408	\$727,444	\$936,562
Medicaid (# of patients)			
Inpatient	523	447	441
Outpatient	6,308	5,886	5,074
Total	6,831	6,333	5,515
Medicaid (revenue)			
Inpatient	\$1,210,005	\$1,559,910	\$1,144,897
Outpatient	\$788,292	\$774,254	\$719,124
Total	\$1,998,298	\$2,334,164	\$1,864,022

XI – SAFETY NET IMPACT INFORMATION

METHODIST MEDICAL CENTER OF ILLINOIS

CHARITY CARE			
Charity (# of patients)	2011	2012	2013
Inpatient	947	1,050	994
Outpatient	6,074	7,030	7,819
Total	7,021	8,080	8,813
Charity (cost in dollars)			
Inpatient	\$4,295,097	\$4,791,614	\$3,996,056
Outpatient	\$2,884,687	\$3,179,202	\$3,162,193
Total	\$7,179,784	\$7,970,816	\$7,158,249
Medicaid (# of patients)	2011	2012	2013
Inpatient	4,040	4,090	3,697
Outpatient	54,468	49,850	43,930
Total	58,508	53,940	47,627
Medicaid (revenue)	2011	2012	2013
Inpatient	\$21,782,149	\$16,896,691	\$24,217,362
Outpatient	\$19,419,895	\$17,085,108	\$28,289,576
Total	\$41,202,044	\$33,981,799	\$52,506,938

XII – CHARITY CARE INFORMATION**PROCTOR COMMUNITY HOSPITAL**

CHARITY CARE			
	2011	2012	2013
Net Patient Revenue	\$102,233,126	\$99,601,502	\$87,383,701
Amount of Charity Care (charges)	\$3,166,322	\$2,185,804	\$2,682,721
Cost of Charity Care	826,408	\$727,444	\$936,562

XII – CHARITY CARE INFORMATION**METHODIST MEDICAL CENTER OF ILLINOIS**

CHARITY CARE			
	2011	2012	2013
Amount of Charity Care (charges)	\$22,530,083	\$27,017,347	\$23,971,591
Cost of Charity Care	\$7,179,784	\$7,970,816	\$7,158,249