

15-009

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

ORIGINAL**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****RECEIVED****This Section must be completed for all projects.****FEB 20 2015****Facility/Project Identification**

HEALTH FACILITIES &

SERVICES REVIEW BOARD

Facility Name: Touchette Regional Hospital		
Street Address: 5900 Bond Avenue		
City and Zip Code: Centreville, IL. 62207-2326		
County: St. Clair	Health Service Area 11	Health Planning Area: F-01

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

Exact Legal Name: Touchette Regional Hospital, Inc.
Address: See above
Name of Registered Agent: CSC Corporation Service Company
Name of Chief Executive Officer: Tom Mikkelson, M.D. (Administrator)
CEO Address: 5900 Bond Avenue, Centreville, IL. 62207-2326
Telephone Number: 618-332-5400

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: Clare Connor Ranalli
Title: Partner
Company Name: McDermott, Will & Emery
Address: 227 W. Monroe St., Chicago, IL. 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number:

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

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Touchette Regional Hospital		
Street Address: 5900 Bond Avenue		
City and Zip Code: Centreville, IL. 62207-2326		
County: St. Clair	Health Service Area 11	Health Planning Area: F-01

Applicant /Co-Applicant Identification

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

Exact Legal Name: Southern Illinois Healthcare Foundation, Inc.
Address: 2041 Goose Lake Road, Sauget, IL 62206
Name of Registered Agent: Pete Thomas
Name of Chief Executive Officer: Lawrence McCulley
CEO Address: 2041 Goose Lake Road, Sauget, IL 62206
Telephone Number: 618-332-0694

Type of Ownership of Applicant/Co-Applicant

☒ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ 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.		
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Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott, Will & Emery
Address: 227 W. Monroe St., Chicago, IL. 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number:

Additional Contact

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

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Cost Space Requirements NOT APPLICABLE – NO PROJECT 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 <u>ATTACHMENT-9</u> , 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: TOUCHETTE REGIONAL HOSPITAL			CITY:CENTREVILLE		
REPORTING PERIOD DATES: From: 01/01/2014 to: 12/31/2014					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	66	1,369	4,888		
Obstetrics	33	330	817		
Pediatrics	8	0	0	-8	0
Intensive Care	8	181	818		
Comprehensive Physical Rehabilitation	0				
Acute/Chronic Mental Illness	30*	630	2,677		
Neonatal Intensive Care	0				
General Long Term Care	0				
Specialized Long Term Care	0				
Long Term Acute Care	0				
Other ((identify))	0				
TOTALS:	145	2,510	9,200	-8	137

NOTE: Observation patient days, not included in above, were as follows:

MS – 217.7

OB – 463.3

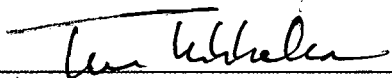
*This includes 18 approved beds from permit No. 13-036. This project is not yet complete. The patient days and admissions relate to the 12 beds in current use.

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


SIGNATURE

Tom Mikkelson, M.D.
PRINTED NAME

Administrator
PRINTED TITLE

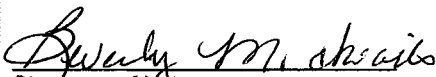

SIGNATURE

John Maichrzak
PRINTED NAME

CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13 day of February, 2015

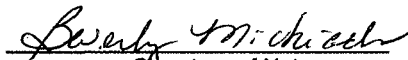
Notarization:
Subscribed and sworn to before me
this 13 day of February, 2015


Signature of Notary

Seal



*Insert EXACT MY COMMISSION EXPIRES JAN 27, 2017


Signature of Notary

Seal



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


SIGNATURE

Lawrence McCutley
PRINTED NAME

CEO
PRINTED TITLE

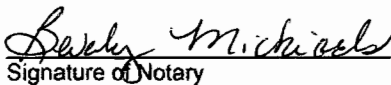

SIGNATURE

Pete Thomas
PRINTED NAME

Compliance Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13 day of February, 2015

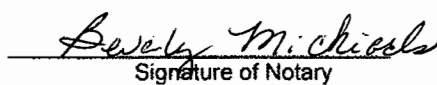
Notarization:
Subscribed and sworn to before me
this 13 day of February, 2015


Signature of Notary

Seal



*Insert EXACT


Signature of Notary

Seal



MY COMMISSION EXPIRES JAN. 27, 2017

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.

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.

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

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.

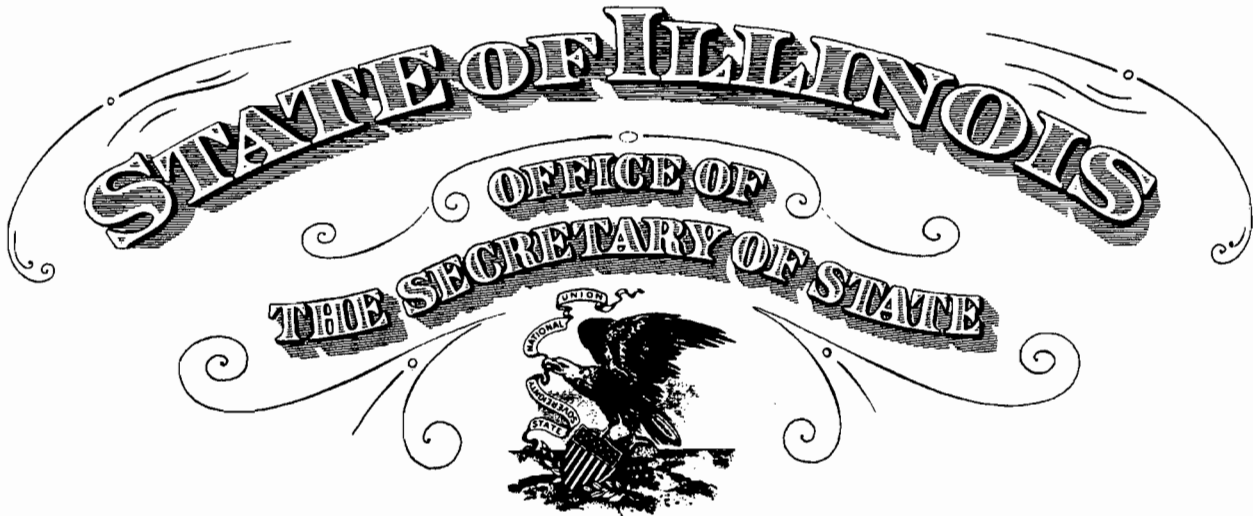
CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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	16-18
2	Site Ownership	19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	20-21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	23-24,27-39
11	Background of the Applicant	
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	25
41	Charity Care Information	26

Certificates of Good Standing - Applicants



To all to whom these Presents Shall Come, Greeting:

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

SOUTHERN ILLINOIS HEALTH CARE FOUNDATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 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.



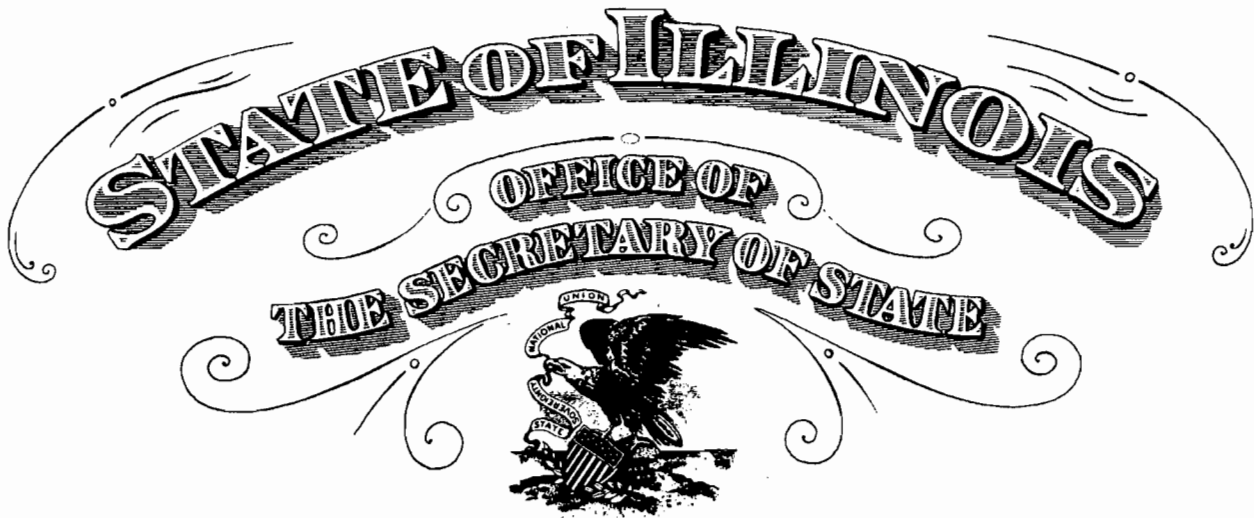
Authentication #: 1504402312

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 13TH day of FEBRUARY A.D. 2015 .*

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, 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 #: 1504402126

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 13TH day of FEBRUARY A.D. 2015 .

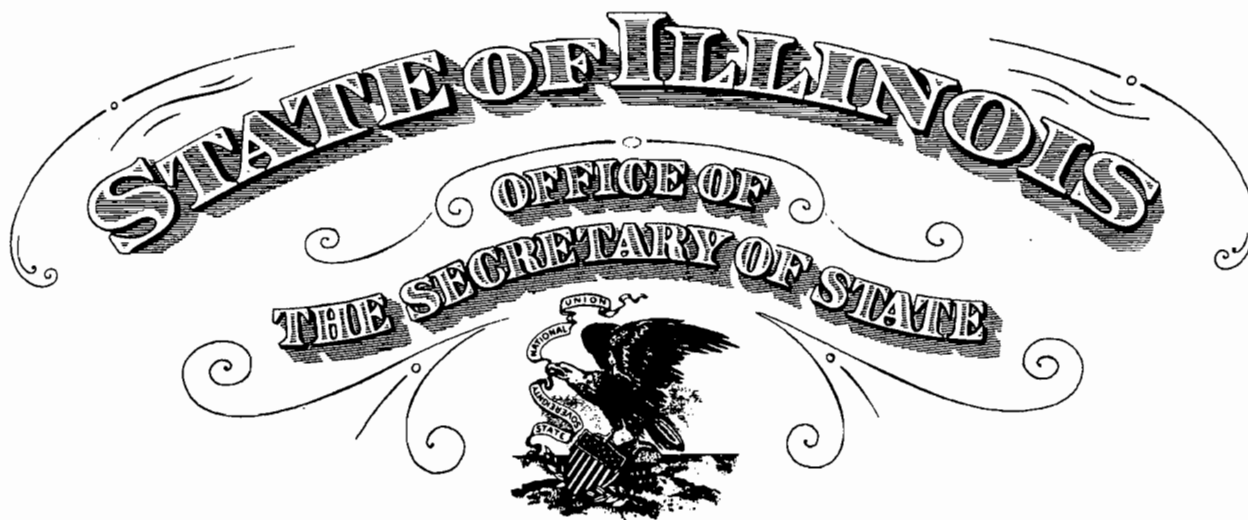
Jesse White

SECRETARY OF STATE

Proof of Site Ownership

N/A – Discontinuation of Category of Service

Certificate of Good Standing - Licensee



To all to whom these Presents Shall Come, Greeting:

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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, 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 #: 1504402126

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 13TH day of FEBRUARY A.D. 2015 .

Jesse White

SECRETARY OF STATE

Organization Chart

Southern Illinois Healthcare Foundation, Inc.



Touchette Regional Hospital, Inc.

Section 1110.130 Discontinuation of Authorized Pediatric Inpatient Beds

GENERAL INFORMATION REQUIREMENTS

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

Touchette Regional Hospital, Inc. ("Touchette") currently provides a pediatric service that includes 8 authorized pediatric beds. Touchette is proposing to continue to provide pediatric services on an outpatient basis but to discontinue the 8 authorized pediatric beds. During the last 2 years (2012 and 2013), there has been no volume in the pediatric beds. Some patients under 14 were admitted for overnight stays, but in medical surgical beds.

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

None

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

The pediatric beds will be discontinued at the time that this certificate of need is approved by the Health Facilities and Services Review Board.

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

Touchette expects that the space vacated by the 8-bed pediatric inpatient unit will be used for non-clinical functions with no associated modernization cost.

5. Provide the anticipated disposition and location of all medical records pertaining to pediatric inpatient utilization.

All paper medical records related to pediatric patients will be scanned and stored for many years. All paper records will be destroyed after 90 days. The electronic medical records will be maintained according to the Hospital's current medical records policy which will continue to meet all licensure and regulatory requirements.

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.

Not Applicable.

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.

The basis for the request to discontinue is low volume / no need.

For the last several years, almost all pediatric patients requiring inpatient care from either Touchette or Southern Illinois Healthcare Foundation, Inc. ("SIHF") physician practices have been referred to children's hospitals and especially SSM Cardinal Glennon Children's Medical Center, St. Louis Children's Hospital, and St. John's Mercy Hospital in St. Louis, Missouri. Touchette has transfer agreements with the children's hospitals in St. Louis. This shift of care to specialized children's hospitals is consistent with national experience.

There are 3 existing hospitals in Illinois within 45 minutes travel time of Touchette with authorized pediatric beds that have excess capacity to serve pediatric patients.

IMPACT ON ACCESS

1. *Document that the discontinuation of Touchette's authorized pediatric beds will not have an adverse effect upon access to care for the residents of the facility's market area.*

The available pediatric beds in the Hospital's market area could support the current annual utilization of zero days at the unit proposed for discontinuation at Touchette.

2. *Document that a written request for an impact statement was received by all existing or approved hearth care facilities (that provide inpatient pediatric services located within 45 minutes travel time of the applicant facility)*

Touchette sent letters to the area hospitals with authorized pediatric beds within 45-minute travel time of Touchette requesting a statement of the impact the discontinuation would have on each respective facility. These letters, in addition to the documentation that the letters were sent return receipt requested and the letters received by Touchette in response are included in Appendices attached to this application. No Hospitals that have responded to date have indicated a negative impact relating to the proposed pediatric discontinuation. Any letters received from other area pediatric providers after this application is filed will be forwarded to the State Agency upon receipt.

Safety Net

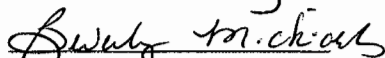
1. The discontinuation of the pediatric inpatient service will not impact other area providers, since Touchette's service has had no volume over the past two (2) years.
2. The applicants have no knowledge regarding cross subsidization of services.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2013	2012	2011
Inpatient	188	200	144
Outpatient	4658	3707	3567
Total	4846	3907	3711
Charity (cost In dollars)			
Inpatient	1,046,996	816,118	1,131,473
Outpatient	2,172,320	2,825,007	3,203,671
Total	3,219,316	3,641,125	4,335,144
MEDICAID			
Medicaid (# of patients)	2013	2012	2011
Inpatient	1252	1235	1200
Outpatient	17008	23501	16219
Total	18260	24736	17419
Medicaid (revenue)			
Inpatient	12,845,282	11,706,230	11,178,811
Outpatient	25,129,292	24,341,582	24,491,007
Total	37,974,574	36,047,818	35,669,818

The above safety net information is true and accurate to the best of my knowledge.


Tom Mikkelsen, M.D.

Subscribed and sworn to before me this
13 day of February, 2015.


Notary Public



Charity Care

CHARITY CARE			
	Year 2011	Year 2012	Year 2013
Net Patient Revenue	55,917,374	51,263,477	52,026,323
Amount of Charity Care (charges)	6,622,266	4,980,931	5,704,603
Cost of Charity Care	4,335,144	3,641,125	3,219,316

Appendix A
Impact Letters



5900 Bond Avenue Centreville, Illinois 62207
p | 618.332.3060 f | 618.332.5256

January 26, 2015

VIA Certified Mail

Mr. Mark Turner, President and CEO
Memorial Hospital
4500 Memorial Drive
Belleville, IL 62226-5399

Re: Proposed Discontinuation of Touchette Regional Hospital located in Centreville, Illinois

Dear Mr. Turner:

I am taking this opportunity to advise you that Touchette Regional Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its current 8 bed pediatric unit permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board.

The basis for discontinuing inpatient pediatrics permanently is low volume. In 2013 and 2014 Touchette reported no inpatient pediatric volume in its inpatient pediatric beds. All other services will be maintained at the Centreville site.

Please feel free to advise us of the impact, if any, on your hospital of the permanent discontinuation of the pediatric service. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the other hospital patients/services). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to pediatric patients from the service area.

Please send any response to my attention, 5900 Bond Avenue, Centreville, IL 62207. Any response we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

Tom Mikkelsen, M.D.

cc: Clare Ranalli

UNITED STATES POSTAL SERVICE

NOV 6 2003

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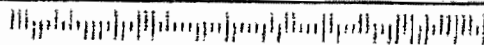
PM 8 L



First-Class Mail
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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Thomas Mikkelsen, M.D., COO
Touquette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207



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.
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1. Article Addressed to:

Mr. Mark Turner, President & CEO
Memorial Hospital
4500 Memorial Drive
Belleville, IL 62226-5399

2. Article Number
(Transfer from service label)

7011 2000 0001 5412 4019

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
[Signature] ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Fred Wiegand

D. Is delivery address different from item 1? ☐ Yes
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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Notes



Trip to:

4500 Memorial Dr

Belleville, IL 62226-5343

6.44 miles / 11 minutes



5900 Bond Ave, Centreville, IL 62207-2326

Download
Free App



1. Start out going **southeast** on **Bond Ave** toward **Hinckley St.** [Map](#)

0.3 Mi

0.3 Mi Total



163

2. **Bond Ave** becomes **Old Missouri Ave / IL-163.** [Map](#)

0.4 Mi

0.7 Mi Total



13

3. Turn **left** onto **IL-157 / IL-13 / Old Saint Louis Rd.** Continue to follow **IL-13 / Old Saint Louis Rd.** Pass through 1 roundabout. [Map](#)

3.7 Mi

4.4 Mi Total

IL-13 is just past Clarita St

If you reach Beatrice Pl you've gone a little too far



4. Turn **slight right** onto **N Belt W.** [Map](#)

1.3 Mi

5.6 Mi Total

N Belt W is 0.1 miles past Hillside Ln



5. Turn **sharp left** onto **W Main St.** [Map](#)

0.1 Mi

5.7 Mi Total

W Main St is just past Friendly Dr

Big Mama's Barbeque is on the right

If you reach Bellevue Park Plz you've gone a little too far



6. Turn **right** onto **N 48th St.** [Map](#)

0.2 Mi

6.0 Mi Total

N 48th St is just past N 47th St

Ino's Pizza is on the corner

If you reach N 49th St you've gone a little too far



7. **N 48th St** becomes **W Park Dr.** [Map](#)

0.4 Mi

6.4 Mi Total



8. Turn **left** onto **E Park Dr.** [Map](#)

0.06 Mi

6.4 Mi Total

E Park Dr is 0.1 miles past Park Dr

If you reach N 44th St you've gone a little too far



9. Take the **1st left** onto **Memorial Dr.** [Map](#)

0.03 Mi

6.4 Mi Total

if you are on Memorial Dr and reach Dapron Dr you've gone about 0.4 miles too far



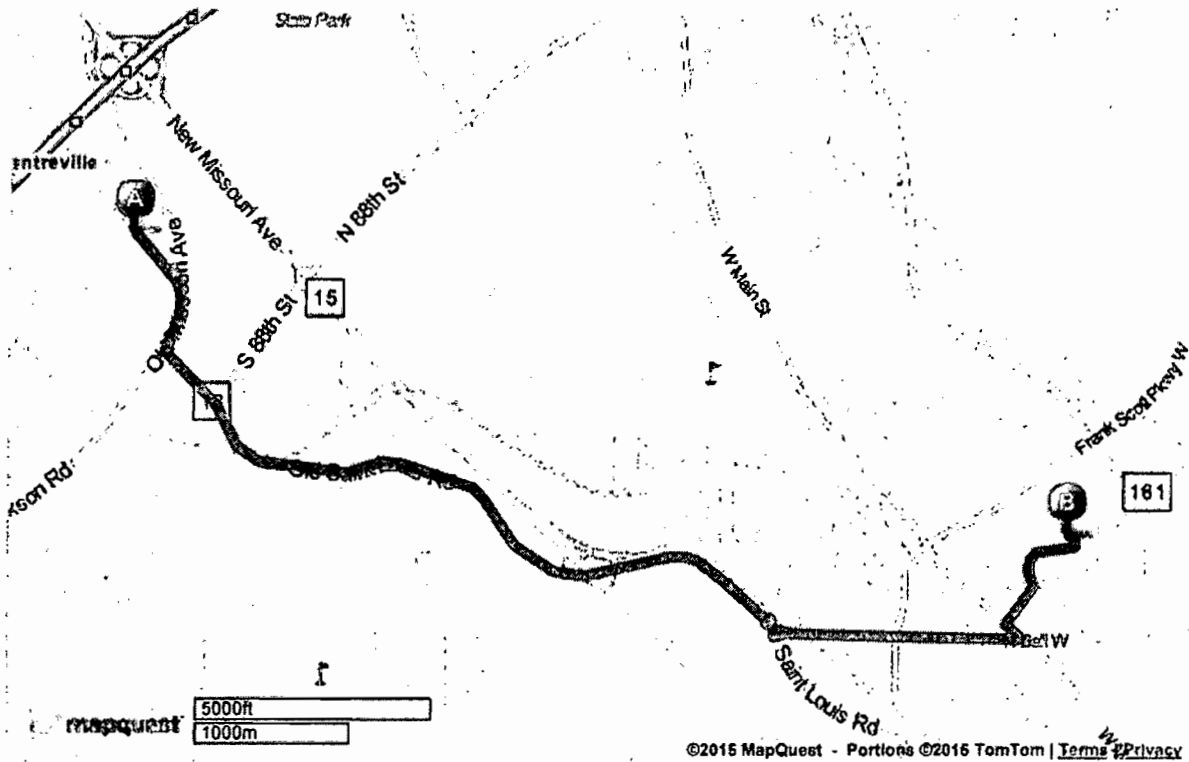
10. **4500 MEMORIAL DR** is on the **left.** [Map](#)

If you reach the end of Memorial Dr you've gone a little too far



4500 Memorial Dr, Belleville, IL 62226-5343

Total Travel Estimate: **6.44 miles - about 11 minutes**



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5900 Bond Avenue Centreville, Illinois 62207
p | 618.332.3060 f | 618.332.5256

January 26, 2015

VIA Certified Mail

Mr. Edward Cunningham, CEO
Gateway Regional Medical Center
2100 Madison Avenue
Granite City, IL 62040-4799

Re: Proposed Discontinuation of Touchette Regional Hospital located in Centreville, Illinois

Dear Mr. Cunningham:

I am taking this opportunity to advise you that Touchette Regional Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its current 8 bed pediatric unit permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board.

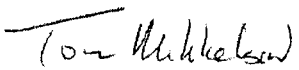
The basis for discontinuing inpatient pediatrics permanently is low volume. In 2013 and 2014 Touchette reported no inpatient pediatric volume in its inpatient pediatric beds. All other services will be maintained at the Centreville site.

Please feel free to advise us of the impact, if any, on your hospital of the permanent discontinuation of the pediatric service. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the other hospital patients/services). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to pediatric patients from the service area.

Please send any response to my attention, 5900 Bond Avenue, Centreville, IL 62207. Any response we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,


Tom Mikkelsen, M.D.

cc: Clare Ranalli

ST LOUIS
UNITED STATES POSTAL SERVICE

20 JAN '15

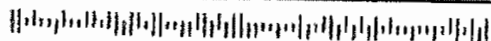
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First-Class Mail
Postage & Fees Paid
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Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Thomas Mikkelson, M.D., COO
Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207



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- 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:

Mr. Edward Cunningham, CEO
Gateway Regional Medical Center
2100 Madison Avenue
Granite City, IL 62040-4799

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/28/15

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Gateway Regional Medical Center
2100 Madison Avenue
Granite City, IL 62040

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7011 2000 0001 5412 4033

Notes



Trip to:

[1400 - 1420] Madison Ave

Granite City, IL 62040-4424

11.33 miles / 19 minutes



5900 Bond Ave, Centreville, IL 62207-2326

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1. Start out going **southeast** on **Bond Ave** toward **Hinckley St.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Take the 1st **left** onto **Old Missouri Ave / IL-163**. Continue to follow **IL-163**. [Map](#)

1.9 Mi

If you are on Old Missouri Ave and reach Clarita St you've gone about 0.2 miles too far

2.3 Mi Total



3. Turn **left** onto **Missouri Ave / IL-15**. [Map](#)

1.3 Mi

Missouri Ave is just past N 42nd St

If you reach Alcoa Dr you've gone about 0.2 miles too far

3.6 Mi Total



4. Turn **right** onto **N 26th St.** [Map](#)

0.2 Mi

N 26th St is just past N 27th St

If you reach N 24th St you've gone about 0.1 miles too far

3.8 Mi Total



5. Turn **slight left** onto **N 25th St.** [Map](#)

0.7 Mi

N 25th St is just past Saint Louis Ave

If you are on N 26th St and reach Illinois Ave you've gone a little too far

4.4 Mi Total



6. Turn **left** onto **State St.** [Map](#)

0.02 Mi

Little Caesars Pizza is on the corner

4.4 Mi Total



7. Take the 1st **right** onto **N 25th St.** [Map](#)

0.5 Mi

U.S. Bank - State Street IL Schnucks Office is on the corner

If you reach N 24th St you've gone a little too far

4.9 Mi Total



8. Merge onto **I-64 W** via the ramp on the **left**. [Map](#)

1.2 Mi

If you reach Jackie Joyner Kersee Cir you've gone about 0.1 miles too far

6.1 Mi Total



9. Merge onto **I-55 N / US-40 E** via **EXIT 4** toward **I-70 E / Chivago / Indianapolis**. [Map](#)

0.9 Mi

7.0 Mi Total



10. Merge onto **IL-203 N** via **EXIT 4** toward **Granite City**. [Map](#)

3.2 Mi

10.2 Mi Total



11. Turn **left** onto **6th St.** [Map](#)

0.5 Mi

6th St is just past 5th St

QuikTrip is on the corner

If you reach Skeen St you've gone a little too far

10.7 Mi Total



12. Turn **right** onto **Madison Ave.** [Map](#)

0.7 Mi

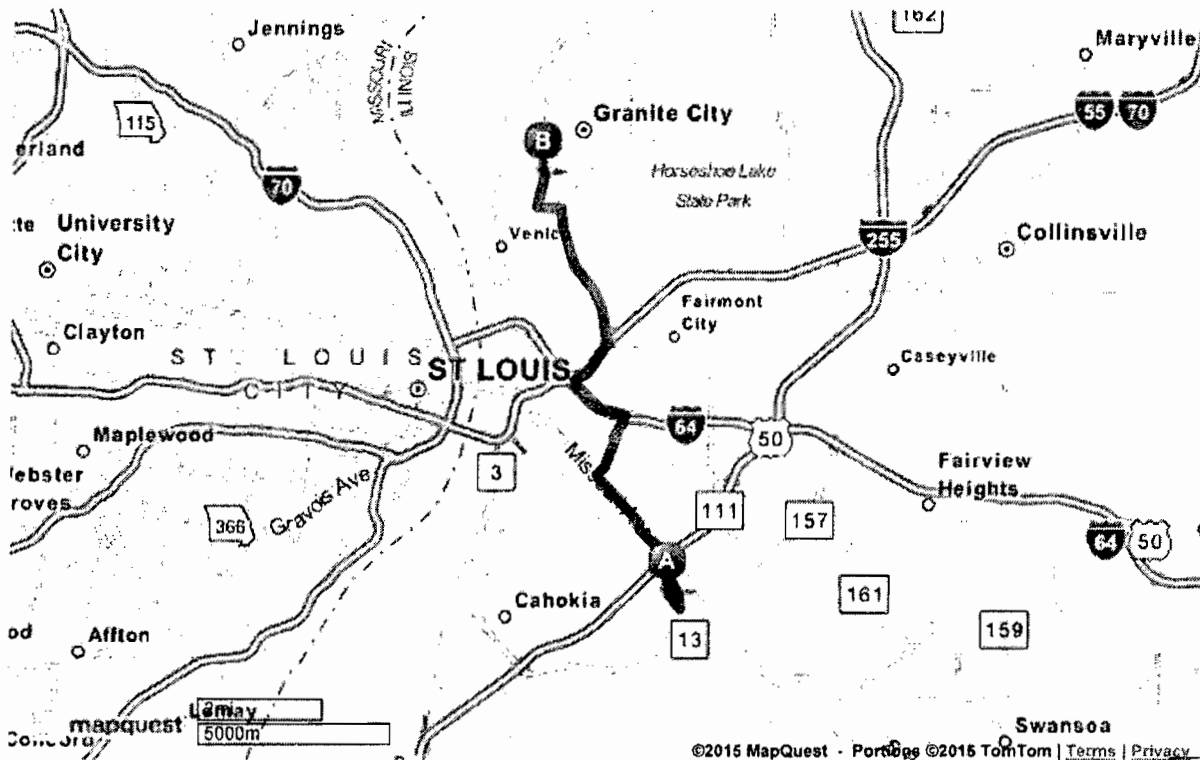
Madison Ave is 0.1 miles past Washington Ave

Regions Bank is on the right

If you reach State St you've gone about 0.1 miles too far

11.3 Mi Total

Total Travel Estimate: 11.33 miles - about 19 minutes



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5900 Bond Avenue Centreville, Illinois 62207
p | 618.332.3060 f | 618.332.5256

January 26, 2015

VIA Certified Mail

Ms. Maryann Reese, President & CEO
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220-1998

Re: Proposed Discontinuation of Touchette Regional Hospital located in Centreville, Illinois

Dear Ms. Reese:

I am taking this opportunity to advise you that Touchette Regional Hospital intends to seek approval from the Health Facilities and Services Review Board to discontinue its current 8 bed pediatric unit permanently upon receipt of approval (if provided) by the Health Facilities and Services Review Board.

The basis for discontinuing inpatient pediatrics permanently is low volume. In 2013 and 2014 Touchette reported no inpatient pediatric volume in its inpatient pediatric beds. All other services will be maintained at the Centreville site.

Please feel free to advise us of the impact, if any, on your hospital of the permanent discontinuation of the pediatric service. We invite you to advise us if your facility has the capacity to provide services to our patients (this ability to absorb capacity may apply to pediatric patients only, as there will otherwise be no disruption in services or need for your facility to absorb any of the other hospital patients/services). Also, please advise us if there are any restrictions or limitations in place that would preclude you from providing services to pediatric patients from the service area.

Please send any response to my attention, 5900 Bond Avenue, Centreville, IL 62207. Any response we receive will be included in the application submitted to the Health Facilities and Services Review Board. Please note that if you do not respond within 15 days of receipt of this impact request, it is presumed the discontinuation will have no impact on your facility.

Of course, if you have any questions about our plans, do not hesitate to contact me. Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Mikkelsen".

Tom Mikkelsen, M.D.

cc: Clare Ranalli

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>C. Playter</i> ☒ Agent ☐ Addressee	
1. Article Addressed to: Ms. Maryann Reese, President & CEO St. Elizabeth's Hospital 211 South Third Street Belleville, IL 62220-1998		B. Received by (Printed Name) <i>C. Playter</i> C. Date of Delivery <i>1/28/15</i>	
		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 label)		7011 2000 0001 5412 4026	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

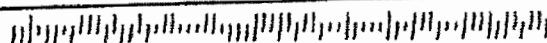
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Thomas Mikkelsen, M.D., COO
Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207



Notes



Trip to:
211 S 3rd St
 Belleville, IL 62220-1915
 8.74 miles / 13 minutes



5900 Bond Ave, Centreville, IL 62207-2326

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1. Start out going **southeast** on **Bond Ave** toward **Hinckley St**. [Map](#)

0.3 Mi

0.3 Mi Total



163

2. **Bond Ave** becomes **Old Missouri Ave / IL-163**. [Map](#)

0.4 Mi

0.7 Mi Total



13

3. Turn **left** onto **IL-157 / IL-13 / Old Saint Louis Rd**. Continue to follow **IL-13 / Old Saint Louis Rd**. Pass through 1 roundabout. [Map](#)
IL-13 is just past Clarita St
If you reach Beatrice Pl you've gone a little too far

2.5 Mi

3.2 Mi Total



15

4. Merge onto **W Illinois Highway 15 / IL-15**. [Map](#)

4.4 Mi

7.6 Mi Total



5. Take the **IL-158 / Centerville Ave** ramp toward **Millstadt**. [Map](#)

0.1 Mi

7.7 Mi Total



158

6. Enter next roundabout and take the 4th exit onto **IL-158 / Centerville Ave**. [Map](#)

0.1 Mi

7.9 Mi Total



7. Enter next roundabout and take the 2nd exit onto **Centerville Ave**. [Map](#)

0.4 Mi

8.3 Mi Total



8. Turn **right** onto **W Monroe St**. [Map](#)
If you reach W Lincoln St you've gone about 0.1 miles too far

0.3 Mi

8.6 Mi Total



9. Take the 2nd **left** onto **S 3rd St**. [Map](#)
S 3rd St is just past Bux St
If you reach Cathedral Ln you've gone a little too far

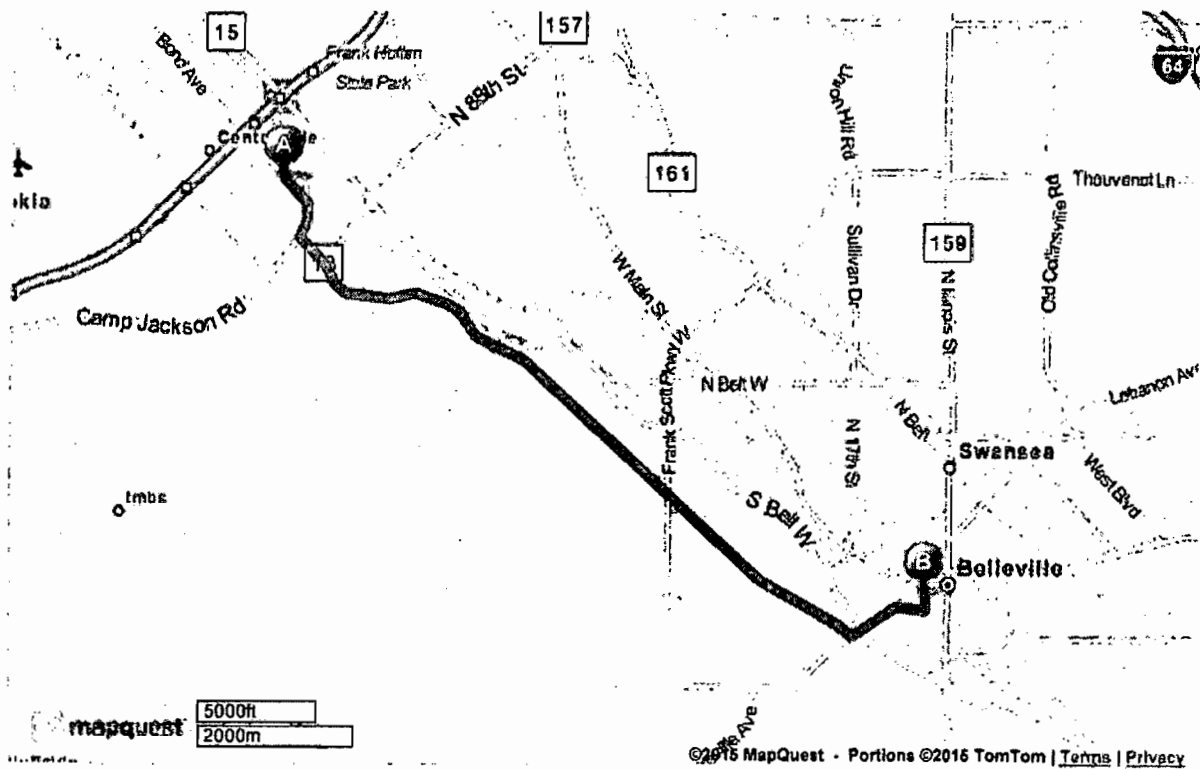
0.1 Mi

8.7 Mi Total



211 S 3rd St, Belleville, IL 62220-1915

Total Travel Estimate: 8.74 miles - about 13 minutes



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