

19-029

**ORIGINAL**

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****RECEIVED****This Section must be completed for all projects.**

JUN 28 2019

**Facility/Project Identification**

Facility Name: Blessing Hospital ASTC	<b>HEALTH FACILITIES &amp; SERVICES REVIEW BOARD</b>	
Street Address: (on the hospital campus off 11 <sup>th</sup> street)		
City and Zip Code: Quincy, IL 62301		
County: Adams	Health Service Area: E-05	Health Planning Area: 5

**Applicant(s)** [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Blessing Hospital
Street Address: 1005 Broadway Street Quincy, IL 62301
City and Zip Code: Quincy, IL 62301
Name of Registered Agent: Betty J. Kasparie
Registered Agent Street Address: 1005 Broadway Street
Registered Agent City and Zip Code: Quincy, IL 62301
Name of Chief Executive Officer: Maureen A. Kahn
CEO Street Address: 1005 Broadway Street Quincy, IL 62301
CEO City and Zip Code: Quincy, IL 62305
CEO Telephone Number: (217) 223-8400 ext. 6807

**Type of Ownership of Applicants**

- |  |  |                                |
|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation            | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
  - Partnerships must provide the name of the state in which they are 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: Betty J. Kasparie
Title: Vice President Corporate Compliance
Company Name: Blessing Hospital
Address: 1005 Broadway Street Quincy, IL 62301
Telephone Number: (217) 223-8400 ext. 6808
E-mail Address: betty.kasparie@blessinghealthsystem.org
Fax Number: (217) 223-6891

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

Name: Jayne Fry
Title: Administrative Director, Facilities, Engineering and Development
Company Name: Blessing Hospital
Address: 1005 Broadway Quincy, IL 62301
Telephone Number: (217) 223-8400 ext. 6738
E-mail Address: Jayne.fry@blessinghealthsystem.org
Fax Number: (217) 223-6891

**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: Betty J. Kasparie
Title: Vice President Corporate Compliance
Company Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Street Quincy, IL 62301
Telephone Number: (217) 223-8400 ext. 6808
E-mail Address: betty.kasparie@blessinghealthsystem.org
Fax Number: (217) 223-6891

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Blessing Hospital
Address of Site Owner: 1005 Broadway Street Quincy, IL 62301
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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.

**Operating Identity/Licensee**

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

Exact Legal Name: Blessing Hospital		
Address: 1005 Broadway Street Quincy, IL 62301		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>		
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

**Organizational Relationships**

Provide (for each 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.



**Illinois Department of  
PUBLIC HEALTH**

HF116900

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

Nirav D. Shah, M.D., J.D.  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LIC NUMBER
12/31/2019		0000141
General Hospital		
Effective: 01/01/2019		

Blessing Hospital  
Broadway St & N 11th St  
PO BOX 7005  
Quincy, IL 62305

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 6/16

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp. Date 12/31/2019

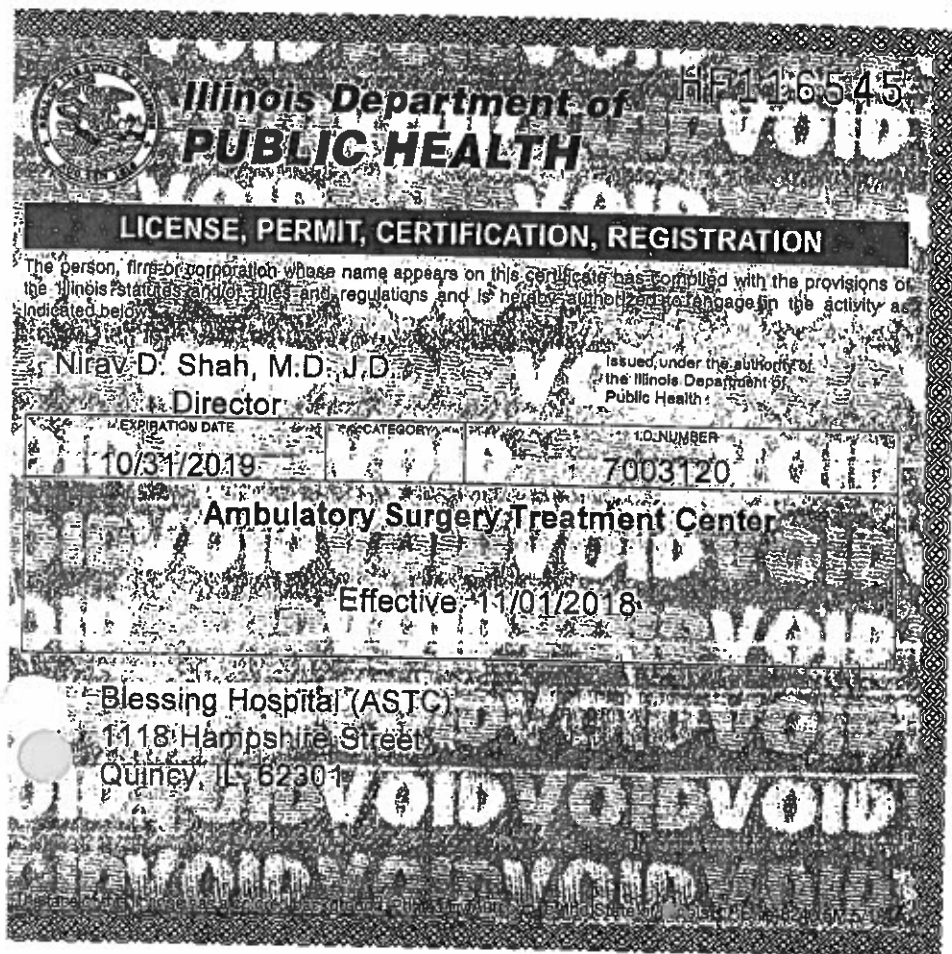
Lic Number 000014

Date Printed 11/14/2018

Blessing Hospital

Broadway St & N 11th St  
PO BOX 7005  
Quincy, IL 62305

**FEE RECEIPT NO.**



← **DISPLAY THIS PART IN A CONSPICUOUS PLACE**

Exp. Date 10/31/2019

Lic Number 7003120

Date Printed 8/29/2018

Blessing Hospital (ASTC)

1118 Hampshire Street  
 Quincy, IL 62301-3027

**FEE RECEIPT NO.**

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 #2006-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive  
☐ Non-substantive

**2. Narrative Description**

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

The Applicant currently operates the Blessing ASTC a multi-specialty ASTC located at 11118 Hampshire. The ASTC has three OR rooms and three procedure rooms.

This CON application proposes to relocate the Blessing ASTC to the hospital campus and connect the center to the hospital by walkway. All staff and movable equipment will be relocated from the 1118 Hampshire ASTC to the new ASTC location. The project consists of 16,403 gross square feet of clinical space and 19,353 square feet of non-reviewable space for a total of 35,756 gross square feet. The total cost of the project is \$21,393,943

The ASTC license at 1118 Hampshire will be surrendered to the State immediately following the completion of the proposed project.

The project is substantive in accordance with 77 IL Adm. Code 1110.40(b) because it does not meet the criteria for classification as a non-substantive project.

### Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-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 be 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)			
<b>TOTAL USES OF FUNDS</b>			
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			
<b>TOTAL SOURCES OF FUNDS</b>			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

**Related Project Costs**

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

Land acquisition is related to project ☐ Yes ☒ No  
Purchase Price: \$ \_\_\_\_\_  
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 \$0 as this is a relocation.

**Project Status and Completion Schedules**

**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): January 31, 2022

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

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.  
☒ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  
☐ Financial Commitment 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** [Section 1130.620(c)]

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

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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 the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is 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**.

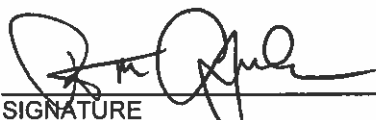
FACILITY NAME: Blessing Hospital		CITY: Quincy, IL			
REPORTING PERIOD DATES: From: 1/1/18 to: 12/31/18					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	178	9515	39,449	0	n/c
Obstetrics	25	1147	2508	0	n/c
Pediatrics	20	297	643	0	n/c
Intensive Care	25	1451	5080	0	n/c
Comprehensive Physical Rehabilitation	18	344	4780	0	n/c
Acute/Chronic Mental Illness	41	2035	12,308	0	n/c
Neonatal Intensive Care					n/c
General Long Term Care					n/c
Specialized Long Term Care					n/c
Long Term Acute Care	20	558	5850	0	n/c
Other ((identify))					n/c
TOTALS:	327	15,347	70,618	0	n/c

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Blessing 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 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 fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Patrick M. Gervolin

PRINTED NAME

EVP/CFO

PRINTED TITLE



SIGNATURE

MAUREEN A. KAHN

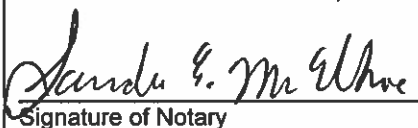
PRINTED NAME

President/CEO

PRINTED TITLE

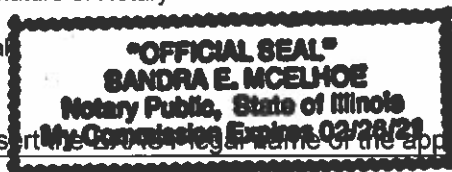
Notarization:

Subscribed and sworn to before me  
this 27<sup>th</sup> day of June, 2019



Signature of Notary

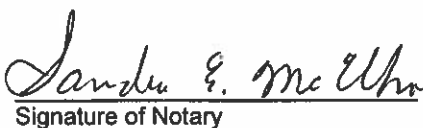
Seal



\*Insert the name of the applicant

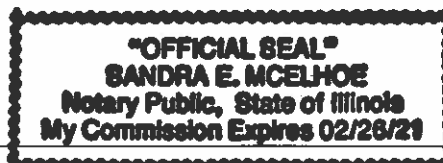
Notarization:

Subscribed and sworn to before me  
this 27<sup>th</sup> day of June 2019



Signature of Notary

Seal



\*Insert the name of the applicant

## SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

**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 1110.290 – Discontinuation (State-Owned Facilities and All Relocations)

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 90 days following the date of discontinuation.

#### REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

#### IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will 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.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS**

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

**1110.110(a) – Background of the Applicant**

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
  - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

**Criterion 1110.110(b) & (d)****PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.**

**APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE****Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data is available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**G. Non-Hospital Based Ambulatory Surgery (Current 1118 Hampshire)**

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input checked="" type="checkbox"/> Cardiovascular
<input checked="" type="checkbox"/> Colon and Rectal Surgery
<input checked="" type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input checked="" type="checkbox"/> General Surgery
<input checked="" type="checkbox"/> Gastroenterology
<input checked="" type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrics/Gynecology
<input checked="" type="checkbox"/> Ophthalmology
<input checked="" type="checkbox"/> Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/> Orthopedic Surgery
<input checked="" type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input checked="" type="checkbox"/> Plastic Surgery
<input checked="" type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input checked="" type="checkbox"/> Thoracic Surgery
<input checked="" type="checkbox"/> Urology
<input type="checkbox"/> Other _____

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	

1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/> n/a		
<input type="checkbox"/>		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT 30</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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

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

## VI. 1120.120 - AVAILABILITY OF FUNDS (n/a)

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

	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all</li> </ol>

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	<b>TOTAL FUNDS AVAILABLE</b>

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VII. 1120.130 - FINANCIAL VIABILITY (N/A)**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS **ATTACHMENT 34**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

	Historical 3 Years			Projected
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

**Variance**

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

APPEND DOCUMENTATION AS **ATTACHMENT 35**, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

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

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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

**SECTION IX. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

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 38.**

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

	Outpatient				
	Total				

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

**SECTION X. CHARITY CARE INFORMATION**

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS **ATTACHMENT 38**, 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 included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	29
2	Site Ownership	30-37
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	38
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	39-40
5	Flood Plain Requirements	41-47
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7	Project and Sources of Funds Itemization	51
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9	Cost Space Requirements	53
10	Discontinuation	54
11	Background of the Applicant	55-58
12	Purpose of the Project	59-63
13	Alternatives to the Project	83-98
14	Size of the Project	99-102
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16	Unfinished or Shell Space	107-107A
17	Assurances for Unfinished/Shell Space	
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
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21	Open Heart Surgery	
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23	In-Center Hemodialysis	
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25	Selected Organ Transplantation	
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27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	
34	Financial Waiver	
35	Financial Viability	
36	Economic Feasibility	206-219
37	Safety Net Impact Statement	220-228
38	Charity Care Information	229



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of APRIL A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

### Site Ownership

Attached is the Title Insurance Policy for Blessing Hospital as owner of the property.

OPA

Serial No.

2183171

OWNER TITLE INSURANCE POLICY

Attorneys' Title Guaranty Fund, Inc.

CHAMPAIGN, ILLINOIS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS CONTAINED IN SCHEDULE B AND THE PROVISIONS OF THE CONDITIONS AND STIPULATIONS HEREOF, Attorneys' Title Guaranty Fund, Inc., an Illinois Corporation, herein called The Fund, insures, as of the Effective Date of policy shown in Schedule A, against loss or damage, not exceeding the amount of insurance stated in Schedule A, and costs, attorneys' fees and expenses which The Fund may become obligated to pay hereunder, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested otherwise than as stated therein;
2. Any defect in or lien or encumbrance on such title; or
3. Lack of a right of access to and from the land; or
4. Unmarketability of such title.

*In Witness Whereof*, Attorneys' Title Guaranty Fund, Inc., has caused this policy to be signed and sealed in its name by its Executive Vice President, by direction of its Board of Directors, to become binding when countersigned by a member of The Fund.



Attorneys' Title Guaranty Fund, Inc.

By

*Michael J. Rooney*  
Michael J. Rooney  
Executive Vice President

However, that failure to notify shall in no case prejudice rights of any such insured under this policy unless The Fund shall be prejudiced by such failure and then only to the extent of such prejudice.

(c) The Fund shall have the right at its own cost to institute and without undue delay prosecute any action or proceeding

EXHIBIT A

Parcel A

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7) and Eight (8) in Block Two (2) in Willard Keyes Addition to the City of Quincy, and the alleys running North and South and East and West through said Block Two (2), said alleys having been vacated by Ordinances No. 95, 1127 and 1138 of the City of Quincy;

Lots One (1), Two (2), Three (3), and Four (4) in Block Eleven (11) in Willard Keyes Addition to the City of Quincy;

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8), Nine (9), and Ten (10) in James W. Singleton's Addition to the City of Quincy;

The alley running East and West between Tenth Street and Eleventh Street and lying South of James W. Singleton's Addition to the City of Quincy and North of Block Eleven (11) in Willard Keyes Addition to the City of Quincy, said alley having been vacated by Ordinance No. 66-52 of the City of Quincy; and

Spring Street running East and West between Tenth Street and Eleventh Street, said Street having been vacated by Ordinance No. 66-52 of the City of Quincy;

all situated in Adams County, Illinois.

Parcel B

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8), Nine (9), and Ten (10) in Block Two (2) in William D. Morgan's Addition to the City of Quincy; and

Lots Eleven (11), Twelve (12), Thirteen (13), Fourteen (14), Fifteen (15), Sixteen (16), Seventeen (17), Eighteen (18), Nineteen (19), and Twenty (20) in Block Two (2) in John Whetstone's Addition to the City of Quincy;

all situated in Adams County, Illinois.

# FUND OWNER FORM

## SCHEDULE A

Policy No.: OPA2183171 Effective Date: August 8, 1989, 4:30 p.m.

Amount of Insurance: \$ 500,000.00

1. Name of Insured:

Blessing Hospital, an Illinois  
not-for-profit corporation.

2. The estate or interest in the land described herein and which is covered by this policy is, at the effective date hereof, vested in the named insured and is a fee simple (if other, specify same: \_\_\_\_\_).

3. The land referred to in this policy is described as follows:

(See Attached Exhibit A)

ISSUED BY

Schmiedeskamp, Robertson,  
Neu & Mitchell  
217/223-3030

(Attorney or Firm of Attorneys)

2334

MEMBER NO.

*Richard B. Neu*

SIGNATURE OF ATTORNEY

232 No. 6th St., P.O. Box 1069.

(Mailing Address)

Quincy

(City)

Illinois 62306

(Zip)

Parcel C

Lots One (1), Two (2), Three (3), Four (4), Five (5), and Six (6) in Geise's Addition to the City of Quincy; and

Lots Eleven (11), Twelve (12), Thirteen (13), Fourteen (14), and Fifteen (15) in Block Three (3) in William D. Morgan's Addition to the City of Quincy;

all situated in Adams County, Illinois.

Parcel D

Lots One (1), Two (2), Three (3), Four (4), Eight (8), Nine (9), Ten (10), and Eleven (11) in Bernard Meyer's Addition to the City of Quincy, except the North one hundred (100) feet of the West eleven (11) feet of said Lot Eleven (11); and

Lot Seven (7) in Block Ten (10) in Willard Keyes Addition to the City of Quincy, except the North one hundred (100) feet of said Lot Seven (7);

all situated in Adams County, Illinois.

Parcel E

Lots One (1), Two (2), Three (3), Four (4) and the East fifty (50) feet of Lot Five (5) in Block Ten (10) in Willard Keyes Addition to the City of Quincy;

all situated in Adams County, Illinois.

Parcel F

A part of Block One (1) in Willard Keyes Addition to the City of Quincy, bounded and described as follows:

Commencing on the South line of Spring Street at a point one hundred (100) feet East of the intersection of the East line of Eleventh Street and the South line of Spring Street, running thence East along the South line of Spring Street one hundred seventy-five and seventy-two hundredths (175.72) feet to the West line of a twelve (12) foot wide alley, thence South along the West line of said alley one hundred ninety-five and seventy-nine hundredths (195.79) feet to a point on the North line of a twenty (20) foot wide alley, thence West along the North line of said alley two hundred seventy-four and seventy-three hundredths (274.73) feet to a point on the East line of Eleventh Street, thence North along the East line of Eleventh Street one hundred sixty-nine and eighty-two hundredths (169.82) feet to a point that is twenty-five (25) feet South of the intersection of the East line of Eleventh Street and the South line of Spring Street, thence East parallel with the South line of Spring Street one hundred (100) feet, thence North parallel with the East line of Eleventh Street twenty-five (25) feet to the place of beginning;

all situated in Adams County, Illinois.

Parcel G

A part of Block One (1) in Willard Keyes Addition to the City of Quincy, bounded and described as follows:

Commencing at the Northeast corner of said Block, running thence South on the West line of Twelfth Street one hundred ninety-seven and one-half (197-1/2) feet, more or less, to the North line of an alley, thence West on the North line of said alley one hundred fifty (150) feet, more or less, to the East line of an alley, thence North on the East line of said alley to the South line of Spring Street, thence East on the South line of Spring Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel M

Part of Lot One (1) in Block Three (3) in Willard Keyes Addition to the City of Quincy, bounded and described as follows: Commencing on the North line of Broadway at the intersection of the said North line of Broadway with the West line of Tenth Street, running thence West along the North line of Broadway sixty-one and one-half (61-1/2) feet, thence North parallel with the West line of said Tenth Street and midway between the brick building known as Nos. 927 and 929 Broadway, to an alley, thence East along the South line of said alley and parallel with the North line of Broadway, to the West line of Tenth Street, and thence South along the West line of Tenth Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel N

The West twenty-six and two-thirds (26-2/3) feet of Lot Two (2) and all of Lots Three (3), Four (4), Five (5) and Six (6) in Block Eleven (11) in Holmes and Wood's Addition to the City of Quincy; and, the East one hundred twenty (120) feet of Block Three (3) in Plat One of the Subdivision of the Estate of Samuel Alexander, deceased, an Addition to the City of Quincy, lying North of the alley running East and West through said Block;

all situated in Adams County, Illinois.

Parcel O

Lot Seven (7) in Block Eleven (11) in Holmes and Wood's Addition to the City of Quincy;

Part of Block Three (3) of Plat One (1) of the Subdivision of the Estate of Samuel Alexander, deceased, bounded and described as follows: Beginning at a point on the North line of Vermont Street in the City of Quincy, seventy-two (72) feet West of the East line of Lot Seven (7) in Block Eleven (11) of Holmes and Wood's Addition to the City of Quincy, thence Northerly in a straight line one hundred eighty-nine (189) feet to a point on the South line of a twenty (20) foot alley, which point is seventy and three-tenths (70.3) feet West of the East line of said Lot Seven (7), thence East along the South line of said alley to the West line of said Lot Seven (7), thence South along the West line of said Lot Seven (7) to the North line of Vermont Street; and thence West along said North line of Vermont Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel P

A part of the Northeast Quarter of Section Thirty-five (35) in Township One (1) South of the Base Line, in Range Nine (9) West of the Fourth Principal Meridian, more particularly described as follows: Commencing at a point where the South line of Locust Street in the City of Quincy, intersects the East line of North Tenth Street in said City, thence South  $01^{\circ} 00'$  East along the East line of said North Tenth Street in said City, one hundred sixty-one and sixty-two and one-half hundredths (161.625) feet to a point, thence North  $89^{\circ} 00'$  East parallel to the South line of said Locust Street six hundred two and forty-six hundredths (602.46) feet to a point, thence North parallel to the East line of said North Tenth Street to a point in the South line of said Locust Street, thence West six hundred two and forty-six hundredths (602.46) feet to the point of beginning;

all situated in Adams County, Illinois.

Parcel Q

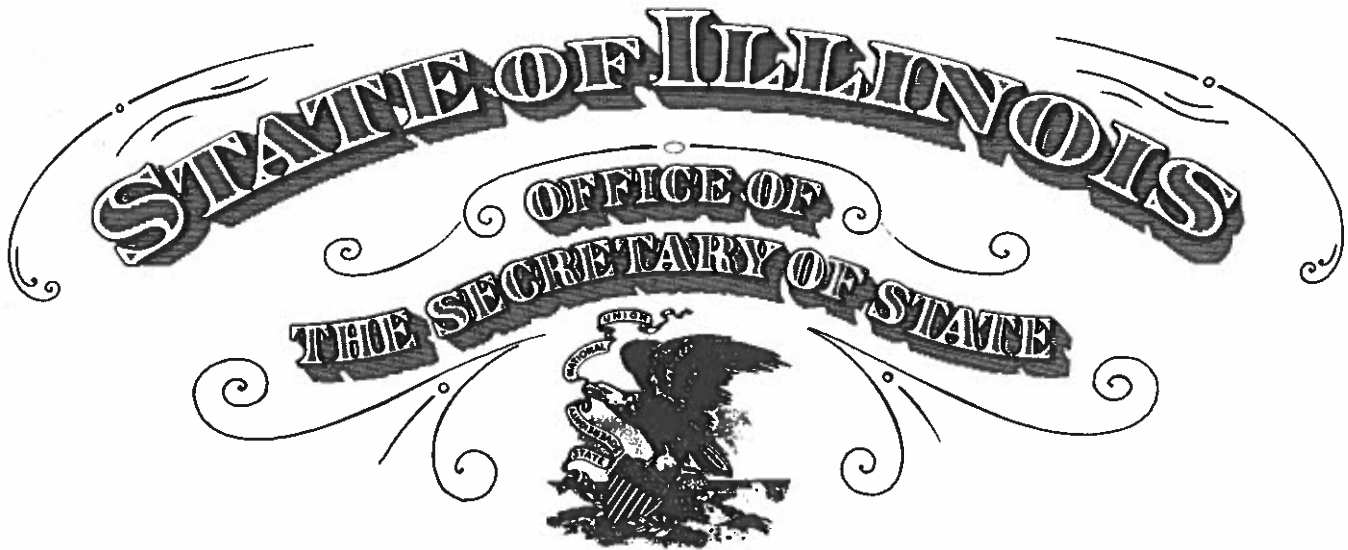
The East Half of the Northeast Quarter of Section Thirty-one (31) in Township One (1) North, Range Eight (8) West of the Fourth Principal Meridian, except the North one (1) rod thereof; and

The North Half of the Northwest Quarter of Section Thirty-two (32), in Township One (1) North, Range Eight (8) West of the Fourth Principal Meridian, except a parcel off of the West end of the North one (1) rod of the Northwest Quarter of the Northwest Quarter of Section Thirty-two (32), in Township One (1) North, Range Eight (8) West, bounded and described as follows: Beginning at the Northwest corner of said Northwest Quarter of the Northwest Quarter of Section Thirty-two (32), thence East on the North line of said Quarter Quarter Twenty-eight (28) feet, thence Southwesterly to a point one (1) rod South and twelve (12) feet East of said Northwest corner of said Quarter Quarter, thence West twelve (12) feet to the West line of said Quarter Quarter, thence North to the place of beginning;

all situated in Adams County, Illinois.

### Operating Identity/License

The operating identity/license is Blessing Hospital, a non-profit corporation. A copy of its Certificate of Good Standing from the Office of the Illinois Secretary of State is attached.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



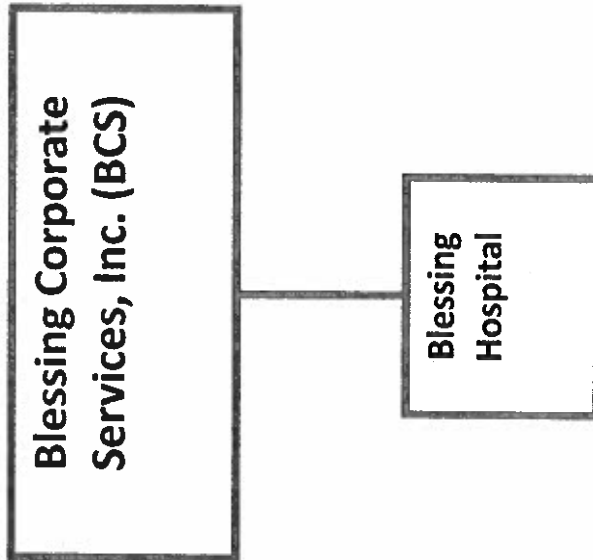
***In Testimony Whereof, I hereto set***  
***my hand and cause to be affixed the Great Seal of***  
***the State of Illinois, this 3RD***  
***day of APRIL A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

Attachment 3

# Blessing Health System Organizational Chart



Attachment 4

June 27, 2019

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities Planning Board  
525 West Jefferson  
Springfield, IL 62702

RE: Compliance Requirement of Illinois Executive Order #2006-5 Regarding  
Construction in Special Flood Hazard Area

Dear Mr. Constantino,

The undersigned is an authorization agent of Blessing Hospital, the owner of the site for the proposed CON.

I hereby attest that this site is not located in a floodplain as identified by the most recent FEMA map and that this location complies with Floodplain Rule and the requirements under Illinois Executive Order #2006-5, "Construction Activities in Special Flood Hazard Area".

Signature



Maureen A. Kahn  
President / CEO  
Blessing Hospital

Attachment 5



2006-05

**CONSTRUCTION ACTIVITIES  
IN SPECIAL FLOOD HAZARD AREAS**

WHEREAS, the State of Illinois has programs for the construction of buildings, facilities, roads, and other development projects and annually acquires and disposes of lands in floodplains; and

WHEREAS, federal financial assistance for the acquisition or construction of insurable structures in all Special Flood Hazard Areas requires State participation in the National Flood Insurance Program; and

WHEREAS, the Federal Emergency Management Agency has promulgated and adopted regulations governing eligibility of State governments to participate in the National Flood Insurance Program (44 C.F.R. 59-79), as presently enacted or hereafter amended, which requires that State development activities comply with specified minimum floodplain regulation criteria; and

WHEREAS, the Presidential Interagency Floodplain Management Review Committee has published recommendations to strengthen Executive Orders and State floodplain management activities;

NOW THEREFORE, by virtue of the authority vested in me as Governor of the State of Illinois, it is hereby ordered as follows:

I. For purpose of this Order:

- A. "Critical Facility" means any facility which is critical to the health and welfare of the population and, if flooded, would create an added dimension to the disaster. Damage to these critical facilities can impact the delivery of vital services, can cause greater damage to other sectors of the community, or can put special populations at risk. The determination of Critical Facility will be made by each agency.

Examples of critical facilities where flood protection should be required include:

Emergency Services Facilities (such as fire and police stations)  
Schools  
Hospitals  
Retirement homes and senior care facilities  
Major roads and bridges  
Critical utility sites (telephone switching stations or electrical transformers)  
Hazardous material storage facilities (chemicals, petrochemicals, hazardous or toxic substances)

Examples of critical facilities where flood protection is recommended include:

Sewage treatment plants  
Water treatment plants  
Pumping stations

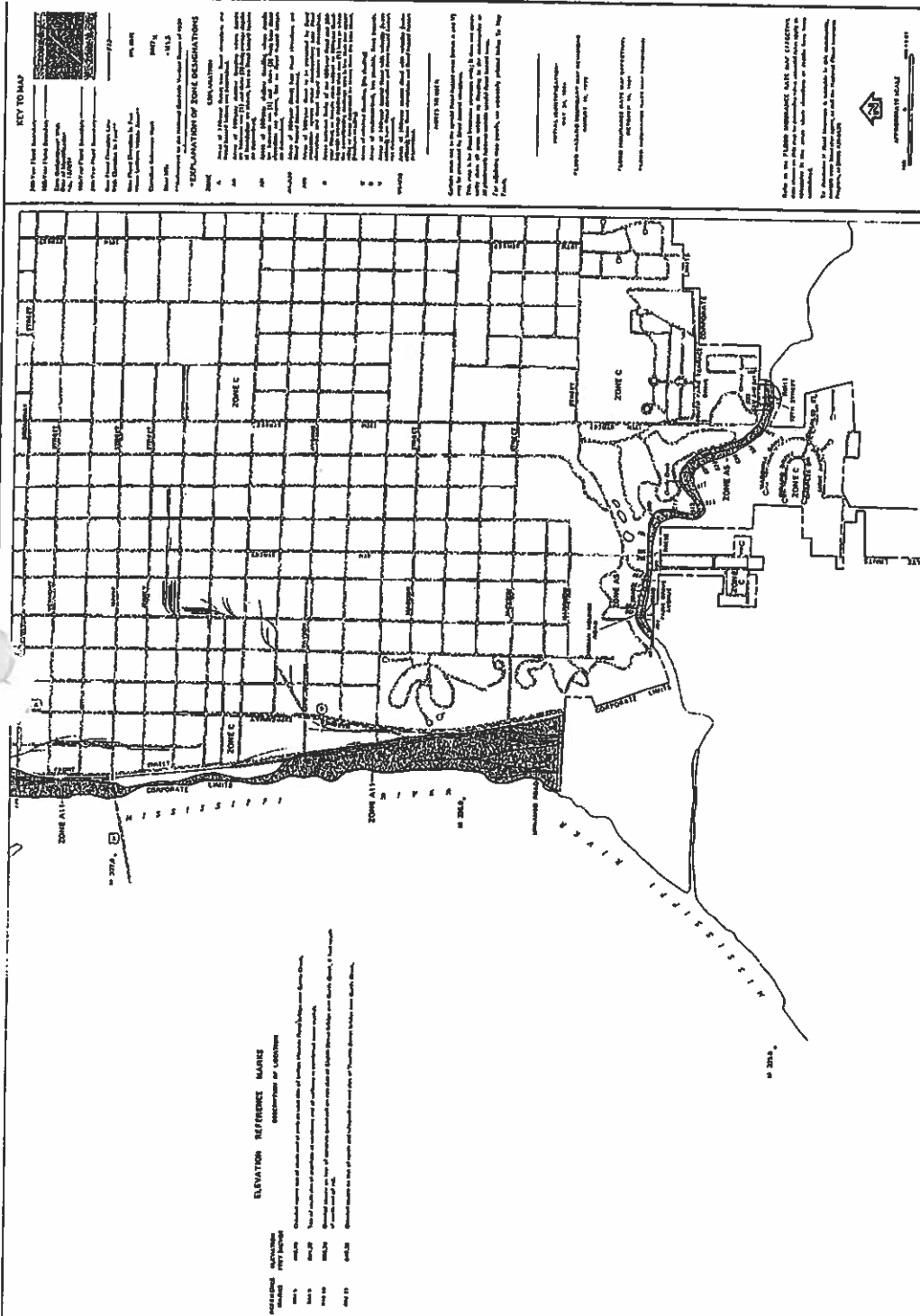
- B. "Development" or "Developed" means the placement or erection of structures (including manufactured homes) or earthworks; land filling, excavation or other alteration of the ground surface; installation of public utilities; channel modification; storage of materials or any other activity undertaken to modify the existing physical features of a floodplain.
- C. "Flood Protection Elevation" means one foot above the applicable base flood or 100-year frequency flood elevation.
- D. "Office of Water Resources" means the Illinois Department of Natural Resources, Office of Water Resources.
- E. "Special Flood Hazard Area" or "Floodplain" means an area subject to inundation by the base or 100-year frequency flood and shown as such on the most current Flood Insurance Rate Map published by the Federal Emergency Management Agency.
- F. "State Agencies" means any department, commission, board or agency under the jurisdiction of the Governor; any board, commission, agency or authority which has a majority of its members appointed by the Governor; and the Governor's Office.

2. All State Agencies engaged in any development within a Special Flood Hazard Area shall undertake such development in accordance with the following:
  - A. All development shall comply with all requirements of the National Flood Insurance Program (44 C.F.R. 59-79) and with all requirements of 92 Illinois Administrative Code Part 700 or 92 Illinois Administrative Code Part 708, whichever is applicable.
  - B. In addition to the requirements set forth in preceding Section A, the following additional requirements shall apply where applicable:
    1. All new Critical Facilities shall be located outside of the floodplain. Where this is not practicable, Critical Facilities shall be developed with the lowest floor elevation equal to or greater than the 500-year frequency flood elevation or structurally dry floodproofed to at least the 500-year frequency flood elevation.
    2. All new buildings shall be developed with the lowest floor elevation equal to or greater than the Flood Protection Elevation or structurally dry floodproofed to at least the Flood Protection Elevation.
    3. Modifications, additions, repairs or replacement of existing structures may be allowed so long as the new development does not increase the floor area of the existing structure by more than twenty (20) percent or increase the market value of the structure by fifty (50) percent, and does not obstruct flood flows. Floodproofing activities are permitted and encouraged, but must comply with the requirements noted above.
3. State Agencies which administer grants or loans for financing development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order.
4. State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order.
5. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.
6. The Office of Water Resources shall provide available flood hazard information to assist State Agencies in carrying out the responsibilities established by this Order. State Agencies which obtain new flood elevation, floodway, or encroachment data developed in conjunction with development or other activities covered by this Order shall submit such data to the Office of Water Resources for their review. If such flood hazard information is used in determining design features or location of any State development, it must first be approved by the Office of Water Resources.

7. State Agencies shall work with the Office of Water Resources to establish procedures of such Agencies for effectively carrying out this Order.
8. **Effective Date.** This Order supersedes and replaces Executive Order Number 4 (1979) and shall take effect on the first day of.

Rod R. Blagojevich, Governor

Issued by Governor: March 7, 2006  
Filed with Secretary of State: March 7, 2006





June 27, 2019

Ms. Rachel Leibowitz, Ph.D.  
Deputy State Historic Preservation Officer  
Illinois Department of Natural Resources  
One Natural Resources Way  
Springfield, IL 62702-1271

Dear Dr. Leibowitz,

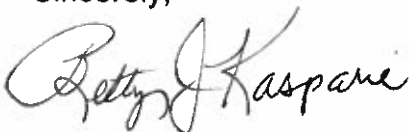
Blessing Hospital is preparing a Certificate of Need Permit to build an ambulatory surgical treatment center on the campus of Blessing Hospital in Quincy, IL. The project will be located in an area that is currently a parking lot on 11<sup>th</sup> Street. There currently are dorms on that lot that were built in early 1970s that are to be taken down separate from this project as the dorms have been vacated. I am attaching documents to show the surrounding area.

Attached is a map of the location. The current address is 1112 Spring Street.

Please provide me with a letter concerning the applicability of the Preservation Act to the proposed project.

Thank you for your attention to this request.

Sincerely,



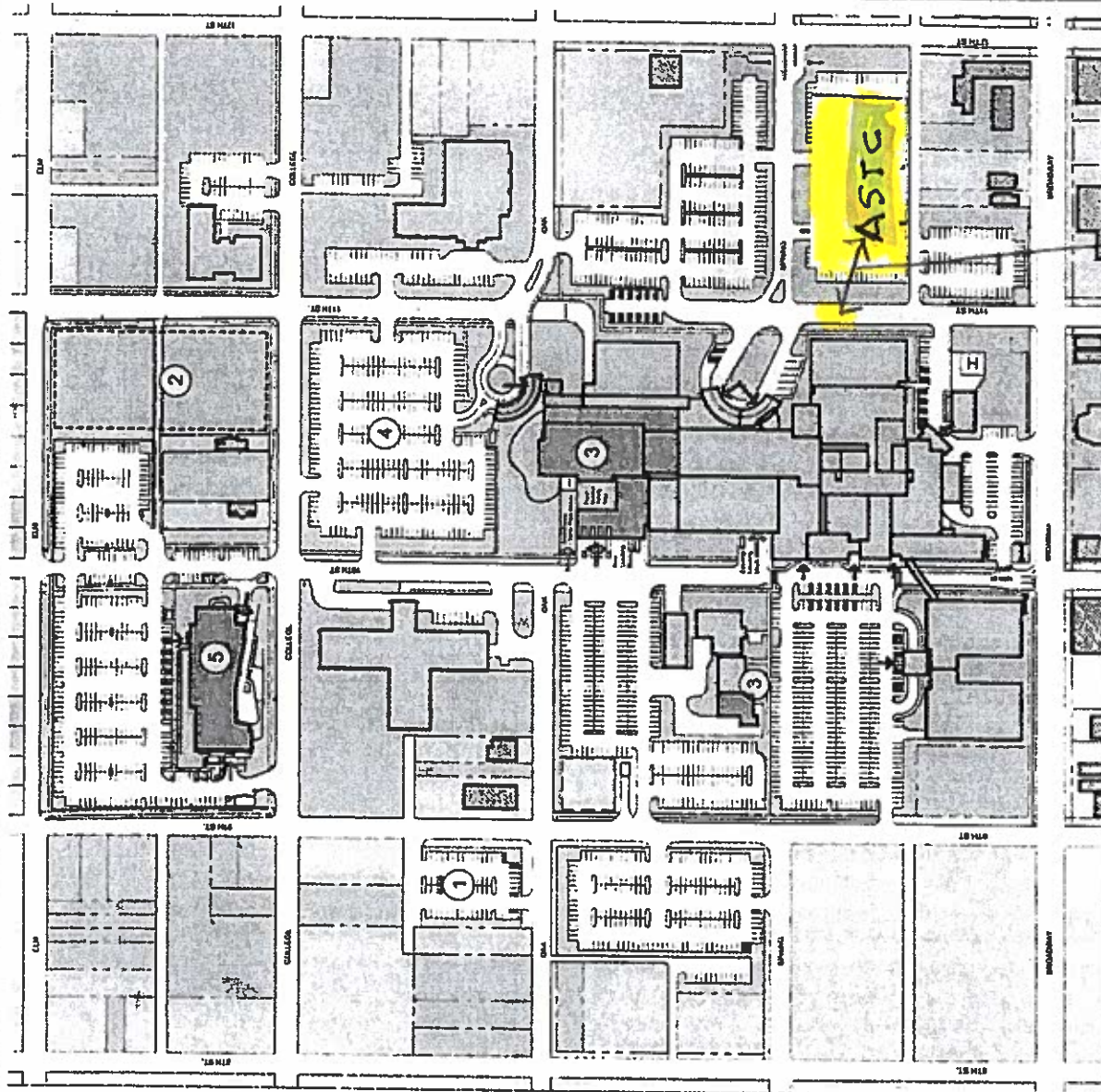
Betty J. Kasparie  
Vice President of Corporate Compliance

BJK/elc

Attachment 6



# Master Site Plan



## LEGEND



## NOTES

Connecting Corridor

### Project Costs and Sources of Funds

USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$ 29,360	\$ 34,640	\$ 64,000
Site Survey and Soil Investigation	\$ 16,056	\$ 18,944	\$ 35,000
Site Preparation	\$ 387,265	\$ 456,913	\$ 844,178
Off Site Work	N/A	N/A	N/A
HVAC (non reviewable)	N/A	\$ 3,105,380	\$ 3,105,380
New Construction Contracts	\$ 6,195,754	\$ 7,310,031	\$ 13,505,785
Modernization Contracts	N/A	N/A	N/A
Contingencies	\$ 658,302	\$ 776,694	\$ 1,434,996
Architectural/Engineering Fees	\$ 569,966	\$ 672,471	\$ 1,242,437
Consulting and Other Fees	\$ 98,860	\$ 116,640	\$ 215,500
Movable or Other Equipment (not in construction contracts)	\$ 250,000		250,000
Bond Issuance Expense (project related)	\$ 46,317	\$ 70,350	116,667
New Interest Expense During Construction (project related)	\$ 107,190	\$ 162,810	270,000
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized*	\$ 114,687	\$ 135,313	\$ 250,000
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
<b>TOTAL USES OF FUNDS</b>	<b>\$ 8,473,757</b>	<b>\$ 12,860,186</b>	<b>\$ 21,333,943</b>

\*Artwork, Furniture, Signage

SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash & Securities	4,503,757	6,890,186	11,393,943
Pledges			
Gifts and Bequests			
Bond Issues (project related)	3,970,000	6,030,000	10,000,000
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>8,473,757</b>	<b>12,920,186</b>	<b>21,393,943</b>

### Related Project Costs

There are no related start-up costs as this is a relocation.

### Project Status and Completion Schedule

The anticipated date of completion is January 31, 2022. The project is in the schematic stage.

## Cost Space Requirements

		BGSF						
Dept./Area	Cost	Existing	Proposed	New Const.	Modernized	As Is		Vacated Space
Reviewable								
Surgery			6,224	6,224				
Endo			1,076	1,076				
Recovery			9,103	9,103				
Phase 1			939	939				
Phase 2			8,164	8,164				
Contingency								
Total Clinical			16,403	16,403				
Non Reviewable								
Public/Admin/Bldg. Support			18,547	18,547				
Shelled Space			806	806				
Contingency								
Total Non Clinical			19,353	19,353				
Total			35,756	35,756				

45.87%

54.13%

Clinical and Nonclinical space extends to the outer line of the building shell. See Diagrams  
Non Clinical is also capturing the building systems and support rooms (Mech, Elec, Data, Jan, Stor., etc.)

#### 1110.290 – Discontinuation

1. No beds are involved in this project. Blessing hospital is proposing to relocate its ASTC from 1118 Hampshire to the Blessing Campus. The Blessing ASTC currently has 3 operating rooms and 3 procedure rooms.
2. No other clinical services are involved in the relocation.
3. The discontinuation of ASTC services at the current location and commencement of services at the hospital campus is anticipated to be January 31, 2022.
4. The current space is leased. Equipment in the existing ASTC will be relocated to the new location.
5. All patient medical records remain with Blessing Hospital. There is no change.
6. See attached letter

#### Reasons for the Discontinuation

The reason for discontinuation is to relocate the current ASTC from leased space to property that is owned by Blessing on its campus. The current center operating rooms are not large enough to address the case requirements of all specialists who need to practice in the ASTC. There is no space to expand in the current operating rooms to meet this need. Also, relocating the ASTC from leased space to a building owned by Blessing Hospital will save \$1.4 million annually in operating costs and result in a more cost-efficient long-term operation of the ASTC.

#### Impact of Access

The project will improve access to care. The ASTC will be on the hospital campus attached to the hospital by a covered walkway joining the hospital building near the surgical suite. The proposed ASTC service is not changing, only the location. Blessing is in leased space today, owned by a competing provider. It is located in the middle of a medical office building. The new location will provide direct access to the surgery center in case of emergency. Parking will be located immediately outside the building. The ASTC will be a free standing ASTC and will be reimbursed at ASTC rates.

1110.230 – Background

Attached is a copy of the license of Blessing Hospital and the Blessing ASTC. Blessing Hospital does not own any other hospitals or ASTC's.

No adverse action, as defined by Illinois Health Facilities and Services Review Board rules, has been taken against Blessing over the past three years.

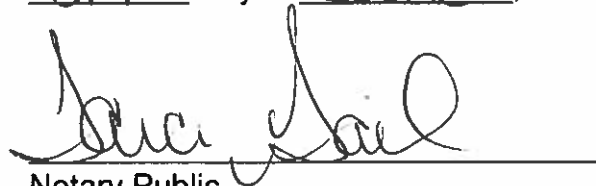
HFSRB and IDPH are authorized to access documents necessary to verify information submitted, including official licensing or certification records of Illinois or other states or records of certification agencies.



Maureen A. Kahn  
President / CEO  
Blessing Hospital

Subscribed and sworn to before me this

27<sup>th</sup> Day of June, 2019.



Notary Public



1110.230 – Background

Attached is a copy of the license of Blessing Hospital and the Blessing ASTC. Blessing Hospital does not own any other hospitals or ASTC's.

No adverse action, as defined by Illinois Health Facilities and Services Review Board rules, has been taken against Blessing over the past three years.

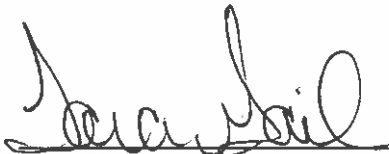
HFSRB and IDPH are authorized to access documents necessary to verify information submitted, including official licensing or certification records of Illinois or other states or records of certification agencies.



Maureen A. Kahn  
President / CEO  
Blessing Hospital

Subscribed and sworn to before me this

27<sup>th</sup> Day of June, 2019.



Notary Public





**Illinois Department of  
PUBLIC HEALTH**

HF116900

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/2019		0000141
<b>General Hospital</b>		
<b>Effective: 01/01/2019</b>		

Blessing Hospital  
Broadway St & N 11th St  
PO BOX 7005  
Quincy, IL 62305

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp. Date 12/31/2019

Lic Number 0000141

Date Printed 11/14/2018

Blessing Hospital

Broadway St & N 11th St  
PO BOX 7005  
Quincy, IL 62305

**FEE RECEIPT NO.**



**Illinois Department of  
PUBLIC HEALTH**

HF116545

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
10/31/2019	VOID	7003120

**Ambulatory Surgery Treatment Center**

**Effective: 11/01/2018**

**Blessing Hospital (ASTC)**  
**1118 Hampshire Street**  
**Quincy, IL 62301**

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

**Exp. Date 10/31/2019**

**Lic Number 7003120**

**Date Printed 8/29/2018**

**Blessing Hospital (ASTC)**  
**1118 Hampshire Street**  
**Quincy, IL 62301-3027**

**FEE RECEIPT NO.**

## Purpose of Project

Blessing Hospital is located in Quincy, Illinois and is the only hospital in Adams County- indeed, it is the only full service acute care hospital with 100 miles in every direction. We are a true community hospital with a Board consisting of 9 community/business leaders who represent the needs of the region when making decisions. Our facilities and income are devoted to the Quincy region and dedicated to improving the health care of communities we serve as Blessing has done for over 144 years. Blessing has served the healthcare needs of the people of West Central Illinois, Northeast Missouri and Southeast Iowa. Blessing Hospital is the largest employer in Adams County. The Blessing health system employees over 3400 employees with 2655 at Blessing Hospital. Approximately 174,724 people live within 50 miles of Blessing Hospital, but Blessing serves a broader population of approximately 250,000.

Blessing's current ASTC has been in operation since 2006 and continues to offer local ASTC services to the community. In 2000, the Quincy Medical Group applied for, and received a CON for ambulatory surgery in Quincy. They constructed and operated the center until 2006 when QMG had financial issues and Blessing Hospital acquired the center for \$13 million. The center remains located in the QMG building, and Blessing has had a lease and management agreement with them since that time. On April 30, 2019, the Illinois Health Facilities and Services Review Board approved a second ASTC to be owned and operated by QMG at the Quincy Mall.

The project proposes to relocate the ASTC from leased space at the Quincy Medical Group Medical Office building to the hospital campus, thus offering an ASTC location attached to the hospital. A letter from the BCS Board members with individual signatures supporting the Blessing CON application for the relocation of the ASTC to the Blessing campus is attached.

1. Project will improve the health care or well-being of the market area population served.

The proposed project will provide health services that improve the health care and well- being of the market area by offering choice to patients and physicians who want their ASTC procedures close to the hospital. Health Services to be delivered through the project include ambulatory surgery. The purpose of this project is to increase accessibility to high quality free standing ASTC services on the hospital campus and attached to the hospital by an enclosed walkway. This offers both patients and physicians an option of procedures in a free standing ASTC, but located on the hospital campus close to the OR suites which will not require ambulance transport if an emergency occurs. As more and more procedures move to outpatient that have been hospital based, there is increased

risk. This location of this ASTC will help bridge the patient safety concerns of patients.

2. The Market Area

The market area to be served is the same market area served by the current ASTC. The table attached as Attachment 12A shows patient origin for Blessing Hospital. Attachment 12B reflects patient outpatient surgery services both at the hospital and the ASTC for calendar 2018. The map shows 67.7% of Blessing patients reside in the top 28 zip codes. The map further demonstrates the classic diffusion of zip codes characteristic of downstate rural and semi-rural areas. They are not contiguous, but, rather, reflect more the centers of population in smaller towns. The zip codes do not define a concentrated planning area, and neither does the 21 mile radius as several of the higher volume zip codes are outside the radius. Blessing refers to its service area as a much larger region. The planning area for this project is the GSA.

3. The existing problems to be addressed:

- The current Blessing ASTC is located inside the Quincy Medical Group medical office building in leased space. The fact that QMG was recently issued an ASTC license at the mall will confuse the public. There has only ever been one ASTC in Quincy. To have one in the QMG building owned by Blessing and one in the mall owned by QMG will cause confusion for patients on where they need to present for a procedure.
- The existing location will compromise Blessing's ability to compete and generate revenue to support safety net services. This project is part of the strategy to better position Blessing to compete on a level playing field in the ASTC market. Blessing would be severely disadvantaged by having to operate its ASTC in a building owned and controlled by a provider who will be providing competitive ASTC services nearby. Furthermore, the fact that a competitor now controls the physical plant of Blessing's ASTC is an untenable situation. The proposed location will provide a very distinct site for Blessing's ASTC.
- The current location of the ASTC does not allow for expansion of space to address the limited size of the OR's. Some procedures are not able to be performed in the center due to the operating room size.
- Patient safety concerns for procedures being done away from the hospital campus when an emergency requires a 911 call and an ambulance transfer. The Adams County ambulance has raised concerns when an emergency occurs at an ASTC and an ambulance is needed, the response time may be impacted due to the limited number of ambulance units. It was recently stated this could create a

hardship for the ambulance service and county tax payers trying to meet such a need.

- The lease option, at the current site, will expire and Blessing will need to relocate at the end of the lease. The current lease expires in three years which gives Blessing time to construct and relocate to the Blessing campus.
- Continuing to lease space in QMG's medical office building is not a good long term financial decision. It makes financial sense to plan for it now, rather than continue to pay over \$1.57 million annually to lease space and have QMG manage the surgery center they are going to be competing against. Blessing will invest the savings in annual payment, into Blessing's own construction. Blessing (the community) will own a building of new construction rather than be faced with continuing lease payments in an aging building that cannot meet all physician's current needs.
- Operating a competing service in the competitors building puts Blessing at a disadvantage of being able to differentiate its services and compete fairly.
- Blessing is dependent upon QMG to set the hours Blessing can be in the building as well as parking availability, signage and other environmental factors that may limit Blessing's ability to compete. Blessing will also be dependent on QMG to maintain the space.
- QMG is 40% owned by Unity Point (UP). QMG or UP could decide to sell the facility and the lease would be under new management that may decide it has plans for different uses for the space leased by Blessing and not allow for time needed to plan and relocate the Quincy community owned ASTC.
- Unity Point could decide to sell to a larger organization or affiliate and this could have implications for the leased space as well.

4. Cite the sources of the documentation.

- QMG Project 18-042
- 2014 IRS Estimated Population data
- Blessing Hospital's lease agreement with QMG

5. Detail how project will address or improve identified issues.

Blessing needs to be able to compete in the ASTC market. The proposed project creates a level playing field for competing in the ASTC market in Quincy by relocating the current surgery center owned by Blessing to its own property vs. the competitor's main campus medical office building. Because Blessing Hospital is a not for profit 501(c)(3) organization, the proposed ASTC will be a community asset instead of being in leased space of a physician group owned in part by Unity Point. The proposed project will address the safety concerns by providing a choice for patients and physicians with the option of free standing ASTC services connected to the hospital. It also addresses the Ambulance concern, in an emergency, there is no need to call 911, just take the patient across the bridge and directly to the OR suite area which is where the new ASTC will be connected. It will invest the current annual payments to QMG in an asset that will be in new space and have an extended life. It offers Blessing control of the environment to be able to differentiate itself and services. It allows profit to support safety net services rather than individual physician pockets. It will address the issue of the size of the ORs being large enough to handle the case types that need to be done in an ASTC today compared to the types of procedures performed when the center was first designed.

Per the attached memo, from National Government Services, Blessing Hospital is in the process of moving from hospital based ASTC to a free standing ASTC. Blessing has always been accredited as a hospital department and it takes time to come into compliance with a different set of standards and to have a completed survey. When this accreditation is complete and approved by CMS, the Blessing ASTC will become a free standing ASTC and be reimbursed by the ASTC fee schedule. Blessing expects to have this completed in 2019. Blessing Hospital has made the commitment to employers and the community to move from hospital based to free standing and Blessing intends to deliver on this promise.

# **B** **BLESSING** Health System

P.O. Box 7005, Quincy, IL  
www.blessinghealth.org • 217-223-8400

June 10, 2019

Ms. Courtney Avery, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761


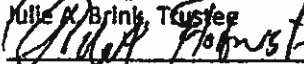
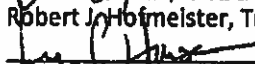


RE: Letter of Support for Blessing Hospital's CON Application of an Ambulatory Surgery Treatment Center





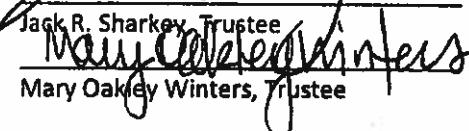
Dear Ms. Avery:

As a Board member, employer and business leader of the Quincy and surrounding communities, I sign this letter in support of Blessing Hospital's request to relocate its existing Ambulatory Surgery Treatment Center ("ASTC") to a new location on the Blessing Hospital campus.

Blessing Hospital's current ASTC is located in a building owned by Quincy Medical Group ("QMG") which was recently awarded a Certificate of Need ("CON") permit to establish a second competing ASTC in Quincy. The proposed relocation of the Blessing ASTC from the leased space in QMG's building to a hospital-owned facility on our campus has short and long term cost benefits, will allow Blessing to compete in the ASTC market on a level playing field with QMG's newly approved ASTC, and will also enable this Board to be able to continue mission critical safety net services.

Please accept this letter as our support and endorsement of this CON.

  
Julie A. Brink, Trustee  
  
Robert J. Hofmeister, Trustee  
  
Lynn Prothro House, Trustee  
  
Maureen A. Kahn, Trustee  
  
Jerry D. Kennett, MD, MACC, Trustee

  
Michael D. Klingner, Trustee  
  
Timothy D. Koontz, Trustee  
  
Christopher J. Niemann, Trustee  
  
Jack R. Sharkey, Trustee  
  
Mary Oakley Winters, Trustee

BEING ALL THE TRUSTEES  
BLESSING CORPORATE SERVICES, INC.



## **R.L. BRINK CORP.**

4400 North 24th Street • Quincy, Illinois 62305 • (217) 222-2760 • Fax (217) 222-2761

June 24, 2019

Ms. Courtney Avery, Administrator  
Illinois Health facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Letter of Support for Blessing Hospital's Certificate of Need for Relocation of its Ambulatory Surgery Treatment Center

Dear Ms. Avery:

My name is Ronald Brink. I serve as President of R.L. Brink Corporation, a family-owned construction and trucking company with more than 100 employees in Quincy, Illinois.

This project will allow Blessing Hospital to relocate and modernize its Ambulatory Surgery Treatment Center to its own campus, and into its own building, rather than being located in the middle of the Quincy Medical Group's medical office building and paying rent. Blessing deserves to be able to compete on a level playing field, in its own building, and the greater Quincy community will benefit from meaningful choice, improved pricing, safety, and ease-of-access for patients and providers.

As a business leader in our community, I urge you to support this project as it gives Blessing the opportunity to differentiate its ASTC product in the market and compete effectively.

Sincerely,

Ronald L. Brink  
President



June 24, 2019

Ms. Courtney Avery, Administrator  
Illinois Health facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Letter of Support for Blessing Hospital's Certificate of Need for Relocation of its Ambulatory Surgery Treatment Center

Dear Ms. Avery:

My name is Jason Stratton. I am President of Advance Physical Therapy & Sports Medicine, LLC, a privately owned and operated limited liability company that provides physical therapy and rehabilitation services in the Quincy, Illinois region.

This project will allow Blessing Hospital to relocate and modernize its Ambulatory Surgery Treatment Center to its own campus, and into its own building, rather than being located in the middle of the Quincy Medical Group's medical office building and paying rent. Blessing deserves to be able to compete on a level playing field, in its own building, and the greater Quincy community will benefit from meaningful choice, improved pricing, safety, and ease-of-access for patients and providers.

As a business leader in our community, I urge you to support this project as it gives Blessing the opportunity to differentiate its ASTC product in the market and compete effectively.

Sincerely,

A handwritten signature in black ink that reads "J - R. Stratton".

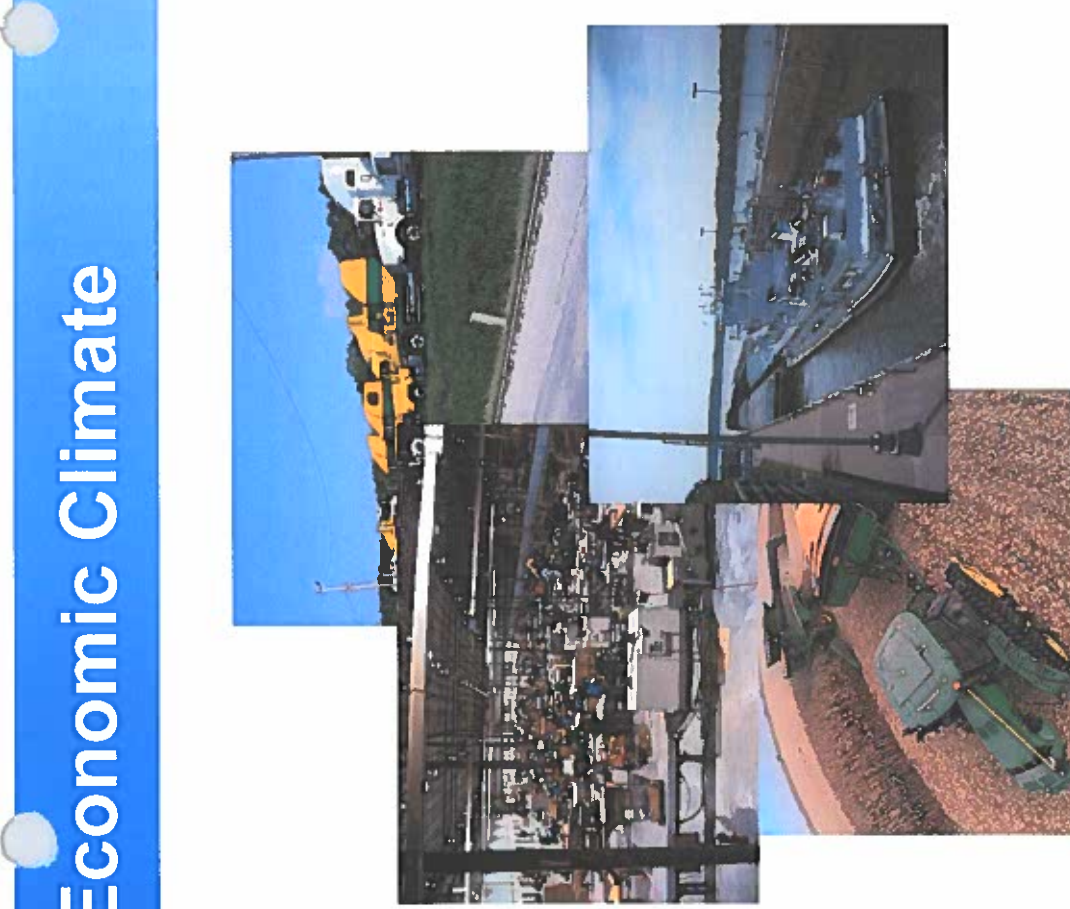
Jason Stratton  
President

### Fy 2018 Total Discharged IP Origin by Range and County

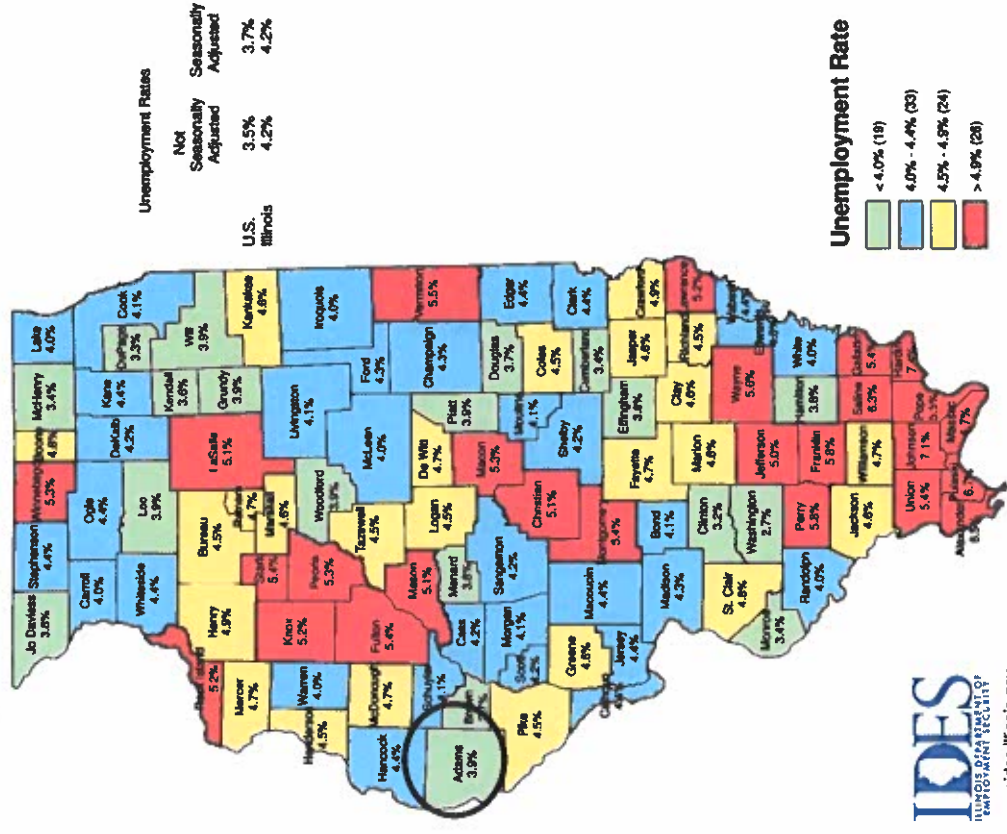
Mile Range	County	Discharges	Subtotal	% of Total
0-25 miles	ADAMS, IL	9,641	12,197	72.6%
	HANCOCK, IL	202		
	Lewis, MO	918		
	Marion, MO	1,035		
	PIKE, IL	317		
	Ralls, MO	84		
26-50 miles	ADAMS, IL	24	3,573	21.3%
	AUDRAIN, MO	28		
	BROWN, IL	397		
	Clark, MO	373		
	HANCOCK, IL	755		
	Knox, MO	105		
	LEE, IA	247		
	Lewis, MO	135		
	MCDONOUGH, IL	93		
	Monroe, MO	104		
	MORGAN, IL	16		
	PIKE, IL	906		
	PIKE, MO	121		
	Ralls, MO	23		
	SCHUYLER, IL	139		
	Scotland, MO	25		
	SCOTT, IL	6		
	Shelby, MO	76		
51-75 miles	ADAIR, MO	46	609	3.6%
	AUDRAIN, MO	2		
	CALHOUN, IL	9		
	CASS, IL	41		
	DES MOINES, IA	44		
	FULTON, IL	15		
	GREENE, IL	10		
	HENDERSON, IL	23		
	HENRY, IA	7		
	Knox, MO	15		
	LEE, IA	68		
	LINCOLN, MO	7		
	MACON, MO	10		
	MCDONOUGH, IL	125		
	Monroe, MO	8		
	MONTGOMERY, MO	7		
	MORGAN, IL	36		
	PIKE, MO	1		
	SCHUYLER, IL	1		
	SCHUYLER, MO	15		
	Scotland, MO	79		
	SCOTT, IL	13		
	VAN BUREN, IA	23		
	WARREN, IL	4		
76-100 miles		98	429	2.6%
101-125 miles		75		
126-150 miles		39		
151-175 miles		22		
176-200 miles		20		
Unknown Zip Codes		175		
Grand Total		16,808	16,808	100.0%

### Fy 2018 Total Discharged OP Origin by Range and County

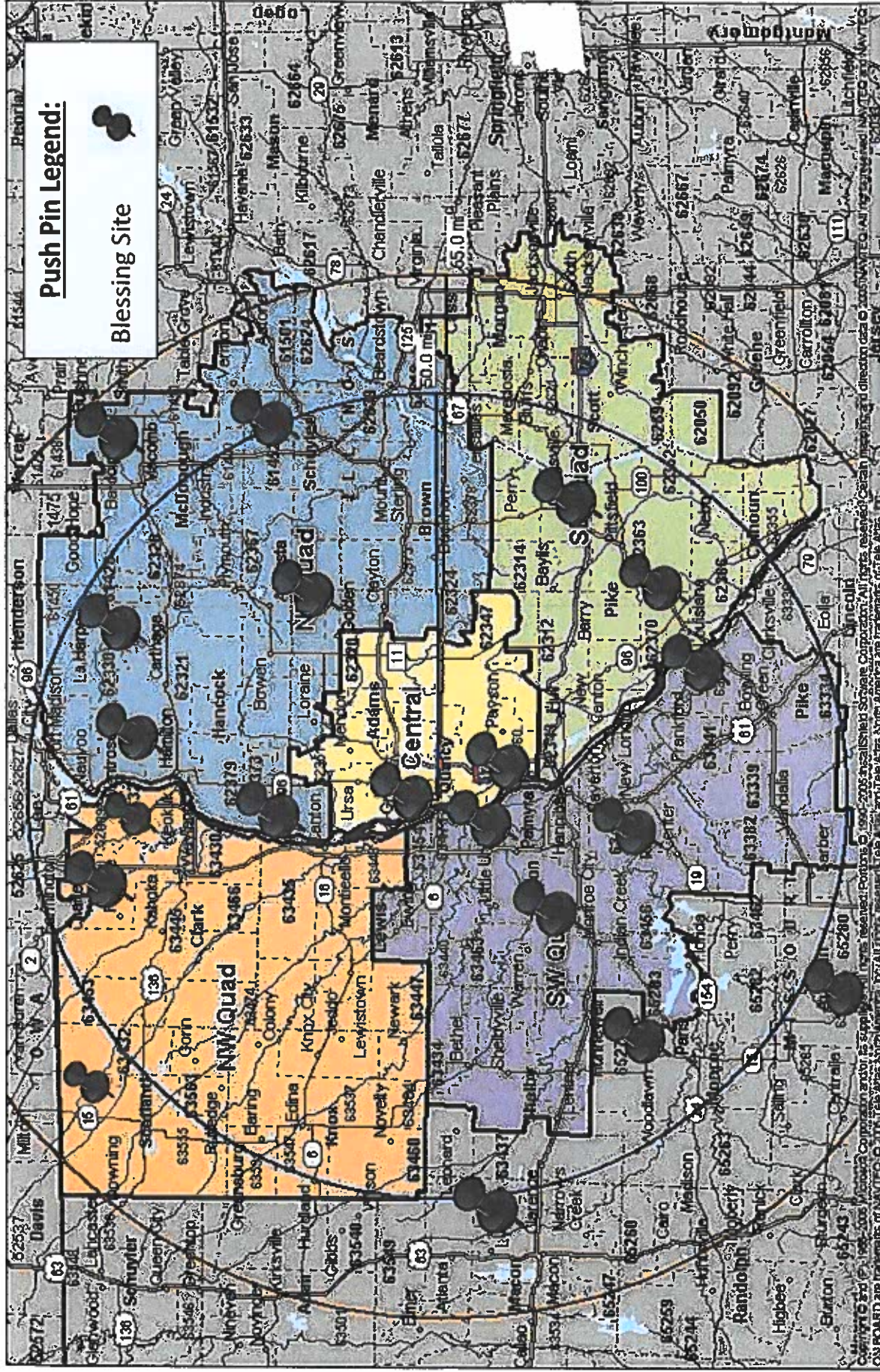
Mile Range	County	Discharges	Subtotal	% of Total
0-25 miles	ADAMS, IL	115,950	139,579	82.5%
	HANCOCK, IL	2,950		
	Lewis, MO	7,669		
	Marion, MO	9,966		
	PIKE, IL	2,432		
	Ralls, MO	612		
26-50 miles	ADAMS, IL	323	25,300	14.9%
	AUDRAIN, MO	96		
	BROWN, IL	2,779		
	Clark, MO	4,026		
	HANCOCK, IL	6,923		
	Knox, MO	742		
	LEE, IA	1,528		
	Lewis, MO	1,327		
	MCDONOUGH, IL	402		
	Monroe, MO	625		
	MORGAN, IL	76		
	PIKE, IL	4,323		
	PIKE, MO	515		
	Ralls, MO	233		
	SCHUYLER, IL	677		
	Scotland, MO	195		
	SCOTT, IL	30		
	Shelby, MO	480		
51-75 miles	ADAIR, MO	69	2,170	1.3%
	AUDRAIN, MO	10		
	BOONE, MO	4		
	CALHOUN, IL	65		
	CALLAWAY, MO	1		
	CASS, IL	157		
	DES MOINES, IA	17		
	FULTON, IL	66		
	GREENE, IL	77		
	HENDERSON, IL	59		
	HENRY, IA	22		
	JERSEY, IL	2		
	Knox, MO	48		
	LEE, IA	158		
	LINCOLN, MO	66		
	MACON, MO	57		
	MASON, IL	3		
	MCDONOUGH, IL	624		
	Monroe, MO	23		
	MONTGOMERY, MO	8		
	MORGAN, IL	97		
	PIKE, MO	10		
	RANDOLPH, MO	1		
	SCHUYLER, IL	3		
	SCHUYLER, MO	68		
	Scotland, MO	327		
	SCOTT, IL	75		
	VAN BUREN, IA	50		
	WARREN, IL	3		
76-100 miles		439	2,214	1.3%
101-125 miles		337		
126-150 miles		118		
151-175 miles		129		
176-200 miles		122		
Unknown Zip Codes		1,069		
Grand Total		169,263	169,263	100.0%



3.9% Unemployment in Adams County compared to 4.2% in Illinois and 3.5% Nationally



# Service Locations in Primary Market Area



Zip Code	County	Service Area	Population	% of Total ASTC				Cumulative ASTC %				% of Total 11th Outpatient Surgery				Cumulative 11th %				% of Total Outpatient Surgery				Cumulative %			
				Calendar 2018 ASTC	Patients	Cases From This Zip	Code	Calendar 2018 ASTC	Patients	Cases From This Zip	Code	Calendar 2018	11th OP	Cases From This Zip	Code	Calendar 2018	11th OP	Cases From This Zip	Code	Calendar 2018 OP	Surgery	Cases From This Zip	Code	Calendar 2018 OP	Surgery	Cases From This Zip	Code

## Geographic Service Area (0 - 21 Miles)

62301	ADAMS, IL	GSA	27,620	2,669	26.15%	26.15%	26.15%	2,669	26.15%	26.15%	26.15%	1,218	27.51%	27.51%	27.51%	1,218	27.51%	27.51%	27.51%	3,887	26.56%	26.56%	26.56%	3,887	26.56%	26.56%	26.56%
62305	ADAMS, IL	GSA	18,110	1,916	18.77%	44.92%	44.92%	1,916	18.77%	44.92%	44.92%	683	15.42%	42.93%	42.93%	683	15.42%	42.93%	42.93%	2,599	17.76%	44.32%	44.32%	2,599	17.76%	44.32%	44.32%
63401	Marion, MO	GSA	18,700	374	3.66%	48.58%	48.58%	374	3.66%	48.58%	48.58%	174	3.93%	46.86%	46.86%	174	3.93%	46.86%	46.86%	548	3.74%	48.06%	48.06%	548	3.74%	48.06%	48.06%
63461	Marion, MO	GSA	5,180	208	2.04%	50.62%	50.62%	208	2.04%	50.62%	50.62%	83	1.87%	48.74%	48.74%	83	1.87%	48.74%	48.74%	291	1.99%	50.05%	50.05%	291	1.99%	50.05%	50.05%
62347	ADAMS, IL	GSA	2,250	205	2.01%	52.63%	52.63%	205	2.01%	52.63%	52.63%	70	1.58%	50.32%	50.32%	70	1.58%	50.32%	50.32%	275	1.88%	51.93%	51.93%	275	1.88%	51.93%	51.93%
63435	Lewis, MO	GSA	3,120	202	1.98%	54.60%	54.60%	202	1.98%	54.60%	54.60%	73	1.65%	51.96%	51.96%	73	1.65%	51.96%	51.96%	275	1.88%	53.81%	53.81%	275	1.88%	53.81%	53.81%
62320	ADAMS, IL	GSA	1,990	171	1.68%	56.28%	56.28%	171	1.68%	56.28%	56.28%	70	1.58%	53.55%	53.55%	70	1.58%	53.55%	53.55%	241	1.65%	55.45%	55.45%	241	1.65%	55.45%	55.45%
62338	ADAMS, IL	GSA	1,400	153	1.50%	57.78%	57.78%	153	1.50%	57.78%	57.78%	44	0.99%	54.54%	54.54%	44	0.99%	54.54%	54.54%	197	1.35%	56.80%	56.80%	197	1.35%	56.80%	56.80%
62360	ADAMS, IL	GSA	1,630	129	1.26%	59.04%	59.04%	129	1.26%	59.04%	59.04%	62	1.40%	55.94%	55.94%	62	1.40%	55.94%	55.94%	191	1.31%	58.10%	58.10%	191	1.31%	58.10%	58.10%
63448	Lewis, MO	GSA	1,380	120	1.18%	60.22%	60.22%	120	1.18%	60.22%	60.22%	62	1.40%	57.34%	57.34%	62	1.40%	57.34%	57.34%	182	1.24%	59.35%	59.35%	182	1.24%	59.35%	59.35%
62376	ADAMS, IL	GSA	1,210	94	0.92%	61.14%	61.14%	94	0.92%	61.14%	61.14%	41	0.93%	58.27%	58.27%	41	0.93%	58.27%	58.27%	135	0.92%	60.27%	60.27%	135	0.92%	60.27%	60.27%
63440	Lewis, MO	GSA	1,200	91	0.89%	62.03%	62.03%	91	0.89%	62.03%	62.03%	42	0.95%	59.21%	59.21%	42	0.95%	59.21%	59.21%	133	0.91%	61.18%	61.18%	133	0.91%	61.18%	61.18%
63454	Marion, MO	GSA	870	71	0.70%	62.73%	62.73%	71	0.70%	62.73%	62.73%	21	0.47%	59.69%	59.69%	21	0.47%	59.69%	59.69%	92	0.63%	61.81%	61.81%	92	0.63%	61.81%	61.81%
62349	ADAMS, IL	GSA	580	56	0.55%	63.27%	63.27%	56	0.55%	63.27%	63.27%	23	0.52%	60.21%	60.21%	23	0.52%	60.21%	60.21%	79	0.54%	62.35%	62.35%	79	0.54%	62.35%	62.35%
62365	ADAMS, IL	GSA	540	42	0.41%	63.69%	63.69%	42	0.41%	63.69%	63.69%	31	0.70%	60.91%	60.91%	31	0.70%	60.91%	60.91%	73	0.50%	62.85%	62.85%	73	0.50%	62.85%	62.85%
62343	PIKE, IL	GSA	610	37	0.36%	64.05%	64.05%	37	0.36%	64.05%	64.05%	15	0.34%	61.25%	61.25%	15	0.34%	61.25%	61.25%	52	0.36%	63.20%	63.20%	52	0.36%	63.20%	63.20%
62325	ADAMS, IL	GSA	370	35	0.34%	64.39%	64.39%	35	0.34%	64.39%	64.39%	15	0.34%	61.59%	61.59%	15	0.34%	61.59%	61.59%	50	0.34%	63.54%	63.54%	50	0.34%	63.54%	63.54%
63471	Marion, MO	GSA	540	29	0.28%	64.67%	64.67%	29	0.28%	64.67%	64.67%	19	0.43%	62.01%	62.01%	19	0.43%	62.01%	62.01%	48	0.33%	63.87%	63.87%	48	0.33%	63.87%	63.87%
63438	Lewis, MO	GSA	380	24	0.24%	64.91%	64.91%	24	0.24%	64.91%	64.91%	18	0.41%	62.42%	62.42%	18	0.41%	62.42%	62.42%	42	0.29%	64.16%	64.16%	42	0.29%	64.16%	64.16%
62373	HANCOCK, IL	GSA	280	22	0.22%	65.13%	65.13%	22	0.22%	65.13%	65.13%	5	0.11%	62.53%	62.53%	5	0.11%	62.53%	62.53%	27	0.18%	64.34%	64.34%	27	0.18%	64.34%	64.34%
62306	ADAMS, IL	GSA	329	20	0.20%	65.32%	65.32%	20	0.20%	65.32%	65.32%	7	0.16%	62.69%	62.69%	7	0.16%	62.69%	62.69%	27	0.18%	64.53%	64.53%	27	0.18%	64.53%	64.53%
63463	Marion, MO	GSA	610	18	0.18%	65.50%	65.50%	18	0.18%	65.50%	65.50%	16	0.36%	63.05%	63.05%	16	0.36%	63.05%	63.05%	34	0.23%	64.76%	64.76%	34	0.23%	64.76%	64.76%
62345	PIKE, IL	GSA	280	16	0.16%	65.65%	65.65%	16	0.16%	65.65%	65.65%	9	0.20%	63.26%	63.26%	9	0.20%	63.26%	63.26%	25	0.17%	64.93%	64.93%	25	0.17%	64.93%	64.93%
63457	Lewis, MO	GSA	250	10	0.10%	65.75%	65.75%	10	0.10%	65.75%	65.75%	6	0.14%	63.39%	63.39%	6	0.14%	63.39%	63.39%	16	0.11%	65.04%	65.04%	16	0.11%	65.04%	65.04%
62359	ADAMS, IL	GSA	165	9	0.09%	65.84%	65.84%	9	0.09%	65.84%	65.84%	4	0.09%	63.48%	63.48%	4	0.09%	63.48%	63.48%	13	0.09%	65.13%	65.13%	13	0.09%	65.13%	65.13%
62348	ADAMS, IL	GSA	102	4	0.04%	65.88%	65.88%	4	0.04%	65.88%	65.88%	2	0.05%	63.53%	63.53%	2	0.05%	63.53%	63.53%	6	0.04%	65.17%	65.17%	6	0.04%	65.17%	65.17%
63467	Ralls, MO	GSA	85	3	0.03%	65.91%	65.91%	3	0.03%	65.91%	65.91%		0.00%	63.53%	63.53%		0.00%	63.53%	63.53%	3	0.02%	65.19%	65.19%	3	0.02%	65.19%	65.19%

Zip Code	County	Service Area	Population	% of Total ASTC				% of Total 11th				% of Total Outpatient Surgery Cases From This Zip				Cumulative %
				Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Cumulative ASTC %	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Cumulative 11th %	Calendar 2018 OP	Outpatient Surgery Cases From This Zip	Code	Total Calendar 2018 OP	
62351	ADAMS, IL	GSA	1,620	183	1.79%	67.70%	67.70%	74	1.67%	65.20%	65.20%	257	1.76%	66.94%	66.94%	
Subtotal GSA			91,401	6,911	67.70%	67.70%	67.70%	2,887	65.20%	65.20%	65.20%	9,798	66.94%	66.94%	66.94%	

### Service Area 21-75 Miles

61469	HENDERSON, IL	22-75 Miles	1,780	-	0.00%	67.70%	67.70%	2	0.05%	65.24%	65.24%	2	0.01%	66.96%	66.96%	
62363	PIKE, IL	22-75 Miles	5,110	259	2.54%	70.24%	70.24%	160	3.61%	68.86%	68.86%	419	2.86%	69.82%	69.82%	
62353	BROWN, IL	22-75 Miles	3,190	184	1.80%	72.04%	72.04%	90	2.03%	70.89%	70.89%	274	1.87%	71.69%	71.69%	
62361	PIKE, IL	22-75 Miles	450	14	0.14%	72.18%	72.18%	3	0.07%	70.96%	70.96%	17	0.12%	71.81%	71.81%	
62312	PIKE, IL	22-75 Miles	1,790	160	1.57%	73.75%	73.75%	75	1.69%	72.65%	72.65%	235	1.61%	73.41%	73.41%	
63445	Clark, MO	22-75 Miles	3,270	155	1.52%	75.26%	75.26%	54	1.22%	73.87%	73.87%	209	1.43%	74.84%	74.84%	
52632	LEE, IA	22-75 Miles	10,860	153	1.50%	76.76%	76.76%	62	1.40%	75.27%	75.27%	215	1.47%	76.31%	76.31%	
62341	HANCOCK, IL	22-75 Miles	3,150	130	1.27%	78.04%	78.04%	57	1.29%	76.56%	76.56%	187	1.28%	77.59%	77.59%	
62321	HANCOCK, IL	22-75 Miles	3,590	116	1.14%	79.17%	79.17%	76	1.72%	78.27%	78.27%	192	1.31%	78.90%	78.90%	
62681	SCHUYLER, IL	22-75 Miles	4,530	112	1.10%	80.27%	80.27%	36	0.81%	79.09%	79.09%	148	1.01%	79.91%	79.91%	
63456	Monroe, MO	22-75 Miles	3,730	107	1.05%	81.32%	81.32%	22	0.50%	79.58%	79.58%	129	0.88%	80.79%	80.79%	
62379	HANCOCK, IL	22-75 Miles	1,790	107	1.05%	82.37%	82.37%	43	0.97%	80.56%	80.56%	150	1.02%	81.82%	81.82%	
63459	Ralls, MO	22-75 Miles	3,740	90	0.88%	83.25%	83.25%	32	0.72%	81.28%	81.28%	122	0.83%	82.65%	82.65%	
62324	ADAMS, IL	22-75 Miles	1,200	88	0.86%	84.11%	84.11%	34	0.77%	82.05%	82.05%	122	0.83%	83.49%	83.49%	
62340	PIKE, IL	22-75 Miles	1,520	86	0.84%	84.95%	84.95%	47	1.06%	83.11%	83.11%	133	0.91%	84.39%	84.39%	
62339	ADAMS, IL	22-75 Miles	810	67	0.66%	85.61%	85.61%	25	0.56%	83.67%	83.67%	92	0.63%	85.02%	85.02%	
62366	PIKE, IL	22-75 Miles	1,200	58	0.57%	86.18%	86.18%	40	0.90%	84.58%	84.58%	98	0.67%	85.69%	85.69%	
63452	Lewis, MO	22-75 Miles	1,000	54	0.53%	86.71%	86.71%	33	0.75%	85.32%	85.32%	87	0.59%	86.29%	86.29%	
62367	HANCOCK, IL	22-75 Miles	1,080	53	0.52%	87.23%	87.23%	19	0.43%	85.75%	85.75%	72	0.49%	86.78%	86.78%	
62354	HANCOCK, IL	22-75 Miles	1,300	42	0.41%	87.64%	87.64%	21	0.47%	86.22%	86.22%	63	0.43%	87.21%	87.21%	
63353	PIKE, MO	22-75 Miles	4,130	41	0.40%	88.04%	88.04%	14	0.32%	86.54%	86.54%	55	0.38%	87.59%	87.59%	
63447	Lewis, MO	22-75 Miles	900	41	0.40%	88.44%	88.44%	22	0.50%	87.04%	87.04%	63	0.43%	88.02%	88.02%	
62314	PIKE, IL	22-75 Miles	530	36	0.35%	88.79%	88.79%	17	0.38%	87.42%	87.42%	53	0.36%	88.38%	88.38%	
62311	HANCOCK, IL	22-75 Miles	750	35	0.34%	89.14%	89.14%	27	0.61%	88.03%	88.03%	62	0.42%	88.80%	88.80%	
62355	PIKE, IL	22-75 Miles	680	34	0.33%	89.47%	89.47%	16	0.36%	88.39%	88.39%	50	0.34%	89.14%	89.14%	

Population			% of Total ASTC			Cumulative ASTC %			% of Total 11th			Cumulative 11th %			% of Total Outpatient Surgery			Cumulative %		
Zip Code	County	Service Area	Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code
62316	HANCOCK, IL	22-75 Miles	34	0.33%		34	0.33%		8	0.18%		8	0.18%		42	0.29%		42	0.29%	
62378	BROWN, IL	22-75 Miles	34	0.33%		34	0.33%		7	0.16%		7	0.16%		41	0.28%		41	0.28%	
62375	BROWN, IL	22-75 Miles	29	0.28%		29	0.28%		8	0.18%		8	0.18%		37	0.25%		37	0.25%	
62326	MCDONOUGH, IL	22-75 Miles	28	0.27%		28	0.27%		21	0.47%		21	0.47%		49	0.33%		49	0.33%	
63446	Knox, MO	22-75 Miles	25	0.24%		25	0.24%		6	0.14%		6	0.14%		31	0.21%		31	0.21%	
62356	PIKE, IL	22-75 Miles	23	0.23%		23	0.23%		17	0.38%		17	0.38%		40	0.27%		40	0.27%	
63334	PIKE, MO	22-75 Miles	23	0.23%		23	0.23%		9	0.20%		9	0.20%		32	0.22%		32	0.22%	
62313	HANCOCK, IL	22-75 Miles	22	0.22%		22	0.22%		11	0.25%		11	0.25%		33	0.23%		33	0.23%	
63465	Clark, MO	22-75 Miles	22	0.22%		22	0.22%		8	0.18%		8	0.18%		30	0.20%		30	0.20%	
62380	HANCOCK, IL	22-75 Miles	22	0.22%		22	0.22%		6	0.14%		6	0.14%		28	0.19%		28	0.19%	
63472	Clark, MO	22-75 Miles	21	0.21%		21	0.21%		7	0.16%		7	0.16%		28	0.19%		28	0.19%	
63430	Clark, MO	22-75 Miles	21	0.21%		21	0.21%		6	0.14%		6	0.14%		27	0.18%		27	0.18%	
62370	PIKE, IL	22-75 Miles	20	0.20%		20	0.20%		10	0.23%		10	0.23%		30	0.20%		30	0.20%	
62346	ADAMS, IL	22-75 Miles	19	0.19%		19	0.19%		6	0.14%		6	0.14%		25	0.17%		25	0.17%	
61450	HANCOCK, IL	22-75 Miles	18	0.18%		18	0.18%		7	0.16%		7	0.16%		25	0.17%		25	0.17%	
62330	HANCOCK, IL	22-75 Miles	17	0.17%		17	0.17%		11	0.25%		11	0.25%		28	0.19%		28	0.19%	
63468	Shelby, MO	22-75 Miles	16	0.16%		16	0.16%		5	0.11%		5	0.11%		21	0.14%		21	0.14%	
63473	Lewis, MO	22-75 Miles	16	0.16%		16	0.16%		1	0.02%		1	0.02%		17	0.12%		17	0.12%	
63462	Ralls, MO	22-75 Miles	15	0.15%		15	0.15%		4	0.09%		4	0.09%		19	0.13%		19	0.13%	
63474	Clark, MO	22-75 Miles	14	0.14%		14	0.14%		10	0.23%		10	0.23%		24	0.16%		24	0.16%	
63436	Ralls, MO	22-75 Miles	14	0.14%		14	0.14%		3	0.07%		3	0.07%		17	0.12%		17	0.12%	
65283	Monroe, MO	22-75 Miles	14	0.14%		14	0.14%		2	0.05%		2	0.05%		16	0.11%		16	0.11%	
62362	PIKE, IL	22-75 Miles	13	0.13%		13	0.13%		9	0.20%		9	0.20%		22	0.15%		22	0.15%	
62323	PIKE, IL	22-75 Miles	13	0.13%		13	0.13%		5	0.11%		5	0.11%		18	0.12%		18	0.12%	
63441	PIKE, MO	22-75 Miles	13	0.13%		13	0.13%		8	0.18%		8	0.18%		21	0.14%		21	0.14%	
62621	SCOTT, IL	22-75 Miles	13	0.13%		13	0.13%		4	0.09%		4	0.09%		17	0.12%		17	0.12%	
63537	Knox, MO	22-75 Miles	13	0.13%		13	0.13%		9	0.20%		9	0.20%		22	0.15%		22	0.15%	
62358	HANCOCK, IL	22-75 Miles	12	0.12%		12	0.12%		2	0.05%		2	0.05%		14	0.10%		14	0.10%	
63469	Shelby, MO	22-75 Miles	11	0.11%		11	0.11%		10	0.23%		10	0.23%		21	0.14%		21	0.14%	
62357	PIKE, IL	22-75 Miles	11	0.11%		11	0.11%		12	0.27%		12	0.27%		23	0.16%		23	0.16%	

Zip Code			County	Service Area	Population	% of Total ASTC				Cumulative ASTC %				% of Total 11th				Cumulative 11th %				% of Total Outpatient Surgery				Total Calendar 2018 OP Surgery		Cumulative %	
						Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code					
63453	Clark, MO			22-75 Miles	340	10	0.10%	0.10%	95.11%	10	0.10%	0.10%	95.11%	5	0.11%	0.11%	93.74%	15	0.10%	0.10%	94.70%								
63382	AUDRAIN, MO			22-75 Miles	3,000	10	0.10%	0.10%	95.21%					6	0.14%	0.14%	93.88%	16	0.11%	0.11%	94.81%								
62665	MORGAN, IL			22-75 Miles	1,230	9	0.09%	0.09%	95.30%					4	0.09%	0.09%	93.97%	13	0.09%	0.09%	94.90%								
63434	Shelby, MO			22-75 Miles	570	9	0.09%	0.09%	95.39%					3	0.07%	0.07%	94.04%	12	0.08%	0.08%	94.98%								
52639	LEE, IA			22-75 Miles	1,670	8	0.08%	0.08%	95.46%					5	0.11%	0.11%	94.15%	13	0.09%	0.09%	95.07%								
63439	Shelby, MO			22-75 Miles	179	8	0.08%	0.08%	95.54%					4	0.09%	0.09%	94.24%	12	0.08%	0.08%	95.15%								
63443	Shelby, MO			22-75 Miles	320	7	0.07%	0.07%	95.61%					2	0.05%	0.05%	94.29%	9	0.06%	0.06%	95.21%								
61452	SCHUYLER, IL			22-75 Miles	240	7	0.07%	0.07%	95.68%					4	0.09%	0.09%	94.38%	11	0.08%	0.08%	95.29%								
62374	MCDONOUGH, IL			22-75 Miles	290	6	0.06%	0.06%	95.74%					4	0.09%	0.09%	94.47%	10	0.07%	0.07%	95.35%								
62334	HANCOCK, IL			22-75 Miles	143	6	0.06%	0.06%	95.80%					7	0.16%	0.16%	94.63%	13	0.09%	0.09%	95.44%								
52627	LEE, IA			22-75 Miles	10,410	6	0.06%	0.06%	95.86%					5	0.11%	0.11%	94.74%	11	0.08%	0.08%	95.52%								
62319	SCHUYLER, IL			22-75 Miles	245	5	0.05%	0.05%	95.91%					5	0.11%	0.11%	94.85%	10	0.07%	0.07%	95.59%								
63547	Knox, MO			22-75 Miles	360	4	0.04%	0.04%	95.94%						0.00%	0.00%	94.85%	4	0.03%	0.03%	95.61%								
63458	Knox, MO			22-75 Miles	234	4	0.04%	0.04%	95.98%					3	0.07%	0.07%	94.92%	7	0.05%	0.05%	95.66%								
63563	Scotland, MO			22-75 Miles	550	4	0.04%	0.04%	96.02%					3	0.07%	0.07%	94.99%	7	0.05%	0.05%	95.71%								
63460	Knox, MO			22-75 Miles	240	3	0.03%	0.03%	96.05%					2	0.05%	0.05%	95.03%	5	0.03%	0.03%	95.74%								
62344	SCHUYLER, IL			22-75 Miles	145	2	0.02%	0.02%	96.07%					2	0.05%	0.05%	95.08%	4	0.03%	0.03%	95.77%								
63531	Knox, MO			22-75 Miles	430	2	0.02%	0.02%	96.09%					1	0.02%	0.02%	95.10%	3	0.02%	0.02%	95.79%								
65275	Monroe, MO			22-75 Miles	1,990	2	0.02%	0.02%	96.11%					1	0.02%	0.02%	95.12%	3	0.02%	0.02%	95.81%								
62336	HANCOCK, IL			22-75 Miles	70	2	0.02%	0.02%	96.13%					1	0.02%	0.02%	95.14%	3	0.02%	0.02%	95.83%								
63339	PIKE, MO			22-75 Miles	930	2	0.02%	0.02%	96.15%						0.00%	0.00%	95.14%	2	0.01%	0.01%	95.85%								
63352	AUDRAIN, MO			22-75 Miles	950	1	0.01%	0.01%	96.16%						0.00%	0.00%	95.14%	1	0.01%	0.01%	95.85%								
63451	Shelby, MO			22-75 Miles	280	1	0.01%	0.01%	96.17%						0.00%	0.00%	95.14%	1	0.01%	0.01%	95.86%								
63437	Shelby, MO			22-75 Miles	1,250	1	0.01%	0.01%	96.18%						0.00%	0.00%	95.14%	1	0.01%	0.01%	95.87%								
63543	Scotland, MO			22-75 Miles	280	1	0.01%	0.01%	96.19%					1	0.02%	0.02%	95.17%	2	0.01%	0.01%	95.88%								
63466	Clark, MO			22-75 Miles	-	1	0.01%	0.01%	96.20%						0.00%	0.00%	95.17%	1	0.01%	0.01%	95.89%								
63345	AUDRAIN, MO			22-75 Miles	310	-	0.00%	0.00%	96.20%					1	0.02%	0.02%	95.19%	1	0.01%	0.01%	95.89%								
61455	MCDONOUGH, IL			22-75 Miles	13,050	92	0.90%	0.90%	97.10%					46	1.04%	1.04%	96.23%	138	0.94%	0.94%	96.84%								
63555	Scotland, MO			22-75 Miles	2,820	26	0.25%	0.25%	97.36%					12	0.27%	0.27%	96.50%	38	0.26%	0.26%	97.10%								
62694	SCOTT, IL			22-75 Miles	2,850	18	0.18%	0.18%	97.53%					8	0.18%	0.18%	96.68%	26	0.18%	0.18%	97.27%								

Zip Code	County	Service Area	Population	% of Total ASTC				Cumulative ASTC %				% of Total 11th				Cumulative 11th %				% of Total Outpatient Surgery Cases From This Zip				Cumulative %			
				Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Total Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code		Total Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	
62618	CASS, IL	22-75 Miles	7,680	17	0.17%			17	0.17%			15	0.34%			15	0.34%			32	0.22%			32	0.22%		
63501	ADAIR, MO	22-75 Miles	14,130	11	0.11%			11	0.11%			1	0.02%			1	0.02%			12	0.08%			12	0.08%		
61420	MCDONOUGH, IL	22-75 Miles	960	9	0.09%			9	0.09%			10	0.23%			10	0.23%			19	0.13%			19	0.13%		
61438	MCDONOUGH, IL	22-75 Miles	660	8	0.08%			8	0.08%			5	0.11%			5	0.11%			13	0.09%			13	0.09%		
61440	MCDONOUGH, IL	22-75 Miles	660	8	0.08%			8	0.08%			2	0.05%			2	0.05%			10	0.07%			10	0.07%		
61501	FULTON, IL	22-75 Miles	1,540	7	0.07%			7	0.07%			4	0.09%			4	0.09%			11	0.08%			11	0.08%		
61484	FULTON, IL	22-75 Miles	720	7	0.07%			7	0.07%			1	0.02%			1	0.02%			8	0.05%			8	0.05%		
62352	PIKE, IL	22-75 Miles	224	7	0.07%			7	0.07%			6	0.14%			6	0.14%			13	0.09%			13	0.09%		
52625	LEE, IA	22-75 Miles	2,430	6	0.06%			6	0.06%				0.00%				0.00%			6	0.04%			6	0.04%		
61422	MCDONOUGH, IL	22-75 Miles	2,890	6	0.06%			6	0.06%			7	0.16%			7	0.16%			13	0.09%			13	0.09%		
62639	SCHUYLER, IL	22-75 Miles	260	5	0.05%			5	0.05%				0.00%				0.00%			5	0.03%			5	0.03%		
62053	CALHOUN, IL	22-75 Miles	520	5	0.05%			5	0.05%				0.00%				0.00%			5	0.03%			5	0.03%		
62650	MORGAN, IL	22-75 Miles	20,770	4	0.04%			4	0.04%			3	0.07%			3	0.07%			7	0.05%			7	0.05%		
61454	HENDERSON, IL	22-75 Miles	630	4	0.04%			4	0.04%			1	0.02%			1	0.02%			5	0.03%			5	0.03%		
63549	MACON, MO	22-75 Miles	2,210	4	0.04%			4	0.04%				0.00%				0.00%			4	0.03%			4	0.03%		
63432	Scotland, MO	22-75 Miles	420	4	0.04%			4	0.04%			6	0.14%			6	0.14%			10	0.07%			10	0.07%		
63561	SCHUYLER, MO	22-75 Miles	1,020	3	0.03%			3	0.03%				0.00%				0.00%			3	0.02%			3	0.02%		
63536	SCHUYLER, MO	22-75 Miles	770	3	0.03%			3	0.03%				0.00%				0.00%			3	0.02%			3	0.02%		
61416	MCDONOUGH, IL	22-75 Miles	254	3	0.03%			3	0.03%				0.00%				0.00%			3	0.02%			3	0.02%		
62624	SCHUYLER, IL	22-75 Miles	450	3	0.03%			3	0.03%				0.00%				0.00%			3	0.02%			3	0.02%		
62045	CALHOUN, IL	22-75 Miles	420	3	0.03%			3	0.03%			4	0.09%			4	0.09%			7	0.05%			7	0.05%		
62611	CASS, IL	22-75 Miles	930	3	0.03%			3	0.03%			1	0.02%			1	0.02%			4	0.03%			4	0.03%		
62006	CALHOUN, IL	22-75 Miles	550	2	0.02%			2	0.02%				0.00%				0.00%			2	0.01%			2	0.01%		
65243	Monroe, MO	22-75 Miles	2,600	2	0.02%			2	0.02%				0.00%				0.00%			2	0.01%			2	0.01%		
61425	HENDERSON, IL	22-75 Miles	400	2	0.02%			2	0.02%				0.00%				0.00%			2	0.01%			2	0.01%		
63379	LINCOLN, MO	22-75 Miles	23,090	2	0.02%			2	0.02%				0.00%				0.00%			2	0.01%			2	0.01%		
61473	WARREN, IL	22-75 Miles	1,390	2	0.02%			2	0.02%				0.00%				0.00%			2	0.01%			2	0.01%		
63534	MACON, MO	22-75 Miles	660	2	0.02%			2	0.02%				0.00%				0.00%			2	0.01%			2	0.01%		
63548	SCHUYLER, MO	22-75 Miles	1,130	1	0.01%			1	0.01%			1	0.02%			1	0.02%			2	0.01%			2	0.01%		
62050	GREENE, IL	22-75 Miles	360	1	0.01%			1	0.01%				0.00%				0.00%			1	0.01%			1	0.01%		

Zip Code			County		Service Area		Population		% of Total ASTC			Cumulative ASTC %			% of Total 11th			Cumulative 11th %			% of Total Outpatient Surgery Cases From This Zip			Cumulative %		
Zip Code									Calendar 2018 ASTC	Patients	Code	Calendar 2018 ASTC	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 OP	11th OP	Calendar 2018	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 OP	11th OP	Calendar 2018	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 OP	11th OP
62610	SCOTT, IL				22-75 Miles		245		1	0.01%	0.01%	98.95%	0.00%	0.00%	1			0.00%	0.00%	1			0.01%	0.01%	98.19%	0.00%
63546	ADAIR, MO				22-75 Miles		1,470		1	0.01%	0.01%	98.96%	0.00%	0.05%	2			0.05%	0.02%	3			0.02%	0.02%	98.24%	0.02%
52626	VAN BUREN, IA				22-75 Miles		1,030		1	0.01%	0.01%	98.97%	0.00%	0.02%	1			0.02%	0.01%	2			0.01%	0.01%	98.26%	0.01%
52542	VAN BUREN, IA				22-75 Miles		350		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52551	VAN BUREN, IA				22-75 Miles		570		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52565	VAN BUREN, IA				22-75 Miles		1,670		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52573	VAN BUREN, IA				22-75 Miles		178		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52601	DES MOINES, IA				22-75 Miles		25,990		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52620	VAN BUREN, IA				22-75 Miles		800		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52623	DES MOINES, IA				22-75 Miles		1,960		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52624	LEE, IA				22-75 Miles		375		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52630	HENRY, IA				22-75 Miles		340		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52631	LEE, IA				22-75 Miles		145		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52645	HENRY, IA				22-75 Miles		2,850		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52649	HENRY, IA				22-75 Miles		840		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52655	DES MOINES, IA				22-75 Miles		3,830		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
52656	LEE, IA				22-75 Miles		2,100		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
61415	FULTON, IL				22-75 Miles		1,550		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
61447	WARREN, IL				22-75 Miles		870		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
61459	FULTON, IL				22-75 Miles		330		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
61470	MCDONOUGH, IL				22-75 Miles		450		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
61471	HENDERSON, IL				22-75 Miles		128		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
61477	FULTON, IL				22-75 Miles		530		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
62027	GREENE, IL				22-75 Miles		410		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
62031	JERSEY, IL				22-75 Miles		890		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
62047	CALHOUN, IL				22-75 Miles		1,390		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
62065	CALHOUN, IL				22-75 Miles		86		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
62070	CALHOUN, IL				22-75 Miles		40		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
62078	GREENE, IL				22-75 Miles		86		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%
62092	GREENE, IL				22-75 Miles		2,310		-	0.00%	0.00%	98.97%	0.00%	0.00%	-			0.00%	0.00%	-			0.00%	0.00%	98.26%	0.00%

Population			% of Total ASTC				Cumulative ASTC %				% of Total 11th				Cumulative 11th %				% of Total Outpatient Surgery Cases From This Zip			
Zip Code	County	Service Area	Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code					
62612	CASS, IL	22-75 Miles	1,790	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
62617	MASON, IL	22-75 Miles	590	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
62627	CASS, IL	22-75 Miles	840	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
62631	MORGAN, IL	22-75 Miles	300	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
62660	MORGAN, IL	22-75 Miles	51	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
62673	MENARD, IL	22-75 Miles	460	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
62695	MORGAN, IL	22-75 Miles	451	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63330	PIKE, MO	22-75 Miles	140	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63336	PIKE, MO	22-75 Miles	990	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63343	LINCOLN, MO	22-75 Miles	3,750	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63347	LINCOLN, MO	22-75 Miles	2,500	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63349	LINCOLN, MO	22-75 Miles	1,700	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63359	MONTGOMERY, MO	22-75 Miles	1,180	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63361	MONTGOMERY, MO	22-75 Miles	3,820	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63377	LINCOLN, MO	22-75 Miles	2,110	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63384	MONTGOMERY, MO	22-75 Miles	1,430	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63387	LINCOLN, MO	22-75 Miles	118	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63389	LINCOLN, MO	22-75 Miles	5,940	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63431	MACON, MO	22-75 Miles	290	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63433	PIKE, MO	22-75 Miles	65	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.26%	0.00%	-	0.00%	98.76%	0.00%	-	98.76%		
63559	ADAIR, MO	22-75 Miles	1,150	-	0.00%	98.97%	-	0.00%	98.97%	-	2	0.05%	98.31%	0.01%	2	0.01%	98.77%	0.01%	-	98.77%		
63450	Shelby, MO	22-75 Miles	140	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63530	MACON, MO	22-75 Miles	790	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63532	MACON, MO	22-75 Miles	1,130	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63539	MACON, MO	22-75 Miles	186	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63540	ADAIR, MO	22-75 Miles	142	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63541	SCHUYLER, MO	22-75 Miles	320	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63552	MACON, MO	22-75 Miles	6,910	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63557	LINN, MO	22-75 Miles	210	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		
63567	PUTNAM, MO	22-75 Miles	123	-	0.00%	98.97%	-	0.00%	98.97%	-	-	0.00%	98.31%	0.00%	-	0.00%	98.77%	0.00%	-	98.77%		

Zip Code			County	Service Area	Population	% of Total ASTC			Cumulative ASTC %	% of Total 11th			Cumulative 11th %	% of Total Outpatient Surgery Cases From This Zip			Total Calendar 2018 OP Surgery	% of Total Outpatient Surgery Cases From This Zip	Cumulative %
Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	Cumulative %	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
-	0.00%	0.00%	-	0.00%	98.97%	-	0.00%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	-	0.00%	0.00%	98.77%	
1	0.01%	0.01%	1	0.01%	98.98%	1	0.01%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	1	0.01%	0.00%	98.78%	
1	0.01%	0.01%	1	0.01%	98.99%	1	0.01%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	1	0.01%	0.01%	98.78%	
1	0.01%	0.01%	1	0.01%	99.00%	1	0.01%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	1	0.01%	0.01%	98.79%	
1	0.01%	0.01%	1	0.01%	99.01%	1	0.01%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	1	0.01%	0.01%	98.80%	
1	0.01%	0.01%	1	0.01%	99.02%	1	0.01%	0.00%	-	0.00%	98.31%	-	0.00%	0.00%	1	0.01%	0.01%	98.80%	
1	0.01%	0.01%	1	0.01%	99.03%	1	0.01%	0.02%	1	0.02%	98.33%	-	0.02%	0.02%	2	0.01%	0.01%	98.82%	
1	0.01%	0.01%	1	0.01%	99.04%	1	0.01%	0.05%	2	0.05%	98.37%	2	0.05%	0.05%	3	0.02%	0.02%	98.84%	
1	0.01%	0.01%	1	0.01%	99.05%	1	0.01%	0.05%	2	0.05%	98.42%	2	0.05%	0.05%	3	0.02%	0.02%	98.86%	
1	0.01%	0.01%	1	0.01%	99.06%	1	0.01%	0.06%	1	0.02%	98.44%	1	0.02%	0.02%	2	0.01%	0.01%	98.87%	
1	0.01%	0.01%	1	0.01%	99.07%	1	0.01%	0.07%	-	0.00%	98.44%	-	0.00%	0.00%	1	0.01%	0.01%	98.88%	
1	0.01%	0.01%	1	0.01%	99.08%	1	0.01%	0.08%	-	0.00%	98.44%	-	0.00%	0.00%	1	0.01%	0.01%	98.89%	
1	0.01%	0.01%	1	0.01%	99.09%	1	0.01%	0.09%	-	0.00%	98.44%	-	0.00%	0.00%	1	0.01%	0.01%	98.89%	
-	0.00%	0.00%	-	0.00%	99.09%	-	0.00%	0.09%	2	0.05%	98.49%	2	0.05%	0.05%	2	0.01%	0.01%	98.91%	
-	0.00%	0.00%	-	0.00%	99.09%	-	0.00%	0.09%	1	0.02%	98.51%	1	0.02%	0.02%	1	0.01%	0.01%	98.91%	
-	0.00%	0.00%	-	0.00%	99.09%	-	0.00%	0.09%	2	0.05%	98.55%	2	0.05%	0.05%	2	0.01%	0.01%	98.93%	
-	0.00%	0.00%	-	0.00%	99.09%	-	0.00%	0.09%	1	0.02%	98.58%	1	0.02%	0.02%	1	0.01%	0.01%	98.93%	
-	0.00%	0.00%	-	0.00%	99.09%	-	0.00%	0.09%	1	0.02%	98.60%	1	0.02%	0.02%	1	0.01%	0.01%	98.94%	
-	0.00%	0.00%	-	0.00%	99.09%	-	0.00%	0.09%	2	0.05%	98.64%	2	0.05%	0.05%	2	0.01%	0.01%	98.95%	

Zip Code			County	Service Area	Population	% of Total ASTC				% of Total 11th				Cumulative 11th %				% of Total Outpatient Surgery Cases From This Zip				Cumulative %			
Code						Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Cumulative ASTC %	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Cumulative 11th %	Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	Total Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	Total Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	Cumulative %		
62082	GREENE, IL			22-75 Miles	2,390	-	0.00%	0.00%	99.09%	1	0.02%	0.02%	98.67%	1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%	98.96%		
62651	MORGAN, IL			22-75 Miles	416	-	0.00%	0.00%	99.09%	1	0.02%	0.02%	98.69%	1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%	98.97%		
65270	Monroe, MO			22-75 Miles	13,330	-	0.00%	0.00%	99.09%	1	0.02%	0.02%	98.71%	1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%	98.98%		
52619	LEE, IA			22-75 Miles	530	2	0.02%	0.02%	99.11%	1	0.02%	0.02%	98.74%	1	0.02%	0.02%	3	0.02%	0.02%	3	0.02%	0.02%	99.00%		
62644	MASON, IL			22-75 Miles	5,385	2	0.02%	0.02%	99.13%		0.00%	0.00%	98.74%		0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%	99.01%		
63538	MACON, MO			22-75 Miles	283	2	0.02%	0.02%	99.15%		0.00%	0.00%	98.74%		0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%	99.02%		
61431	FULTON, IL			22-75 Miles	371	-	0.00%	0.00%	99.15%	1	0.02%	0.02%	98.76%	1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%	99.03%		
Subtotal 22-75 Miles					403,143	3,210	31.45%	99.15%	99.15%	1,486	33.56%	98.76%	98.76%	4,696	32.09%	99.03%	99.03%								

## Outside the Service Area

62704	SANGAMON, IL	76-100 Miles	-	3	0.03%	99.18%		3	0.02%	99.20%			0.00%	98.76%		3	0.02%	99.05%		3	0.02%	99.05%		3	0.02%	99.05%		3	0.02%	99.05%
63560	SULLIVAN, MO	76-100 Miles	-	2	0.02%	99.20%		2	0.02%	99.22%			0.00%	98.76%		2	0.01%	99.06%		2	0.01%	99.06%		2	0.01%	99.06%		2	0.01%	99.06%
52537	DAVIS, IA	76-100 Miles	-	2	0.02%	99.22%		2	0.02%	99.23%			0.00%	98.76%		2	0.01%	99.08%		2	0.01%	99.08%		2	0.01%	99.08%		2	0.01%	99.08%
62052	JERSEY, IL	76-100 Miles	-	1	0.01%	99.23%		1	0.01%	99.24%			0.00%	98.76%		1	0.01%	99.09%		1	0.01%	99.09%		1	0.01%	99.09%		1	0.01%	99.09%
63376	SAINT CHARLES, MO	76-100 Miles	-	1	0.01%	99.24%		1	0.01%	99.25%			0.00%	98.76%		1	0.01%	99.10%		1	0.01%	99.10%		1	0.01%	99.10%		1	0.01%	99.10%
62615	SANGAMON, IL	76-100 Miles	-	1	0.01%	99.25%		1	0.01%	99.26%			0.00%	98.76%		1	0.01%	99.10%		1	0.01%	99.10%		1	0.01%	99.10%		1	0.01%	99.10%
65256	BOONE, MO	76-100 Miles	-	1	0.01%	99.26%		1	0.01%	99.27%			0.00%	98.76%		1	0.01%	99.11%		1	0.01%	99.11%		1	0.01%	99.11%		1	0.01%	99.11%
62626	MACOUPIN, IL	76-100 Miles	-	1	0.01%	99.27%		1	0.01%	99.28%			0.00%	98.76%		1	0.01%	99.12%		1	0.01%	99.12%		1	0.01%	99.12%		1	0.01%	99.12%
52641	HENRY, IA	76-100 Miles	-	1	0.01%	99.28%		1	0.01%	99.28%			0.00%	98.76%		1	0.01%	99.13%		1	0.01%	99.13%		1	0.01%	99.13%		1	0.01%	99.13%
63556	SULLIVAN, MO	76-100 Miles	-	1	0.01%	99.28%		1	0.01%	99.29%			0.00%	98.76%		1	0.01%	99.14%		1	0.01%	99.14%		1	0.01%	99.14%		1	0.01%	99.14%
65201	BOONE, MO	76-100 Miles	-	1	0.01%	99.29%		1	0.01%	99.30%			0.00%	98.76%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%
65251	CALLAWAY, MO	76-100 Miles	-	1	0.01%	99.30%		1	0.01%	99.30%			0.00%	98.76%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%
62035	MADISON, IL	76-100 Miles	-	-	0.00%	99.30%		-	0.00%	99.30%		1	0.02%	98.78%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%
62664	MASON, IL	76-100 Miles	-	-	0.00%	99.30%		-	0.00%	99.30%		1	0.02%	98.80%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%		1	0.01%	99.15%
62701	SANGAMON, IL	76-100 Miles	-	-	0.00%	99.30%		-	0.00%	99.30%		1	0.02%	98.83%		1	0.01%	99.16%		1	0.01%	99.16%		1	0.01%	99.16%		1	0.01%	99.16%
62702	SANGAMON, IL	76-100 Miles	-	-	0.00%	99.30%		-	0.00%	99.30%		2	0.05%	98.87%		2	0.01%	99.17%		2	0.01%	99.17%		2	0.01%	99.17%		2	0.01%	99.17%
63357	WARREN, MO	76-100 Miles	-	-	0.00%	99.30%		-	0.00%	99.30%		1	0.02%	98.89%		1	0.01%	99.18%		1	0.01%	99.18%		1	0.01%	99.18%		1	0.01%	99.18%
65043	CALLAWAY, MO	76-100 Miles	-	-	0.00%	99.30%		-	0.00%	99.30%		1	0.02%	98.92%		1	0.01%	99.19%		1	0.01%	99.19%		1	0.01%	99.19%		1	0.01%	99.19%
62801	MARION, IL	100 Mile +	-	4	0.04%	99.34%		4	0.04%	99.34%			0.00%	98.92%		4	0.03%	99.21%		4	0.03%	99.21%		4	0.03%	99.21%		4	0.03%	99.21%

Zip Code			County		Service Area		Population		% of Total ASTC			Cumulative ASTC %			% of Total 11th			Cumulative 11th %			% of Total Outpatient Surgery Cases From This Zip			Cumulative %		
Zip Code			County		Service Area		Population	Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Total Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	Total Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	
65049	CAMDEN, MO	100 Mile +	CAMDEN, MO		100 Mile +	-	-	3	0.03%	0.03%	3	0.03%	0.03%		0.00%	0.00%		3	0.02%	0.02%	3	0.02%	0.02%	3	0.02%	0.02%
65052	CAMDEN, MO	100 Mile +	CAMDEN, MO		100 Mile +	-	-	3	0.03%	0.03%	3	0.03%	0.03%		0.00%	0.00%		3	0.02%	0.02%	3	0.02%	0.02%	3	0.02%	0.02%
85351	MARICOPA, AZ	100 Mile +	MARICOPA, AZ		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
62450	RICHLAND, IL	100 Mile +	RICHLAND, IL		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
60610	COOK, IL	100 Mile +	COOK, IL		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
37880	Meigs, TN	100 Mile +	Meigs, TN		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
61341	LA SALLE, IL	100 Mile +	LA SALLE, IL		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
89121	CLARK, NV	100 Mile +	CLARK, NV		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
52317	JOHNSON, IA	100 Mile +	JOHNSON, IA		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
42501	Pulaski, KY	100 Mile +	Pulaski, KY		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
50317	POLK, IA	100 Mile +	POLK, IA		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
61761	MCLEAN, IL	100 Mile +	MCLEAN, IL		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
23824	Nottoway, VA	100 Mile +	Nottoway, VA		100 Mile +	-	-	2	0.02%	0.02%	2	0.02%	0.02%		0.00%	0.00%		2	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
78559	Cameron, TX	100 Mile +	Cameron, TX		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
65020	CAMDEN, MO	100 Mile +	CAMDEN, MO		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
33487	PALM BEACH, FL	100 Mile +	PALM BEACH, FL		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
33305	Broward, FL	100 Mile +	Broward, FL		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
62049	MONTGOMERY, IL	100 Mile +	MONTGOMERY, IL		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
23455	Virginia Beach (city), VA	100 Mile +	Virginia Beach (city), VA		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
61802	CHAMPAIGN, IL	100 Mile +	CHAMPAIGN, IL		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
62024	MADISON, IL	100 Mile +	MADISON, IL		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
65714	CHRISTIAN, MO	100 Mile +	CHRISTIAN, MO		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
62034	MADISON, IL	100 Mile +	MADISON, IL		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
59105	Yellowstone, MT	100 Mile +	Yellowstone, MT		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
52402	LINN, IA	100 Mile +	LINN, IA		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
34491	MARION, FL	100 Mile +	MARION, FL		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
54220	MANITOWOC, WI	100 Mile +	MANITOWOC, WI		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
29301	Spartanburg, SC	100 Mile +	Spartanburg, SC		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%
65616	TANEY, MO	100 Mile +	TANEY, MO		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%	1	0.02%	0.02%		1	0.01%	0.01%	2	0.01%	0.01%	2	0.01%	0.01%
30563	Habersham, GA	100 Mile +	Habersham, GA		100 Mile +	-	-	1	0.01%	0.01%	1	0.01%	0.01%		0.00%	0.00%		1	0.01%	0.01%	1	0.01%	0.01%	1	0.01%	0.01%

Population			% of Total ASTC				% of Total 11th				% of Total Outpatient Surgery				Cumulative %				
Zip Code	County	Service Area	Calendar 2018 ASTC	Patients	Cases From This Zip	Code	Calendar 2018 OP	Cases From This Zip	Code	Calendar 2018 OP	Cases From This Zip	Code	Calendar 2018 OP	Cases From This Zip	Code	Total Calendar 2018 OP	Outpatient Surgery	% of Total Outpatient Surgery	Cumulative %
72601	Boone, AR	100 Mile +	-	1	0.01%	99.80%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.54%	99.54%
37810	Greene, TN	100 Mile +	-	1	0.01%	99.81%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.55%	99.55%
60431	WILL, IL	100 Mile +	-	1	0.01%	99.82%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.56%	99.56%
32177	PUTNAM, FL	100 Mile +	-	1	0.01%	99.83%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.56%	99.56%
61841	VERMILION, IL	100 Mile +	-	1	0.01%	99.84%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.57%	99.57%
63701	CAPE GIRARDEAU, MO	100 Mile +	-	1	0.01%	99.85%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.58%	99.58%
61858	VERMILION, IL	100 Mile +	-	1	0.01%	99.86%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.58%	99.58%
62025	MADISON, IL	100 Mile +	-	1	0.01%	99.87%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.59%	99.59%
61046	CARROLL, IL	100 Mile +	-	1	0.01%	99.88%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.60%	99.60%
65401	PHELPS, MO	100 Mile +	-	1	0.01%	99.89%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.60%	99.60%
65652	WEBSTER, MO	100 Mile +	-	1	0.01%	99.90%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.61%	99.61%
62917	SALINE, IL	100 Mile +	-	1	0.01%	99.91%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.62%	99.62%
68130	DOUGLAS, NE	100 Mile +	-	1	0.01%	99.92%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.62%	99.62%
63020	JEFFERSON, MO	100 Mile +	-	1	0.01%	99.93%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.63%	99.63%
78073	Bexar, TX	100 Mile +	-	1	0.01%	99.94%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.64%	99.64%
63026	SAINT LOUIS, MO	100 Mile +	-	1	0.01%	99.95%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.64%	99.64%
78572	Hidalgo, TX	100 Mile +	-	1	0.01%	99.96%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.65%	99.65%
85711	Pima, AZ	100 Mile +	-	1	0.01%	99.97%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.66%	99.66%
32776	LAKE, FL	100 Mile +	-	1	0.01%	99.98%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.67%	99.67%
98042	King, WA	100 Mile +	-	1	0.01%	99.99%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.67%	99.67%
33161	MIAMI-DADE, FL	100 Mile +	-	1	0.01%	100.00%	1	0.01%	0.00%	98.94%	0.00%	0.01%	1	0.01%	0.01%	1	0.01%	99.68%	99.68%
15329	Washington, PA	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	98.96%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.69%	99.69%
23456	Virginia Beach, VA	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	98.98%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.69%	99.69%
29461	Berkeley, SC	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	99.01%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.70%	99.70%
32404	BAY, FL	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	99.03%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.71%	99.71%
32909	BREVARD, FL	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	99.05%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.71%	99.71%
34232	SARASOTA, FL	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	99.07%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.72%	99.72%
37334	Lincoln, TN	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	99.10%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.73%	99.73%
42303	Daviess, KY	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	99.12%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.73%	99.73%
46122	Hendricks, IN	100 Mile +	-	-	0.00%	100.00%	1	0.00%	0.02%	99.14%	0.02%	0.01%	1	0.01%	0.01%	1	0.01%	99.74%	99.74%

Zip Code	County	Service Area	Population	% of Total ASTC			% of Total 11th			% of Total Outpatient Surgery Cases From This Zip			Cumulative %		
				Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code	Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code	Total Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code
46714	Wells, IN	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.16%	1	0.02%	99.16%	1	0.01%	99.75%
48138	Wayne, MI	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.19%	1	0.02%	99.19%	1	0.01%	99.75%
48473	Genesee, MI	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.21%	1	0.02%	99.21%	1	0.01%	99.76%
50111	POLK, IA	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.23%	1	0.02%	99.23%	1	0.01%	99.77%
51364	DICKINSON, IA	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.25%	1	0.02%	99.25%	1	0.01%	99.77%
52240	JOHNSON, IA	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.28%	1	0.02%	99.28%	1	0.01%	99.78%
52333	JOHNSON, IA	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.30%	1	0.02%	99.30%	1	0.01%	99.79%
52761	MUSCATINE, IA	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.32%	1	0.02%	99.32%	1	0.01%	99.80%
53150	Waukesha, WI	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.35%	1	0.02%	99.35%	1	0.01%	99.80%
57013	Lincoln, SD	100 Mile +	-	-	0.00%	100.00%	-	0.05%	99.39%	2	0.05%	99.39%	2	0.01%	99.82%
60046	LAKE, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.41%	1	0.02%	99.41%	1	0.01%	99.82%
60471	COOK, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.44%	1	0.02%	99.44%	1	0.01%	99.83%
60950	KANKAKEE, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.46%	1	0.02%	99.46%	1	0.01%	99.84%
61244	ROCK ISLAND, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.48%	1	0.02%	99.48%	1	0.01%	99.84%
61254	HENRY, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.50%	1	0.02%	99.50%	1	0.01%	99.85%
61615	PEORIA, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.53%	1	0.02%	99.53%	1	0.01%	99.86%
61752	MCLEAN, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.55%	1	0.02%	99.55%	1	0.01%	99.86%
62018	MADISON, IL	100 Mile +	-	-	0.00%	100.00%	-	0.05%	99.59%	2	0.05%	99.59%	2	0.01%	99.88%
62226	SAINT CLAIR, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.62%	1	0.02%	99.62%	1	0.01%	99.88%
62249	MADISON, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.64%	1	0.02%	99.64%	1	0.01%	99.89%
62260	SAINT CLAIR, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.66%	1	0.02%	99.66%	1	0.01%	99.90%
62522	MACON, IL	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.68%	1	0.02%	99.68%	1	0.01%	99.90%
62550	CHRISTIAN, IL	100 Mile +	-	-	0.00%	100.00%	-	0.05%	99.73%	2	0.05%	99.73%	2	0.01%	99.92%
63114	SAINT LOUIS, MO	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.75%	1	0.02%	99.75%	1	0.01%	99.92%
63118	SAINT LOUIS CITY, MO	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.77%	1	0.02%	99.77%	1	0.01%	99.93%
65721	CHRISTIAN, MO	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.80%	1	0.02%	99.80%	1	0.01%	99.94%
66021	Johnson, KS	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.82%	1	0.02%	99.82%	1	0.01%	99.95%
66086	Leavenworth, KS	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.84%	1	0.02%	99.84%	1	0.01%	99.95%
67219	Sedgwick, KS	100 Mile +	-	-	0.00%	100.00%	-	0.05%	99.89%	2	0.05%	99.89%	2	0.01%	99.97%
70390	Assumption, LA	100 Mile +	-	-	0.00%	100.00%	-	0.02%	99.91%	1	0.02%	99.91%	1	0.01%	99.97%

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				Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	
70466	Tangipahoa, LA	100 Mile +	-	-	0.00%	100.00%		-	0.00%	100.00%		1	0.02%	99.93%		1	0.02%	99.93%		1	0.01%	99.98%		1	0.01%	99.98%	
72634	Marion, AR	100 Mile +	-	-	0.00%	100.00%		-	0.00%	100.00%		1	0.02%	99.95%		1	0.02%	99.95%		1	0.01%	99.99%		1	0.01%	99.99%	
95350	Stanislaus, CA	100 Mile +	-	-	0.00%	100.00%		-	0.00%	100.00%		1	0.02%	99.98%		1	0.02%	99.98%		1	0.01%	99.99%		1	0.01%	99.99%	
98908	Yakima, WA	100 Mile +	-	-	0.00%	100.00%		-	0.00%	100.00%		1	0.02%	100.00%		1	0.02%	100.00%		1	0.01%	100.00%		1	0.01%	100.00%	
Zip Codes Outside Service Area				87	0.85%	100.00%		87	0.85%	100.00%		55	1.24%	100.00%		55	1.24%	100.00%		142	0.97%	100.00%		142	0.97%	100.00%	
Total All Service Areas				494,544				10,208	100.00%	100.00%		4,428	100.00%	100.00%		4,428	100.00%	100.00%		14,636	100.00%	100.00%		14,636	100.00%	100.00%	



www.NGSMedicare.com

## MEDICARE

Provider Enrollment Part B, PO Box 6475, Indianapolis, IN 46206-6475

March 19, 2019

BLESSING HOSPITAL  
Attention: VALERIE FORD  
19065 HICKORY CREEK DR STE 115  
MOKENA, IL 604488684

Case Number: ESIG19044989930

Dear BLESSING HOSPITAL:

National Government Services has assessed your CMS855B Web Medicare enrollment application and has forwarded it to the State Agency for review. A copy has also been sent to the Chicago Regional Office of the Center for Medicare & Medicaid Services (CMS) regional office for review. The next step will be a site visit or survey conducted by the State Survey Agency or a CMS approved deemed accrediting organization to ensure compliance with the Conditions of Participation. Once the CMS Regional Office confirms that these conditions are met, we will send you our decision.

Please be advised, Medicare billing privileges will not begin before the date the survey and certification process has been completed and all Federal requirements have been met.

If you have any question concerning this letter, please contact the State Office or CMS at 3123539810.

Sincerely,

Tiana Woods  
National Government Services, Inc.  
Provider Enrollment  
IN

PECOS Web—your ticket to fast, secure, online enrollment <https://pecos.cms.hhs.gov>

Attachment 12



## Alternatives

### 1. Joint Venture the current location or location on the hospital campus with Quincy Medical Group

In February 2019, Blessing offered QMG physicians a joint venture in Blessing's existing ASTC that included 40% physician ownership and shared governance. QMG rejected the offer via a press release two days later. See, attached letter from Blessing to QMG dated February 11, 2019 and Herald Whig article, "QMG Rejects Compromise Surgery Center Plan From Blessing," dated February 13, 2019. Among QMG's objections to a joint venture with Blessing was that the physicians were only offered a "minority" interest in Blessing's ASTC, that QMG itself was not offered direct ownership, and that the space in the existing ASTC (which QMG owned) was not adequate for continued use as an ASTC.

Blessing again reached out to QMG in April 2019 to address every concern QMG had raised to the first joint venture proposal. Blessing offered QMG a direct 50% ownership in the Blessing ASTC with equal representation on the ASTC's board. QMG rejected that joint venture proposal as well.

Throughout the time period that Blessing had proposed the above joint ventures, QMG was pursuing its own competing ASTC with an application before the Review Board, Project #18-042. Throughout that proceeding, QMG aggressively promoted competition between QMG and Blessing, rather than collaboration and that competing ASTCs would provide greater benefit to the Quincy community than collaboration between QMG and Blessing:

- QMG was allowed to include in its applicant's presentation to the Board a representative from the Tri-State Health Care Purchasing Coalition, who had stated to the Board during the public comment period that "our coalition adamantly opposes a collaborative surgery center, as this will defeat any opportunity for competition, which we desperately need as a community." See attached Transcript of Review Board Meeting of April 30, 2019 ("April Tr.") at 62-4, and 98-11.
- QMG's Chief Clinical Officer told the Review Board: "Competition works. [S]ometimes collaboration is good. But in the case of providing health care services, competition has been shown to improve care and lower costs for our patients." April Tr. at 71-12.
- QMG's Chief Executive Officer testified that, "We believe that competition and choice is good" and "competition and choice is sorely needed and will benefit patients in the community" and "Quincy needs this competition and choice. Quincy will benefit from this. Our patients need competition and choice."
- April Tr. at 89-5, and 118-1.

Cited Excerpts of the Transcript from the Review Board's April 30, 2019 meeting are attached.

QMG's urging of the Review Board to promote competition between QMG and Blessing over collaboration prevailed, and the Board approved QMG's application for a competing ASTC on April 30, 2019.

2. Remain in the QMG Medical Office Building and extend the lease beyond the current agreement for another 5 years

- A. The current ASTC is now in space leased at QMG, which is located in the middle of their main office building. The public will be confused as to the Blessing location for ASTC services when it is located at QMG and QMG has an ASTC at the mall.
- B. Financially, rather than paying \$1.57 million in annual payments to QMG as Blessing is today, it is a better investment to relocate the ASTC to new construction on land owned by the hospital and on the hospital campus and manage the center. Had Blessing relocated the center to the Blessing campus in 2006 when it was initially purchased from QMG, the construction costs would have been fully paid (all the leased costs paid in the last 13 years). Blessing would not be in this position of their ASTC now being in the QMG building while QMG builds a competing center and Blessing now needing a CON to relocate the ASTC purchased from them.
- C. The current lease will expire, so at the end of this term, it will be not be renewed. Blessing has an option to renew for 5 years, but that would not be a good investment since at the end of that 5 years Blessing would need to relocate the center. The hospital would have paid millions more in lease costs which are now planned to go the proposed project, and still need to address relocating the ASTC.

If Blessing took the second five year option and continued to lease through the October 2028 which is the full period allowed, Blessing would spend \$9,995,000 over the period ending October 31, 2028.

If QMG expanded the lease option beyond the current contract offering to lease over a 20 year period the expenditure would be estimated to cost \$30,141,383.

The two financial options above only address the lease costs and not the management costs contracted with QMG since 2006.

**This option was ruled out because it creates unnecessary financial and planning risks for the future of the current ASTC license.**

3. Relocate the Blessing ASTC from the Quincy Medical Group office building to the Blessing campus and attach to the hospital OR area by covered walkway.

This alternative was selected for the following reasons:

- A. The timing is perfect in that the proposed project allows for planning and building the new ASTC to be ready for occupancy close/prior to the time the current lease expires.
- B. The proposed new location will connect the hospital surgical area thus offering a choice for physicians and patients who choose to have a procedure closer to the hospital.
- B. The investment will be in a fully owned community asset rather than paying \$1.57 million a year to QMG, which is 40% owned by Unity Point. It will position Blessing Hospital to compete in the ASTC environment and thus reduce the impact of the QMG Surgery Center to help mitigate the lost revenue and jobs.
- C. It will open up space Blessing vacates, when the lease expires, at QMG for them to recruit more physicians to the community and save them investing in other locations.
- D. It will reduce the future risk for the Blessing's ASTC if it is on hospital property rather than in the QMG building, if QMG or Unity Point ever made a decision to change QMG's ownership. Blessing would not be dependent on a new or different owner arrangement. The proposed project will relocate all the staff and equipment to the new location.
- E. It will provide a contemporary ASTC meeting the needs for today's procedures as the shift to more outpatient procedures occurs.

For all these reasons, Blessing has chosen the third option and are before the Board asking for permission to relocate the center to the Blessing Hospital campus.



P.O. Box 7005 Quincy, IL  
217-223-8400  
www.blessinghealthsystem.org

February 11, 2019

Hand-Delivery

Quincy Physicians & Surgeons Clinic, S.C.  
1025 Maine Street  
Quincy, Illinois 62301

Re: Joint Venture of the Quincy ASC

Dear Board of Directors:

This letter sets forth a starting point for discussions with physicians of Quincy Physicians & Surgeons Clinic, S.C., d/b/a the Quincy Medical Group ("QMG"), and the Blessing Health System ("Blessing") regarding a joint venture of the Surgery Center of Quincy located at 1118 Hampshire Street in Quincy, Illinois (the "Quincy ASC"), a wholly-owned clinical operating component of Blessing. In creating this starting point, Blessing has considered best practices in ambulatory surgery center operations as well as legal compliance requirements for physician-hospital joint ventures. We believe a joint venture with the local providers would benefit the entire community by helping us further standardize and enhance patient care, control costs, increase quality, and provide even greater efficiency of and access to ambulatory surgical services.

1. Quincy ASC

In order to allow for the Quincy ASC to be jointly owned with physicians, the Blessing will form a new legal limited liability company ("NewCo"). Blessing will transfer the operating assets and any related liabilities of Quincy ASC to NewCo. Blessing will transfer the ASC license to NewCo. In addition, Blessing will assign relevant contracts (including its real estate lease) to NewCo and, as applicable, establish new contracts where necessary (including a hospital transfer agreement with Blessing Hospital, and any necessary contracts for Blessing to provide IT and revenue cycle services). Active employees of Quincy ASC will be established at NewCo, preserving their current levels of compensation and benefits. Finally, NewCo will establish a medical staff governance structure and quality assurance oversight (discussed further under Governance).

As you are aware, Blessing is in the process of designating the status of the Quincy ASC from a hospital outpatient department to a freestanding ambulatory surgery center. Blessing will also assign the Medicare provider number to NewCo in order to ensure continuous operation of Quincy ASC.

**2. Valuation and Ownership Structure**

Blessing will engage a qualified valuation firm with experience in ASC valuation assignments in order to determine the fair market value of Quincy ASC. The fair market value of the Quincy ASC will substantively determine the appropriate valuation the equity of NewCo.

Blessing (or a controlled affiliate of Blessing) will retain the majority (no less than 60%) of NewCo's equity. Once NewCo is established, Blessing plans on syndicating up to 40% ownership in NewCo to eligible physician owners who may purchase equity ownership interests for cash at fair market value. Individual physician investors will be offered equity ownership interests of 1.0% to 3.0% to accommodate the surgeons and other providers who use the Quincy ASC and are most likely qualified investors.

**3. Eligible Physician Owners**

NewCo will have an operating agreement (the "Agreement") that would describe the eligibility of physicians to qualify and maintain equity ownership in NewCo. In addition to being licensed physicians in good standing and eligible to participate in Medicare, in order to ensure consistency with Blessing's quality assurance efforts all physicians must be members in good standing on the medical staff of Blessing Hospital and to meet all credentialing requirements to be on the medical staff of Quincy ASC. In addition, all physician must be considered active surgeons (i.e., at least one-third of medical practice income for 2018 must be derived from the physician's performance of surgical procedures in an ASC or a hospital) and be in a position to perform at least one-third of his or her surgical procedures at the Quincy ASC.

**4. Offer to QMG Physicians**

Blessing welcomes the participation of QMG surgeons meeting physician eligibility in the NewCo joint venture. Given the clinical and operational need to focus the Quincy ASC on certain procedures, we will want to discuss which QMG physicians make the most sense as investors in NewCo. However, we believe most of the QMG physicians currently active at Quincy ASC would be invited to be physician investors.

**5. Corporate Partner**

Blessing is in the process of exploring potential management company partners to manage and potentially invest in NewCo, i.e. a "corporate" partner. Blessing believes such corporate partners offer best practices and state-of-the-art expertise in running ambulatory surgery centers. In order to make substantive performance improvement at Quincy ASC and better ensure future success for Blessing and its physician partners (including any QMG physicians), we believe the corporate partner must serve as the exclusive manager of Quincy ASC.

**6. NewCo Governance**

The Agreement entered into by Blessing, its physician partners, and any corporate partner will describe the governance of the NewCo joint venture. Blessing envisions there will be a

governing board of NewCo (the "Governing Board") that would consist of Blessing and physician representatives. Representation and voting on the Governing Board would reflect proportional ownership interests in NewCo.

Certain actions of NewCo would require a super-majority approval, including a majority of physician owners. These actions would include (i) decisions to dissolve NewCo or discontinue operation of the Quincy ASC; (ii) a capital call to NewCo equity owners; (iii) amending the Agreement, (iv) NewCo entering into a line of business other than the ownership of Quincy ASC; (v) the merger, consolidation or sale of substantially all of the assets of NewCo or the Quincy ASC; (vi) borrowing or guaranteeing any indebtedness or granting a lien or other encumbrance on any assets of the NewCo or the Quincy ASC; (vii) the transfer of interests in the NewCo by an equity investor; (viii) admitting additional physician equity investors in NewCo; and (ix) establishing policies for distributions of NewCo's cash to its equity owners.

Blessing also envisions physician equity owners to hold primary discretion over (i) appointing a medical director for the Quincy ASC (which may be a QMG physician); and (ii) appointing a quality committee charged with delineating the clinical protocols and clinical decision-making standards at the Quincy ASC.

Finally, Quincy ASC will continue to further Blessing's healthcare mission. Quincy ASC will participate in Medicare and Medicaid and continue to offer charity care consistent with Blessing's policies. The Agreement will provide that Blessing may take any unilateral actions in the event NewCo is engaging in activities that potentially compromise Blessing's tax-exempt status.

#### **7. Other Terms**

As common in these types of joint ventures, all physician equity owners in NewCo will agree to non-competition and non-solicitation provisions in the Agreement. This provision will require a physician owner cannot own or manage another ASC within 30 miles of Quincy ASC, and that this covenant not to compete will extend three (3) years following any physician equity owner's withdrawal or termination from NewCo. The transactions contemplated by this letter are subject to all applicable legal and regulatory requirements.

If QMG is interested in pursuing the proposal outlined in this letter, then Blessing respectfully requests the certificate of need application for the ASTC be withdrawn at this time to provide the parties with the opportunity to explore an arrangement. Also, Blessing requests QMG to form a workinggroup of physicians active at Quincy ASC. This working group would begin meetings with Blessing (and potentially a corporate partner) to begin planning the launch of NewCo. Blessing will retain the services of a consulting firm and law firm to assist in this effort.

This letter is intended to be a non-binding expression of interest and act only as an invitation for further discussion between the parties. If Blessing does not receive a written expression of interest to pursue the proposal by 5pm on March 4, 2019, then Blessing will assume QMG is not interested and the proposal will be deemed withdrawn.

Quincy Physicians & Surgeons Clinic, S.C.  
February 11, 2019  
Page 4

We look forward to hearing from you. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Maureen A. Kahn". The signature is fluid and cursive, with a large initial "M" and a long, sweeping tail.

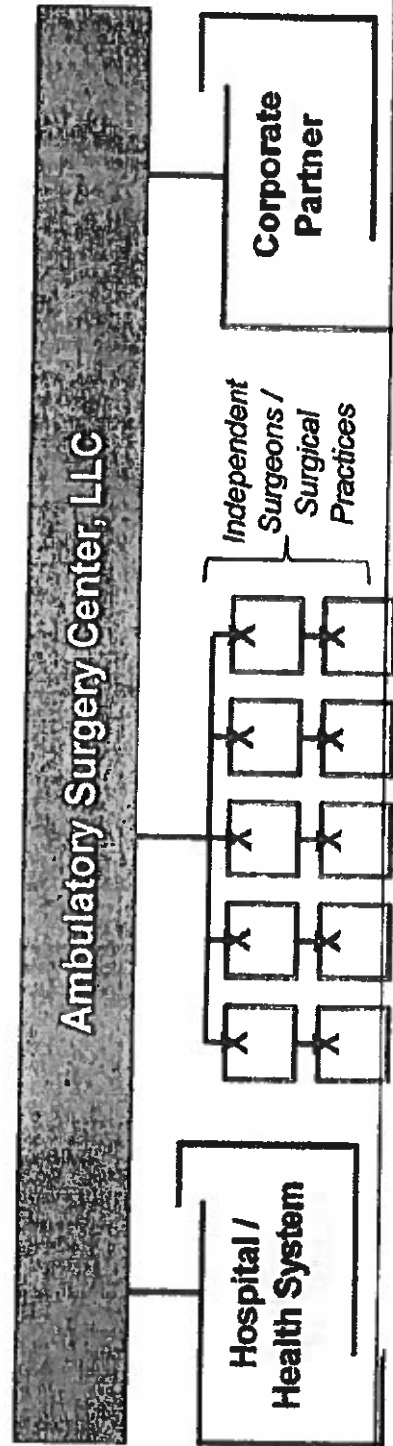
Maureen A. Kahn  
President/CEO

MAK/sem

## HOSPITAL-PHYSICIAN-CORPORATE PARTNER MODEL

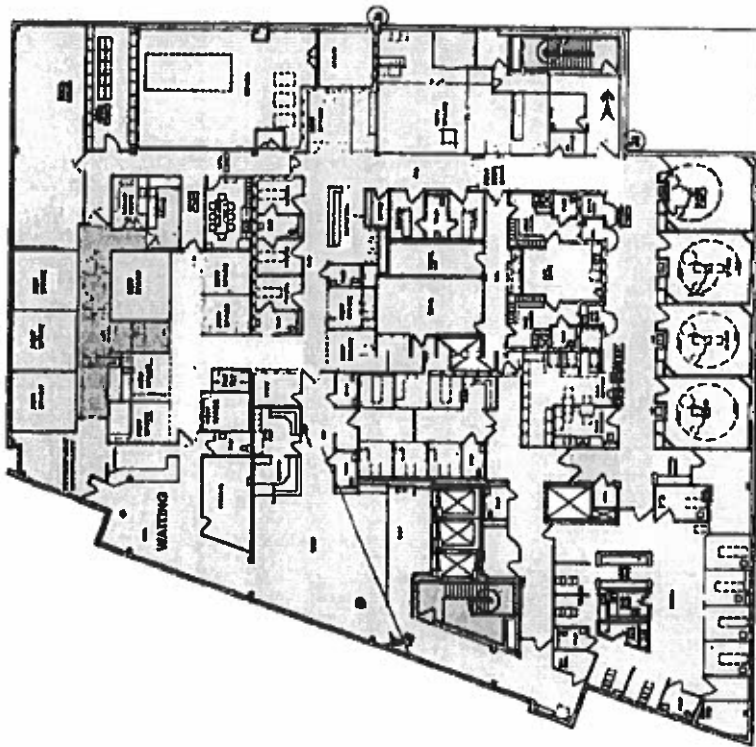
**Strategic Rationale:** *Incorporates a corporate partner (a third party manager) that brings development and operational expertise to the joint venture*

- This is a very common ASC joint venture model; preferred structure for industry leaders USPI and SCA
- Main focus of the corporate partner will be recruiting impactful physician investors
- Corporate partners provide management services to the ASC in return for a fee of 5% to 7% of net revenue (or net collections)



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## CONCEPT REMODEL PLAN-THIRD FLOOR

AMBULATORY SURGERY CENTER REMODEL

QUINCY, ILLINOIS

**ERDMAN**

JANUARY 16, 2019

# HERALD-WHIG

ONLINE AT WHIG.COM

THURSDAY

FEBRUARY 14, 2019 | \$1.00

## QMG rejects compromise plan from Blessing

**SURGERY CENTER:** Hospital proposed converting current facility, offering partial ownership to medical group physicians

By JASON LEWTON  
Executive Editor | 217-221-3321  
jlewton@whig.com | @WhigTons

**QUINCY** — A last-minute compromise proposal from Blessing Hospital to Quincy Medical Group to halt the clinic's

plan to build an ambulatory surgery center in the former Bergner's building at Quincy Mall will not stop QMG's plans to move forward.

Blessing CEO Maureen Kahn said the plan was presented to representatives of the QMG board late Monday.

Under the nonbinding plan, the surgery center now owned by Blessing in the QMG building would be converted into an ambulatory surgery center that would be held in a new LLC. Blessing would retain 60 percent ownership of the company, with shares of the remain-

ing 40 percent to be sold to "eligible physician owners." Physician owners would be required to sign noncompete agreements that would prevent those physicians from owning or managing another

**WHIG.COM**  
Read the proposal and statements online.

COMPROMISE continues on 3A

HERALD-WHIG | THURSDAY, FEBRUARY 14, 2019

## LOCAL NEWS 3A

### COMPROMISE | FROM 1A

### Statement: QMG to continue dialogue with hospital

ambulatory surgery center within 30 miles of Quincy for three years after termination or withdrawal of ownership.

In addition, the plan called for a third-party management agreement. Kahn said that would address concerns QMG had expressed regarding management of the current center. "Even though they now manage the center," Kahn said.

Kahn also said the plan would ensure the facility would be able to "trust all centers, regardless of their ability to pay."

Kahn viewed the plan as beneficial to local health care consumers as it would maintain a local ownership model. "I personally think this is a big win-win for both of us and a huge win for the community," she said.

In a statement released Wednesday afternoon, QMG CEO Carol Brockmiller acknowledged receiving the Blessing proposal "offering a minority ownership stake to a select group of QMG physicians in the existing Surgery Center of Quincy currently wholly-owned by Blessing."

The statement said the outreach was welcomed and that QMG "will continue to dialogue" with the hospital.

"At this late stage however, we do not plan to withdraw our proposal, as requested by Blessing, for a standalone surgery center or to enter into an agreement not to compete against the hospital," Brockmiller's statement read. "We continue to believe there is a need for additional outpatient surgical facilities in the community; especially as we consider the recruitment of new physicians to the area, the growing trend toward outpatient care, the cost efficiency provided to patients and the aging population of our region."

Other covenants in the Blessing proposal would allow physician owners to "hold primary discretion" over naming a medical director for the facility and appointing a quality committee that would maintain standards and protocols.

Kahn said another benefit in enacting the plan would be that most of the work could be done in two to three months, compared with the 18-to-24-month startup time that she said the QMG plan would require.

Lower costs to patients also would come from converting the current center into a freestanding ambula-

tory surgery.

In a letter to the Illinois Health Facilities and Services Review Board, Timothy Klein, an attorney representing QMG, outlined the objections of the Blessing proposal, but said the clinic remains open to other options.

"Even if Blessing proceed with its designation change and, once obtained, begins charging lower facility fees based on ambulatory surgery center rates rather than hospital outpatient department rates, the need for a new surgery center remains," Klein wrote.

The letter said that in increasing access to various procedures, improving quality of care and increasing patient choice, among other reasons, all are driving the plan.

Brockmiller said competition already is proving beneficial.

"What is clear from these 11th-hour maneuvers is that competition is already at work," her statement read. "We welcome it and ultimately know access and choice is in the best interest of the Quincy community."

Blessing's Kahn said she was surprised to learn of

QMG's rejection through a news report, but she remains hopeful a deal can be reached between the two health care providers.

"For the benefit of the greater Quincy community, and in light of the long history of collaboration between Blessing and QMG, we made a very sincere gesture proposal to QMG," Kahn said in a statement released Wednesday afternoon. "Furthermore, such collaboration is strongly encouraged by applicable CON regulations, reflecting the public policy of existing healthcare providers working together when possible."

"Obviously, it is disappointing to learn of a 'rejection' in the press, but we note QMG's press statement regarding 'continuing dialogue' with hope that Quincy can preserve the critical safety net services and existing jobs that are so vital to our community."

Wednesday was the final day for public comments to be submitted to the HFSRB, which ultimately will decide whether to issue a certificate of need for the QMG's planned ambulatory surgery center.

1 project from the beginning.

2 QMG and Blessing have a history of working  
3 together when it is advantageous and beneficial to  
4 the community; however, our coalition adamantly  
5 opposes a collaborative surgery center, as this  
6 will defeat any opportunity for competition, which  
7 we desperately need as a community.

8 Quincy is not like Chicago or Springfield,  
9 where there are many providers. In Quincy we have  
10 one hospital, and that hospital owns the only  
11 surgery center within a hundred miles. We do not  
12 have competition for surgery services. As a  
13 result, health care prices in Adams County are  
14 significantly higher than prices in other markets.  
15 We do support and encourage local providers to  
16 work together on strategies to improve health care  
17 quality and patient outcomes.

18 In other respects we encourage Blessing  
19 and Quincy Medical Group to be fierce competitors  
20 in order to ensure that the community gets quality  
21 access to care at the best price it has to offer.  
22 It was only after Quincy Medical Group submitted  
23 its certificate of need that Blessing announced a  
24 reduction in its ambulatory surgery center rates.

Transcript of Open Session – Meeting Excerpt  
Conducted on April 30, 2019

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1 of health care in our community. As of today the  
2 only ASTC in Quincy, owned by Blessing Hospital,  
3 is billing patients as a hospital outpatient  
4 department, 30 to 50 percent higher than a  
5 freestanding ASTC.

6 The BSGA firm studied Blessing Hospital's  
7 patient charges and determined that its outpatient  
8 fees are 16 to 43 percent higher than services at  
9 similar hospitals in the area . One of the tenets  
10 of the CON process is cost containment, and the  
11 introduction of another surgery center will  
12 undoubtedly lower costs. Competition works.

13 Finally, sometimes collaboration is good.  
14 But in the case of providing health care services,  
15 competition has been shown to improve care and  
16 lower costs for our patients.

17 Thank you.

18 DR. SCHLEPPHORST: I'm Dr. Richard  
19 Schlepphorst, S-c-h-l-e-p-p-h-o-r-s t. I'm the  
20 chief medical officer for Quincy Medical Group, a  
21 lifelong resident of Quincy and serving Blessing  
22 Quincy Medical Group since 1986.

23 Before filing the application we had many  
24 discussions with Blessing and our community about

Transcript of Open Session – Meeting Excerpt  
Conducted on April 30, 2019

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1           Our relationship efforts with Blessing  
2 have existed and evolved for years, 80 years to be  
3 exact. That will always be our goal. We are  
4 better together in many ways.

5           But competition and choice is sorely  
6 needed and will benefit patients and the  
7 community. We can serve more patients, provide  
8 more services through the proposed surgery center.  
9 We can keep health care in our community, taking  
10 the lead and offering a service that further  
11 evolves health care of the future, outpatient,  
12 cost-effective, accessible to all, highly  
13 efficient, incredibly convenient. The future is  
14 outpatient procedures and more of them.

15           QMG physicians are vested in this project  
16 and in their communities. We've done our homework  
17 and we even have the wherewithal to plan ahead to  
18 perform the latest, greatest, and safest  
19 procedures in the ambulatory setting, including  
20 cardiac procedures.

21           I will not give much energy to what the  
22 past six months has been like. It has been  
23 difficult and there have been tactics used by the  
24 hospital in sort of unprecedented and aggressive

Transcript of Open Session – Meeting Excerpt  
Conducted on April 30, 2019

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1 MS. HELKEY: No -- thank you.

2 CHAIRMAN MURPHY: Thank you. Go ahead.

3 MEMBER HAMOS: I don't know why.

4 MS. HELKEY: So at the last Board meeting  
5 you asked for an independent person that would  
6 bring an unbiased, objective perspective to you so  
7 that you could do that, and that's what we do as a  
8 health care coalition.

9 Since 1991 we've been working with the  
10 employers, and what we've heard from them on this  
11 project is that our community supports Quincy  
12 Medical Group but they adamantly oppose a co-owned  
13 collaborative surgery center.

14 And I'd like to field questions from you.  
15 Before I do, there's just a few things that I'd  
16 like to let you know about some of the work that  
17 we do so that you understand why our presence is  
18 important.

19 We have tons of surgical outmigration that  
20 leaves our community. And so the surgical  
21 outmigration goes into Springfield, Illinois,  
22 Columbia, Missouri; and St. Louis, Missouri. If  
23 we can bring those people back to Quincy, we will  
24 have enough patients to fill probably even a third

Transcript of Open Session – Meeting Excerpt  
Conducted on April 30, 2019

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1 where there's been no competition. Your job is  
2 about the patients.

3 And in this case we believe we've designed  
4 something -- and our community partners have  
5 said -- we've designed something that will help  
6 the community, that would be good for patients,  
7 and we request to have the opportunity to move  
8 forward with this project in Illinois, in Quincy,  
9 where our physicians have served their neighbors  
10 and their friends and the hospital.

11 Thank you.

12 CHAIRMAN MURPHY: Does that conclude your  
13 remarks?

14 MS. BROCKMILLER: Just a brief closing.  
15 Sorry. I was listening intently.

16 In closing, we are passionate and  
17 extremely proud of our project. It was carefully  
18 designed to meet the needs of our patients in the  
19 community.

20 And while at the same time meeting the  
21 Board's technical requirements, not adversely  
22 impacting nearby providers, it has the  
23 overwhelming support of our community, and we  
24 believe it's in the best interest of the people of

1 Quincy. Quincy wants this project. Quincy needs  
2 this competition and choice. Quincy will benefit  
3 from this. Our patients need competition and  
4 choice.

5 You have our word that we will continue to  
6 be in a collaborative relationship with our local  
7 hospital to ensure the two organizations provide  
8 the very best level of care for the benefit of our  
9 patients.

10 I hope that we have successfully addressed  
11 and resolved questions from the last meeting. If  
12 there's hesitancy or concerns or follow-up  
13 questions today, I respectfully ask that you raise  
14 those and allow us to answer them so that we have  
15 an opportunity to do so before the project goes to  
16 vote.

17 And if no questions, then I thank you for  
18 your time, and we respectfully ask for your  
19 approval of our project.

20 CHAIRMAN MURPHY: Thank you.

21 Let's focus on the application for a  
22 minute. I know there's been a lot -- there seems  
23 to be more talk about things that aren't having  
24 anything to do with the application, like

### Size of Project

The project involves construction on the Blessing Hospital campus. Total square footage of the project is 35,756, of which 16,403 is clinical and; and 19,353 is non-reviewable.

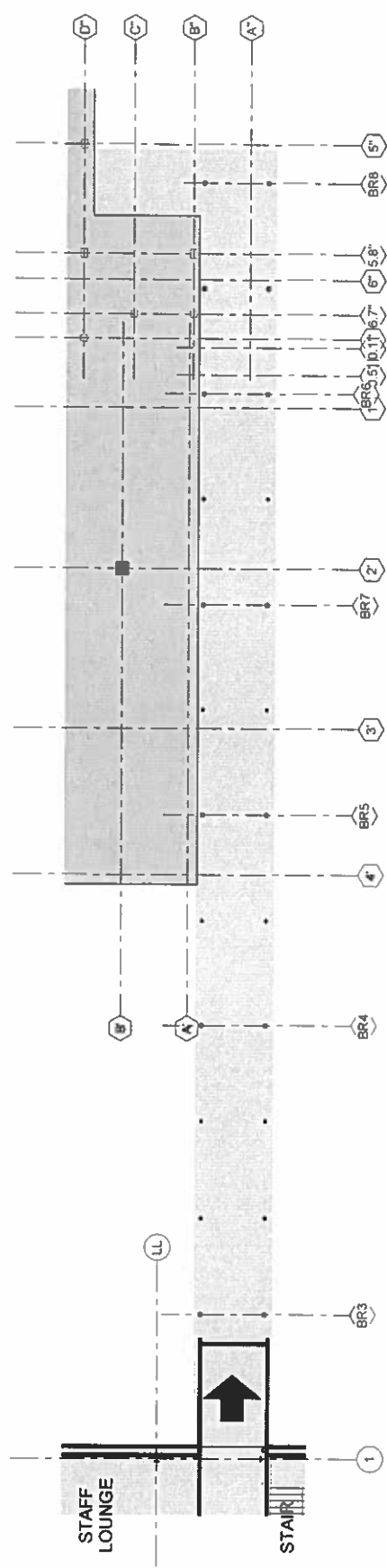
The size of the project is consistent with state standards:

### Size of the Project

Dept./Service	Proposed DGsf	State Standard	Difference	Met Standard
Ambulatory Surgery				
Operating Rooms (3)	6,224	8,250 <i>2750 dgsf per OR</i>	(2,026)	yes
Procedure Rooms (3)	1,076	3,330 <i>1100 dgsf per Procedure Room</i>	(2,254)	yes
Phase I Recovery(6)	939	1,080 <i>180 dgsf per Recovery area</i>	(141)	yes
Phase II Recovery(22)	8,164	8,800 <i>400 dgsf per Recovery area</i>	(636)	yes
Total Clinical Space	16,403	21,460	(5,057)	yes







SHEET	PROJECT	SHEET NO	DATE	DATE	CHARTER
LEVEL 2 (BRIDGE)	AMBULATORY SURGERY CENTER	CON 3	6/26/2019	6/26/2019	CHRISTNER

Project Services Utilization

The applicant fully anticipates the ASTC's target utilization of 1501+ hours of operating room and procedure room utilization will be reached during the second year of operation. Based on historical growth shown in the attached chart and the recruitment of a number of new specialists to the community to address the outmigration, Blessing projects the following:

	<u>Hours</u>		<u>State Standard</u>	<u>Met Standard</u>
	<u>Year 1</u>	<u>Year 2</u>		
Operating rooms -6	8697	9331	9000	yes

# Surgical Hours - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	OP Hours	3,666	3,752	4,472	4,810	4,644	4,748	4,990	5,185	5,563	6,018
11th OR	OP Hours	3,781	4,027	4,527	5,886	5,762	5,938	6,526	7,162	7,580	8,022
ASTC Px	OP Hours	2,231	2,350	2,501	2,567	2,493	2,533	2,692	2,856	3,134	3,313
11th Px	OP Hours	76	45	51	54	49	50	50	50	50	50
<b>Total OP Hours</b>		<b>9,754</b>	<b>10,174</b>	<b>11,551</b>	<b>13,317</b>	<b>12,948</b>	<b>13,269</b>	<b>14,257</b>	<b>15,254</b>	<b>16,327</b>	<b>17,403</b>
<b>IP Hours</b>		<b>4,421</b>	<b>4,612</b>	<b>4,825</b>	<b>5,640</b>	<b>5,170</b>	<b>6,185</b>	<b>7,029</b>	<b>8,148</b>	<b>8,688</b>	<b>8,893</b>
<b>Total Hours</b>		<b>14,175</b>	<b>14,786</b>	<b>16,376</b>	<b>18,957</b>	<b>18,118</b>	<b>19,454</b>	<b>21,286</b>	<b>23,402</b>	<b>25,015</b>	<b>26,296</b>

# Rooms Needed - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	Rooms	2.44	2.50	2.98	3.21	3.10	3.17	3.33	3.46	3.71	4.01
11th OR	Rooms	2.52	2.68	3.02	3.92	3.84	3.96	4.35	4.77	5.05	5.35
ASTC Px	Rooms	1.49	1.57	1.67	1.71	1.66	1.69	1.79	1.90	2.09	2.21
11th Px	Rooms	0.05	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03
<b>Total OP Rooms</b>		<b>6.50</b>	<b>6.78</b>	<b>7.70</b>	<b>8.88</b>	<b>8.63</b>	<b>8.85</b>	<b>9.50</b>	<b>10.17</b>	<b>10.88</b>	<b>11.60</b>
<b>IP Rooms</b>		<b>2.95</b>	<b>3.07</b>	<b>3.22</b>	<b>3.76</b>	<b>3.45</b>	<b>4.12</b>	<b>4.69</b>	<b>5.43</b>	<b>5.79</b>	<b>5.93</b>
<b>Total Rooms</b>		<b>9.45</b>	<b>9.86</b>	<b>10.92</b>	<b>12.64</b>	<b>12.08</b>	<b>12.97</b>	<b>14.19</b>	<b>15.60</b>	<b>16.68</b>	<b>17.53</b>

# Surgical Cases - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	Growth	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	OP Cases	4,602	4,824	5,124	5,452	5,250	2.7%	5,395	5,544	5,698	5,856	6,018
11th OR	OP Cases	3,251	3,483	3,636	4,509	4,316	5.8%	4,568	4,834	5,116	5,414	5,730
ASTC Px	OP Cases	4,452	5,022	5,299	5,231	4,958	2.2%	5,066	5,176	5,289	5,404	5,522
11th Px	OP Cases	163	106	105	118	112	-7.2%	114	114	114	114	114
<b>Total OP Cases</b>		<b>12,468</b>	<b>13,435</b>	<b>14,164</b>	<b>15,310</b>	<b>14,636</b>	<b>3.3%</b>	<b>15,143</b>	<b>15,668</b>	<b>16,217</b>	<b>16,788</b>	<b>17,384</b>
<b>IP Procedures</b>		<b>2,561</b>	<b>2,560</b>	<b>2,679</b>	<b>3,010</b>	<b>2,877</b>	<b>2.4%</b>	<b>2,945</b>	<b>3,195</b>	<b>3,395</b>	<b>3,475</b>	<b>3,557</b>
<b>Total Procedure</b>		<b>15,029</b>	<b>15,995</b>	<b>16,843</b>	<b>18,320</b>	<b>17,513</b>	<b>1.3%</b>	<b>18,088</b>	<b>18,863</b>	<b>19,612</b>	<b>20,263</b>	<b>20,941</b>

# Hours Per Case - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CARG	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	hr per case	0.80	0.78	0.87	0.88	0.88		0.88	0.90	0.91	0.95	1.00
11th OR	hr per case	1.16	1.16	1.25	1.31	1.34		1.30	1.35	1.40	1.40	1.40
ASTC Px	hr per case	0.50	0.47	0.47	0.49	0.50		0.50	0.52	0.54	0.58	0.60
11th Px	hr per case	0.47	0.42	0.49	0.46	0.44		0.44	0.44	0.44	0.44	0.44
<b>Total OP Cases</b>		<b>0.78</b>	<b>0.76</b>	<b>0.82</b>	<b>0.87</b>	<b>0.88</b>						
<b>IP Procedures (hr per case)</b>		<b>1.73</b>	<b>1.80</b>	<b>1.80</b>	<b>1.87</b>	<b>1.80</b>		2.10	2.20	2.40	2.50	2.50
<b>Total</b>		<b>0.94</b>	<b>0.92</b>	<b>0.97</b>	<b>1.03</b>	<b>1.03</b>						

INTERCOMPANY TRANSFER AGREEMENT BETWEEN:

BLESSING HOSPITAL (Hospital)  
1005 Broadway Street  
Quincy, IL 62301

AND

BLESSING HOSPITAL ASTC  
1112 Spring Street  
Quincy, IL 62301

THIS AGREEMENT is made and entered into as of the \_\_\_\_ day of \_\_\_\_\_, 2019 by and between Blessing Hospital, an Illinois not-for-profit corporations, and Blessing Hospital ASTC.

To facilitate continuity of care and the timely transfer of patients and records from the Ambulatory Surgical Treatment Center (ASTC) to the Hospital, the parties indicated above agree to the following:

1. When a patient's need for transfer from the ASTC to the Hospital has been determined and substantiated by the patient's physician, the Hospital to which transfer is to be made agrees to admit the patient as promptly as possible, provide admission requirements in accordance with Federal and State laws and regulations and to assure that admission requirements are met. The Center is licensed by the Illinois Department of Public Health and Safety.
2. The ASTC will send with each patient, at the time of transfer, or in the case of emergency, as promptly, the completed transfer and referral forms required by the Hospital to provide the medical and administrative information necessary to determine the appropriateness of the transfer or placement and to enable continuing care of the patient. The transfer and copies of certain medical record forms will include such information as current medical findings, diagnoses, a brief summary of the course of treatment at the ASTC, reason for transfer and any pertinent administrative and social information. The ASTC will notify Patient Access of Blessing Hospital in the event of non-emergency transfer. The ASTC will notify the Emergency Department of Blessing Hospital for any emergency transfer.
3. The Hospital shall make available the diagnostic and therapeutic services on an outpatient or inpatient basis as ordered by the attending physician subject to Federal and State laws and regulations and Hospital requirements.
4. The ASTC will be responsible for the appropriate disposition of personal effects such as money and valuables belonging to the transferred patient and any information related thereto.

5. Charges for services performed by the ASTC or the Hospital shall be collected by Blessing Hospital
6. This agreement shall be in effect for one year from the date of signing and will automatically renew.
7. This agreement contains the entire agreement between the parties and shall not be changed, modified or amended, except in writing duly signed by the parties hereto. Further, this agreement and any questions or disputes arising hereunder, shall be governed and constructed in accordance with the laws of the State of Illinois.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be duly signed as of the day and year first above written.

BLESSING HOSPITAL

MAUREEN A. KAHN  
Printed Name of Hospital Representative

Maureen A. Kahn  
Signature – Administrator of Blessing Hospital

6/27/19  
Date

BLESSING HOSPITAL ASC

Lori Wilkey  
Printed Name of ASTC Representative

Lori Wilkey  
Signature – Administrator of Blessing Hospital ASTC

6/27/19  
Date

### Unfinished or Shell Space:

1. The total gross square footage of the proposed shell space is 806 square feet.
2. The anticipated use of the shell space is to build, while constructing today, for growth or a change in services that would require a dedicated or additional OR. The shelled space would be intended for a future OR and support space. The shell space is non-clinical and would require Blessing to file an application and return to the Board to obtain a permit prior to occupancy.
3. CMS has recently added several cardiology codes now covered in an ASTC location. Blessing wants to wait, prior to investing in finishing out a room or adding expensive Cath equipment to a second location, to verify the safety of such procedures in an ASTC. However, the organization wants to be prepared to expand if such procedures are required to be provided in a free standing ASTC. Thus, planning for such capacity needs to be built into the new center. Blessing is creating a covered walkway to address easy access to the hospital OR in case of emergency for any number of procedures being moved to ASTCs.
4. As an example of future use, Blessing's current volume of Caths would support such a dedicated OR in an ASTC. Blessing Physician Services has seven cardiologists. Historic volumes meet the requirement for a minimum of 200 Caths per year as the state standard per establishment of a program (1110.620).

Blessing's Cath/EP volume the last 5 years.

<u>Year</u>	<u>Procedures</u>
2014	3184
2015	2398 (55 EP)
2016	3054 (290 EP)
2017	3237 (346 EP)
2018	3103 (577 EP)

Blessing believes planning for growth is necessary during new construction.

## Assurances

1. Blessing Hospital will submit to the HFSRB and CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time of the category of service involved.
2. Blessing expects to submit a CON within 2 years of completion of the projected CON.
3. The completion date be one year after.

Sincerely,



Maureen Kahn  
President/CEO  
Blessing Health System

Attachment 17

107A

110.225(i) Multi-Institutional Variance

N/A

1110.255 Non Hospital Based Ambulatory Surgery

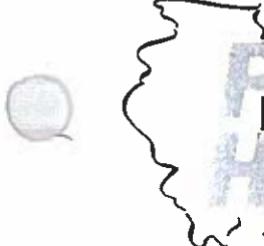
Attachment 24

#### 1110.235 Non Hospital Based Ambulatory Treatment Center Services

Section 1110.235 addresses non hospital based ambulatory treatment centers requirements. Blessing has operated the ASTC as a department of the hospital since its purchase in 2006. Blessing is in the process of moving the center to a free standing ASTC. Attached is a copy of the CON permit received in 2006 to purchase the current center and a letter from IDPH. Also attached is the following documentation:

A) Verification that identified outpatient surgical procedures were performed at the facility prior to January 1, 2014. Attached is a copy of the annual application prior to 2014 demonstrating the procedures performed at the ASTC.

B) Verification that the facility obtained a license as an ASTC prior to January 1, 2014. A copy of the license from 2006 is attached.



Illinois Department of  
**PUBLIC  
HEALTH**

Rod R. Blagojevich, Governor  
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

July 2, 2008

Shelly Miller, Administrator  
Blessing Hospital  
1118 Hampshire Street  
Quincy, IL 62301

Dear Administrator Miller:

This notification is provided for the **October renewal of your facility's ambulatory surgical treatment center license**. An application must be completed and submitted to the Department of Public Health not less than 30 days prior to the expiration date of your current license. (See Section 205.125 of the Ambulatory Surgical Treatment Center Licensing Requirements)

Effective March 1, 1997, the Illinois Health Facilities Planning Board implemented a provision requiring a Planning Board permit for the addition of surgical specialties that have not been approved prior to March 1, 1995. Therefore, your application should not include specialties that require Planning Board approval. Surgical specialties that require Planning Board approval can be added under your license once permission from the Planning Board has been obtained.

The renewal application is located on the IDPH web site at the following address: [www.idph.state.il.us](http://www.idph.state.il.us). Once you are logged on to the website, at the left of the screen select "Publications", then "Forms". Select the letter "A" or "P", (or scroll to the letter "A" or "P") then to "Ambulatory Surgical Treatment Centers" or to "Pregnancy Termination Renewal Licensure". Select "Ambulatory Surgical Treatment Center Licensure" or "Pregnancy Termination Licensure". The application is a PDF file and requires Adobe reader to open. If you do not have access to the internet, you may contact the Illinois Dept. of Public Health, Division of Healthcare Facilities and Programs, Central Office Operations Section, at 217/782-7412. **The renewal application must be completed in its entirety and must include the ASTC name, address and ASTC ID No.**

The application and \$300 fee should be submitted to:

Illinois Department of Public Health  
Division of Financial Services  
535 W. Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761-0001

**ATTENTION: VALIDATION UNIT**

If you have any questions regarding the renewal license application, please contact the Illinois Department of Public Health, Division of Health Care Facilities & Programs, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call us at 217-782-7412. The Department's TTY number, for the hearing impaired only, is 1-800-547-0466.

Sincerely,

 **RN**

Karen Senger, RN  
Supervisor, Central Office Operations Section  
Division of Health Care Facilities and Programs  
Illinois Department of Public Health

## **Fax Transmittal Cover Sheet**

**Illinois Department of Public Health  
Health Care Facilities and Programs**

**525 W. Jefferson, 4<sup>th</sup> Floor**

**Springfield, IL 62761**

**Phone (217) 782-7412**

**Fax (217) 782-0382**

DATE:

11-1-06

TO:

Betty Kaspalre

OF:

FAX #:

PHONE #:

FROM:

K. Falgoutson

Total number of pages including cover sheet:

2

**ADDITIONAL COMMENTS OR INSTRUCTIONS:**

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION



Blessing Hospital  
1118 Hampshire  
Quincy, IL 62301

FEE RECEIPT NO.

**State of Illinois**  
**Department of Public Health**

**LICENSE PERMIT CERTIFICATION REGISTRATION**

**10/31/07** **7500** **700120**

**AMMUNITION SURGICAL TREAT CTR**

**EXPIRATION DATE 11/01/06**

**Blessing Hospital**  
**1118 Hampshire**  
**Quincy, IL 62301**

**BUSINESS ADDRESS**



**Ambulatory Surgical Treatment Center Renewal Licensure**

ASTC ID No. \_\_\_\_\_

Program Category - 86

Department Use Only

**IMPORTANT NOTICE:** Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 55/1 et seq.) and the rules of the Department of Public Health entitled "Ambulatory Surgical Treatment Center Licensing Requirements" (77 IL Adm Code 205).

☒ \$300 Application Fee

**1. Facility Name/Address**

Name of ASTC Blessing Hospital Surgery Center of Quincy

Address 1118 Hampshire

City Quincy

County Adams

State IL

Zip Code 62301

Telephone Number (Area Code) 217-222-6550

Fax Number 217-277-2340

E-mail \_\_\_\_\_

Administrator's Signature

The Administrator of the facility must review this survey form for completeness and accuracy, then sign and date in the spaces below to certify that, to the best of his/her knowledge, the information provided is complete and accurate.

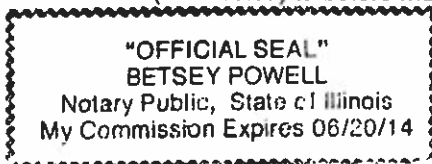
Typed or Printed Administrator Name Maureen Kahn

Administrator Signature (original only)

Date of Completion

Maureen Kahn 8/27/13

Signed and Sworn (or attested) to before me this 27<sup>th</sup> day of August 20 13



Betsey A. Powell  
Notary Public

My commission expires 6/20 20 14

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under (210 ILCS 5/1 et seq.). Disclosure of this information is mandatory, this form has been approved by the Forms Management Center

**DUE DATE: 30 DAYS PRIOR TO THE EXPIRATION OF YOUR CURRENT LICENSE**

State of Illinois  
Illinois Department of Public Health  
**Ambulatory Surgical Treatment Center Renewal Licensure**



2. Ownership

1. Please indicate type of ownership with an "X":

☐ Sole Proprietorship

☐ Limited Liability Partnership (\*RA)

☒ Corporation (\*RA)

☐ Limited Liability Company (\*RA)

☐ Partnership (Registered within county)

☐ Other

☐ Limited Partnership (\*RA)

\* RA - Registered Agent

2. Registered Agent

If your facility ownership indicated above requires a registered agent, please indicate the name, address (including zip code plus four), and telephone number of this person or company. (If you are unable to identify this person or company, contact the Secretary of State's office to identify the facility's registered agent)

Name of Illinois Registered Agent: Maureen Kahn

Address of Illinois Registered Agent: Broadway at 11th Street

City, State, Zip Code plus four: Quincy, IL 62305

Telephone of Illinois Registered Agent (including area code): 217-223-8400 ext. 6807

3. Ownership Information

If your facility is required to have a Registered Agent (see #2 above) or is required to have at least three officers, list the name of the state where the home or parent firm is incorporated or registered.

Name of Parent Firm or Organization: Blessing Hospital

State where Parent Firm or Organization  
is Incorporated or Registered: Illinois

List the name and address of the following officers:

TITLE	NAME	FULL ADDRESS
President	<u>Maureen Kahn</u>	<u>1005 Broadway, Quincy, IL 62305</u>
Vice-President	<u></u>	<u></u>
Secretary	<u></u>	<u></u>
Treasurer	<u>Pat M. Gerveler</u>	<u>1005 Broadway, Quincy, IL 62305</u>

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**Ambulatory Surgical Treatment Center Renewal Licensure**

4. Shareholder Information

If your ASTC is a CORPORATION, list the number of shares held by shareholders with more than five percent of common stock or the top five stockholders, whichever is less. Also, indicate the percentage of total shares that each stockholder holds.

NAME OF STOCKHOLDER	SHARES HELD	PERCENT OF SHARES

5. Other Ownership

Owners

If your facility is a SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, or OTHER-owned, list the name of the owner(s), the address (es) of each owner, the owner(s)'s profession, and the business that employs each owner. If the owner is self-employed, indicate this by entering "SELF" in the PROFESSION column.

NAMES OF OWNERS	FULL ADDRESS	PROFESSION	BUSINESS NAME

6. Contract Management

If management or operation of the ASTC is performed by independent contractor(s) and not an employee, list the individual name(s) and address(es) of the independent contractor(s). If management or operation is not performed by independent contractor(s), indicate this by checking the box.

☐ Check here if not applicable

NAME	FULL ADDRESS
Quincy Medical Group	1025 Maine, Quincy, IL 62301



**Ambulatory Surgical Treatment Center Renewal Licensure**

7. History of Conviction

Have any of the following been convicted of a felony, or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit I)

- |   |                              |  |
|---|------------------------------|--|
| 1. Applicant  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Any member of a firm, partnership or association | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Any officer or director of a corporation         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Administrator or manager of ASTC                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

3. ADMINISTRATION AND PERSONNEL

1. Administrator (attach resume as Exhibit II)

Name Patricia S. Prough

Address 1118 Hampshire, Quincy, IL 62301

Telephone Number 217-222-6550 ext. 6127

License Number 041.276271

2. Medical Director (attach resume as Exhibit III)

Name: Dr. John Bozdech

Address: 1118 Hampshire, Quincy, IL 62301

Telephone Number 217-222-6550

License Number 036.084415

3. Supervising Nurse (attach resume as Exhibit IV)

Name: Amy V Wingerter

Address: 1118 Hampshire, Quincy, IL 62301

Telephone Number 217-222-6550 ext. 6676

License Number 041.365878

**Patricia S. Prough, RN, BSN, CNOR**  
**2321 Payson Ave. Quincy, IL 62301**  
**(660) 216-2711 patty.prough@blessinghealthsystem.org**

---

Accomplished RN with 20 years experience providing quality patient care in the Operating Room and Post Anesthesia Care Unit.

## **EDUCATION**

May, 1993                      Bachelor of Science in Nursing  
Summa Cum Laude  
Blessing-Rieman College of Nursing, Quincy, IL  
& Culver-Stockton College, Canton, MO

## **PROFESSIONAL EXPERIENCE**

4/11 to present              Patient Care Supervisor  
Surgery Center of Quincy/Blessing Hospital  
Quincy, IL

- Supervisor for 25 direct reports in Pre-op, Operating Room, and PACU.
- Work closely with the Senior Director on special projects and day to day operations of the Surgery Center.
- Responsibilities include; annual evaluations, monthly department education, new product decision making, physician relations, patient rounding, staff rounding, evaluating and updating policy and procedures, as well as, staff nurse in all areas as needed.
- Member of Blessing Hospital Surgical Value Analysis Team - evaluate and recommend purchase of supplies and equipment.
- Assure compliance with established policies, procedures, and regulatory standards.
- Successful cross training implementation - worked closely with Surgery Center leadership and staff to plan, develop, and implement cross training in all surgery center departments.
- Surgery Center project lead for SIS (Surgical Information System) electronic documentation development and implementation. October, 2013 planned go live date.

2/09 to 4/11

Unit Based Educator, Surgical Services  
Blessing Hospital  
Quincy, IL

- Coordinate and provide education for Surgery Center and 11<sup>th</sup> Street Operating Room, PACU, ODS, SPD, PREP, and GI.

5/95 to 2/09

RN, Surgery & Post Anesthesia Care Unit  
Northeast Regional Medical Center  
Kirksville, MO

- Staff nurse in the Operating Room & PACU with extensive experience circulating & recovering surgical patients.
- Frequently utilized as a scrub nurse & first assist in General, Orthopedic, & ENT surgeries.
- Endoscopy float - Circulating & GI Tech rolls. Certified in IV conscious sedation.
- Nurse of the Year - 2005 - Northeast Regional Medical Center.

1993-1995

RN, Post Anesthesia Care Unit  
Blessing Hospital  
Quincy, IL

- Provided care for post-anesthesia patients.

## **CERTIFICATIONS**

1999 to present

CNOR - National Certification Board Perioperative  
Nursing  
Advanced Cardiac Life Support  
Pediatric Advanced Life Support  
Basic Life Support


## **PROFESSIONAL ORGANIZATION**

1997 to present

Member - Association of Operating Room Nurses

## CURRICULUM VITAE

John M. Bozdech, M.D., FACP, FACP  
Quincy Medical Group  
1025 Maine Street  
Quincy, IL 62301 217-222-6550, Ext. 3451  
Fax 217-221-4579  
[JBozdech@Quincymedgroup.com](mailto:JBozdech@Quincymedgroup.com)

 1/9/11

**Date of Birth:** April 14, 1957

**Place of Birth:** DeKalb, Illinois

**Education:** B.S., 1977, Microbiology (with highest distinction) University of Iowa, Iowa City, IA.  
M.D., University of Iowa College of Medicine, Iowa City, IA, 1982.  
Resident in Internal Medicine, Strong Memorial Hospital, University of Rochester, NY, 1982-1985.  
Fellowship in Gastroenterology, University of Colorado Health Sciences Center, Denver, Colorado, 1985-1988.

**Personal:** Married, three children.

**Board Certification:** American Board of Internal Medicine, 1985.  
American Board of Internal Medicine, subspecialty of Gastroenterology, 1987.

**Medical Licensure:** New York, 1984.  
Colorado, 1986.  
Ohio, 1988.  
Illinois, 1992.  
Missouri, 2004.

**Honors and Awards:** Alpha Omega Alpha Honorary Society, 1981.  
John and Oral Sebelin Award of Excellence in Internal Medicine, University of Iowa, 1982.  
American Gastroenterological Association Training Supplement 1987.  
Fellow, American College of Gastroenterology.  
Fellow, American College of Physicians.

**Professional Experience:** Gastroenterologist - Kaiser Permanente, Denver, Colorado, 1987-1988.  
Staff Physician - Department of Gastroenterology. Cleveland Clinic Foundation, Cleveland, OH 1988-1992.  
Clinical Assistant Professor of Medicine - College of Medicine, Pennsylvania State

University, 1990-1992.

Clinical Assistant Professor, Department of Family Practice and Internal Medicine, Southern Illinois University School of Medicine, 1993-present.

Gastroenterologist, Private Practice - Quincy Medical Group, Quincy, IL  
1992 - present.

**Educational Activities:**

Educational Council Member. Department of Gastroenterology, Cleveland Clinic Foundation, 1989-1992.

Course Director. Cleveland Clinic Foundation, Gastroenterology Update Symposium, 1990, 1991.

Clinical Instructor for Internal Medicine Residents and Gastroenterology Fellows. Cleveland Clinic Foundation, 1988-1992.

Clinical Assistant Professor. Departments of Family, Community, and Internal Medicine. SIU School of Medicine, 1992-present.

**Professional Membership  
and Societies:**

Alpha Omega Alpha, 1981.

American College Physicians, 1982-.

American College of Gastroenterology, 1989-.

Adhoc Committee of Membership, 1990-1995.

Publications Committee, 1992-1996.

American Gastroenterological Association, 1989-.

Medical Advisory Committee Northeast Ohio Chapter of Crohn's and Colitis Foundation of America, 1990-1992.

Northeastern Ohio Society for Gastrointestinal Endoscopy, 1989-1992.

American Medical Association, 1993-.

Illinois State Medical Society, 1993-.

Alternate delegate 1999.

Adams County Medical Society, 1992-.

Alliance Advisory Liaison, 1997-1998.

American Society of Gastrointestinal Endoscopy, 2001-.

**Presentations at  
International Meetings:**

International Workshop of Inflammatory Bowel Disease. Two Schools of Confrontation. October 12-13, 1990. Treviso, Italy. "Inflammatory Bowel Disease," "Inflammatory Bowel Disease in Pregnancy," "Risk of Malignancy and Endoscopic Surveillance."

5th International Symposium on Colorectal Cancer. Torino, Italy. September 24-26, 1991. Tissue Fluorescence Spectroscopy: A potential method to identify increased risk of colorectal adenoma.

**Research Experience:**

Senior Undergraduate Research, Department of Microbiology, Dr. William Johnson, Ph.D. Isolation and preliminary characterization of staphylococcal exfoliative toxin. January 1977 - August 1978.

Research Assistant, Department of Biochemistry. Dr. R. Blakely, M.D., University of Iowa. Responsible for purification of ribonucleotide reductase and measurement of intramolecular distances using nuclear magnetic resonance. August 1977 - August 1978.

Laboratory Assistant, Division of Endocrinology, Dr. B. Ginsberg, M.D., University of Iowa. Responsible for nuclear membrane receptor assay for insulin-like growth factor. February 1979 - June 1979.

Research Fellow, Division of Gastroenterology, Dr. D. Ahnen, M.D., University of Colorado Health Sciences Center. Studies on regional variation in colonocyte proliferative response and gastrin receptor expression. June 1986 - June 1988.

Studies on risk of malignancy and endoscopic surveillance in ulcerative colitis. Establishment and maintenance of an ulcerative colitis disease registry and collaborative studies on flow cytometric DNA analysis on biopsies of patients with ulcerative colitis. Cleveland Clinic Foundation 1989-1992.

Multicenter study of Asacol in maintenance of remission in chronic ulcerative colitis, 1990-1992.

**Research Grants:**

American Gastroenterological Association Training Supplement, 1987.

**Administrative and  
Committee Activities:**

Blood Utilization Committee, Blessing Hospital, Quincy, IL, 1994-1996, 1999-  
Medical Case Review Committee, Blessing Hospital, 1994-1996.  
Cancer Committee - Chairman, Blessing Hospital, 1994-1996.  
Medical Staff Advisory Committee,  
Blessing Hospital, Quincy, IL, 1996-1999.  
Adhoc Committee on Antibiotic Resistance at  
Blessing Hospital, Quincy, IL 1996-1999.  
Quality Assurance/Risk Management Committee, Quincy Medical Group,  
Quincy, IL, 1996-1998.  
Department of Medicine, Blessing Hospital - Vice Chairman 1997-1999, 2005-

**Directorship:**

Member, Board of Directors, Quincy Medical Group, Quincy, IL, 1995-1998.  
Member, Board of Directors, Quincy Health Care Management, Inc., Quincy, IL  
1996-1998.  
Medical Director, Surgery Center of Quincy, Quincy IL, 2004-

## BIBLIOGRAPHY:

### Articles:

1. Blakely RL, Orme-Johnson WH, and Bozdech JM. Mechanism of *Lactobacillus leichmanii* ribonucleotide reductase studied with pseudocoenzyme B12 as coenzyme. *Biochemistry* 1979; 18: 2335.
2. Ahnen DJ, Bozdech JM, and Reed TJ. Isolation and characterization of populations of mature and immature rat colonocytes. *Am J Physiol* 1988; 254: G610-G621.
3. Steigman GV, Goff JS, Bozdech JM. Endoscopic variceal ligation (EVL): Safe and effective alternative to sclerotherapy (ES). *Gastrointestinal Endoscopy* 1989; 35: 431-434.
4. Bozdech JM. Office presentations - Alimentary complications of AIDS. *Audio Digest, Gastroenterology* 1989; 3 (7).
5. Bozdech JM and Farmer RG. Diagnosis of Crohn's disease. *Hepatogastroenterol* 1990; 37 (1): 7-17.
6. Kirsch M, Bozdech JM, and Gardner DA. Crohn's disease presenting as hepatic portal venous gas. *Am J Gastroenterol* 1990; 85 (11): 1521-1523.
7. Bozdech JM. Endoscopic variceal ligation (videotape). ASGE Learning Center Exhibit, 1990.
8. Bozdech JM. Newer treatments in inflammatory bowel disease: IBD Update 1991. *Audio Digest* 1991; 5: (2).
9. Bozdech JM. Endoscopic diagnosis of colonic endometriosis. *Gastrointestinal Endoscopy*, 38: 568-570, 1992.
10. Post AB, Bozdech JM, Lavery I, and Barnes DS. Colectomy in patients with inflammatory bowel disease and primary sclerosing cholangitis. *Dis Colon Rectum* 1994; 37: 175-178.
11. Lashner BA, Provencher KS, Bozdech JM, and Brzezinski A. Worsening risk for development of dysplasia or cancer in patients with chronic ulcerative colitis. *Am J Gastroenterol* 1995; 90: 377-380.
12. Hanauer SB, Sninsky CA, Robinson M, Powers BJ, McHattie J, Mayle JE, Elson DO, Demicco MP, Butt JH, Pruitt RE, Bozdech JM, et al. An oral preparation of mesalamine as long-term maintenance therapy for ulcerative colitis. A Randomized Placebo controlled trial. *Ann Int Med* 1996; 124: 204-211.

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### Abstracts:

1. Bozdech JM, Ahnen DJ. The cecum is more responsive to proliferative stimuli than the transverse or distal rat colon. Clin Res 1988; 36: 183A.
2. Bozdech JM, Ahnen DJ. Gastrin binding sites are regulated during colonocyte differentiation. Clin Res 1988; 36: 183A.
3. Bozdech JM, Ahnen DJ. (Leucine 15) - gastrin I binding sites of rat colonocytes are regulated during cellular differentiation. Gastroenterol 1988; 94 (5 Pt 2): A46.
4. Bozdech JM, Ahnen DJ. The cecum is more responsive to proliferative stimuli and contains more gastrin binding sites than the distal colon. Gastroenterol 1988; 94 (5 Pt 2): A46.
5. Bozdech JM, Barnett RC, Petras R, Farmer RG. Clinical Implications of "adenoma" in ulcerative colitis. Gastroenterol 1990; 98 (5 Pt 2): A161.
6. McHugh JBD, Bunn PA, Warren GH, Adcock DA, Bozdech JM, et al. Aneuploidy as a marker of dysplastic mucosa and malignancy in chronic ulcerative colitis. Gastroenterol 1990; 98 (5 Pt 2): A191.
7. Bozdech JM. The diagnosis of endometriosis of the colon can be made by colonoscopy. Am J Gastroenterol 1990; 85: 1272.
8. Bozdech JM, Petras R, Farmer RG. Low grade dysplasia in ulcerative colitis: Its association with the development of carcinoma. Am J Gastroenterol 1990; 85: 1272.
9. Bozdech JM, Farmer RG. High grade epithelial dysplasia in limited colitis does not indicate risk of concurrent malignancy. Gastroenterol 1991; 100 (5 Pt 2): A199.
10. Bozdech JM, Oakley JR, Farmer RG. Cancer surveillance in ulcerative colitis. Evidence for improved survival. Gastroenterol 1991; 100 (5 Pt 2): A199.
11. McHugh JBD, Bozdech JM, Warren GH, Meyer CRD, Ahnen DJ. Aneuploidy in a large cohort of patients with chronic ulcerative colitis in ongoing surveillance programs. Gastroenterol 1991; 100 (5 Pt 2): A230.
12. McHugh JBD, Bozdech JM, Warren GH, Meyer CRD, Ahnen DJ. Aneuploidy is widely expressed and precedes the development of colon cancer in patients with ulcerative colitis. Gastroenterol 1991; 100 (5 Pt 2): A385.
3. Anderson GD, Bozdech JM. Balloon dilation of resected small bowel strictures in Crohn's disease. Am J Gastroenterol 1991; 86: A212, p. 1343.

14. Gardner DA, Cothren RM, Bozdech JM, Ivanc TB, Bennett R, Sivak MV. Tissue fluorescence spectroscopy: A potential method to identify increased risk of colorectal adenoma. *Am J Gastroenterol* 1991; 86: A254, p. 1353.
15. Gardner DA, Cothren RM, Bozdech JM, Ivanc TB, Bennett R, Sivak MV. Tissue fluorescence spectroscopy: A potential method to identify increased risk of colorectal adenoma. Presented at 5th Symposium on colorectal cancer. Turino, Italy. September 24-26, 1991.
16. Post AB, Bozdech JM, Barnes DM, Lavery JC. Surgical risk of colectomy in patients with primary sclerosing cholangitis. *Am J Gastroenterol* 1991; 86: A179, p. 1335.
17. Bozdech JM, Farmer RG. Cancer surveillance in chronic ulcerative colitis (CUC). Improved survival with surveillance. *Ital J Gastroenterol* 1991; 23: 603.
18. Bozdech JM, Farmer RG. Left-sided ulcerative colitis. Is there a risk of carcinoma? *Ital J Gastroenterol* 1991; 23:603.
19. Hanauer S, Powers B, Robinson N, Nayle J, Elson C, Demicco M, Butt J, Pruitt R, Sninsky C, McHattie J, Bozdech JM, et al. Maintenance of remission of ulcerative colitis by mesalamine (Asacol) vs. placebo. The Asacol study group. *Gastroenterol* 1994; 106: A696.
20. Lashner BA, Provencher KS, Bozdech JM, Brzezinski A. Worsening risk for the development of dysplasia or cancer in patients with chronic ulcerative colitis. *Gastroenterol* 1991; 106: A718.
21. Bozdech JM Bismuth subsalicylate is superior to 5-aminosalicylate for the treatment of microscopic colitis in a large community based series. *Gastroenterol* 2001;A268.

#### Chapters:

1. Bozdech JM. Acute viral hepatitis. In: Achkar E, Farmer RG, and Fleshler B, eds. *Clinical Gastroenterology*. Philadelphia: Lea and Febiger; 1992.
2. Bozdech JM. Nausea and vomiting. In: Achkar E, Farmer RG, and Fleshler B, eds. *Clinical Gastroenterology*. Philadelphia: Lea & Febiger, 1992.
3. Blue M, Bozdech JM. Drug-induced liver injury. In: Achkar E, Farmer RG, and Fleshler B, eds. *Clinical Gastroenterology*. Philadelphia: Lea & Febiger; 1992.
4. Ahnen DJ, McHugh JBD, Bozdech JM, Warren GH. Carcinogenesis in chronic ulcerative colitis: The use of flow cytometry. In: Williams CW, ed. *Trends in Inflammatory Bowel Disease*. Lancaster: Kluwer Academic Publishers; 207-219; 1990.

# MY WINGERTER

Winsor Drive, Quincy, Illinois 62305 (217-228-2521) · (217-430-9838)

---

## REGISTERED NURSE

### EMPLOYMENT

BLESSING HOSPITAL 5400, and Emergency Department - LPN	YEARS EMPLOYED (1996-1999) Quincy, Illinois 62305
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Bedside Nursing Care, Administering Medications, Team Member, Admission, Discharge, Reviewing and receiving orders from physicians, evaluate lab work, recognizing signs and symptoms of patient distress, trauma, and triage.

QUINCY FAMILY PRACTICE (SIU) SOUTHERN ILLINOIS Office Nursing -LPN	YEARS EMPLOYED (1998-2005) Quincy, Illinois 62305
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Primary Office Nurse for Faculty, and Residents. Managing incoming calls from patients for education, and advice, refilling current prescriptions through pharmacies, referrals to speciality physicians, triage for acute and chronic illnesses and appointments to be made by prioritizing.

Blessing Hospital LPN-Per Diem Nurse 32-40 Hours Weekly	2005-present Quincy, Illinois 62305
--	--

5400 Medical/ Oncology and float nurse as needed to other units through Dec.2007

5400 Medical/Oncology- REGISTERED NURSE	January 2008-2009
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Intermediate Care 3400 REGISTERED NURSE	March 2009-September 2010
--	---------------------------

Blessing Hospital GI-Center SCQ RN, BSN, Patient Care Supervisor	September 2010-current
--	------------------------

### EDUCATION

LICENSED PRACTICAL NURSE John Wood Community College	YEARS ATTENDED (1995-1996) Quincy, Illinois 62305
---	--

Registered Nursing Degree John Wood Community College Graduation	2005-2007 Quincy, Illinois 62305 December 2007
--	--

Chamberlain University RN-BSN	2011-2013
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## SKILLS

Organized work ethics  
Dependable, Responsible  
Friendly, Positive Personality  
Large knowledge of Medications and dosages  
BLS  
ACLS  
IV Therapy  
Medical/Oncology Surgical Nursing/chemotherapy  
Moderate sedation  
Telemetry  
Emergency Nursing  
Triage  
Critical Care  
Patient Care supervisor/Team Leader



**Ambulatory Surgical Treatment Center Renewal Licensure**

APPLICATION ADDENDUM

This addendum must be completed as part of the following program/facility application:

N/A

Ambulatory Surgical Treatment Center

Home Health

Hospice

Hospital

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR) ☐ Yes ☐ No

The following question must be answered only if the applicant is an Individual (sole proprietor):

I hereby certify, under penalty of perjury, that I ☐ am ☐ am not (check one) more than 30 days delinquent in complying with a child support order.

N/A

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE AND MAKING A FALSE STATEMENT MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT. (5 ILCS 100/10-65-(C)).**



LICENSE NO.

[illegible]

129

LAST NAME	FIRST NAME	INITIAL	CAL DE	SPECIALTY	ILLINOIS LICENSE
All	Muhammad	A.	MD	Oncology / Hematology	036-096821
Arrambide	Kathryn	H.	MD	Oncology / Hematology	036-108770
Barbagiovanni	John	T.	DO	Gastroenterology	036-112252
Bell	Gina	S.	MD	Obstetrics / Gynecology	036-116116
Bingham	David	M.	DO	Orthopedics	036-125816
Birsic	William	I.	MD	General Surgery	036-099233
Bozdech	John	M.	MD	Gastroenterology	036-084415
Chbeir	Elie	A.	MD	Pulmonology	036-122974
Connoyer	Maria	L.	DMD	Dentistry	019-026584
Crickard	George	E.	MD	Orthopedics	036-094841
Derhake	Adam	D.	MD	Orthopedics	036-122291
Dietrich	Gina	L.	DO	Obstetrics / Gynecology	036-106243
Disseler	Jean	A.	MD	Ophthalmology	036-081863
Dooley	Randall	E.	MD	Urology	036-115518
Dougherty	William	E.	MD	Urology	036-114502
Dureska	Peter	M.	MD	Obstetrics / Gynecology	036-064566
El Amin	Saadig	F.	MD	Orthopedics	036-126083
Espejo	Maria	C.	MD	Physical Medicine & Rehabilitation	036-115146
Freel	Douglas	J.	DPM	Podiatry	016-003720
Freitag	Per		MD	Orthopedics	036-049876
Geisendorfer	Abram	R.	MD	Ophthalmology	036-125887
Hanzel	Duane	A.	DPM	Podiatry	016-005009
Hauk	Lacey	S.	DMD	Dentistry	019-027989
Hayashi	James	D.	MD	Ophthalmology	036-085912
Hensley	Mark		MD	Obstetrics / Gynecology	036-123631
Hermens	Donald	J.	MD	Gastroenterology	036-101026
Holt	William	J.	MD	Orthopedics	036-060340
Ifft	Keith	H.	MD	Anesthesiology	036-072713
Kagumba	Ada	A.	MD	Obstetrics / Gynecology	036-106906
Kuhlman	Joseph	A.	MD	Anesthesiology	036-090539
Kukkar	Nitin		MD	Orthopedics	036-128840
Kussman	Mary	E.	MD	Anesthesiology	036-126025
Leffheit	Ryan	M.	MD	Anesthesiology	036-118243
Lollar	Kevin	W.	MD	Otolaryngology	036-131559

Lucas Stoner	Tina	S.	DMD	Dentistry	019-028129
Maduakor	Obioma	N.	MD	Obstetrics / Gynecology	036-132032
Marchiando	Albert	W.	MD	Otolaryngology	036-059407
McAndrew	Mark	P.	MD	Orthopedics	036-060056
McIntee	Rae	A.	DDS	Otolaryngology	036-100190
Mero	Tanya	M.	MD	Obstetrics / Gynecology	036-107670
Mellis	Schuyler	C.	MD	Plastic & Reconstructive Surgery	036-126436
Meyer	Joseph	V.	MD	Anesthesiology	036-091360
Miller	Clair	F.	MD	Anesthesiology	036-110114
Moore	Daniel	L.	MD	Gastroenterology	036-108653
Moore	Christopher	H.	MD	Anesthesiology	036-132540
Morris	Reuben	P.	MD	Neurosurgery	036-061934
Morton	Steven	D.	DO	Orthopedics	036-111970
Nassery	Manoocher		MD	Pulmonology	036-048019
Nguyen	Linh	T.	MD	Anesthesiology	036-114000
Oatey	Mary	E.	DO	Obstetrics / Gynecology	036-120374
O'Halloran	Richard	L.	MD	Urology	036-089108
Ouwenga	Michael	K.	MD	Urology	036-110510
Patel	Shwetal	B.	DPM	Podiatry	016-005122
Patel	Sheena	S.	MD	Anesthesiology	036-128824
Petty	Todd	H.	MD	General Surgery	036-106587
Phan	Douglas	M.	MD	Otolaryngology	036-128785
Philpott	Ethan	M.	MD	Plastic & Reconstructive Surgery	036-127162
Polavarapu	Harsha	V.	MD	Surgery, Colorectal	036-132336
Reed	Brennan	R.	DPM	Podiatry	016-004104
Reynolds	Arden	F.	MD	Neurosurgery	036-099604
Riggs	Daniel	E.	DDS	Dentistry, Oral & Maxillofacial	019-023491
Ruth	Harry	R.	MD	Otolaryngology	036-068434
Saleh	Khaled	J.	MD	Orthopedics	036-123197
Sieck	Eric	A.	MD	Ophthalmology	036-099924
Smith	Timothy	S.	DO	General / Vascular Surgery	036-093943
Smith	Raymond	P.	MD	Oncology / Hematology	036-094428
Stewart	Rena	L.	MD	Orthopedics	036-131852
Sullivan	Douglas	N.	MD	Neurology	036-091522
Tayag	Emilio	C.	MD	Neurosurgery	036-117473

Wagner	Dennis	R.	DMD	Dentistry	019-027406
Weller	Robert	W.	MD	Ophthalmology	036-104739
Wensing	Thomas	J.	DPM	Podiatry	016-004519
Wensing	Linda	R.	DPM	Podiatry	016-004566
Wheeler	Ronald	D.	MD	Orthopedics	036-113540
Wilkins	Harry	E.	MD	Trauma Surgery	036-077281
Woodard	Deborah	S.	MD	Obstetrics / Gynecology	036-114191
Wright	Richard	J.	DDS	Dentistry	019-018216
Zwick	Christian	R.	DO	General / Vascular Surgery	036-086138

State of Illinois  
 Illinois Department of Public Health  
**Ambulatory Surgical Treatment Center Renewal Licensure**



SUPPLEMENT II

Personnel: List position and/or classification; name, education, experience, professional licensure or certification.

POSITION AND/OR CLASSIFICATION	NAME	LICENSE NUMBER, REGISTRATION CERTIFICATION, AND YEARS EXPERIENCE
--------------------------------	------	--

Registered Nurse	Brennan, Megan	041.408540
Registered Nurse	Brock, Whitney	041.396407
Registered Nurse	Crabtree, Dawn	041.315041
Registered Nurse	Dedert, Rebecca	041.324841
Registered Nurse	Graham, Michele	041.263984
Registered Nurse	Hare, Coya	041.367235
Registered Nurse	Johnson, Chris	041.253675
Registered Nurse	Johnston, Peggy	041.334021
Registered Nurse	Kistner, Maggie	041.347740
Registered Nurse	Lister, Rosette	041.218035
Registered Nurse	McGinnis, Debbie	041.218199
Registered Nurse	Osborne, Patti	041.325817
Registered Nurse	Oshner, Amy	041.362227
Registered Nurse	Parker, Erica	041.360507
Registered Nurse	Peter, Cassy	041.355727
Registered Nurse	Prough, Patricia	041.276271
Registered Nurse	Reis, Cindy	041.232837
Registered Nurse	Schaefer, Nichole	041.367473
Registered Nurse	Schrader, Bret	041.320569



Outpatient Ambulatory Surgical Treatment Center Renewal Licensure

Personnel (continued)

POSITION AND/OR CLASSIFICATION	NAME	LICENSE NUMBER, REGISTRATION, CERTIFICATION, AND YEARS EXPERIENCE
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Registered Nurse	Scott, Linda	041.341169
Registered Nurse	Shanks, Leah	041.336919
Registered Nurse	Terwelp, Amber	041.368933
Registered Nurse	Terwelp, Kelly	041.349803
Registered Nurse	Wingerter, Amy	041.365878
Registered Nurse	Winking, Angela	041.310961
Registered Nurse	Wolf, Tanya	041.340191
Registered Nurse	Fesler, Darla	041.370414
Registered Nurse	Hendrian, Karen Jensen	041.297924
Registered Nurse	Austin, Peggy	041.289636
Surgical Technician	Carrier, Lindsey	-----
Surgical Technician	Corethers, Kim	-----
Surgical Technician	Dierker, Donneta	-----
Surgical Technician	Huber, Nicole	-----
Surgical Technician	McMullen, Megan	-----
Surgical Technician	Orr, Aimee	-----
Surgical Technician	Pettitt, Crystal	-----
Surgical Technician	Stone, Autumn	-----
Surgical Technician	Wittler, Deborah	-----
Support Technician	Tournear, Dorothy	-----
Transporter	Stone, Yvonne	-----

LICENSE NUMBER, REGSITRATION,  
CERTIFICATION, AND  
YEARS EXPERIENCE

[illegible]



**Outpatient Surgical Treatment Center Renewal Licensure**

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**SUPPLEMENT III**

**List Consulting Committee approved surgical specialties and procedures**

Effective March 1, 1995, the Illinois Health Facilities Planning Board implemented a provision requiring a Planning Board permit for the addition of surgical specialties that had not been approved prior to March 1, 1995. Therefore, your application should not include specialties that require Planning Board approval. Surgical specialties can be added under your license once the Planning Board approval has been obtained.



## APPROVED PROCEDURE LIST

<b>INTEGUMENTARY SYSTEM:</b>
I&D Abcess/Sebaceous Cyst
Incision & Drainage Pilonidal Cyst
I & Removal Foreign Body Simple
I & Removal Foreign Body Complex
Incision & Drainage Hematoma
Incision & Drainage, Post-Op Wound
Debridement of Infection Body Surface
Debridement Ulcer Skin Full Thickness
Debridement Skin & Subcutaneous Tissue
Verrucae or Clavicles, Curettement
Biopsy of Skin, Simple Closure
Excisional Biopsy Lipomas Multi w/closure
Excision Skin Tag up to 15
Each Additional Ten Lesions
Excision Lesion/Trunk, Arms, Legs
Excision Lesion 0.6-1.0 cm
Excision/Benign Lesion 1.1-2.0 cm
Excision Lesion Diameter 2.1 to 3.0
Excles Trunk, Arms, Legs 3.1-4.0 cm
Removal Skin Lesion Over 4.0 cm
Excision Lesion Scalp, Neck, Feet 0.5 cm
Excision Lesion 0.6-1.0 cm
Excision Cyst 1.1 CM – 2.0 cm
Excision Lesion 2.1 to 3.0 cm
Excision Other Benign Lesion Neck
Removal Lipoma Over 4 cm
Excision Lesion 0.5 cm or Under Face, Ear, etc.

## APPROVED PROCEDURE LIST

Excision Lesion 0.6 to 1.0 cm
Excision Lipoma 1.1 to 2.0 cm
Excision Lesion 2.1 to 3.0 cm
Excision Other Benign Lesion
Excision Skin: Hidradenitis; Axillary: Other
Excision of Skin Hidradenitis, Inguinal
Excision Skin: Hidradenitis, Inguinal Other
Excision: Hidradenitis, Perianal, Perineal
Excision Malignant Lesion Trunk, Arm, Legs
Lesion Benign Excision 1.1 to 2.0 cm
Excision Benign Lesion 2.1 to 3.0 cm
Excision: Malignant Lesion, Trunk, Arms
Excision Lipoma Over 4.0 cm
Excision Malignant Lesion 0.5 or Less
Excision Lesion Malignant 0.6 to 1.0
Excision Upper Body 1.1 to 2.0 cm
Excision Malignant Lesion Scalp/Neck
Excision Malignant Lesion
Excision Malignant Face 0.6 to 1.0 cm
Excision Lesion Face, 1.1 to 3.0 cm
Debridement of Nails / 1 to 5
Debridement of Nails / Six or More
Removal Ingrown Nail Toe / Finger
Excision Nail and Matrix for Perm Removal
Reconstructional/Nail Bed Simple
Reconstruction Nail Bed Complicated
Excision Ingrown Toe
Intra Lesional Injection

## APPROVED PROCEDURE LIST

Replacement Tissue Expander Permanent
Removal Tissue Expander
Simple Repair, 2.5 cm or Less
Simple Repair 12.6 cm to 20.0 Trunk
Simple Repair Head, Etc. 12.6 – 20.0
Treat Superficial Wound Dehiscence
Treat Superficial Wound with Packing
Repair Layer Closure 2.6 cm to 7.5
Layer Closure of Wound / Neck / Hand / Feet
Layer Closure 7.6 cm to 12.5 cm
Layer Closure 12.6 to 20.0 cm
Layer Closure of Face 2.5 cm or Less
Excision Lesion 2.6 cm to 5.0 cm
Layer Closure Face 7.6 cm to 12.5 cm
Complex Repair Trunk 1.1 cm to 2.5 cm
Repair, Complex Trunk
Repair Complex Scalp, Arms, Legs
Complex Repair Scalp
Columellar Reconstruction
Repair Eyelids, Nose & Throat 1.1
Recon. Eyelids, Nose, Lips, Ear, 2.6 – 7.5
Secondary Wound Closure / Dehiscence
Adjacent Tissue Transfer Scalp
Adjacent Tissue Transfer 10.1 sq cm
Adjacent Tissue Transfer, Forehead
Adjacent Tissue Transfer Nose / Ears
Excisional Preparation
Pinch Graft, To Cover Sm Ulcer, Tip or Digit

## APPROVED PROCEDURE LIST

Full Thickness, Ear Lesion
Flap of Formation on Nose
Takedown Abdomen Wall Flap
Graft, Composite, Ear or Nasal Ala
Graft, Derma-Fat-Fascia
Blepharoplasty-Lower
Blepharoplasty-Upper
Blepharoplasty W/Excessive Skin
Rhytidectomy of Forehead
Rhytidectomy, Cheek, Chin, Neck
Lipectomy/Abdominoplasty
Lipectomy Buttocks/Thighs
Lipectomy Leg
Lipectomy Buttock
Lipectomy Arm
Excision Excess Skin / Other
Removal Sutures
Removal Suture Under General Anesthesia
Suction Lipectomy Head & Neck
Suction Lipectomy Trunk
Suction Lipectomy Upper Extremity
Suction Lipectomy Lower Extremity
Coccygetomy
Excision Sacral Pressure Ulcer
Excision Sacral Ulcer w/ Flap Closure
Debridement/Dressing
Destruction One Lesion
Pulse Dye Laser Treatment / Hemangioma

## APPROVED PROCEDURE LIST

Destruct. Warts Up To 15 Any Method
Full Facial Resurfacing
Aspiration Cyst Breast
I & D Breast Abscess Deep
Breast Biopsy Needle
Breast Biopsy Incision
Excision Lesion Breast
Breast Biopsy with Guidewire
Mastectomy for Gynecomastia
Mastectomy, Partial
Excision Chest Wall Lesion
Mastopexy
Breast Reduction
Augmentation with Prosthetic Implant
Removal of Intact Mammary Implant
Removal of Implant Material
Delayed Insertion Breast Prosthesis
Nipple Areola Reconstruction
Breast Reconstruction
Open Periprosthetic Capsulotomy
Capsulectomy, Breast (Excision)
Revision of Reconstructed Breast
<b>MUSCULOSKELETAL SYSTEM:</b>
Incision of Soft Tissue Abscess
Excision of Femur Bone
Excision Biopsy, Muscle Deep
Biopsy Muscle Percutaneous Needle

## APPROVED PROCEDURE LIST

Biopsy Bone Deep
Biopsy, Excisional, Superficial
Biopsy, Bone, Humerus
Removal Foreign Body in Muscle Simple
Removal Foreign Body, Deep/Complicated
Trigger Point Injection
Trigger Point Injection of One or Two
Ganglion Fingers
Arthrocentesis, Small Joint
Arthrocentesis, (Knee Joint, Hip)
Insertion Wire / Pin Skeletal Traction
Removal Pin / Screw
Removal Implant / Deep
Application / Removal Ext. Fixation
Removal External Fixation General
Bone Graft From Ilium to Finger
Cartilage Graft, Costochondral Oats Procedure
Graft Nasal Septum
Fascia Lata Graft / Incision / Complex
Removal Mass of Chin
Excision Benign Cyst Facial Bone other than Mandible
Excision Lesion / Cyst Mandible / Maxilla Simple
Excision Cyst of Mandible Complex
Menisectomy TMJ Unilateral
Reconstruction Manibular Osteotomy
Osteotomy Mandibular with Graft
Osteotomy, Mandible, Segmental
Osteoplasty / Facial Bones / Reduction

## APPROVED PROCEDURE LIST

Graft Bone Mandible
Graft Cartilage to Nose or Ear
Reconstruction Max. or Mand., Subperiosteal Implant
Closed Reduction Nasal Fracture
Open Treatment of Nasal Fracture
Open Nasal Fracture Complex with Fixation
Closed Reduction of Zygomatic
Open Reduction Depressed Zygomatic Arch
Open Reduction Zygomatic Arch with Fixation
Temporomandibular Dislocation / Open
Incision & Drainage of Abscess – NEC
Excision Biopsy, Soft Tissue, Neck / Throat
Excision Tumor Soft Tissue Neck
Excision Tumor Deep, Subfascial, Intra
Biopsy, Soft Tissue Back / Superficial
Biopsy, Soft Tissue / Back / Deep
Excision Tumor, Soft Tissue of Back
Excision Tumor, Soft Tissue, Back / Thigh
Bone Graft Harvesting
Removal Spinal Instrumentation
Exc. Abdominal Wall Tumor Subfacial
Excision Biopsy Shoulder Deep
Excision Tumor Shoulder Area Subcutaneous
Excision Tumor Shoulder, Deep, Muscular
Acromionectomy Partial or Total
Excision Benign Tumor Scapula
Partial Excision of Bone, Clavicle
Removal Foreign Body Shoulder Subcutaneous

## APPROVED PROCEDURE LIST

Removal Foreign Body Shoulder Deep
Removal Foreign Body Multi Sites Arm
Rotator Cuff Repair
Repair Muscle Tendon
Ligament Release / Coracoacromiallea
Rotator Cuff / Complete Tear
Tenodesis of Long Tendon of Biceps
Capsulorrhaphy Anterior; Bankart
Capsulorrhaphy, Dislocation w/Bone Block
Capulorrhaphy Glenohumeral Joint
Osteotomy, Clavicle with Bone Graft
Prophylactic Treatment, Clavical
Open Treat, Acromioclavicular Acute
Closed Reduction Shoulder Dislocation
Manipulation Close Shoulder Dis/Fx Turbosty
Open Reduction Dislocation AC Joint
Manipulation Shoulder
Shoulder Arth with Thermal Capsulorrhraphy
I & D Abscess of Elbow
Incision & Drainage Upper Arm or Elbow
Arthrotomy of Elbow
Excision Biopsy Upper Arm / Elbow Area Deep
Excision Tumor Upper Arm / Elbow Simple
Excision Elbow Mass
Elbow Arthrotomy with Biopsy / Explore
Excision Decreasing Olecreanon Bulsa
Excision Elbow / Radius Head
Implant Removal / Radial Head

## APPROVED PROCEDURE LIST

Removal Foreign Body Elbow, Deep
Tendon Transfer Upper Arm
Tendon Lengthening Upper Arm / Elbow
Ruptured Biceps' Tendon (Re-insertion)
Fasciotomy Lateral or Medial Elbow
Fasciotomy With Ext. Origin Detachment
Fasciotomy Osteotomy
Osteotomy With/Without Internal Fixation
Open Treatment Humoral Fracture
Manipulation, Adhesions, Elbow
Dequervains Release
Decompression Fasciotomy Forearm / Wrist
Decompression With Debridement
Biopsy Soft Tissue Forearm / Wrist
Excision Tumor Deep Forearm / Wrist
Excision of Forearm / Wrist Mass
Excision / Deep, Subfascial or Intramuscular
Capsulotomy Wrist
Removal of Foreign Body / Wrist
Excision Ganglion, Wrist Primary
Rad Excision Bursa, Tendon Sheaths; Flexor
Excision Cyst, Tumor Bone Wrist
Repair Flexor Tendon Wound With Cast AP
Manipulation, Wrist Under Anesthesia
Repair Nonunion Scaphoid Carpal Bone
Treatment of Closed Ulnar With Manipulation
Open Treatment Ulnar Shaft Fx With / Without Fixation
Treatment of Closed Ulnar Fracture

## APPROVED PROCEDURE LIST

Treatment Closed Radial / Ulnar FX with Manipulation
Closed Reduction Radial Fx Without Manipulation
Closed Reduction With Manipulation Radial Fracture
Closed Reduction Colles Fracture / Pins & Plaster
Orif Radial With / Without Fixation
Open Treatment Carpal Scaphoid Fx With or Without Fixation
I & D of Finger Abscess
I & D Tendon Sheath Digit or Palm, Each
Dupuytren's Contracture Incision
Fasciectomy / Dupuytren Contracture, Open
Tendon Sheath Incision / Trigger Finger
Arthrotomy IP Joint With Expl. Each
Arthrotomy for BX IP Joint, Each
Excision, Deep Tumor, Hand
Fasciectomy Palmer Only Z-Plasty
Fasciectomy Partial Single Digit
Fasciectomy Palmer Additional Digit
Synovectomy Hand / Wrist
Synovectomy With External Hood Reconstruction
Radical Flexor Tenosynovectomy
Excision of Ganglion (Hand/Finger)
Excision Bone Cyst Finger
Excision Mass Finger
Exc / Curettage Bone with A.G. Graft
Partial Excision Proximal Bone Finger
Partial Excision Distal Phalanx
Removal Internal Fixation Finger / Hand
Repair Lacerated Tendon

## APPROVED PROCEDURE LIST

Flexor Tendon Repair with Graft
Repair Laceration Flexor Tendon / No Mans Land
Flexor Tendon Repair Secondary
Flexor Tendon Repair Secondary with Graft
Profundus Tendon Repair
Flexor Tendon Excision With Implant
Removal Synthetic Rod & Insertion Tendon Graft
Extensor Tendon Repair Without Free Graft
Extensor Tendor Repair, Dorsum
Extensor Tendon Repair Closed
Extensor Tendon Repair Open
Extensor Tendon Realignment Hand
Tenolysis Flexor Tendon Finger
Tenolysis Palm & Finger each Flexor Tendon
Tenolysis Finger / Hand Each Extensor Tendon
Tenolysis Complex Extensor Tendon
Lengthening of Tendon Single Palm
Tenotomy, Flexor Finger-Open
Tenodesis IP Joint Stabilization
Repair Tendon Single Finger
Tendon Pulley Reconstruction
Reconstruction Tendon Pulley With Graft
Capsulectomy for Contracture, MP
Capsulectomy Interphalangeal Joint
Arthroplasty MP Joint
Arthroplasty With Implant
Implant Resection Arthroplasty
Collateral Ligament Repair

## APPROVED PROCEDURE LIST

Reconstruction With Lig/Metacarp With Facia Graft
Reconstruction Collateral Ligament With Graft
Repair & Reconstruction Finger Volar Plate IP
Syndactyly Web Space / Release
Osteotomy for Correction of Deformity
Osteotomy Phalanx of Finger
Repair, Intrinsic Muscles Hand, Each
Excision Constricting Ring of Finger With Z-Plasties
Treatment Closed Metacarpal Fracture
Closed Reduction Metacarpal Fracture With Manipulation
Treatment / Metacarpal With Fixation
Orif Metacarpal FX With / Without Fixation
Closed Reduction Carpometacarpal FX, Thumb
Orif Bennetts Fracture With / Without Fixation
Treatment Closed Carpometacarpal with Pin
Orif With / Without Skeletal Fix Carpometacarpal
Percutaneous Pinning Metacarpals
Metacarpophalangeal Dislocation With Pinning
Open Treatment Open Metacarpophalangeal Dislocation
Closed Reduction Phalageal Shaft Fracture With Manipulation
Treatment of Unstable Phalangeal
Orif Middle Phalanx, Finger With Fixation
Closed Reduction MCP Fracture With Manipulation Each
Orif Articular Fracture, MP or IP Joint
Closed Reduction Finger / Thumb With Manipulation
Closed Reduction With Internal Fixation
Open Repair Distal Phalanx
Percutaneous Pinning of IP Joint Dislocation, Single, With Manipulation

## APPROVED PROCEDURE LIST

Arthrodesis Fusion With Graft
Arthrodesis Thumb With / Without Implant
Arthrodesis With Autogenous Graft
Arthrodesis With / Without Implant MC Joint
Arthrodesis IP Joint With / Without Fixation
Arthrodesis IP Joint With Graft
Amputation Finger / Thumb Inc Neurectomy
Amputation Finger / Thumb With Adv. V-Y Hood
Excision Subcutaneous Tumor, Pelvis and Hip
Sacroplasty
Injection Major Joint (SI)
Manipulation, Hip Joint, With General Anesthesia
Excision Biopsy – Thigh / Knee Area
Excision Tumor Knee or Thigh Subcutaneous
Excision Tumor Deep Knee
Exploration Joint With / Without Biopsy
Arthrotomy Knee Medial & Lateral
Arthrotomy Knee-Medial & Lateral
Excision Prepatella Bursa
Excision Baker's Cyst
Patellectomy or Hemipatellectomy
Excision/Curettage Bone Cyst / Benign Tumor
Radical Resection, Tumor, Femur / Knee
Removal Foreign Body Deep, Thigh / Knee
Suture of Intrapatellar Tendon, Primary
Repair Quadriceps / Hamstring Rupture
Realignment of Muscle Advancement
Lateral Retinacular Release

## APPROVED PROCEDURE LIST

Arthroplasty, Debridement, Synovectomy Knee
Closed Treatment With Manipulation Femur-Fracture
Orif Patella Fracture
Manipulation Closed Tibia Fracture
Open Reduction Tibia With / Without Fixation
Knee Manipulation Under Anesthesia
Fasciotomy, Leg Anterior Decompression
Biopsy of Tibia
Removal Foreign / Loose Body Ankle
Excision Lesion Leg
Excision, Tumor; Subcutaneous; Leg or Ankle
Excision, Tumor, Ankle or Leg Deep
Arthrotomy Ankle With Foreign Body Rem
Excision Lesion of Tendon Sheath Leg or Ankle
Removal Cyst Tibia
Repair of Ruptured Achilles Tendon
Repair, Fascial Defect of Leg
Repair, Flexor Tendon, Leg Without Graft
Repair Extensor Tendon Primary Without Graft
Ankle Peroneal Tendon Repair
Lengthening of Tendon Foot or Ankle
Tendon Transfer
Arthroplasty, Ankle
Removal Screw / Hardware Ankle
Closed Reduction of Tibia With Cast
Treatment Closed Tibia Fracture
Open Treatment, Medial Malleolus, With Fixation
Treatment Closed Fracture Fibular

## APPROVED PROCEDURE LIST

Open Reduction Fibular Fracture
Open Reduction Bi-malleolar Ankle Fracture With / Without Fixation
Fasciotomy, Foot and/or Toe
Removal Foreign Body Foot / Toe
Neurectomy, Foot
Tarsal Tunnel Release
Excision, Tumor, Foot; Subcutaneous
Excision Mass Foot
Arthrotomy Metatarsophalangeal Joint
Fasciectomy; Partial
Synovectomy; Intertarsal Joint
Removal Mortons' Neuroma
Excision Lesion Foot / Toe
Excision Ganglion / Cyst Toe(s), Each
Excision of Bone Cyst Foot
Excision / Curettage Bone Cyst / Tumor Tarsal
Excision / Curettage of Bone Cyst
Excise Bunionette
Ostectomy Metatarsal
Ostectomy Complete Other Metatarsal
Ostectomy, Proximal Phalangectomy
Ostectomy, Excision Tarsal Coalition
Ostectomy, Calcaneus; Partial
Ostectomy, Calcaneus for Spur
Partial Excision of Bone, Talus / Calcaneus
Partial Excision of Bone
Partial Excision of Bone / Phalanx
Condylectomy Phalangeal Base, Single

## APPROVED PROCEDURE LIST

Joint Replacement, Toe
Phalangectomy of Toe Single Each
Resection Head of Phalanx
Hemi / Interphalangeal Joint Excision
Excision Foreign Body Foot Complicated
Repair or Suture of Tendon
Tenotomy Open Flexor Foot
Tenotomy; Toe
Tenotomy, Open Extensor Foot / Toe
(Kidner Pro) Tibial Tendon Advancement
Abductor Hallucis Tendon
Division of Plantar Fascia & Muscle
Capsulotomy with Tendon Lengthening
Capsulotomy MTP Joint With / Without Tenorrhaphy, Each
Capsulotomy JP Joint
Syndactylization, Toes
Hammertoe Operation, Each
Hammertoe Oper Cock Up 5 <sup>th</sup> Toe
Ostectomy Partial Metatarsal Head
Hallux Rigidus Correction with Cheilectomy
Bunionectomy, Simple (Silver)
Bunionectomy Keller, McBride, Mayo
Bunionectomy Keller, McBride, Mayo With Implant
Bunionectomy With Osteotomy First Metatarsal (Mitchell)
Akin Procedure With Phalanx, Osteotomy
Osteotomy; Calcaneus With / Without Internal Fixation
Osteotomy First Metatarsal
Osteotomy, Metatarsal, Other Metatar

## APPROVED PROCEDURE LIST

Osteotomy Shortening First Toe
Osteotomy Shortening Other Than First Toe
Sesamoidectomy
Repair Nonunion Metatarsal With / Without Graft
Closed Reduction Tarsal Bone
Percu Fixation of Metatarsal Fracture With Manipulation
Orif Fracture Metatarsal
Percutaneous Pinning Toe
Closed Reduction Fracture Toe
Closed Reduction Joint Dislocation Toe
Manipulation Dislocated MTP Joint with Fixation
Arthrodesis Great Toe
Amputation, Metatarsal With Toe Single
Amputation Toe, MTP Joint
Amputation Toe, Interphalangeal Joint
Application of Long Arm Cast
Short Arm Cast
Application of Splint
Cast Long Leg
Short Leg Cast
Removal or Bivalve Gauntlet, Boot or Body Cast
Removal Long Leg Cast
Removal Spica Hip Cast
Arthroscopy Shoulder Diagnostic
Arthroscopy Shoulder, Capsulorrhaphy
Arthroscopy, Shoulder Repair Slap Lesion
Arthroscopy, Removal Loose or Foreign Body
Arthroscopy Shoulder Partial Synovectomy Shoulder

## APPROVED PROCEDURE LIST

Arthroscopy Shoulder Complete Synovectomy
Arthroscopy Shoulder Debridement Limited
Arthroscopy Shoulder Debridement Extensive
Arthroscopy Shoulder Lysis of Adhesions
Arthroscopy Shoulder Decom Subacromial Space
Arthroscopy Elbow Diagnostic
Arthroscopy Elbow Synovectomy Partial
Arthroscopy Elbow Synovectomy Complete
Arthroscopy Elbow Debridement, Limited
Arthroscopy Elbow Debridement, Extensive
Arthroscopy Wrist Diagnostic
Arthroscopy Wrist Synovectomy Partial
Arthroscopy Wrist Synovectomy Complete
Arthroscopy Elbow Debridement, Exc. Of Fibrocartilage
Arthroscopy Wrist With Rel. Transverse Carpal Ligament
Arthroscopy, Knee Diagnostic
Arthroscopy Knee, Joint Lavage & Drainage
Arthroscopy Knee, Removal Loose Bodies
Arthroscopy Knee, Synovectomy Limited
Arthroscopy Knee, Synovectomy Major
Arthroscopy Knee With Debridement
Arthroscopy Knee, Abrasion Arthroplasty
Arthroscopy Knee, Menisectomy (Medial & Lateral)
Arthroscopy Knee, Menisectomy Medial or Lateral
Arthroscopy with Meniscus Repair Medial or Lateral
Arthroscopy with Meniscus Repair Medial and Lateral
Arthroscopy Knee, Lysis Adhesions With / Without Manipulation
Arthro Assisted Anterior Cruciate Ligament Repair

## APPROVED PROCEDURE LIST

Arthro Assisted Posterior Cruciate Ligament Repair
Arthroscopy Ankle Including Drilling
Endoscopic Plantar Fasciotomy
Arthroscopy Ankle With Removal Loose or Foreign Body
Arthroscopy Ankle Synovectomy Partial
Arthroscopy Ankle Debridement Limited
Arthroscopy Ankle Debridement Extensive
Incision & Drainage Septal Abscess
Biopsy of Nose, Intranasal
Excision, Nasal Polyps Extensive Unilateral
Excision Tranasal Lesion; Internal
<b>RESPIRATORY SYSTEM:</b>
Surgical Planning of Nose
Excision Dermoid Cyst Nose / Simple
Excision Dermoid Cyst Nose / Complex
Excision Turbinate, Part or Complete
Submucous Resection Turbinates
Removal Foreign Body, Intranasal With Gen Anes
Rhinoplasty, Primary
Rhinoplasty Complete
Rhinoplasty With / Major Septal Repair
Rhinoplasty Secondary, Minor Revision
Rhinoplasty Secondary, Intermediate Revision
Rhinoplasty Secondary, Major Revision
Septoplasty or SMR With / Without Cartilage Scoring
Lysis Intranasal Synechia
Septal or Other Intranasal Dermoplasty



## APPROVED PROCEDURE LIST

Cauterize of Turbinates
Cauterization Nosebleed Anterior Simple
Control Nasal Hemorrhage Anterior Complex
Fx Nasal Turbinates, Therapeutic
Lavage by Cannula Maxillary Sinus Unilateral
Sinusotomy, Maxillary, Intranasal
Sinusotomy, Caldwell-Luc Without Removal Polyps
Caldwell-Luc With Removal of Polyps
Sinusotomy, Sphenoid With Stripping or Rem Polyps
Sinusotomy, Frontal External Simple
Ethmoidectomy Intranasal Anterior
Maxillectomy Without Orbital Exenteration
Nasal Endoscopy, Diagnostic Uni or Bi-lateral
Nasal / Sinus Endoscopy Diagnostic With Sphenoid
Nasal / Sinus Endoscopy With Biopsy / Polyp / Debridement
Nasal / Sinus Endoscopy With Control of Epistaxis
Nasal / Sinus Endoscopy With Dacryocystorhinostomy
Nasal / Sinus Endoscopy With Concha Bullosa Rese
Nasal / Sinus Endoscopy With Ethmoidectomy Partial
Nasal / Sinus Endoscopy With Ethmoidectomy Total
Nasal / Sinus Endoscopy With Maxillary Antrostomies
Nasal / Sinus Endoscopy With Removal Tissue Max. Sinus
Nasal / Sinus Endoscopy With Frontal Sinus Exporation
Nasal / Sinus Endoscopy With Sphenoidectomy
Nasal / Sinus Endoscopy With REM Sphenoid Sinus Tissue
Nasal / Sinus Endoscopy Unlisted Accessory Sinuses
Laryngoscopy, Indirect
Direct Larngoscopy Diagnostic Except Neborn

## APPROVED PROCEDURE LIST

Direct Laryngoscopy With Microscope
Direct Larngoscopy With Foreign Body Removal
Direct Larngoscopy With Biopsy
Direct Microlaryngoscopy With Biopsy
Direct Larngoscopy With Exc Tumor or Strip Vocal Cords
Direct Larngoscopy MicroVocal Cord Strip
Direct Larngoscopy With Arytenoidectomy, Micro
Direct Larngoscopy With Injection Vocal Cords Micro
Laryngoscopy Flexible / Diagnostic
Laryngoscopy Flexible With Biopsy
Laryngoplasty for Laryngeal Web
Tracheotomy, Emergency
Revision of Trachea
Bronchoscopy With or Without Brush
Bronchoscopy With Brushing
Bronchoscopy With Lavage
Bronchoscopy With Biopsy
Bronchoscopy Lung Biopsy
Bronchoscopy with Aspiration Bx / Needle
Bronchoscopy With Removal of Foreign Body
Bronchoscopy With Laser
Thoracentesis / Initial
Thoracentesis With Insertion of Tube
Thoracostomy
Thoracentesis With Pleural Biopsy
<b>CARDIOVASCULAR SYSTEM:</b>
Declotting of Graft

## APPROVED PROCEDURE LIST

Removal of Aneurysm Radial or Ulnar Artery
Metaport Insertion
Insertion of Venous Device / Mediport
Revision Venous Port
Removal of Venous Port Shunt
AV Anastomosis Direct Any Site
Declotting AV Shunt
Biopsy Temporal Artery
Ligation Varicose Veins Unilateral
Sapheous Vein Stripping / Varicose Unilateral
Ligation / Division Saphenous Vein
<b>HEMIC AND LYMPHATIC SYSTEMS:</b>
Lymphangiectomy / Oper. Lymphatic Channels
Excisional Biopsy Lymph Node Superficial
Biopsy / Excision Lymph Node Cervical, Deep
Biopsy / Excision Lymph Node Cervical With Scalenefat
Biopsy Axillary Lymph Node Deep
Biopsy / Excision Internal Mammary Node(s)
Dissection, Deep Jugular Node
Excision Cystic Hygroma, Axillary or Cervical
Axillary Lymphadenectomy; Superficial
Axillary Lymphadenectomy; Complete
Inguinofemoral Lymphadenectomy; Superficial
<b>DIGESTIVE SYSTEM:</b>
Vermilionectomy With Mucosal Advance
Excision Lip; Transverse Wedge

## APPROVED PROCEDURE LIST

Excision Lip Lesion – V Excision
Ped Proc. – General Anesthesia Cleft Lip
I & D Complicated Mouth
Release Frenulem
Biopsy of Cheeks
Excision of Lesion Mucosal
Excision PF Lesion Mucosa & Submuco
Excision Buccal Mucosa
Excision of Frenum
Vestibuloplasty; Anterior
I & D Submandibular Gland
Biopsy of Tongue; Anterior 2/3 <sup>rd</sup>
Excision Lesion of Tongue Without Closure
Excision for Tongue With Closure Posterior 1/3 <sup>rd</sup>
Excision Lingual Frenum
Excision Lesion of Floor of Mouth
Frenoplasty Z-Plasty
I & D Abscess, Cyst, Hematoma, Dentoalveolar
Removal Embedded Teeth Bone
Periodontal Mucosal Grafting
Dentoalveolar Structures
Biopsy of Palate, Uvula
Excision of Uvula With Closure
Excision, Lesion Palate, With Flap
Uvulectomy, Excision of Uvula
Uvulopalatopharyngoplasty
Destruction of Lesion Palate or Uvula
Repair of Nasolabial Fistula

## APPROVED PROCEDURE LIST

Sialolithotomy; Submandibular Complex Intraoral
Excision Sublingual Salivary Cyst
Marsupialization Sublingual Salivary Gland
Excision Parotid Tumor / Gland Without Nerve Dissection
Excision Submandibular Gland
I & D Abscess Peritonsillar
Biopsy Hypopharynx
Biopsy Nasopharynx Visible Lesion
Biopsy of Nasopharynx
Excision of Lesion of Pharynx
Excision Branchial Cleft Cyst
T & A (Under Age 12)
T & A (Over Age 12)
Tonsillectomy (Under Age 12)
Tonsillectomy (Over Age 12)
Adenoidectomy, Primary, Under Age 12
Adenoidectomy, Primary, Over Age 12
Adenoidectomy, Secondary, Under Age 12
Adenoidectomy, Secondary, Over Age 12
Excision Tonsil Tag
Excision or Destruction Lingual Tonsil
Suture Pharynx for Wound or Injury
Hemorrhage Post Tonsillectomy, Simple
Hemorrhage Post Tonsillectomy, Complicated
Hemorrhage Post Tonsil / 2 <sup>nd</sup> Surgery
Esophagotomy Removal of Foreign Body
Cricopharyngeal Myotomy
Esophagoscopy Flexible

## APPROVED PROCEDURE LIST

Esophagoscopy for Biopsy
Esophagoscopy / Inj Esophag Varices
Esophagoscopy With Band Ligation
Esophagoscopy With Removal of Foreign Body
Esophagoscopy With Tube / Stent Insert
Esophagoscopy With Balloon Dilation
Esophagoscopy Insertion Wire / Guide Dilatation
Esophagoscopy for Control of Bleeding
EGD With or Without Brushing
EGD for Biopsy; Single or Multiple
EGD With Transendoscopic Tube Placement
EGD With Injection Sclerosis Treatment
EGD With Band Ligation
EGD With Dilatation for Obstruction
EGD Directed Placement PEG Tube
EGD Removal of Foreign Body
EGD With Dilation (Savory Wire)
EGD With Balloon Dilation <30mm
EGD With Removal Polyp Hot Biopsy / Bipolar Cautery
EGD Removal of Polyp – Snare
EGD With Control of Bleeding, Any Method
EGD With Ablation of Tumor With Laser
ERCP, Diagnostic
ERCP With Biopsy
ERCP For Sphincterotomy / Papillotomy
ERCP With Retrograde Removal Ductal Stone
ERCP With Retrograde Lithotripsy of Stone
ERCP With Insertion Drainage Tube

## APPROVED PROCEDURE LIST

ERCP With Insertion of Tube or Stent In Duct
ERCP With Stent Change
ERCP With Balloon Dilatation of Ducts
Esophageal Dilation Unguided Initial
Esophageal Dilation Over Guide Wire
Esophageal Dilation By Balloon / Dilator Retrograde
Esophageal Tamponade With Balloon
Percutaneous Place Gastrostomy Tube
Change of Gastrostomy Tube
Endoscopy of Small Bowel
Endoscopy Small Bowel With Biopsy
Endoscopy Small Bowel Foreign Body Removal
Endoscopy Small Bowel With Snare Polyp
Endoscopy Small Bowel With Hot Biopsy
Endoscopy Small Bowel / Control Bleed
EGD With PEI
Colonoscopy Through Colostomy Stoma
Colonoscopy Through Stoma With Biopsy
Colonoscopy Through Stoma Removal Foreign Body
Colonoscopy Through Stoma to Control Bleeding
Colonoscopy Through Stoma With Removal Polyps Cautery
Colonoscopy Through Stoma Removal Polyps Snare
Appendectomy
Laparoscopy; Appendectomy
Incision & Drainage of Rectal Abscess
Anorectal Myomectomy
Excision of Rectal Tumor
Proctosigmoidoscopy Rigid With Biopsy

## APPROVED PROCEDURE LIST

Sigmoidoscopy Flexible Diagnostic
Sigmoidoscopy Flexible With Biopsy
Sigmoidoscopy Flexible Removal Foreign Body
Sigmoidoscopy Flexible Removal Polyps Cautery
Sigmoidoscopy Flexible Control of Bleeding
Sigmoidoscopy Flexible With Decompression Vulvus
Sigmoidoscopy Flexible With Removal Polyp Snare
Colonoscopy Diagnostic
Colonoscopy for Removal Foreign Body
Colonoscopy for Biopsy, Single or Multiple
Colonoscopy for Control of Bleeding
Colonoscopy Ablation of Lesion / Tumor
Colonoscopy Removal Polyp Hot Biopsy / Bipolar Cautery
Colonoscopy With Polyp / Snare
Dilation of Rectal Stricture Under Anesthesia
I & D Submucosal Abscess Transanal Under Anesthesia
I & D, Perianal Abscess
I & D Abscess With Anal Fistulectomy
Sphincterotomy, Anal
Fissurectomy With or Without Sphincterotomy
Papillectomy or Excision Tag; Anal; Single
Hemorrhoidal Banding
Excision External Hemorrhoid Tags / Papillae
Hemorrhoidectomy External Complete
Hemorrhoidectomy Internal / External Simple
Hemorrhoidectomy Internal / External With Fissurectomy
Hemorrhoidectomy Internal / External Complex or Extensive
Hemorrhoidectomy Internal / External With Fistulectomy

## APPROVED PROCEDURE LIST

Fistulectomy Subcutaneous
Fistulectomy Sub-muscular
Fistulotomy Complex or Multiple With / Without Seton
Anoscopy Diagnostic
Destruction of Condyloma Anus With Laser
Surgical Excision of Anal Lesions
Destruction Lesion Anus, Extensive
Destruction of Hemorrhoids Internal, Any Method
Destruction Hemorrhoids Internal / External
Biopsy Liver, Needle Percutaneous
Laparoscopic Cholecystectomy
Laparoscopic Cholecystectomy With Cholangiogram
Lap Cholecystectomy With Exploration Common Duct
Peritoneal Fluid Aspiration
Paracentesis
Peritoneocentesis / Subsequent
Remove Peritoneal Foreign Body
Umbilectomy Excision of Umbilicus
Laparoscopy / Diagnostic
Laparoscopy With Biopsy
Laparoscopy With Aspiration / Ovary
Inguinal Hernia Repair Under 5 Years
Repair Inguinal Hernia, Age 5 & Over
Repair Inguinal Hernia Recurrent; Any Age
Repair Recurrent Inguinal Hernia / Incarcerated
Repair Inguinal Hernia Sliding; Any Age
Repair Femoral Hernia Initial Reducible
Repair Femoral Hernia Initial / Incarcerated

## APPROVED PROCEDURE LIST

Ventral Hernia Repair; Initial
Ventral Hernia Repair / Incarcerated
Ventral Hernia Repair Recurrent
Implantation of Mesh for Ventral Hernia Repair
Epigastric Hernia Repair
Umbilical Hernia Repair Under Age 5
Umbilical Hernia Repair Age 5 & Older
Spiegelian Hernia Repair
Laparoscopy Initial Inguinal Hernia
Laparoscopy Inguinal Hernia Recurrent
Laparoscopy / Umbilical Hernia
<b>URINARY SYSTEM:</b>
Lithotripsy, Extra-corporeal Shock Wave
Ureterotomy With Exploration
Insertion of Suprapubic Catheter
Collagen Injection Into Bladder Neck
Simple Cystometrogram
Complex Cystometrogram
Voiding Pressure Tests
Percu Bladder Neck Suspension
Cystourethroscopy (Cysto)
Cysto With Urethral Catherization
Cysto With Urethral Cath. With Brush Biopsy
Cysto With Ejaculatory Duct Catherization
Cysto With Biopsy
Cysto With Fulgeration Bladder Neck
Cysto With Fulguration Lesions Minor

## APPROVED PROCEDURE LIST

Cysto With Fulgeration Bladder Lesions Small
Cysto With Fulgeration Bladder Lesions Medium
Cysto With Fulgeration Bladder Lesions Large
Cystoscopy With Dilation of Bladder
Cystoscopy With Internal Urethrotomy Female
Cysto With Internal Urethrotomy, Male
Cysto With Direct Vision Internal Urethrotomy
Cystoscopy With DTL Stricture / Stenosis
Cysto With Insertion of Urethral Stent
Cysto For Treatment of Female Urethral Syndrome
Cystoscopy With Ureteral Meatotomy; UNI or Bi-Lateral
Cystoscopy With Removal Foreign Body Simple
Cysto With Removal Foreign Body Complicated
Litholapexy Bladder; Simple or Small
Cysto With Removal of Ureteral Stones
Cysto With Insertion of Stent
Cysto With Ureteroscopy Diagnostic
Cysto With Ureteroscopy Removal of Stone
Cysto With Ureteroscopy With Lithotripsy
Cysto With Ureteroscopy With Biopsy or Fulgeration
Cysto With Ureteroscopy With Resection of Tumor
Transurethral Incision of Prostate
Transurethral Resection Bladder Neck
Transurethral Electrosurgical Resection Prostate
Transurethral Resection Prostate (TURP); First Stage of 2
Transurethral Resection Prostate; 2 <sup>nd</sup> Stage of 2
Transurethral Resection (TUR) Re-growth After 90 Days
Transurethral Resection Re-growth Over 1 Year

## APPROVED PROCEDURE LIST

TUR Post-Op Bladder Neck Contracture
Non-Contact Laser Coagulation of Prostate
Contact Laser Vaporization With / Without TURP
Meatotomy, Except Infant
Meatotomy, Cutting of Meatus Infant
Excision / Fulguration Urethral Caruncle
Urethroplasty, 1 <sup>st</sup> Stage, Fistula
Urethroplasty One Stage Reconstruction, Male
Dilation Urethral Stricture, Male Initial
Urethral Dilation Male With Anesthesia
<b>MALE GENITAL SYSTEM:</b>
Dorsal Slit of Penis, Except Newborn
Destruction of Lesions, Penis, Condyloma (Simple)
Destruction of Lesions Penis Electro-desiccation
Destruction of Lesions Penis Laser
Biopsy of Penis
Excision Penile Plication
Circumcision, Clamp, Except Newborn
Circumcision, Surgical Excision, Newborn
Circumcision Surgical Excision, Except Newborn
Straightening of Chordee
Hypospadias Repair (One Stage)
Plastic Operation on Penis; Correct Angulation
Lysis of Penile Adhesions
Biopsy Testis, Incisional
Excision Lesion Testis
Orchiectomy; Partial

## APPROVED PROCEDURE LIST

Orchiectomy Radical Inguinal Approach
Orchiopexy With / Without Hernia Repair Inguinal Approach
Excision Local Lesion of Epididymis
Excision Spermatocoele With / Without Epididymectomy
Epididymectomy Unilateral
Epididymectomy Bilateral
Hydrocelectomy
Hydrocelectomy Bilateral
Repair Hydrocele (Bottle Procedure)
Excision Lesion Scrotum
Scrotal Exploration
Scrotoplasty, Complicated
Vasovasostomy
Excision Hydrocele of Spermatic Cord Unilateral
Excision Lesion Spermatic Cord
Ligation or Excision Varicocele
Excision / Ligation Varicocele; Abdominal Approach
Excision Varicocele With Hernia Repair
Biopsy Prostate (Needle or Punch)
Biopsy Prostate Incisional, Any Approach
Transperineal Placement Needles for Breaky
<b>FEMALE GENITAL SYSTEM:</b>
I & D Bartholins Gland
Marsupialization Bartholin Gland
Removal Labial Lesions
Destruction Lesions Vulva, Simple
Destruction Lesions Vulva, Extensive

## APPROVED PROCEDURE LIST

Biopsy of Lesion Vulva; One Lesion
Vulvectomy / Partial
Hymenectomy, Partial
Excision Bartholin's Gland or Cyst
Perineoplasty
Colpotomy; With Exploration
Colpocentesis
Destruction Vaginal Lesion, Simple
Destruction Vaginal Lesion, Extensive
Biopsy Vaginal Mucosa, Simple
Biopsy Vaginal Mucosa, Extensive
Excision of Vaginal Septum
Excision Vaginal Cyst or Tumor
Colporrhaphy
Colpoperineorrhaphy
Anterior Repair of Cystocele
Pelvic Exam Under Anesthesia
Vaginoscopy
Vaginoscopy With Leep
Biopsy Cervix or Excision Lesion of
Cauterization of Cervix / Laser Surgery
Conization of Cervix With or Without D&C
Conization of Cervix With Leep
Cerclage of Uterine Cervix
Repair of Uterine Cervix
Endometrial Sampling (Biopsy)
D & C
Myomectomy Abdominal Approach

## APPROVED PROCEDURE LIST

Removal IUD Under Anesthetic
Chromotubation of Oviduct
Hysteroscopy Diagnostic
Hysteroscopy With Sampling With or Without D&C
Hysteroscopy With Lysis of Adhesions
Hysteroscopy With Division of Septum
Hysteroscopy With Removal of Leiomyomata
Hysteroscopy With REM Impacted Foreign Body
Hysteroscopy With Endometrial Ablation
Ligation / Transection Fallopian Tubes Abdominal or Vaginal
Occlusion of Fallopian Tubes by Device Abdominal or Vaginal
Laparoscopy with Lysis of Adhesions
Laparoscopy Fulgration or Excision Lesion Ovary
Laparoscopy with Fulgration Oviduct
Laparoscopy with Occlusion Oviducts by Device
Salpingectomy Unilateral or Bilateral
Lysis of Adhesions Oviduct / Ovary
Fimbrioplasty
Drainage Ovarian Cyst Abdominal Approach
Drainage Ovarian Abscess Abdominal
Biopsy Ovary Unilateral or Bilateral
Ovarian Cystectomy Unilateral or Bilateral
Oophorectomy Partial or Total Unilateral / Bilateral
Cervical Cerclage / During Pregnancy
Surgical Treatment of Missed AB 1 <sup>st</sup> Trimester
Surgical Treatment, Missed AB 2 <sup>nd</sup> Trimester

## APPROVED PROCEDURE LIST

<b>ENDOCRINE SYSTEM:</b>
Excision Thyroglossal Duct Cyst or Sinus
<b>NERVOUS SYSTEM:</b>
Percutaneous Epidurolysis
Epidural Blood Patch
Laser Disc Decompression
Discography Each Level Lumbar
Diskography Each Level Cervical or Thoracic
Epidural Steroid Injection (ESI) Cervical / Thoracic
ESI Lumbar / Caudal
Epidural Catheter Insertion Cervical / Thoracic
Epidural Catheter Insertion Lumbar Caudal
Epidural Catheter Implantable Without Laminectomy
Epidural Drug Infusion Subcutaneous Reservoir
Epidural Programmable Pump Implant
Percu Implantation of Neurostimulator Electrodes (NSE)
Laminectomy for Implantation of NSE
Revision or Removal of Subcutaneous NES
Incision / Subcutaneous Placement of Receiver
Revision or Removal of Implanted Receiver
Injection Anesthetic Facial Nerve
Injection Anesthetic Occipital Nerve
Injection Anesthetic Cervical Plexus
Injection Anesthetic Brachial Plexus
Injection Anesthetic Intercostal Nerve Single
Injection Anesthetic Intercostal Nerve Multiple

## APPROVED PROCEDURE LIST

Injection Anesthetic Hypogastric Nerves
Injection Anesthetic Peripheral Nerve Block
Injection (Inj) Paravertebral Facet Cervical Thorac Single
Inj Paravertebral Facet Cervical Thorac Each Additional
Inj Paravertebral Facet Lumbar Sacral Single
Inj Paravertebral Facet Lumbar Sacral Each Additional
Inj Transforminal Epidural Cervical Thoracic Single
Inj Transforminal Epidural Cervical Thoracic Each Additional
Inj Transforminal Epidural Lumbar Sacral Single
Inj Transforminal Epidural Lumbar Sacral Each Additional
Stellate Ganglion Block
Inj Lumbar / Thoracic Paravertebral Sympathetic
Injection Celiac Plexus With / Without Radiologic Monitoring
Destruction Trigem-Orbital / Mental / Inf Alveolar
Chemodenervation Muscles / Facial Nerve
Chemodenervation Cervical Spinal Muscles
Destruction Intercostal Nerve
Destruction Paravertebral Facet Lumbar Sacral Single
Destruction Paravertebral Facet Lumbar Sacral Each Additional
Destruction Paravertebral Facet Cervical Thoracic Single
Destruction Paravertebral Facet Cervical Thoracic Each Additional
Destruction Pudendal Nerve
Destruction Other Peripheral Nerve or Branch
Destruction Sympathetic Celiac Plexus
Neuroplasty Digital One or Both Same Digit
Neuroplasty Nerve of Hand or Foot
Neuroplasty Major Peripheral Nerve Arm or Leg
Neuroplasty Brachial Plexus

## APPROVED PROCEDURE LIST

Neuroplasty And / or Transportation Cranial Nerve
Transposition Ulnar Nerve at Elbow
Transposition Ulnar Nerve at Wrist
Neurolysis Medial Nerve at Carpal Tunnel
Decompression Nerve Unspecified
Transection or Avulsion Spinal Nerve
Excision of Neuroma Cutaneous Nerve
Excision of Neuroma Digital Nerve
Excision Neuroma Each Additional Digital Nerve
Excision Neuroma Hand / Foot Except Digital
Excision Neuroma Hand / Foot Each Additional
Excision of Neuroma Peripheral Nerve
Biopsy of Nerve
Suture of Digital Nerve Hand / Foot Single
Suture Digital Nerve Each Additional
<b>EYE AND OCULAR ADNEXA:</b>
Evisceration of Ocular Contents With Implant
Enucleation of Eye With Implant
Removal of Foreign Body External Eye Superficial
Repair of Laceration of Conjunctiva
Repair Laceration Cornea and/or Sclera
Repair Wound Extra-ocular Muscle
Excision Lesion Cornea
Pterygium Excision or Transposition Without Graft
Pterygium Excision or Transposition With Graft
Removal Corneal Epithelium With / Without Chemocauterization
Keratoplasty (Corneal Transplant) Lamellar

## APPROVED PROCEDURE LIST

Kertoplasty Penetrating
Keratomileusis
Keratophakia
Epikeratophakia
Radial Keratotomy
Corneal Relaxing Incision
Trabeculotomy AB Extering
Trabeculoplasty by Laser
Lysis of Posterior Synechiae
Removal Epithelial Down-growth Anterior Segment
Removal of Implanted Material Anterior Segment
Excision of Lesion Sclera
Sclerectomy Punch or Scissors With Iridectomy
Trabeculectomy in Absence of Previous Surgery
Trabeculectomy from Previous Surgery or Trauma
Aqueous Shunt to Extra-ocular Reservoir
Revision of Aqueous Shunt to Extra-ocular Reservoir
Repair of Scleral Staphyloma With Graft
Repair of Revision Post-op Wound Anterior Segment
Iridectomy for Removal of Lesion
Iridectomy Sector for Glaucoma
Repair of Iris, Ciliary Body
Suture Iris Ciliary Body (McCannel Suture)
Ciliary Body Destruction Cryotherapy
Ciliary Body Destruction Cyclodialysis, Intital
Destruction Cyst or Lesion Iris or Ciliary Body
Reposition of IOL Prosthesis Requiring Incision
Removal Lens Material Aspiration Technique

## APPROVED PROCEDURE LIST

Removal Lens Material Intracapsular Dislocated Lens
Complex Extracapsular Cataract Removal
Intra-capsular Cataract Extraction With Lens Implant
Extra-capsular Cataract Extraction With Lens Implant
IOL Exchange / Secondary
Exchange Inocular Lens
Removal of Vitreous, Anterior Approach
Vitrectomy Mechanical Anterior Approach
Aspiration of Vitreous Fluid
Intravitreal Injection Pharmacologic Agent
Vitrectomy, Mechanical Pars Plana Approach
Repair Retinal Detachment Cryotherapy or Diathermy
Repair Retinal Detachment by Scleral Buckling
Remove Implanted Material Post Segment Extrocular
Remove Implanted Material Post Segment Intracular
Destruct Local Retinal Lesion Cryotherapy, Diathermy
Destruct Extens Retinopathy Cryotherapy, Diathermy
Strabismus Surgery One Horizontal Muscle
Strabismus Surgery Two Horizontal Muscles
Strabismus Surgery One Vertical Muscle
Strabismus Surgery, Superior Oblique
Placement of Adjustable Suture Strabismus Surgery
Release Extens Scar Tissue Without Detachment Extraoc Muscle
Orbitotomy Without Bone Flap
Orbitotomy With Removal of Lesion
Orbitotomy With Removal of Bone for Decompression
Soft Orbital Tissue Decompression
Injection Therapeutic Agent Into Tenon's Capsule

## APPROVED PROCEDURE LIST

Removal or Revision Orbital Implant
Severing of Tarsorrhaphy
Canthotomy
Excision of Chalazion Single
Excision of Chalazion Multiple Same Lid
Excision of Chalazion Multiple Different Lids
Excision Chalazion Under General Anesthesia
Biopsy of Eyelid
Correction of Trichiasis Forceps Only
Correction of Trichiasis Incision of Lid Margin
Excision Lesion Eyelid Without Closure
Tarsorrhaphy
Repair Blepharoptosis, Levator Resection Internal
Repair Blepharoptosis, Levator Resection External
Correction of Lid Retraction
Dacryocystorhinostomy (DCR)
Conjunctivorhinostomy With Insertion Tube / Stent
Dilation of Lacrimal Punctum With / Without Irrigation
Probe of Nasolacrimal Duct With / Without Irrigation
Probe of Nasolacrimal Duct With Insertion Stent
<b>AUDITORY SYSTEM:</b>
Drainage External Ear, Abscess or Hematoma Simple
Biopsy External Ear
Excision External Ear Partial Simple Repair
Excision Exostoses External Auditory Canal
Excision Soft Tissue Lesion External Auditory Canal
Radical Excision External Auditory Canal Lesion

## APPROVED PROCEDURE LIST

Remove Foreign Body External Auditory Canal With General Anesthesia
Removal Impacted Cerumen One or Both Ears
Debridement Mastoidectomy Cavity Simple
Reconstruction of External Auditory Canal
Myringotomy
Myringotomy Under General Anesthesia
Removal Vent Tube Insert By Another Doctor
Tympanostomy With Tube Local / Topical Anesthesia
Tympanostomy With Tube General Anesthesia
Exploration of Middle Ear Through Ear Canal Incision
Simple Mastoidectomy
Mastoidectomy Modified Radical
Excision Aural Polyp
Revision Mastoidectomy Result Complete Mastoidectomy
Revision Mastoidectomy Result Tympanoplasty
Revision Mastoidectomy With Apicectomy
Myringoplasty
Tympanoplasty Without Mastoidectomy
Tympanoplasty With Ossicular Chain Reconstruction
Tympanoplasty With Ossicular Chain Reconstruction with Implant
Tympanoplasty With Antrotomy
Tympanoplasty With Antrotomy, Ossicular Chain Reconstruction
Tympano With Antrotomy Ossicular Chain Reconstruction With Implant
Tympanoplasty With Mastoidectomy
Tympanoplasty With Mastoidectomy, Occis. Chain Reconstruction
Stapedectomy
Stapedectomy With Footplate Drill Out
Repair Oval Window Fistula

## APPROVED PROCEDURE LIST

Repair Round Window Fistula

Use of Operating Microscope

STATE OF ILLINOIS,

DEPARTMENT

OF STATE.

GEORGE H. HARLOW, Secretary of State.

To All to whom these Presents shall come---Directing!

Whereas, a Certificate, duly signed and acknowledged, having been filed in the Office of the Secretary of State, on the 29th day of October A.D. 1873, for the organization of the

Charitable Aid and Hospital Association of Quincy

under and in accordance with the provisions of "AN ACT CONCERNING CORPORATIONS" approved April 15, 1872, and in force July 1, 1872, a copy of which certificate is hereto attached.

Now, Therefore, I, George H. Harlow, Secretary of State of the State of Illinois, by virtue of the powers and duties vested in me by law, do hereby certify that the said

The Charitable Aid and Hospital Association of Quincy

is a legally organized corporation under the laws of this State.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Great Seal of State.

(SEAL)

Done at the City of Springfield, this 29th day of October in the year of our Lord one Thousand eight hundred and seventy three, and of the Independence of the United States the ninety- Eighth

Geo. H. Harlow  
Secretary of State.

O R Browning	(Seal)	E E Stone	(Seal)
F L Giddings	(Seal)	Gustav Levi	(Seal)
W B Penfield	(Seal)	Robt W Gardner	(Seal)
H B Osborn	(Seal)	R W McMahon	(Seal)
Matthew E Finlay	(Seal)	Wm B Bull	(Seal)

State of Illinois }  
 Adams County } ss  
 City of Quincy ) Be it remembered that on this  
Twenty seventh day of October A D one thousand  
eight hundred and seventy three John Wood O  
H Browning F L Giddings W B Penfield H B  
Osborn M B Finlay H A Williamson E E  
Stone Gustav Levi R W McMahon R F Gardner  
 and Wm B Bull who are personally known to  
 the undersigned a Notary Public in and for  
 the City County and State aforesaid to be the  
 identical persons who executed and whose  
 names are subscribed to the foregoing instru-  
 ment of writing as having executed the same  
 came before me and acknowledged the same  
 to be their voluntary act and deed for the  
 purposes therein expressed

STATE OF ILLINOIS )  
 Adams County, ) ss.  
 Recorder's Office ) I, George Brophy, Clerk of the Circuit Court  
 and Ex-Officio Recorder of said County, do hereby certify that the and  
 instrument of writing was on the 7th day of November A.D., 1873  
 duly filed for record in this Office, and was on the same day duly  
 recorded in the Records of this Office, in Book No One (1) of  
Corporations at page 29 and 30

IN WITNESS WHEREOF, I have hereto set my hand and affix  
 the seal of said Circuit Court, at Quincy, this 7th day  
 of November A.D. 1873.

Geo. Brophy Clerk and Recorder,  
 Per Chas. A. Kendall Deputy

# STATE OF ILLINOIS

DEPARTMENT OF  
THE SECRETARY OF STATE



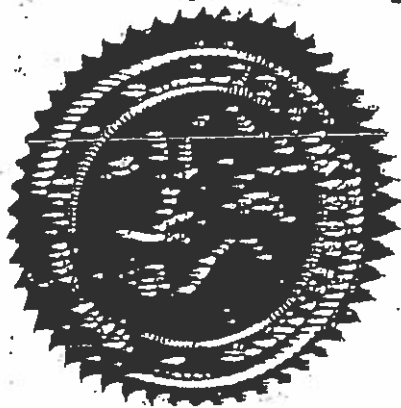
Be all to whom these Presents Shall Come, Greeting:

I, EDWARD J. HUGHES, Secretary of State of the State of Illinois  
do hereby certify that the following and hereto attached is a true  
photostatic copy of the Certificate of Incorporation and amend-  
ment filed thereto of BLESSED HOSPITAL.

*[Lined area for additional text, crossed out with a diagonal line]*

*the original of which is now on file, and a matter of record, in his office.*

In Testimony Whereof, I hereto set my hand and cause to  
be affixed the Great Seal of the State of Illinois,  
Done at the City of Springfield this 23rd  
day of September A.D. 1938.



*Edward J. Hughes*  
SECRETARY OF STATE.

5-1116



Certificate of Change

of name

Charitable Aid and

Hospital Association

of Quincy

"Blind Hospital"

Box 47 No. 2718

FILED

JUN 4 1900

RECEIVED

70

Rev. Quincy



ASTC Renewal Licensure Application Checklist

- ☒ Completed Application
- ☒ Articles of Incorporation
- ☒ Administrator's Resume
- ☒ Medical Director's Resume
- ☒ Supervising Nurse's Resume
- ☒ List of Medical Staff
- ☒ Separate list of Personnel Staff
- ☒ Surgical Procedures and services provided
- ☐ Renewal fee of \$300

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### Service to GSA Residents

The Geographic Service Area (GSA) consists of zip codes all or part of which are located within a 21-mile radius of the project. The table on the next page shows the 28 zip codes that constitute the GSA, 17 are in Illinois and 11 in Missouri. These zip codes have a population of 91,401. In 2018, 9798 residents of this area had outpatient surgery or procedures performed. This constitutes 66.94% of the total of 14,636 outpatient surgical case performed in 2018. Because more than 50% of the total annual surgical patients reside in the GSA, it can be documented that the primary purpose of the ASTC project is to continue to provide health care to residents of the GSA.

Zip Code	County	Service Area	Population	% of Total ASTC				Cumulative ASTC %				% of Total 11th				Cumulative 11th %				% of Total Outpatient Surgery				Cumulative %			
				Calendar 2018 ASTC	Patients	Code	Cases From This Zip	Calendar 2018 ASTC	Patients	Code	Cases From This Zip	Calendar 2018	11th OP	Code	Cases From This Zip	Calendar 2018	11th OP	Code	Cases From This Zip	Calendar 2018	11th OP	Code	Cases From This Zip	Calendar 2018 OP	11th OP	Code	Cases From This Zip

## Geographic Service Area (0 - 21 Miles)

62301	ADAMS, IL	GSA	27,620	2,669	26.15%	26.15%	26.15%	26.15%	26.15%	26.15%	26.15%	1,218	27.51%	27.51%	27.51%	27.51%	27.51%	27.51%	27.51%	27.51%	27.51%	27.51%	27.51%	27.51%
62305	ADAMS, IL	GSA	18,110	1,916	18.77%	18.77%	18.77%	18.77%	18.77%	18.77%	18.77%	683	15.42%	15.42%	15.42%	15.42%	15.42%	15.42%	15.42%	15.42%	15.42%	15.42%	15.42%	15.42%
63401	Marion, MO	GSA	18,700	374	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	174	3.93%	3.93%	3.93%	3.93%	3.93%	3.93%	3.93%	3.93%	3.93%	3.93%	3.93%	3.93%
63461	Marion, MO	GSA	5,180	208	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%	83	1.87%	1.87%	1.87%	1.87%	1.87%	1.87%	1.87%	1.87%	1.87%	1.87%	1.87%	1.87%
62347	ADAMS, IL	GSA	2,250	205	2.01%	2.01%	2.01%	2.01%	2.01%	2.01%	2.01%	70	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%
63435	Lewis, MO	GSA	3,120	202	1.98%	1.98%	1.98%	1.98%	1.98%	1.98%	1.98%	73	1.65%	1.65%	1.65%	1.65%	1.65%	1.65%	1.65%	1.65%	1.65%	1.65%	1.65%	1.65%
62320	ADAMS, IL	GSA	1,990	171	1.68%	1.68%	1.68%	1.68%	1.68%	1.68%	1.68%	70	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%	1.58%
62338	ADAMS, IL	GSA	1,400	153	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	44	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%
62360	ADAMS, IL	GSA	1,630	129	1.26%	1.26%	1.26%	1.26%	1.26%	1.26%	1.26%	62	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%
63448	Lewis, MO	GSA	1,380	120	1.18%	1.18%	1.18%	1.18%	1.18%	1.18%	1.18%	62	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%	1.40%
62376	ADAMS, IL	GSA	1,210	94	0.92%	0.92%	0.92%	0.92%	0.92%	0.92%	0.92%	41	0.93%	0.93%	0.93%	0.93%	0.93%	0.93%	0.93%	0.93%	0.93%	0.93%	0.93%	0.93%
63440	Lewis, MO	GSA	1,200	91	0.89%	0.89%	0.89%	0.89%	0.89%	0.89%	0.89%	42	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%
63454	Marion, MO	GSA	870	71	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	21	0.47%	0.47%	0.47%	0.47%	0.47%	0.47%	0.47%	0.47%	0.47%	0.47%	0.47%	0.47%
62349	ADAMS, IL	GSA	580	56	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	23	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%
62365	ADAMS, IL	GSA	540	42	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	31	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%
62343	PIKE, IL	GSA	610	37	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	15	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%
62325	ADAMS, IL	GSA	370	35	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	15	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%	0.34%
63471	Marion, MO	GSA	540	29	0.28%	0.28%	0.28%	0.28%	0.28%	0.28%	0.28%	19	0.43%	0.43%	0.43%	0.43%	0.43%	0.43%	0.43%	0.43%	0.43%	0.43%	0.43%	0.43%
63438	Lewis, MO	GSA	380	24	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	18	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%	0.41%
62373	HANCOCK, IL	GSA	280	22	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	5	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%
62306	ADAMS, IL	GSA	329	20	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	7	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%
63463	Marion, MO	GSA	610	18	0.18%	0.18%	0.18%	0.18%	0.18%	0.18%	0.18%	16	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%	0.36%
62345	PIKE, IL	GSA	280	16	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	9	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%
63457	Lewis, MO	GSA	250	10	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	6	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%
62359	ADAMS, IL	GSA	165	9	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	4	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%
62348	ADAMS, IL	GSA	102	4	0.04%	0.04%	0.04%	0.04%	0.04%	0.04%	0.04%	2	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%
63467	Ralls, MO	GSA	85	3	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Zip Code	County	Service Area	Population	% of Total ASTC				% of Total 11th				% of Total Outpatient Surgery Cases From This Zip				Cumulative %			
				Calendar 2018 ASTC Patients	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 11th OP	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code		Calendar 2018 OP Surgery	Outpatient Surgery Cases From This Zip	Code	
62351	ADAMS, IL	GSA	1,620	183	1.79%	67.70%		74	1.67%	65.20%		257	1.76%	66.94%		9,798	66.94%	66.94%	
Subtotal GSA			91,401	6,911	67.70%	67.70%		2,887	65.20%	65.20%									

### 1110.235(c) (3) Service Demand

Blessing Hospital proposes to relocate the current three OR's and three treatment rooms from Quincy Medical Group Medical office building to the Blessing Hospital campus. The proposed project is necessary to accommodate the service demand experienced by the applicants last years as well as the projected demand for the services to be provided at the proposed ambulatory treatment center (ASTC).

Attached is a chart reflecting historical growth and referrals. Blessing Hospital has operated the current ASTC since 2006. Blessing Physician Services, Blessing's physician group, is made up of 116 providers which has been predominately composed of primary care providers, cardiology and psychiatrists referring most surgeries to QMG providers. Blessing is in the process of implementing a recruitment plan to add surgical specialist identified in the Provider Manpower Plan to the community. The Manpower Plan is a third party assessment of providers needed for the market served by Blessing Hospital. The community will continue to recruit physicians to address the needs of the market area. Blessing has recently recruited two orthopedic surgeons, a neurosurgeon, a dermatologist, an urologist and a pain management specialist. Thus hours and procedures in the operating room time will continue to increase in all Blessing locations, the ASTC, outpatient surgery at 11<sup>th</sup> and inpatient.

Blessing has identified a market opportunity of 3063 cases which represents 30% of the outpatient surgery market out migrating today from Blessing's primary market, they believe can be retained within the community. The 30% market capture rate is achievable given the growth strategies Blessing has developed as well as the reduction in surgery pricing.

In summary, it is anticipated by the second year of operation, Blessing's ASTC will serve 6016 cases and 5522 procedures in the proposed relocated ASTC. The projected volume is based on historical growth and the number of new cases Blessing expects to serve as a result of recruitment of new specialties to the Blessing Physician Services Medical Group, QMG's commitment to not impact Blessing's volume, Blessing's move to ASTC reimbursement rather than hospital provider based outpatient rates and the location of the ASTC attached to the hospital by a covered walk-way. This volume will achieve the need for the proposed relocation of the 3 operating rooms and 3 procedure rooms.

### Surgical Hours - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	OP Hours	3,666	3,752	4,472	4,810	4,644	4,748	4,990	5,185	5,563	6,018
11th OR	OP Hours	3,781	4,027	4,527	5,886	5,762	5,938	6,526	7,162	7,580	8,022
ASTC Px	OP Hours	2,231	2,350	2,501	2,567	2,493	2,533	2,692	2,856	3,134	3,313
11th Px	OP Hours	76	45	51	54	49	50	50	50	50	50
<b>Total OP Hours</b>		<b>9,754</b>	<b>10,174</b>	<b>11,551</b>	<b>13,317</b>	<b>12,948</b>	<b>13,269</b>	<b>14,257</b>	<b>15,254</b>	<b>16,327</b>	<b>17,403</b>
<b>IP Hours</b>		<b>4,421</b>	<b>4,612</b>	<b>4,825</b>	<b>5,640</b>	<b>5,170</b>	<b>6,185</b>	<b>7,029</b>	<b>8,148</b>	<b>8,688</b>	<b>8,893</b>
<b>Total Hours</b>		<b>14,175</b>	<b>14,786</b>	<b>16,376</b>	<b>18,957</b>	<b>18,118</b>	<b>19,454</b>	<b>21,286</b>	<b>23,402</b>	<b>25,015</b>	<b>26,296</b>

### Rooms Needed - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	Rooms	2.44	2.50	2.98	3.21	3.10	3.17	3.33	3.46	3.71	4.01
11th OR	Rooms	2.52	2.68	3.02	3.92	3.84	3.96	4.35	4.77	5.05	5.35
ASTC Px	Rooms	1.49	1.57	1.67	1.71	1.66	1.69	1.79	1.90	2.09	2.21
11th Px	Rooms	0.05	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03
<b>Total OP Rooms</b>		<b>6.50</b>	<b>6.78</b>	<b>7.70</b>	<b>8.88</b>	<b>8.63</b>	<b>8.85</b>	<b>9.50</b>	<b>10.17</b>	<b>10.88</b>	<b>11.60</b>
<b>IP Rooms</b>		<b>2.95</b>	<b>3.07</b>	<b>3.22</b>	<b>3.76</b>	<b>3.45</b>	<b>4.12</b>	<b>4.69</b>	<b>5.43</b>	<b>5.79</b>	<b>5.93</b>
<b>Total Rooms</b>		<b>9.45</b>	<b>9.86</b>	<b>10.92</b>	<b>12.64</b>	<b>12.08</b>	<b>12.97</b>	<b>14.19</b>	<b>15.60</b>	<b>16.68</b>	<b>17.53</b>

### Surgical Cases - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	Growth	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	OP Cases	4,602	4,824	5,124	5,452	5,250	2.7%	5,395	5,544	5,698	5,856	6,018
11th OR	OP Cases	3,251	3,483	3,636	4,509	4,316	5.8%	4,568	4,834	5,116	5,414	5,730
ASTC Px	OP Cases	4,452	5,022	5,299	5,231	4,958	2.2%	5,066	5,176	5,289	5,404	5,522
11th Px	OP Cases	163	106	105	118	112	-7.2%	114	114	114	114	114
<b>Total OP Cases</b>		<b>12,468</b>	<b>13,435</b>	<b>14,164</b>	<b>15,310</b>	<b>14,636</b>	<b>3.3%</b>	<b>15,143</b>	<b>15,668</b>	<b>16,217</b>	<b>16,788</b>	<b>17,384</b>
<b>IP Procedures</b>		<b>2,561</b>	<b>2,560</b>	<b>2,679</b>	<b>3,010</b>	<b>2,877</b>	<b>2.4%</b>	<b>2,945</b>	<b>3,195</b>	<b>3,395</b>	<b>3,475</b>	<b>3,557</b>
<b>Total Procedure</b>		<b>15,029</b>	<b>15,995</b>	<b>16,843</b>	<b>18,320</b>	<b>17,513</b>	<b>1.3%</b>	<b>18,088</b>	<b>18,863</b>	<b>19,612</b>	<b>20,263</b>	<b>20,941</b>

### Hours Per Case - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CARG	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	hr per case	0.80	0.78	0.87	0.88	0.88		0.88	0.90	0.91	0.95	1.00
11th OR	hr per case	1.16	1.16	1.25	1.31	1.34		1.30	1.35	1.40	1.40	1.40
ASTC Px	hr per case	0.50	0.47	0.47	0.49	0.50		0.50	0.52	0.54	0.58	0.60
11th Px	hr per case	0.47	0.42	0.49	0.46	0.44		0.44	0.44	0.44	0.44	0.44
<b>Total OP Cases</b>		<b>0.78</b>	<b>0.76</b>	<b>0.82</b>	<b>0.87</b>	<b>0.88</b>						
<b>IP Procedures (hr per case)</b>		<b>1.73</b>	<b>1.80</b>	<b>1.80</b>	<b>1.87</b>	<b>1.80</b>		2.10	2.20	2.40	2.50	2.50
		<b>0.94</b>	<b>0.92</b>	<b>0.97</b>	<b>1.03</b>	<b>1.03</b>						

## Outpatient Hours By Calendar Year\*

	2014	2015	2016	2017	2018
<b>ASTC Surgery Rooms</b>					
Cardiovascular	3	3	-	1	4
Dermatology	-	-	-	-	-
Gastroenterology	187	173	189	336	263
General	611	611	789	742	610
Laser Eye Surgery	195	374	-	-	-
Neurology	-	3	-	-	-
OB/Gynecology	234	290	335	243	260
Ophthalmology	1,135	993	1,517	1,699	1,803
Oral/Maxillofacial	157	177	154	213	72
Orthopedic	529	511	697	837	857
Otolaryngology	270	263	359	386	293
Pain Manangement	-	-	-	-	-
Plastic Surgery	96	54	85	83	93
Podiatry	248	298	341	265	388
Thoracic	-	-	-	-	-
Urology	1	2	6	5	1
<b>Total ASTC Surgery Rooms</b>	<b>3,666</b>	<b>3,752</b>	<b>4,472</b>	<b>4,810</b>	<b>4,644</b>
<b>ASTC Procedure Rooms</b>					
Cardiac Catheterization	-	-	-	-	-
Gastroenterology	2,231	2,359	2,501	2,567	2,349
Laser Eye	-	-	-	-	-
Pain Management	-	-	-	-	-
<b>Total ASTC Procedure Rooms</b>	<b>2,231</b>	<b>2,359</b>	<b>2,501</b>	<b>2,567</b>	<b>2,349</b>
<b>Total ASTC Outpatient Cases</b>	<b>5,897</b>	<b>6,111</b>	<b>6,973</b>	<b>7,377</b>	<b>6,993</b>

## Outpatient Hours By Calendar Year\*

	2014	2015	2016	2017	2018
<b>11th Surgery Rooms</b>					
Cardiovascular	148	100	160	334	357
Dermatology	-	-	-	-	-
General	1,180	1,204	1,302	1,860	1,660
Gastroenterology	44	57	54	27	29
Neurology	162	230	469	438	609
OB/Gynecology	415	552	624	705	603
Oral/Maxillofacial	80	65	50	69	58
Ophthalmology	4	5	-	5	-
Orthopedic	855	893	841	835	1,026
Otolaryngology	171	143	137	130	206
Plastic Surgery	56	16	48	189	154
Podiatry	18	23	26	25	35
Thoracic	3	14	21	16	13
Urology	645	725	795	1,253	1,012
<b>Total 11th Surgery Rooms</b>	<b>3,781</b>	<b>4,027</b>	<b>4,527</b>	<b>5,886</b>	<b>5,762</b>
<b>11th Procedure Rooms</b>					
Gastro-Intestinal	76	45	52	55	49
Pain Management	-	-	-	-	-
<b>Total 11th Procedure Rooms</b>	<b>76</b>	<b>45</b>	<b>52</b>	<b>55</b>	<b>49</b>
<b>Total 11th Outpatient Cases</b>	<b>3,857</b>	<b>4,072</b>	<b>4,579</b>	<b>5,941</b>	<b>5,811</b>

## Outpatient Hours By Calendar Year\*

	2014	2015	2016	2017	2018
<b>Total Blessing Outpatient Surgery</b>					
Cardiovascular	151	103	160	335	361
Dermatology	-	-	-	-	-
General	1,791	1,815	2,091	2,602	2,270
Gastroenterology	231	230	243	363	292
Neurology	162	233	469	438	609
OB/Gynecology	649	842	959	948	863
Oral/Maxillofacial	237	242	204	282	130
Ophthalmology	1,139	998	1,517	1,704	1,803
Orthopedic	1,384	1,404	1,538	1,672	1,883
Otolaryngology	441	406	496	516	499
Plastic Surgery	152	70	133	272	247
Podiatry	266	321	367	290	423
Thoracic	3	14	21	16	13
Urology	646	727	801	1,258	1,013
<b>Total Surgery Rooms</b>	<b>7,252</b>	<b>7,405</b>	<b>8,999</b>	<b>10,696</b>	<b>10,406</b>
<b>Total Blessing Procedure Rooms</b>					
Gastro-Intestinal	2,307	2,404	2,553	2,622	2,398
Pain Management	-	-	-	-	-
<b>Total Procedure Rooms</b>	<b>2,307</b>	<b>2,404</b>	<b>2,553</b>	<b>2,622</b>	<b>2,398</b>
<b>Total Outpatient Cases</b>	<b>9,559</b>	<b>9,809</b>	<b>11,552</b>	<b>13,318</b>	<b>12,804</b>

\* as adjusted and submitted to IDPH

1110.235 (c)(4)(c) Treatment Room Need Assessment

Blessing Hospital has 10 hospital combined inpatient and outpatient ORs supporting hospital in and outpatient surgery. They also own a 6 room ASTC, which is being proposed to be relocated. The proposed ASTC will include 3 ORs and 3 procedure rooms, the same as Blessing Hospital has operated since 2006 and are not excessive and are necessary to accommodate the projected caseload. The 2017 volumes at the current outpatient surgery locations owned by Blessing were used to project the cases and hours of usage for the operating rooms, as displayed in the table on the next page. Per the utilization standard of 1500 hours per room, the 3 ORs and 3 procedure rooms in the project are needed.

# Surgical Hours - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	OP Hours	3,666	3,752	4,472	4,810	4,544	4,748	4,990	5,185	5,563	6,018
11th OR	OP Hours	3,781	4,027	4,527	5,886	5,762	5,938	6,526	7,162	7,580	8,022
ASTC Px	OP Hours	2,231	2,350	2,501	2,567	2,493	2,533	2,692	2,856	3,134	3,313
11th Px	OP Hours	76	45	51	54	49	50	50	50	50	50
Total OP Hours		9,754	10,174	11,551	13,317	12,948	13,269	14,257	15,254	16,327	17,403
IP Hours		4,421	4,612	4,825	5,640	5,170	6,185	7,029	8,148	8,688	8,893
Total Hours		14,175	14,786	16,376	18,957	18,118	19,454	21,286	23,402	25,015	26,296

# Rooms Needed - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	Rooms	2.44	2.50	2.98	3.21	3.10	3.17	3.33	3.46	3.71	4.01
11th OR	Rooms	2.52	2.68	3.02	3.92	3.84	3.96	4.35	4.77	5.05	5.35
ASTC Px	Rooms	1.49	1.57	1.67	1.71	1.66	1.69	1.79	1.90	2.09	2.21
11th Px	Rooms	0.05	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03
Total OP Rooms		6.50	6.78	7.70	8.88	8.63	8.85	9.50	10.17	10.88	11.60
IP Rooms		2.95	3.07	3.22	3.76	3.45	4.12	4.69	5.43	5.79	5.93
Total Rooms		9.45	9.86	10.92	12.64	12.08	12.97	14.19	15.60	16.68	17.53

# Surgical Cases - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	OP Cases	4,602	4,824	5,124	5,452	5,250	5,395	5,544	5,698	5,856	6,018
11th OR	OP Cases	3,251	3,483	3,636	4,509	4,316	4,568	4,834	5,116	5,414	5,730
ASTC Px	OP Cases	4,452	5,022	5,299	5,231	4,958	5,066	5,176	5,289	5,404	5,522
11th Px	OP Cases	163	106	105	118	112	114	114	114	114	114
Total OP Cases		12,468	13,435	14,164	15,310	14,636	15,143	15,668	16,217	16,788	17,384
IP Procedures		2,561	2,560	2,679	3,010	2,877	2,945	3,195	3,395	3,475	3,557
Total Procedure		15,029	15,995	16,843	18,320	17,513	18,088	18,863	19,612	20,263	20,941

# Hours per Case - Projections

Location	Type	CY 14	CY 15	CY 16	CY 17	CY 18	CY 19	CY 20	CY 21	CY 22	CY 23
ASTC	hr per case	0.80	0.78	0.87	0.87	0.88	0.88	0.90	0.91	0.95	1.00
11th OR	hr per case	1.16	1.16	1.25	1.31	1.34	1.30	1.35	1.40	1.40	1.40
ASTC Px	hr per case	0.50	0.47	0.47	0.49	0.50	0.50	0.52	0.54	0.58	0.60
11th Px	hr per case	0.47	0.42	0.49	0.46	0.44	0.44	0.44	0.44	0.44	0.44
Total OP Cases		0.78	0.76	0.82	0.87	0.88	0.88	0.90	0.91	0.95	1.00
IP Procedures (hr per case)		1.73	1.60	1.80	1.87	1.80	2.10	2.20	2.40	2.50	2.50
Total		0.94	0.92	0.97	1.03	1.03	1.03	1.03	1.03	1.03	1.03

### ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

Last approved by the ASA House of Delegates on October 15, 2014

**Table 1: Current definitions (NO CHANGE) and Examples (NEW)**

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoker, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only, no substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purpose	
<p>*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)</p>		



## Appendix 1

### References related to use of the ASA PS Classification System

1. Guidelines for the use of Sedasys by non-anesthesia trained proceduralist and nurse.  
<http://www.sedasy.com/>
2. American College of Surgeons proposed guidelines for care of pediatric surgical patients. Journal of the American College of Surgeons, 2014;218:479-48
3. Guidelines for local anesthesia cases in a major academic center. "Monitoring patients receiving local anesthesia", MGH, Perioperative Nursing, OR L. 16
4. Office Based Procedure guidelines  
<https://phpmm.org/Portals/79/WebFiles/Provider%20Manual%20Updates/Clinical%20Guidelines/MOIC%202009%20Office-Based%20Surgery%20Guideline.pdf>
5. Preoperative testing guidelines. <http://www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists/>

## Appendix 2

### Selected References Addressing Inter-Rater Reliability of the ASA PS Classification System

1. Owens WD, Felts JA, et al. ASA physical status classifications: A study of consistency of ratings. Anesthesiology. 1978;49:239-43 (Editorial by Keats AS. The ASA Classification of Physical Status – A Recapitulation. Anesthesiology 1978;49:233-6)
2. Haynes SR, Lawler PG. An assessment of the consistency of ASA physical status classification allocation. Anaesthesia. 1995;50:195-9
3. Mak PH, Campbell RC et al. The ASA physical status classification: inter-observer consistency. Anaesth Intensive Care 2002 ;3:633-40
4. Aronson WL, McAuliffe MS, Miller K. Variability in the American Society of Anesthesiologists Physical Status Classification Scale. AANA J. 2003;71:265-74
5. Jacqueline R, Malvivya S et al. An assessment of interrater reliability of the ASA physical status classification in pediatric surgical patients. Paediatr Anaesth 2006;16:928-31
6. Burgoyne LL, Smeltzer MP. How well do pediatric anesthesiologists agree when assigning ASA physical status classifications to their patients. Paediatr Anaesth 2007;17:956-62
7. Bernard PA, Makin CE et al. Variability of ASA physical status class assignment among pediatric sedation practitioners. Int J Adolesc Med Health 2009;21:213-20
8. Cuvillon P, Nouvellon E et al. American Society of Anesthesiologists' physical status system: a multicentre Francophone study to analyse reasons for classification disagreement. Eur J Anaesthesiol 2011;28:742-7
9. McMillan M, Brearley J. Assessment of the variation in American Society of Anesthesiologists Physical Status Classification assignment in small animal anaesthesia. Vet Anaesth Analg. 2013 May;40(3):229-36
10. Sankar A, Johnson SR et al. Reliability of the American Society of Anesthesiologists physical status scale in clinical practice. Br J Anaesth 2014 Apr 11 (epub ahead of print)

1110.235(c)(8)(C) Staffing

Blessing Hospital will use the same staff as providing services at the current ASTC today.

Blessing will manage the center and a Medical Director will remain the same as the time of the relocation. Blessing does not envision any unusual difficulties in staffing the proposed ASTC with qualified nurses, technicians, and other support personnel as they are already on staff and working in the current ASTC that is proposed to be relocated. Upon opening the proposed ASTC, the patient load of the ASTC at 1118 Hampshire will be transition to the proposed location.

## 1110.235(c) (6) Service Accessibility

There are no other **IDPH licensed ASTCs** within the identified GSA of the proposed project other than the proposed ASTC to be relocated.

The proposed ASTC services being established are necessary to improve access for residents of the GSA. Blessing Hospital operates an existing hospital providing outpatient surgery to the GSA and the proposed ASTC to be relocated is owned by the hospital.

The current ASTC received State approval in 2000 when Quincy Medical Group established the Surgery Center. In 2006, Blessing purchased the Surgery Center, left it at the QMG Medical Office building and it has remained the only ASTC in the community. QMG received approval to open a second ASTC in April 2019. The proposed application is only a request to relocate the ASTC from the QMG building to the Blessing Hospital campus.

The current ASTC rooms are not large enough for orthopedic surgeons to perform all their surgeries. Orthopedics is one of the services with the most significant outmigration, thus in order to be able to serve the people of the region and reduce outmigration, the current location will not allow this to happen. The ASTC has no ability to expand in its current footprint as QMG is out of space. The center is located on the third floor in construction designed for procedures and technology of 20 years ago. There is no way to update or enlarge the center to meet today's needs based on the current square footage.

Blessing Hospital filed for ASTC freestanding status and received a response March 19, 2019. Blessing has been working since that date to assess the gaps needed to obtain freestanding ASTC accreditation, which is required prior to changing to ASTC reimbursement. The Blessing ASTC has been accredited as a hospital department under Joint Commission for years and most recently under DNV. Now the hospital has to meet the requirements for ASTC non-hospital based status, which will occur yet in 2019.

The proposed ASTC is the only ASTC in the GSA owned by a hospital. The proposal project does not have restricted admission policies.

Since there are no other licensed ASTC in the GSA, the proposed project meets this standard.

1110.235(c) (7) (A) Unnecessary Duplication / Maldistribution

- A. **The Geographic Service Area (GSA)** is defined by a radius of 21 miles from the proposed site at 11<sup>th</sup> and Spring Street. As documented in the section on service to GSA residents, the population of the 28 zip codes that lie in whole or in part within the 21 mile radius are 91,401 (GSA population).

Blessing Hospital at 11<sup>th</sup> street has an outpatient hospital department as well as owns the only currently **licensed** ASTC, which is located in the QMG medical office building.

- B. **The project will not result in the maldistribution of services**

The project is proposing to relocate the existing 6 rooms to a new location on the hospital campus. It will not change duplication or maldistribution of services already available in the community. It is not changing the complement of the providers or rooms in the GSA. Thus there is no unnecessary duplication or maldistribution impact.

The population of the 28 zip codes that lie in whole or in part within the 21 mile radius area is 91,401. Blessing Hospital ASTC (6 rooms) and Blessing Hospital (10 rooms) both reside within the 21 mile radius and both provide outpatient surgery. The 10 rooms at Blessing Hospital also serve the inpatient volume. The ratio of operating/procedure rooms to population:

91,401 residents /1,000 population = 91.4 residents per thousand population  
16 rooms/91.4 residents per 1,000 population =.1750 rooms per thousand population

The State of Illinois population is 12,978,800 residents and 2,778 operating/procedure rooms (hospital and ASTC) in the State of Illinois resulting in .2140 rooms per thousand.

12,978,800 residents/1,000 population =12,978 residents per thousand  
2778 rooms /12,978 residents per thousand =.2140 rooms per thousand population

The 21 mile radius represents only 66.94% of the outpatient surgeries. Blessing serves a much larger region than 21 miles reflected in the GSA, a third of the cases came from outside the GSA. This project proposes to relocate the existing 6 ORs, not add to the total and for this reason the proposed project

does not impact unnecessary duplication or maldistribution. The proposed project will not lower the utilization of other area providers below the standards.

#### Service area extended beyond GSA

Section 1110.235 (c) (7)(B)(iii) state the maldistribution exists when there is "insufficient population to provide the volume or care load necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards....".

As shown on the patient origin table used to define the GSA, 66.94% of Blessing's outpatient surgical cases come from the GSA defined by zip codes in whole or in part within the 21 mile radius. This meets the requirement 50% or more of the projected case load at the proposed project comes from the GSA.

Further analysis shows 44.32% of outpatient cases come from the two Quincy zip codes. Other zip codes combine with these two Quincy zip codes to define the GSA. (28 zip codes in whole or part are located with the 21-mile radius of the project site.) The patient origin data indicates both 1.) The concentration of cases in the Quincy area, and also 2.) The vast extent of the large rural area also served. 351 zip codes contribute the remaining 55.68% of cases.

#### C. Impact on Other Health Facilities

The proposed project will not have an impact on any other facilities. QMG was recently given a permit to build a new ASTC and they substantiated to the Board they would reach target without having an impact on Blessing's ASTC. "Original Staff Report for QMG to add 8 rooms to the GSA. (Project 18-042)"  
***"The Applicant believes the proposed ASTC will not impact Blessing Hospital and Blessing Hospital ASTC the two health care facilities within the 21-mile GSA."***

It is important to the community the only hospital based ASTC be able to maintain its existing rooms to prevent maldistribution. Thus the relocation of the current 6 room ASTC by Blessing will not change the number of ORs now available or the number of ASTCs in the GSA.

The relocation of the Blessing ASTC to the hospital campus will not lower the utilization of other area providers below the utilization standards. Blessing's inpatient and outpatient surgical rooms will see increased hours due to the types of procedures that will be performed. QMG has recruited a

neurosurgeon, as has Blessing who will perform procedures that require more operating room time. Blessing has two orthopedic surgeons who will start their practice in August of this year performing both in and outpatient procedures as well as ASTC procedures.

In addition, Blessing has analyzed the current hospital based outpatient procedures to verify the volume of procedures that could/could not be relocated to an ASTC safely. Based on nine months data in 2018, less than 6.6% of the patients should be relocated safely to an ASTC based on their ASA scores alone. If you factor in other insurance implications, personal preference etc., it will be less than a 5% shift of volume from the outpatient at 11<sup>th</sup> street location to an ASTC, at most. The American Society of Anesthesiologist definitions for ASA scores is attached for reference. Thus, Blessing does not expect to see a decreased impact to the hospital OR rooms over the next several years. In fact, there is an expected increase in hours and procedures at the outpatient and inpatient hospital surgery operating rooms due to recruitment of physicians to the community, but not because procedures are being inappropriately performed in the hospital when they could be performed in an ASTC.

Blessing has increased its recruitment plan for surgeons based on the need to attract the patients who are leaving the community today that could be performed in Quincy. In addition to recovering a percentage of the substantial outpatient market leaving the community today, Blessing Physician Services has had a history of being composed of primary care physicians who referred their surgeries to QMG or other physicians. The proposed relocation of the Blessing ASTC will not have an impact on the existing providers in the GSA.

### 1110.235(c)(9) Charge Commitment

The table on the following page represents charges for surgical and treatment procedures for the ASTC relocated to the Blessing Campus.

The letter following that table provides the commitment that these charges will not increase, at a minimum, for the first two years of operation unless a permit is first obtained.

## Table of Proposed Charges

CPT Code	Description	Fee
15823	Revision of upper eyelid	\$ 3,780
19301	Partial mastectomy	\$ 4,765
21025	Excision of bone, lower jaw	\$ 9,913
21040	Excision, benign tumor, mandible	\$ 4,406
26055	Incise finger tendon sheath	\$ 3,413
28285	Repair of hammertoe	\$ 5,922
28299	Correction hallux valgus	\$ 5,922
29827	Arthroscop rotator cuff repr	\$ 12,592
29828	Arthroscopy biceps tenodesis	\$ 12,592
29875	Knee arthroscopy/surgery, synovectomy, ltd	\$ 5,922
29880	Knee arthroscopy/surgery w/meniscectomy	\$ 5,922
29881	Knee arthroscopy/surgery w/meniscectomy	\$ 5,922
31623	Dx bronchoscope/brush	\$ 2,722
31624	Dx bronchoscope/lavage	\$ 2,722
31628	Bronchoscopy/lung bx each	\$ 5,313
31652	Bronch ebus sampling 1/2 node	\$ 5,313
33210	Insert/replace temp transvenous single chamber cardiac electrode or pacemaker catheter	\$ 18,076
36902	Intro cath to dialysis circuit w/transluminal balloon angioplasty	\$ 12,264
41010	Incision of tongue fold	\$ 2,743
42820	Remove tonsils and adenoids	\$ 5,948
43235	Egd diagnostic brush wash	\$ 1,971
43239	Egd biopsy single/multiple	\$ 1,971
43249	Esoph egd dilation <30 mm	\$ 3,193
43255	Egd control bleeding any	\$ 3,193
45331	Sigmoidoscopy and biopsy	\$ 1,882
45378	Diagnostic colonoscopy	\$ 1,882
45380	Colonoscopy and biopsy	\$ 2,483
49505	Prp i/hern init reduc >5 yr	\$ 6,474
49585	Rpr umbil hern reduc > 5 yr	\$ 6,474
49650	Lap ing hernia repair init	\$ 10,188
52332	Cystoscopy and treatment	\$ 5,858
52351	Cystouretero & or pyeloscope	\$ 3,788
52352	Cystouretero w/stone remove	\$ 8,536
52356	Cysto/uretero w/lithotripsy	\$ 8,536
58558	Hysteroscopy biopsy	\$ 5,451
58571	Tlh w/t/o 250 g or less	\$ 16,364
58661	Laparoscopy remove adnexa	\$ 10,188
58662	Laparoscopy excise lesions	\$ 10,188
60240	Removal of thyroid	\$ 9,703

## Table of Proposed Charges

62270	Spinal fluid tap diagnostic	\$ 1,309
63030	Lamnoty incl w/decompression nerve root, 1 instrspc lumbar	\$ 12,592
63047	Laminec/facetect/foramin, lumbar 1 seg	\$ 12,592
64721	Carpal tunnel surgery	\$ 3,998
66984	Cataract surg w/iol 1 stage	\$ 4,819
G0105	Colorectal scrn; hi risk ind	\$ 1,882
G0121	Colon ca scrn not hi rsk ind	\$ 1,882

Surgeries that require implants are subject to additional charges associated with the implants. Implant charges vary based upon what is utilized for any given case and reflect the implants that are used in the actual cases and are billed with a separate HCPCs code. Codes that are designated as "device intensive" by CMS for ASCs and/or other commercial payors require implants to be included in the charge at the CPT level; therefore, in those instances, the implant charge will be added to the CPT code charge. For example, if the implant charges are \$3,000 for a case, and CMS and/or commercial payor requires it to be added to the procedural charge, the procedural charge will be increased to include the implant charge. This is subject to CMS rules and regulations for specified codes that are adjusted annually, and may also be applicable to commercial payors with similar policies.

1110.235(c)(10) Assurance

The following letter attests the current ASTC peer review program in place will be used at the new location, and the project will meet or exceed utilization standards for surgical / treatment rooms.

Attachment 24

June 12, 2019

Ms. Courtney Avery, Administrator  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Re: Peer Review / ASTC utilization

Dear Ms. Avery,

I hereby certify and attest the current peer review program in use at the time of the move will continue to be used to evaluate patient outcomes for consistency with quality standards established by professional organizations, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

I also affirm that the ASTC will meet or exceed the utilization standards specified in 77 Ill Administrative Code 1100. Documentation submitted with this permit application and QMG's commitment from CON 18-042 not to have an impact on Blessing's volume supports this statement, based on historic growth, and the fact Blessing will aggressively recruit surgeons to the community to increase the number of surgeries performed in an ASTC that are out migrating today.

If you have any questions, please contact me at (217) 223-8400.

Sincerely,



Maureen A. Kahn  
President / CEO  
Blessing Hospital

**Bulletin:**

**Blessing Hospital, IL's Acquisition Of Hannibal  
Clinic Inc., MO, Has No Immediate Ratings  
Impact**

**Primary Credit Analysts:**

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Ashley Henry, Centennial (1) 303-721-4563; [Ashley.Henry@spglobal.com](mailto:Ashley.Henry@spglobal.com)

**Secondary Contact:**

Patrick Zagar, Dallas (1) 214-765-5883; [patrick.zagar@spglobal.com](mailto:patrick.zagar@spglobal.com)

CENTENNIAL (S&P Global Ratings) Feb. 16, 2018--S&P Global Ratings today said that Blessing Hospital, Ill.'s acquisition of Hannibal Clinic Inc. Mo. does not immediately affect its ratings on the debt issued for Blessing Hospital (A/Stable) or Hannibal Regional Hospital (HRH), Mo. (BBB+/Stable). Hannibal Clinic is a physician group of primary care physicians and specialists in Hannibal, Mo.

Although we believe that the acquisition is likely to boost Blessing's enterprise profile through expanded service offerings, this is partially offset by the clinic's somewhat dilutive financials. In addition, although HRH receives 25% of its inpatient admissions from the clinic as of January 2018, we believe the hospital's strategy of reducing reliance on the clinic through physician employment helps mitigate the possibility of shifts in the market because of the acquisition.

Blessing acquired Hannibal Clinic on Jan. 11, 2018, as a stock purchase. Hannibal Clinic is now part of the hospital's consolidated organization, although the clinic will retain its for-profit status and will not be part of the hospital's obligated group. As part of the acquisition, Hannibal Clinic's board has resigned and the new board will be composed of senior management

**Bulletin: Blessing Hospital, IL's Acquisition Of Hannibal Clinic IncMO, Has No Immediate Ratings Impact**

from Blessing. The two organizations had an existing relationship through an affiliation agreement that began in February 2017. Blessing management states that the acquisition will support coverage in certain service lines, such as cardiology, urology, and audiology, with additional specialty coverage under consideration. Hannibal Clinic has seven locations throughout Missouri (all within 40 miles of Blessing) and includes 50 providers, 38 of whom are employed physicians. In strengthening key service lines with the clinic's physicians, Blessing seeks to keep patients in their service area and limit outmigration to the larger markets of Columbia and St. Louis, Mo. Blessing projects that Hannibal Clinic will be dilutive to its financial profile due to the initial cash outlay, additional debt issued for the purchase, and the clinic's existing debt load. We also expect slightly weaker operating margins over the next two years due to expenses related to the acquisition; however, we do not believe this acquisition has an immediate material impact on Blessing's financials such that it affects our view of the hospital's overall financial profile. In the long term, we believe Blessing's presence in the Missouri market could begin to shift the market dynamics within both hospitals' service areas.

HRH, being adjacent to Hannibal Clinic, receives over 25% of inpatient admissions from the clinic, a number we consider high, but markedly down from 51% in fiscal 2014. HRH recently focused its strategy on physician employment and acquired several physician practices in the region in fiscal 2017. There is no immediate credit action at this time given HRH's reduced reliance on the clinic for admissions. Moreover, the proximity of HRH to Hannibal Clinic and regional loyalty of patients in the Hannibal area is likely to help prevent any immediate material impact on HRH's admission trends.

Although it has not taken any rating actions at this time, S&P Global Ratings will assess the impact of the acquisition on both Blessing and HRH as part of its ongoing surveillance.

Only a rating committee may determine a rating action and this report does not constitute a rating action.

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## Quincy, Illinois Blessing Hospital; Hospital

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# Quincy, Illinois Blessing Hospital; Hospital

## Credit Profile

Quincy, Illinois  
Blessing Hosp, Illinois

ser 2007

Long-Term Rating

A-/Stable

Affirmed

## Rationale

S&P Global Ratings affirmed its 'A' long-term rating on Quincy, Ill.'s series 2007 revenue refunding bonds, issued for Blessing Hospital (Blessing). The outlook is stable.

The 'A' rating reflects our view of Blessing's leading business position in the region, healthy unrestricted reserves, and solid operating performance supported in recent years by growing inpatient utilization trends as well as robust coverage. More specifically, we assessed Blessing's enterprise profile as strong, characterized by a solid market position in a limited-service area, good medical staff, and favorable payer mix, with Blessing management reporting a stable relationship with QMG following the UnityPoint investment in 2012. We see the competitor investment as less of a risk after Blessing signed an affiliation with Hannibal Clinic, another regional provider in early 2017. We also assessed its financial profile as strong, reflected by healthy operations and good financial flexibility offset by a modest debt and high contingent liabilities. Although no specific debt issuance is expected, Blessing has room at the rating for nominal additional debt. We will continue to monitor affiliation relationships, but expect ongoing stable performance and maintenance of balance sheet metrics. Combined, these credit factors lead to an indicative rating of 'a' and a final rating of 'A'.

The 'A' rating further reflects our view of Blessing's:

- Good operating margin of 6.4% in fiscal 2016 as a result of improving volumes and a focus on expenses, contributing to solid maximum annual debt service (MADS) coverage of 4.7x, with similar results through the first unaudited 11 months of fiscal 2017;
- Good unrestricted reserves equaling 229 days' cash on hand at Aug. 31, 2017; and
- Leading and stable business position of 60% in the region.

Partly offsetting the above strengths, in our view, are Blessing's:

- Location in a more limited rural service area but with a broader population of 166,000 and a fairly stable economy; and
- Moderately aggressive debt structure, with approximately 70% of debt categorized as contingent liabilities, although overall debt levels are in line with rating medians.

Our analysis incorporates the entire Blessing Corporate Services (BCS) organization, which consists of Blessing, a

Attachment 33

not-for-profit, 302-staffed-bed acute care hospital; an employed physician group with about 80 employed physicians; The Blessing Foundation Inc., which engages primarily in fundraising to benefit the not-for-profit subsidiaries of BCS; Denman Services Inc., which sells and rents medical equipment and operates a commercial laundry service for hospitals; and Blessing Care Corp. (doing business as Illini Community Hospital), a rural 25-bed critical access hospital.

The figures cited in this report refer to the system as a whole. The rating is based on our view of BCS' group credit profile (GCP) and the obligated group's (Blessing) core status. Accordingly, the long-term rating is at the level of the GCP and this analysis is based on the consolidated system. Gross revenue of Blessing Hospital secures the bond of the system, Blessing represented about 82% of total assets and 84% of total revenue.

## Outlook

The stable outlook reflects our expectation of Blessing's continued solid operations, leading business position, and MADS coverage of close to 5x for the past few years. Management continues to invest in its facility, physicians, and secondary market as well as health care reform initiatives.

### Downside scenario

We could consider a negative rating action in the event that unrestricted reserves decline such that cash-to-debt and cash-on-hand metrics are no longer appropriate for the rating. We could also consider a negative outlook or rating action if operations decline such that coverage falls to consistently less than 4x. Finally, although we are unlikely to do so, we would consider a negative rating action if Blessing's market position declines or if market share decreases significantly.

### Upside scenario

We believe that the 'A' rating is suitable for the hospital and thus that a higher rating is unlikely within the two-year outlook period. However, we could consider raising the rating over time if Blessing is able to significantly improve its business position and increase its market share.

## Enterprise Profile

### Industry risk

Industry risk addresses our view of the health care sector's overall cyclicity, competitive risk, and growth through application of various stress scenarios and evaluating barriers to entry, the level and trend of industry profit margins; risk from secular change and substitution of products, services, and technologies; and risk in growth trends. We believe the health care services industry represents an intermediate credit risk compared with other industries and sectors.

### Economic fundamentals

Blessing Hospital is in Quincy, the main retail and industrial city in Adams County and for the wider area. The service area is on the western edge of Illinois, south of the Iowa border and just north of the St. Louis area. Overall population in the primary service area (PSA) is stable with 186,000 people and some employment growth is projected, although less than for the U.S. as a whole. In addition, per capita income is just above the national average. The region has many employers and does not depend on any particular one. The area's economy is based largely on manufacturing

and services, with major employers including the hospital (2,000 employees); Knapheide Manufacturing, a distributor of motor truck bodies and hoists (1,000); and the corporate headquarters for Titan International, a maker of steel wheel assemblies and tires for heavy equipment (900). As the seat of Adams County and the largest community in the area, Quincy is the retail and service hub for a 60-mile radius with an unemployment rate that is less than that of the state. The population is slightly older and the overall payer mix includes a slightly high governmental payer exposure, with about 33% of net revenue from Medicare and 14% from Medicaid.

#### Market

Blessing (together with Illini Community Hospital) holds the leading business position in its PSA, with a 59.8% market share, and Hannibal Regional Hospital in Missouri is next with 15.4%. Quincy and Adams County's regional population of 67,000 compared with the PSA population of 166,000 reflects Blessing's broad regional draw as a regional provider in a largely rural area. Tertiary and quaternary patients that Blessing cannot accommodate usually go either to St. Louis or to Columbia. To better serve its community, Blessing continues to expand services, with much recent focus on behavioral health and local retail operations. By working with a children's treatment program and another not-for-profit mental health care agency, Blessing has expanded outpatient behavioral health services.

Blessing employs about 80 physicians, and the largest independent physician group in the service area is QMG with over 100 physician members (70 active medical staff), accounting for around 50% of Blessing's revenue. (Overall revenue percentages for QMG have declined as BHS-employed physicians have increased.) Although UnityPoint Health (formerly Iowa Health System) purchased a minority interest in QMG, management reports no significant changes to how QMG directs and manages its patients in the service area. Management reports that the relationship with QMG is stable and sound. As mentioned above, Blessing signed a non-ownership affiliation with Hannibal Clinic in February 2017. While the group is the primary physician base for Hannibal Regional Hospital, Blessing and Hannibal plan to work together to fill service gaps in some specialties and provide on-call coverage.

The greater service area and industry have experienced a declining inpatient admission trend during the past few years, but Blessing has seen some growth over the past few years as a result of physician recruitment and replacement as well as a focus on key service lines and partnerships with providers in the region. Acute care admissions increased almost 8%, to 12,374 in 2016. Through the first 11 months of fiscal 2017, inpatient admissions are 11,963 and are on pace to increase over the 2016 result. Management is projecting fairly flat inpatient admissions hereafter with modest growth in outpatient volumes given the industry trends.

#### Management and governance

Blessing's management team has been stable and is implementing strategies to maintain its organizational strength. Management continues to review and analyze the large competitive landscape as well as how health care reform and reimbursement trends might affect the organization. To that end, it has focused on expense controls and on investing in its physician base, and has historically focused on care coordination strategies that continue to evolve. Blessing joined the BJC Collaborative to help the organization prepare for some of the changes related to health care reform. Blessing is working with the BJC Collaborative to establish Collaborative Care Management Resources, which will help members explore risk-based contracting and value-based reimbursement models. In furthering community relationships and managing cost of care, Blessing formed Current Health Solutions, which helps manage health plan costs for employers by managing total cost of care of covered lives. The organization has four clients, and will add five

more at the beginning of 2018. Management has also effectively strengthened its balance sheet during the past few years to maintain some flexibility for challenges that may arise from reimbursement and from the shifts in the broader industry.

Table 1

<b>Blessing Corporate Services Inc. and Affiliates Utilization</b>				
	<b>--11-month interim ended Aug. 31--</b>		<b>--End year ended Sept. 30--</b>	
	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
PSA population	N.A.	166,000	166,000	166,000
PSA market share %	N.A.	59.8	58.1	57.4
Inpatient admissions*	11,963	12,374	11,481	11,203
Equivalent inpatient admissions	31,072	31,521	29,860	30,262
Emergency visits	39,459	45,731	41,339	41,339
Inpatient surgeries	2,558	2,857	2,518	2,520
Outpatient surgeries	13,797	13,825	13,291	12,353
Medicare case mix index	1.6100	1.5400	1.5400	1.4800
FTE employees	2,064	1,860	1,878	2,019
Active physicians	182	193	212	214
Top 10 physicians admissions %				
Medicare %†	32.0	33.3	33.2	34.8
Medicaid %†	15.1	13.8	9.7	6.7
Commercial/blues %†	49.9	51.2	54.6	54.5

\*Excludes newborns, psychiatric, and rehabilitation admissions. †Based on net revenue. FTE—Full-time equivalent. N.A.—Not available.  
PSA—Primary service area.

## Financial Profile

### Financial policies

Our neutral assessment reflects our opinion that financial reporting and disclosure, investment allocation and liquidity, debt profile, contingent liabilities, and legal structure are appropriate for an organization of its type and size and are not likely to impair the organization's ability to pay debt service.

### Financial performance

Operating performance remained strong in fiscal 2016, primarily because of ongoing successful expense management and increased volumes, as described above. Net patient revenue grew to \$379 million in 2016, from \$364 million in 2015. Excluding investment income, joint venture income, and unrestricted contributions, Blessing generated a healthy \$26.3 million in operating income (6.4% margin) in 2016 compared with \$17.5 million (4.4% margin) in 2015. Through the first unaudited 11 months of fiscal 2017 ended Aug. 31, operating income was a strong \$33.3 million (8.2% margin) and tracking slightly ahead of budget as a result of growth in revenue and volumes.

With the continued solid operations but somewhat weaker investment returns, Blessing's excess income totaled \$29.5 million (7.1% margin) in 2016 compared with \$23.4 million (5.8% margin) in 2015. In conjunction with a modest debt burden of 2.5%, MADS coverage was a robust 4.7 in 2016 and 6.3x through interim 2017. We anticipate that MADS

coverage will improve as debt service decreases during the next several years.

#### Liquidity and financial flexibility

Liquidity and financial flexibility remain sound for the organization, following some spending of unrestricted reserves in the second half of fiscal 2015 for the completion of the patient tower. Unrestricted reserves have grown through the first 11 months of fiscal 2017 to \$242.6 million, surpassing the previous record of \$222.2 million in 2014. Cash on hand was 228.7 days' as of Aug. 31, 2017, improved from the 214.8 days (\$216.9 million) at fiscal year-end 2016.

Blessing Foundation Inc., a sole purpose foundation dedicated to supporting the not-for-profit subsidiaries of BCS, holds about \$22 million of the total unrestricted reserves, which is included in the above unrestricted cash calculations. Unrestricted reserves to long-term debt was very good at 214.8% at Sept. 30, 2016, and has improved to 228.7% in fiscal 2017 to date with some rebound in unrestricted reserves.

Following the completion of Blessing's master facility plan identified in 2011, Blessing budgets about \$35 million in capital spending over the next five years. Capital plans include some smaller provider facilities, main building renovations, and routine improvements.

#### Debt and contingent liability profile

Overall leverage and debt-related metrics are modest and well within rating medians. Leverage (debt to capitalization) was strong at 22% at Aug. 31, 2017, showing slight improvement from 25% in 2016. Total debt outstanding was about \$98.5 million, of which approximately a third was fixed rate and two-thirds variable rate. However, over 70% of Blessing's total debt outstanding is considered contingent and although unrestricted reserves are enough to cover the contingent liabilities, we view the contingent liabilities as moderate given the balance sheet characteristics. Blessing has no puttable debt. As of January 2017, Blessing froze its pension plan to new benefit accruals. The plan was previously frozen to new entrants in 2010, but the benefit freeze will save Blessing approximately \$11.8 million in net periodic pension costs. Management expects to contribute \$858,000 in 2018, with an overall goal of contributing \$4.5 million to reach a funded status of 85%.

The series 2012A and 2012B bonds are Blessing's largest contingent debt. The two series amortize over 22 and 18 years, respectively, but the current terms are for seven years, with JPMorgan Chase Bank representing some medium-term renewal or refunding risk. And although risk is somewhat heightened for immediate acceleration around certain covenants (both financial and nonfinancial), most of the financial covenants are measured on particular dates, which would allow Blessing some time to plan for a way to fund the payment of debt if a covenant violation becomes likely.

Table 2

Blessing Corporate Services Inc. and Affiliates Financial Summary				
	--11-month interim ended Aug. 31--	--Fiscal year ended Sept. 30--		
	2017	2016	2015	2014
Financial performance				
Net patient revenue (\$000s)	380,139	378,530	364,333	328,077
Total operating revenue (\$000s)	408,491	411,020	396,579	357,154
Total operating expenses (\$000s)	375,216	384,663	379,075	341,777

Table 2

<b>Blessing Corporate Services Inc. and Affiliates Financial Summary (cont.)</b>				
	<b>~11-month interim ended Aug. 31--</b>	<b>Fiscal year ended Sept. 30--</b>		
	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
Operating income (\$000s)	33,275	28,357	17,504	15,377
Operating margin (%)	8.15	6.41	4.41	4.31
Net nonoperating income (\$000s)	4,161	3,095	5,924	11,454
Excess income (\$000s)	37,436	29,452	23,428	26,831
Excess margin (%)	9.07	7.11	5.82	7.28
Operating EBIDA margin (%)	37.6	11.07	10.27	10.04
EBIDA margin (%)	14.83	11.73	11.59	12.83
Net available for debt service (\$000s)	60,385	48,587	46,653	47,298
Maximum annual debt service (MADS, \$000s)	10,352	10,352	10,352	10,352
MADS coverage (x)	6.36	4.69	4.51	4.57
Operating-lease-adjusted coverage (x)	4.91	3.38	3.42	3.47
<b>Liquidity and financial flexibility</b>				
Unrestricted reserves (\$000s)	242,814	216,852	205,245	222,193
Unrestricted days' cash on hand	228.7	214.8	209.0	250.2
Unrestricted reserves/total long-term debt (%)	246.4	213.2	195.9	206.1
Unrestricted reserves/contingent liabilities (%)	351.4	333.6	285.6	324.4
Average age of plant (years)	10.4	13.1	12.7	13.8
Capital expenditures/depreciation and amortization (%)	112.5	194.3	253.2	266.4
<b>Debt and liabilities</b>				
Total long-term debt (\$000s)	98,475	101,711	104,764	107,797
Long-term debt/capitalization (%)	21.9	25.3	29.2	28.3
Contingent liabilities (\$000s)	68,043	70,644	71,870	68,503
Contingent liabilities/total long-term debt (%)	70.1	69.5	68.6	63.5
Debt burden (%)	2.30	2.50	2.57	2.81
Defined benefit plan funded status (%)	N.A.	64.82	58.09	72.80

N.A.—Not available

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# Cost and Gross Square Feet By Department or Service

Department	Cost/Square Foot		Gross Sq. Ft.		Const \$	Mod \$	Total Cost
	New	Mod.	New	Circ*			
Reviewable							
ASTC Clinical Space	\$ 377.72		16,403		\$ 6,195,754	\$	\$ 6,195,754
Contingency	\$ 40.13				\$ 658,302	\$	\$ 658,302
	\$ 417.85		16,403		\$ 6,854,056	\$	\$ 6,854,056
Non Reviewable							
Public, Admin, Support	\$ 377.72		19,353		\$ 7,310,031	\$	\$ 7,310,031
Contingency	\$ 40.13				\$ 776,694	\$	\$ 776,694
	\$ 418		19,353		\$ 8,086,725	\$	\$ 8,086,725
Total	\$ 417.85		35,756		\$ 14,940,781	\$	\$ 14,940,781

#### D. Project Operating Costs

Project Direct Operating Expenses - FY 2023

	Project
Salaries	2,418,299
Benefits	725,490
Depreciation	390,964
Other Operating	5,146,844
<b>Total Operating Costs</b>	<b>8,681,596</b>
<b>Outpatient surgical cases + Procedures</b>	<b>11,945</b>
<b>Direct Cost per surgical care + procedure</b>	<b>726.80</b>

#### E. Total Effect of the Project on Capital Costs

Projected Capital Costs - FY 2023

	Project FY 2023	Total Blessing FY 2023
<b>Outpatient surgical cases + Procedures</b>		
* Admissions used for Total Blessing FY 2023	11,945	17,181
<b>Total Project Cost</b>	<b>21,393,943</b>	<b>-----</b>
<b>Useful Life (weighted average)</b>	<b>25.00</b>	<b>-----</b>
<b>Total Annual Depreciation</b>	<b>855,758</b>	<b>31,327,961</b>
<b>Depreciation Cost per total</b>		
<b>Outpatient surgical cases + Procedures</b>	<b>71.64</b>	<b>1,823.41</b>



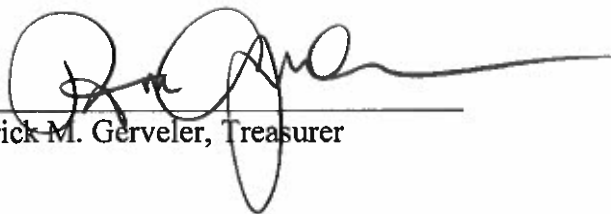
P.O. Box 7005, Quincy, IL  
www.blessinghealth.org • 217-223-8400

June 10, 2019

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761


Re: Blessing Hospital Project Application

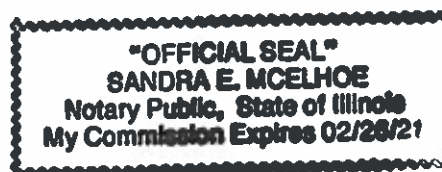
Per Section 1120.140 (B.) "Conditions of Debt Financing", of the Blessing Hospital Project Application. I attest that the selected form of debt financing for the project will be at the lowest net cost available.

By:   
Patrick M. Gerveler, Treasurer

State of Illinois  
County of Adams.

Signed before me on June 10, 2019 by Patrick M. Gerveler.

  
Signature of notary public



Attachment 36



P.O. Box 7005, Quincy, IL  
www.blessinghealth.org • 217-223-8400

June 10, 2019

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

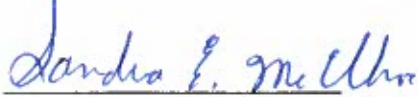
Re: Blessing Hospital Project Application

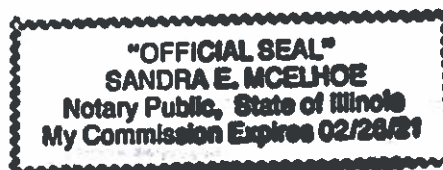
Per Section 1120.140 (A.) "Reasonableness of Financing Arrangements", of the Blessing Hospital Project Application. I attest that the total estimated project costs and related costs will be funded in total or in part by borrowing because borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

By:   
Patrick M. Gerveler, Treasurer

State of Illinois  
County of Adams.

Signed before me on June 10, 2019 by Patrick M. Gerveler.

  
Signature of notary public



Attachment 36

### Safety Net Impact

Blessing Hospital is the primary supporter of Safety Net Services in Adams County. Blessing Hospital revenue made from all of its services is part of the ability for Blessing to provide safety net services. The proposed project plays an important part in being able to provide such services.

Blessing Hospital is a not for profit, 327 bed, full service acute care hospital in Quincy, Illinois. Blessing has served the community for more than 140 years. Blessing Health System, of which Blessing Hospital is an affiliate, is the largest employer in Adams County with more than 3400 employees. Blessing Hospital is the only hospital in Adams County and is the only full service acute care hospital within 100 miles in every direction. Blessing Hospital is a true community hospital with a community board; its facilities and income are devoted to the Quincy region and dedicated to its stated mission to improve the health care of the communities we serve.

Blessing Hospital is proud of the level of support it receives from the residents of the communities it serves. During Fiscal Year 2018, the Hospital experienced more than 313,000 patient encounters. Through that support, Blessing Hospital not only provides safety net services, but invests to enhance current services and bring new types of care to the communities it serves. Blessing is committed to improving access to care so residents do not have to leave their home communities and support systems to receive the care they need.

In 2015, blessing invested several million to build an additional patient tower on the 11<sup>th</sup> Street campus. The opening of the Moorman Pavilion met two needs: Addressing the public's demand for more single bed rooms – 52 were added through the projects – and consolidating the hospital's inpatient care by moving behavioral care from a facility located two blocks from the 11<sup>th</sup> Street campus. Two of the original four floors of Moorman Pavilion house three units built specially to meet the unique needs of those requiring inpatient behavioral care. The three inpatient behavioral units have a total of 41 beds available to adults and children. This investment was made at a time when other hospitals in the region were closing their inpatient behavioral units. Today, Blessing remains the only provider of inpatient behavioral care in a 100-mile radius.

Blessing Hospital is a team-player, working side-by-side with employers, community organizations, area high schools and colleges, and other healthcare providers to improve the health of our communities.

### Safety Net Services Provided and Subsidized by Blessing Hospital

Blessing Hospital's total contribution to the region's safety net, in terms of dollars only, amounts to approximately \$17 million annually, and this amount does not include

government pay shortfalls and bad debt (at cost) with totaled \$46 million in 2018 alone. Blessing's safety net services directly affected over 33,000 patients last year through Blessing's trauma and emergency departments and financial assistance program. Consider all the families of these patients, and the number of impacted lives rises significantly.

In many cases, people do not plan to be a recipient of safety net service. Due to life events, they suddenly face a need they cannot handle alone. No one knows when their life will take them there, either as a patient or a family member/loved one. That is the value Blessing brings to the communities it serves – always there, always open, always ready to provide the care to those in need regardless of ability to pay.

Driving that commitment are the volunteers who make up Blessing's Board of Trustees. They work diligently to address community need by hearing the voice of the community and with a razor sharp focus on the Blessing mission, improving the health of our communities. Blessing is certified to care for pediatric emergencies. Currently a number of emergency room and pediatric nurses are training to become certified Sexual Assault Nurse Examiners, to support the Illinois Attorney General's program to provide high-level of care for victims of sexual abuse.

Blessing provides the certification to care for traumas occurring in the Blessing regions is Illinois, Iowa, and Missouri. When families need these emergency trauma services, like 448 families did in 2017 and 348 in 2018, Blessing is there. Ninety-eight percent of our traumas have survived their emergency room stay. This is a high quality program that has required a strong collaboration with Quincy Medical Group physicians. The Medical Director of the program is a Quincy Medical Group physician. Blessing not only provides the space, technology and emergency room to physicians and staff to provide trauma care around-the-clock every day of the year, the hospital also guarantees the salaries of four QMG trauma surgeons and provides call pay stipends to three neurosurgeons who are vital to this safety net service.

Blessing is a certified stroke and chest pain center. The hospital helped form a regional network with other hospital providers and pre-hospital providers to improve care to heart attack victims and cardiac health in general. When a patient suffers a STEMI (ST-elevation myocardial infarction) – the most deadly form of heart attack – prompt, seamless delivery of appropriate treatment can make a life-or-death difference.

The Blessing emergency Center is the front door for 70% of our mental health patient volumes. Suicide is a topic that is difficult to talk about yet 34,000 Americans die by suicide each year and one million Americans attempt suicide every year. A person dies by suicide in the U.S. every 16 minutes which makes it the 11<sup>th</sup> leading cause of death for all ages and the 2<sup>nd</sup> to 3<sup>rd</sup> leading cause of death for people aged 15-24. Between 2015 and 2017, 29 residents in Adams County alone lost their lives to suicide with 2 of the 29 being deaths of teens between 13 and 19. The Center for Disease Control estimates 17% of 9-12 graders in the U.S. seriously considered attempting suicide in the past 12 months and

14% of 9-12 graders made a plan as to how they would take their life in the past 12 months. Based on the CDC statistics, we can estimate just in the four Illinois Counties in Blessing's services area, more than 1200 students in the past 12 months in the 9-12 grade have seriously thought about suicide and 970 youth have made a plan about how they would attempt suicide. The mental health services provided by Blessing both inpatient and outpatient make a difference in the lives of all residents in the region. The 2018 Adams County United Way Community Needs Assessment identifies mental illness as the third biggest problem in the community behind drug abuse and poverty, which all create the need for safety net services.

At a time when other providers in the region ended their inpatient behavioral care service, Blessing recommitted to the people who need this care to regain their health and quality of life. Blessing offers 41 licensed behavioral beds in tow adult units (with 10 and 16 beds each), and one child and adolescent unit (with 15 beds). The hospital has the only child and adolescent unit within a 100-mile radius and the only adult program within 80 miles in Illinois, Iowa, and Missouri. There are no inpatient behavioral health adult or adolescent units in northeast Missouri, and only one 10-bed adult unit is southeast Iowa. Behavioral health services are rare and precious resources that should be protected, not sacrificed in order to create a second and duplicative ASTC in Quincy.

Over 50% of Blessing behavioral health admissions are referred by hospitals, mental health centers, and social service agencies outside of Adams County. While other hospitals in Hannibal, Missouri and Keokuk, Iowa closed their adult units, Blessing Hospital has a commitment to continue its inpatient and outpatient behavioral health programs. Behavioral health admissions have increased from 1622 in 2010, to 2080 in 2018. Average daily census increased from 25.95 in 2010, to 34.12 in 2018. In other words, the need for this rare and precious resource is increasing. In 2018, Blessing had 84% occupancy with no bed availability on many occasions.

Blessing also provides mental health services in its Emergency Center. Because the inpatient behavioral units often are at capacity, patients sometimes require an extended stay in the Emergency Center. To ensure safety for these patients, Blessing has established a three bed unit in the Emergency Center as a safe holding area for mental health patients awaiting inpatient admission. It is a locked area and staffed by mental health staff supporting the patient until placement can be made within our facility or for transfer to another provider. This space is no longer large enough to handle the volume. Currently we are seeing as many as six patients a day rather than the 2.5 patients per day when we first opened the area. The need for mental health services continues to grow.

This proposed project is only to relocate the existing three OR's and three procedure rooms from Quincy Medical Group's medical office building to the Blessing campus and connect the ASTC to the hospital.

The safety net impact will be positive and not affect any safety net services provided by other ASTC providers in the region.



**BLESSING**  
**HOSPITAL**

# 2018 Community Benefit Report

10/01/17 - 09/30/18 (Fiscal Year 2018)

\$62,940,408

CHARITY CARE \$6,439,604

Uncompensated healthcare to patients who stated *before receiving care* that they had no ability to pay.

BAD DEBT \$3,798,300

Uncompensated healthcare to patients who stated *after receiving care* that they had no ability to pay.

MEDICARE FUNDING SHORTFALL \$42,056,060

The difference between what Medicare paid for patients covered by the program and what it cost Blessing Hospital to provide their care.

HEALTH PROFESSIONALS EDUCATION:

\$6,596,545

SIU Residency Program	\$4,188,601
Blessing-Rieman College of Nursing	\$1,150,333
Ultrasound Technologists	\$893,304
Radiology School	\$300,042
Lab School	\$64,265

SUBSIDIZED HEALTH SERVICES: \$3,055,829

Care Coordination	\$1,789,293
Blessing Home Care	\$935,171
Blessing FastCare	\$288,239
Inpatient Rehabilitation	\$43,126

COMMUNITY BENEFIT OPERATIONS:

Community Health Needs Assessment	\$49,184
-----------------------------------	----------

IN-KIND CONTRIBUTIONS/  
DONATIONS:

\$109,555

Donations/Sponsorships	\$97,532
Meeting Space	\$12,023

COMMUNITY HEALTH IMPROVEMENT SERVICES. •

\$835,331

Psychiatric services to SIU Center for Family Medicine-Quincy, Chaddock and Transitions of Western Illinois	\$422,766
Adams Co. Health Dept. Dental Program	\$100,000
Patient Transportation & Lodging	\$79,936
SIU Patient Centered Medical Home	\$62,434
Charity Pharmacy Prescriptions	\$54,152
Health Screenings/Education	\$41,822
Medical supplies/Services for patients	\$36,886
Support Groups	\$22,710
Mental Health Education Programs	\$7,335
Medical Interpreting Services	\$7,290



**List of Safety Net Services and  
Community Benefits Provided by Blessing Hospital**

- Blessing Hospital provided over \$6 million in Charity Care at cost during Fiscal Year Ended 9/30/2017.
- Blessing Hospital provided support in the amount of \$6.9 million for the education of health professionals including the Southern Illinois University residency program, Blessing-Rieman College of Nursing, Radiology School, and a medical laboratory training program.
  - Approximately 60% of all nurse graduates remain in the local area and several SIU Family Medicine graduates have remained in the community.
- Blessing funds over \$500,000 in EMS training annually.
- In total, Blessing Hospital provided nearly \$67 million in Community Benefit during Fiscal 2017 which represented 17.8% of total revenues.
- Blessing Hospital funds over \$700,000 in losses for Medicaid patients in its ASTC on an annual basis.
- The Blessing Hospital Emergency Room provides Trauma Services for the region up to 75 miles out in some directions with smaller hospitals transferring their trauma cases to Blessing. Blessing not only provides the 24/7/365 Emergency Room physical plant and Emergency department Physicians, but also hires the trauma surgeons which is a critical safety net service as well.
  - In 2018, Blessing treated 32,263 patients of whom 13,755 were admitted to the hospital .
- The Blessing ED has achieved Stroke Certification, functions as a sterni-receiving center to ensure residents are receiving quality care as close to home as possible.
- Blessing provides inpatient mental health adult and adolescent units. In 2018, Blessing had 84% occupancy with no bed availability on many occasions.
- Blessing's Emergency Department sees many mental health patients. Blessing has created a safe holding area for mental health patients staffed by mental health professionals for when patients are waiting for beds to open either in our facility or somewhere else in the state.
- Blessing meets EMTALA requirements so that no ER patient goes without care.
- The Blessing Emergency Department holds a qualifying sexual assault survivor's emergency treatment plan status with IDPH which serves both adult and pediatric patients who arrive at the ED after being sexually assaulted. Blessing has seven

trained SANE nurses.

- Blessing's has employed six full time and two part time psychiatrists' staff to support the mental health needs of the region. The regional mental health centers are served by these psychiatrists through contract arrangements as none of the centers could sustain a full time psychiatrist on their own.
- Chuck Johnson, Blessing staff member is Chairman of Mental Health Authority Education Committee which works with community agencies to coordinate 5 major mental health workshops, Blessing donates the use of Blessing Conference Center to host these workshops, Blessing Health Education department coordinates the workshops and is able to provide CMEs for participants, Blessing Public Relations puts together workshop registration brochures. The workshops are provided at no cost to 8 mental health centers. The Mental Health Authority has agreed to a pilot with area school counselors and social workers who can apply for an educational grant to attend the MHA workshops.
- Blessing works with the Adams County Suicide Prevention Coalition who works with community agencies, schools and community individuals to promote suicide prevention in Adams County. The Coalition has created a web site [acsuicideprevention.org](http://acsuicideprevention.org), raised \$40,000 through local fashion show, obtained grant through DOT Food and funding from Hy-Vee Celebrity Pour; works with local media consultant have 2 general PSA and specific PSA focusing on the holidays, senior citizens, youth and farmers; letters to the editor, letter to clergy/churches, community speaker training to ER staff, clergy and physicians.
- Adams County Mental Health Children's Partnership were one of four sites approved in Illinois for funding mental health services to children, set up mental health screening in public school, Blessing Hospital, Blessing Physician Services, QMG, and SIU Family Practice with therapists in pediatrician offices. CME training was provided for physician and mental health counselors, coordination and training with churches, etc. Recognized as a model program and is in the process of being taken out to other Illinois communities.
- Provides Teen Depression and Suicide programs to health classes at area high school, 14 per year at QHS, 4-6 at QND and 4-6 at Palmyra High School
- Provide outreach visits to mental health centers, hospital and schools in the tri state area provide training materials, best evidence practices and on-site training session. Have flash drives that are provided at no charge with training resource materials.
- Staff member serves on the Preferred Family Health Care Community Advisory Board.
- Staff members serves on the United Way Community Health Solutions Team.

- Staff member is Chairman of Woodland Home which provides shelter and funding to QUANADA, Quincy Area Network against Domestic Abuse.
- Blessing Hospital, Transitions of Western Illinois, Area Agency on Aging and Preferred Family participated with the Illinois State Police in a week long CIT (Crisis Intervention Training Program) for officers from Adams County Sheriff, Quincy Police and Illinois State Police.
- Blessing views training future health care providers as part of its mission. The organization is in the rural part of Illinois and there is a limited supply of new caregivers. Blessing's commitment to education has been critical to meet the health care needs of the region. Blessing offers the following programs:
  1. SIU School of Medicine Family Practice Residency
  2. Blessing-Rieman College of Nursing and Health Sciences (both BSN/MSN)
  3. John Wood Community College (ADN)
  4. Culver-Stockton College (BSN)
  5. Quincy University (BSN)
  6. School of Radiology
  7. Emergency Medical Services-train area paramedic staff
  8. Pharmacy Tech program
  9. Respiratory Therapy program
  10. Surgical Tech program
  11. Preceptors
  12. Lab technician program
  13. Health Information Management degree



## COMMUNITY BENEFIT REPORT



The people and organizations of the Quincy region are known for their generosity and compassion. When they see a need, they respond — through the Good News of Christmas campaign; the annual Salvation Army red kettle drive; support of the United Way and its agencies; or helping a neighbor in need after a fire, flood or devastating medical diagnosis. Blessing is proud to be a part of this giving tradition.

For Blessing, the giving tradition has its roots in 1875 with the hospital founded by a group of concerned citizens known as the Charitable Aid and Giving Society. The giving continued during the 1930s, when Blessing Hospital received support from the Community Chest — now known as the United Way.

Since then, the Hospital has thrived and earned a place among those who give back to the community.

### How Blessing gives back

Federal, state and local governments allow non-profit organizations like Blessing to not pay tax on property used to fulfill its mission. Instead, those dollars must be used for "community benefit." During the last fiscal year (Oct. 1, 2017 through Sept. 30, 2018), Blessing Hospital invested nearly \$63 million in community benefit needs, including the areas highlighted below.

Blessing's community benefit investments extend beyond the balance sheet. We invest in relationships with other organizations to help them achieve their missions and improve the health and quality of life for all.

### Improving the health of our communities — together

"Blessing Health System plays a vitally important role in assisting Transits in meeting its mission of helping people with mental health and intellectual disabilities live full and meaningful lives in our community,"

said Mark Schmitz, LCSW, Executive Director, Transits of Western Illinois.

"At a time when many community hospitals have closed or narrowed the scope of their psychiatric inpatient capacity, Blessing has continued to show a commitment to making inpatient services available in our area. Without this access, individuals in need would have to travel long distances to obtain hospitalization or not receive it at all."

"Chaddock appreciates the chance to partner with Blessing in exploring innovative ways to improve access to behavioral health services in our community," said Debbie Reed, President/Chief Executive Officer, Chaddock. "Our shared involvement with the Wellness Express that visits schools to serve student needs — and improving access to mental health services are just two ways we have brought our unique strengths to better serve children and youth in our community."

"Creative solutions are vital in response to changing healthcare and governmental funding models. Blessing's community-based mission has assisted many agencies, including the Health Department, in achieving goals they otherwise be out of reach," said Jared Welch, Administrator, Adams County Health Department. "If the Health System believes in a cause or sees a strong plan, it reliably supports that plan and the agencies implementing it."

Blessing is a proud "Pacesetter" organization each year for the United Way of Adams County campaign. In addition to financial support, Blessing provides human capital to help the United Way fulfill its mission.

"United Way of Adams County has always fostered a strong relationship with Blessing Health System and its employees," said Todd Bala, Executive Director, United Way of Adams County. "Many Blessing staff choose to take part in United Way volunteer groups, such as the Day of Caring, or to share their professional expertise as a member of one of the many health solution teams, the United Way Board, Community Building Council and other opportunities."

"United Way of Adams County is first and foremost dependent upon the community we serve, both from the fundraising and the advocacy standpoint," he continued. "Our achievements and successes are only possible with the help, generosity, and assistance afforded to us from like-minded community activists, such as Blessing Health System."

### Thank you

Blessing is proud to serve the needs of the community beyond the walls of the hospital and examination rooms. We thank you for your support that allows us to give back to the community and region that has given us so much.

## Blessing Hospital's Fiscal Year 2018 community benefit investment

# \$63 million

see where some of those dollars were invested to improve the health of our communities:



### \$42 million

shortfall between Blessing's cost of providing care to more than 17,000 Medicare patients and the reimbursement the government provided for that care



### \$10.2 million

in care provided to thousands of patients who could not pay for the care they needed



### \$6 million

for support of health professionals education, including the SIU Quincy Family Medicine Residency program and Blessing-Riemann College of Nursing & Health Sciences

See a breakdown of all Blessing Hospital's community benefit investments for the past year at [blessinghealth.org/communitybenefit](http://blessinghealth.org/communitybenefit)

# Cases Net Revenue/Cost of Charity Care by Financial Class

	2018			2017			2016			2015			2014		
	Cases	% of Cases	Net Rev/Cost of Charity Care	Cases	% of Cases	Net Rev/Cost of Charity Care	Cases	% of Cases	Net Rev/Cost of Charity Care	Cases	% of Cases	Net Rev/Cost of Charity Care	Cases	% of Cases	Net Rev/Cost of Charity Care
Medicaid	950	9%	\$ 1,024,972	1,197	11%	\$ 5,031,385	1,207	12%	\$ 4,343,035	886	9%	\$ 4,353,340	992	11%	\$ 4,040,388
Medicare	4,787	47%	\$ 5,955,104	4,735	44%	\$ 1,073,648	4,306	42%	\$ 1,026,538	4,362	44%	\$ 653,919	4,031	45%	\$ 563,144
Other Public	88	1%	\$ 140,240	96	1%	\$ 111,848	85	1%	\$ 110,170	104	1%	\$ 119,321	70	1%	\$ 65,159
Private Insurance	4,280	42%	\$ 17,155,990	4,666	43%	\$ 17,564,658	4,559	44%	\$ 15,048,372	4,376	45%	\$ 15,861,526	3,837	42%	\$ 14,282,828
Private Payment	55	1%	\$ 135,213	59	1%	\$ 73,451	39	0%	\$ 72,051	36	0%	\$ 52,132	58	1%	\$ 69,503
Charity Care	48	0%	\$ 62,917	50	0%	\$ 65,714	49	0%	\$ 62,431	59	1%	\$ 73,183	66	1%	\$ 87,382
Total Cases	10,208	100%	\$ 24,411,519	10,803	100%	\$ 23,920,704	10,245	100%	\$ 20,662,597	9,823	100%	\$ 21,113,421	9,054	100%	\$ 19,108,404
Total Charges			\$ 62,917			\$ 65,714			\$ 62,431			\$ 73,183			\$ 87,382
Charity Care at Cost															

**RECEIVED**

JUN 28 2019

**HEALTH FACILITIES &  
BOARD**

June 27, 2019

Mr. Mike Constantino  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street  
Springfield, Illinois 62761

Dear Mr. Constantino,

Please find attached Blessing Hospital's application for relocation of the Blessing ASTC.  
Enclosed is an original and one copy of the application. Also enclosed is check #11725 for \$2500.00

Sincerely,



Betty Kasparie  
VP, Compliance  
Blessing Health System