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blessinghealth.org     

December 18, 2019

**RECEIVED**

DEC 20 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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

Dear Mr. Constantino,

When Blessing submitted the 2019 CON to relocate the surgery center, I inadvertently did not check dental as a current service. As staff are credentialing physicians for the new ASTC status, this was brought to my attention.

Blessing Hospital filed a CON to purchase the QMG Surgery Center in 2006 and at that time, a list of procedures to be performed in the center was provided. The list of procedures presented included the following dental procedures: Excision Lesion/Cyst Mandible/Maxilla Simple, Excision Cyst of Mandible Complex, Meniscectomy TMJ Unilateral, Reconstruction Mandibular Osteotomy, Osteotomy Mandibular with Graft, Ped Procedure - General Anes Cleft Lip, I&D Complicated Mouth, Release Frenulum, Excision Buccal Mucosa, Excision of Frenulum, I&D Submandibular Gland, Excision Lingual Frenulum, Excision Lesion of Floor of Mouth, Frenuloplasty Z plasty; I&D Abscess, Cyst, Hematoma Dentoalveolar; Removal Embedded Teeth Bone, and Periodontal Mucosal Grafting.

Physicians have continued to be credentialed and have performed these procedures in the surgery center since that time. The procedure list submitted at the time of the purchase was by system, so dental procedures were not in a category as the application references today. In the 2006 application, dental procedures were listed under Musculoskeletal System and Digestive System. The dental procedures remain on the list submitted annually for licensure to IDPH.

I am writing to notify the State of this oversight and to request that Blessing be able to continue providing dental services as it moves to filing for free standing ASTC from hospital department status and in the new construction when the center is relocated.

I am attaching an ASTC service sheet showing general dentistry is a service currently provided in the surgery center.

Thank you,

Betty Kasparie  
VP, Compliance and Internal Audit  
Blessing Health System  
PO Box 7005  
Quincy, IL 62305

**A MEMBER OF BLESSING HEALTH SYSTEM**

Blessing Hospital • Illini Community Hospital • Blessing Physician Services • Hannibal Clinic • Denman Services  
Blessing-Rieman College of Nursing & Health Sciences • Blessing Foundation • Blessing Corporate Services

**G. Non-Hospital Based Ambulatory Surgery**

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 checked="" 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                             |                         |