

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

Facility/Project Identification

Facility Name:	Memorial Hospital—Discontinuation of Obstetrics Category of Service		
Street Address:	4500 Memorial Drive		
City and Zip Code:	Belleville, IL 62226		
County:	St. Clair	Health Service Area	XI Health Planning

JUL 27 2020
HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Exact Legal Name:	BJC Health System d/b/a BJC Healthcare
Street Address:	4901 Forest Park Avenue Suite 1200
City and Zip Code:	St. Louis, MO 63108
Name of Registered Agent:	CSC-Lawyers Incorporating Service Company
Registered Agent Street Address:	2210 Bolivar Street
Registered Agent City and Zip Code:	Jefferson City, MO 65101
Name of Chief Executive Officer:	Richard J. Liekweg
CEO Street Address:	4901 Forest Park Avenue Suite 1200
CEO City and Zip Code:	St. Louis, MO 63108
CEO Telephone Number:	314/286-2030

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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

DISCONTINUATION APPLICATION FOR EXEMPTION**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****Facility/Project Identification**

Facility Name:	Memorial Hospital-- Discontinuation of Obstetrics Category of Service		
Street Address:	4500 Memorial Drive		
City and Zip Code:	Belleville, IL 62226		
County:	St. Clair	Health Service Area	XI Health Planning Area: F-01

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

Exact Legal Name:	Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital
Street Address:	4500 Memorial Drive
City and Zip Code:	Belleville, IL 62226
Name of Registered Agent:	Illinois Corporation Service
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Michael.McManus@bjc.org
CEO Street Address:	4500 Memorial Drive
CEO City and Zip Code:	Belleville, IL 62226
CEO Telephone Number:	618/257-5642

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
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City and Zip Code:	Belleville, IL 62226		
County:	St. Clair	Health Service Area	XI Health Planning Area: F-01

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

Exact Legal Name:	Metro-East Services d/b/a Memorial Hospital-East
Street Address:	1404 Cross Street
City and Zip Code:	Shiloh, IL 62269
Name of Registered Agent:	Illinois Corporation Service
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Michael T.McManus@bjc.org
CEO Street Address:	4500 Memorial Drive
CEO City and Zip Code:	Belleville, IL 62226
CEO Telephone Number:	618/257-5642

Type of Ownership of Applicants

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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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County:	St. Clair	Health Service Area	XI Health Planning Area: F-01

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Exact Legal Name:	Memorial Regional Health Services, Inc.
Street Address:	4500 Memorial Drive
City and Zip Code:	Belleville, IL 62226
Name of Registered Agent:	Illinois Corporation Service
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Michael McManus
CEO Street Address:	4500 Memorial Drive
CEO City and Zip Code:	Belleville, IL 62226
CEO Telephone Number:	618/257-5642

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Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com

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

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

Post Exemption Contact

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

Name:	Michael McManus
Title:	President
Company Name:	Memorial Hospital
Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642
E-mail Address:	Michael.McManus@bjc.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Memorial Regional Health Services, Inc.
Address of Site Owner:	4500 Memorial Drive Belleville, IL 62226
Street Address or Legal Description of the Site:	4500 Memorial Drive Belleville, IL 62226
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 ATTACHMENT 2, 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:	Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital		
Address:	4500 Memorial Drive Belleville, IL 62226		
<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"/>	
<input type="checkbox"/> Other			
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS 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.

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.

Applicant BJC HealthCare intends to consolidate the obstetrics categories of service currently located at Memorial Hospital in Bellville and Memorial Hospital-East in Shiloh. The two hospitals operate with a common medical staff and management, and are located approximately eight miles apart.

Memorial Hospital in Belleville is approved to, and operates 10 obstetrics beds. It experienced an average daily census of 4.0 patients in 2018, and 3.0 for 2019, a 25% decline in utilization. Memorial Hospital-East, in Shiloh, is approved to and operates 16 obstetrics beds, and this month (July 2020), was approved to add two obstetrics beds. In 2018, Memorial Hospital-East had an average daily census in obstetrics of 8.3 patients, while reporting an average daily census of 8.0 for 2019, representing a slight decline of 4%.

Memorial Hospital's obstetrics program has been suspended since April 10, 2020 as a result of the COVID-19 pandemic. The program will continue to be suspended until the category of service is officially discontinued via written confirmation from Memorial Hospital of such to the IDPH and the HFSRB. That official discontinuation is anticipated to occur in January 2021.

Being a Certificate of Exemption application, a substantive/non-substantive classification is not applicable.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ___ No X. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): ___ within 60 days following issuance of the requested Certificate of Exemption___

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

X All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Protestant Memorial Medical Center, Inc. d/b/a Memorial 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



PRINTED NAME



PRINTED TITLE



SIGNATURE



PRINTED NAME



PRINTED TITLE

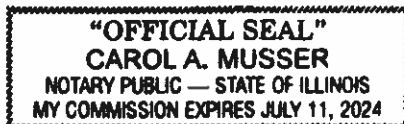
Notarization:

Subscribed and sworn to before me
this 16th day of July, 2020



Signature of Notary

Seal



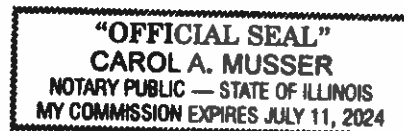
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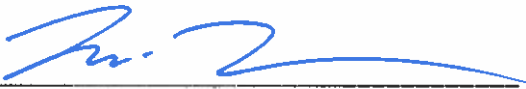
*Insert the EXACT legal name of the applicant

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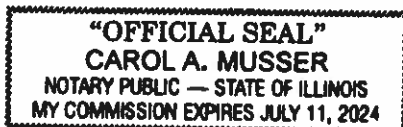
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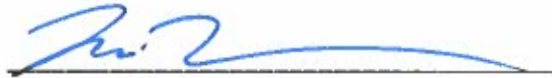
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This Application is filed on the behalf of **Metro-East Services, Inc. d/b/a Memorial Hospital-East** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the 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.



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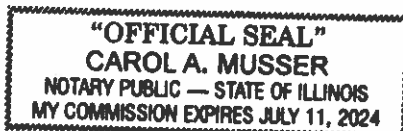
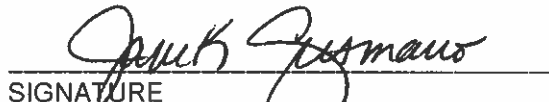
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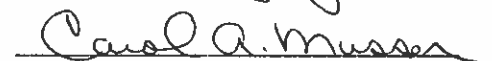
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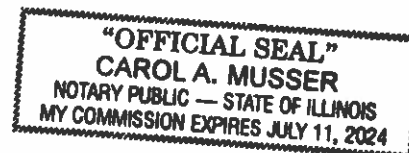
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This Application is filed on the behalf of **BJC Health System d/b/a BJC HealthCare**
In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute 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.

Joan Magruder
SIGNATURE
Joan Magruder
PRINTED NAME
Group President
PRINTED TITLE

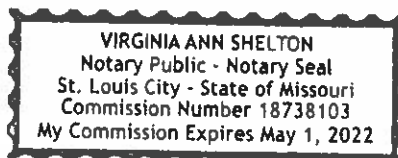
David R. Applington
SIGNATURE
David R. Applington
PRINTED NAME
Senior V. P.
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 21 day of July 2020

Virginia Shelton
Signature of Notary

Seal

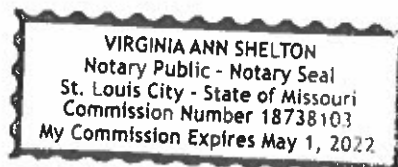


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Virginia Shelton
Signature of Notary

Seal



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SECTION II. DISCONTINUATION**Type of Discontinuation**

X Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

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 1110.130(b) for examples.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, 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 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [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 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 9.

Memorial Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2017	2018	2019
Inpatient	789	1427	1570
Outpatient	8740	13094	13856
Total	9529	14521	15426
Charity (cost in dollars)			
Inpatient	\$1,220,354	\$1,258,633	\$1,353,578
Outpatient	\$1,337,366	\$1,223,878	\$889,778
Total	\$2,557,720	\$2,482,511	\$2,243,356
MEDICAID			
Medicaid (# of patients)	2017	2018	2019
Inpatient	365	261	58
Outpatient	5428	5063	3140
Total	5793	5324	3198
Medicaid (revenue)			
Inpatient	\$23,073,000	\$33,914,461	\$28,267,000
Outpatient	\$17,266,000	\$9,459,740	\$5,872,000
Total	\$40,339,000	\$43,374,201	\$34,139,000

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

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 10.

Memorial Hospital

CHARITY CARE			
	2017	2018	2019
Net Patient Revenue	\$225,312,000	\$226,453,702	\$224,926,000
Amount of Charity Care (charges)	\$13,324,971	\$18,421,672	\$21,391,790
Cost of Charity Care	\$2,557,720	\$2,482,511	\$2,243,356

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

File Number

2998-217-1



To all to whom these Presents Shall Come, Greeting:

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

PROTESTANT MEMORIAL MEDICAL CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 04, 1947, 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 6TH
day of APRIL A.D. 2020 .***

Jesse White

SECRETARY OF STATE ATTACHMENT 1

Authentication #: 2009704834 verifiable until 04/06/2021

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

File Number

6775-531-6



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

METRO-EAST SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 17, 2011, 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 6TH
day of APRIL A.D. 2020 .***

Jesse White

SECRETARY OF STATE ATTACHMENT 1

Authentication #: 2009704870 verifiable until 04/06/2021

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

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

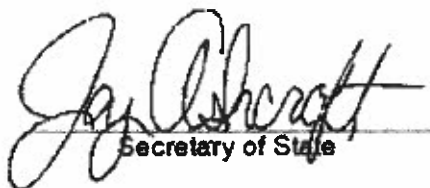
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

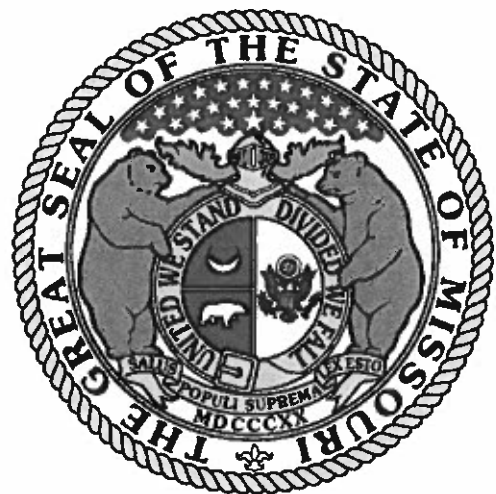
BJC HEALTH SYSTEM
N00045883

was created under the laws of this State on the 11th day of May, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of April, 2020.


Secretary of State

Certification Number: CERT-04062020-0221



ATTACHMENT I

File Number

6997-719-7



To all to whom these Presents Shall Come, Greeting:

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

MEMORIAL REGIONAL HEALTH SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 14, 2015, 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 8TH day of JULY A.D. 2020 .

Jesse White

SECRETARY OF STATE ATTACHMENT 1

Authentication #: 2019001964 verifiable until 07/08/2021

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



PART OF THE MEMORIAL NETWORK

July 20, 2020

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

To Whom It May Concern:

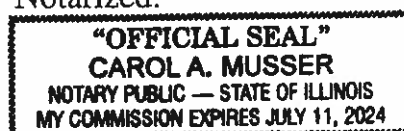
This letter is being provided as confirmation that Protestant Memorial Medical Center, Inc. owns the Memorial Hospital site.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. McManus'.

Michael McManus
President
Memorial Hospital – Belleville and Memorial Hospital East

Notarized:



A handwritten signature in black ink, appearing to read 'Carol A. Musser'.

ATTACHMENT 2

File Number

2998-217-1



To all to whom these Presents Shall Come, Greeting:

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

PROTESTANT MEMORIAL MEDICAL CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 04, 1947, 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.

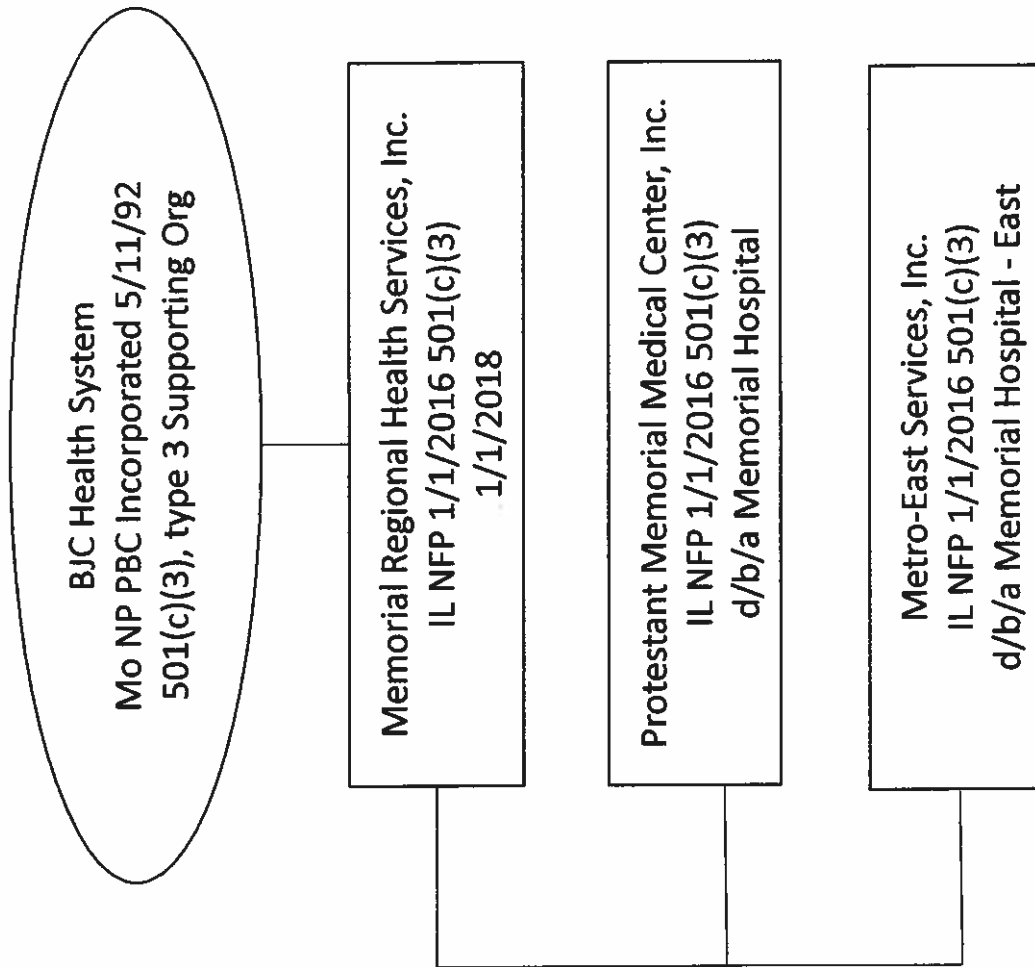


***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 6TH
day of APRIL A.D. 2020 .***

Jesse White.

SECRETARY OF STATE ATTACHMENT 3

Authentication #: 2009704834 verifiable until 04/06/2021
Authenticate at: <http://www.cyberdriveillinois.com>



DISCONTINUATION

1. This Certificate of Exemption (“COE”) application addresses the discontinuation of the applicant hospital’s obstetrics category of service, which includes 10 authorized beds.
2. The following clinical areas/services, each of which is associated with obstetrics care, will also be discontinued:
 - ten labor-delivery-recovery rooms (“LDRs”)
 - one Caesarian-Section room
 - ten Level 1 nursery stations/bassinettes
 - six Level 2 nursery stations/bassinettes
3. All of the clinical services identified in items 1 and 2, above, will be discontinued. Discontinuation will occur via formal notification of such to the IDPH and HFSRB; which is anticipated to occur in January 2021.
4. The applicants intend to convert the ten obstetrics beds into ten Medical/Surgical beds, and are currently assessing the use of the areas identified in item 2 above, following the formal discontinuation of the obstetrics service. The equipment associated with Memorial Hospital’s obstetrics program will be used in other areas of the hospital, as applicable, relocated to other BJC hospitals, sold, donated, or discarded.
5. The medical records of past patients will be retained by the hospital, consistent with licensure and accreditation requirements, as well as contemporary medical records retention practices.
6. This COE application is limited to the discontinuation of a category of service.

ATTACHMENT 5

7. The required legal notice was published in the Belleville News-Democrat on July 17, 2020. Proof of publication is attached.

ATTACHMENT 5



BELLEVILLE NEWS-DEMOCRAT

O'Fallon Progress • Command Post • The Legal Reporter
The Highland News Leader • Highland Advertiser Direct

CERTIFICATE OF PUBLICATION

Account #	Ad Number	Identification	PO	Amount	Cols	Lines
691830	0004700975	LEGAL NOTICE Memorial Hospital, located in Be	Legal Notice	\$44.40	1	15

Attention:

MEMORIAL HOSPITAL
4500 MEMORIAL DRIVE
BELLEVILLE, IL 62226

LEGAL NOTICE

Memorial Hospital, located in Belleville, Illinois, intends to cease the operations of its inpatient obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before October 1, 2020. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by August 1, 2020; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.

STATE OF ILLINOIS)
COUNTIES OF
MADISON, MONROE & ST. CLAIR) .SS

This is to certify that the undersigned Jeffry Couch is the Editor and General Manager of the Belleville News-Democrat, in MADISON, MONROE & ST. CLAIR COUNTIES, a public and English secular newspaper of general circulation, which has been regularly published daily in the cities of Belleville, Waterloo, Collinsville & Highland, Counties of Madison, Monroe & St. Clair, State of Illinois, for at least one year prior to the first publication of the notice hereinafter mentioned, and that a notice of which the annexed is a true printed copy, has been published in said newspaper, issues of:

1 Insertions

July 17, 2020

JEFFRY COUCH

Editor and General Manager

By


His Authorized Agent

REASONS FOR DISCONTINUATION

The proposed discontinuation is the result low and steadily decreasing obstetrical utilization at Memorial Hospital, as identified in the table below, as well as the ability to reduce redundancy and unnecessary duplication, without unreasonably diminishing accessibility. Over past four years, admissions, patient days and births have experienced significant and steady declines, with no anticipation of a reversal in that trend anticipated.

	Admissions	Patient Days	Births
2016	852	2,035	817
2017	686	1,707	655
2018	587	1,458	543
2019	471	1,108	436

The category of service is currently suspended, and the hospital is reporting the service's status to IDPH and HFSRB on a monthly basis.

IMPACT ON ACCESS

The discontinuation of obstetrical services at Memorial Hospital (“the hospital”) will not have an appreciable impact on accessibility to obstetrics services for area residents; and the category of service is currently suspended.

There are currently three other hospitals providing obstetrics services within the HFSRB-designated geographic service area, that being within seventeen miles of the hospital. Those hospitals are:

- St. Elizabeth’s Hospital, O’Fallon (7.7 miles)
- Memorial Hospital-East, Shiloh (8.2 miles)
- Gateway Regional Medical Center, Granite City (16.7 miles)

Notification letters, consistent with the provisions of Section 1110.290.d, have been sent to each of the hospitals identified above, and any responses received by the applicant will be forwarded to HFSRB staff. A copy of the form letter is attached.

ATTACHMENT 7



PART OF THE MEMORIAL NETWORK

July 20, 2020

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Patti Fischer
President and CEO
HSHS St. Elizabeth's Hospital
1 St. Elizabeth's Boulevard
O'Fallon, IL 62269

RE: Memorial Hospital
Proposed Discontinuation of Obstetrics
Category of Service

Dear Ms. Fischer:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Memorial Hospital, located in Belleville, is preparing to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Services Review Board, and it is anticipated that the application will be filed within the next thirty days. It is anticipated that the service will be formally discontinued within sixty days of the COE application's approval.

During the 24-month period ending December 31, 2019, a total of 973 patients were admitted to the hospital's obstetrics unit, 2,639 patient days of care were provided and 998 babies were born at the hospital.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael T. McManus'.

Michael T. McManus
President
Memorial Hospital – Belleville and Memorial Hospital - East

ATTACHMENT 7



PART OF THE MEMORIAL NETWORK

July 20, 2020

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

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

RE: Memorial Hospital
Proposed Discontinuation of Obstetrics
Category of Service

Dear Mr. Cunningham:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Memorial Hospital, located in Belleville, is preparing to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Services Review Board, and it is anticipated that the application will be filed within the next thirty days. It is anticipated that the service will be formally discontinued within sixty days of the COE application's approval.

During the 24-month period ending December 31, 2019, a total of 973 patients were admitted to the hospital's obstetrics unit, 2,639 patient days of care were provided and 998 babies were born at the hospital.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Michael T. McManus
President
Memorial Hospital – Belleville and Memorial Hospital - East

ATTACHMENT 7



PART OF THE MEMORIAL NETWORK

July 20, 2020

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Larry McCulley
President & CEO
Touchette Regional Hospital
5900 Bond Ave.
Centreville, IL 62207-2326

RE: Memorial Hospital
Proposed Discontinuation of Obstetrics
Category of Service

Dear Mr. McCulley:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Memorial Hospital, located in Belleville, is preparing to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Services Review Board, and it is anticipated that the application will be filed within the next thirty days. It is anticipated that the service will be formally discontinued within sixty days of the COE application's approval.

During the 24-month period ending December 31, 2019, a total of 973 patients were admitted to the hospital's obstetrics unit, 2,639 patient days of care were provided and 998 babies were born at the hospital.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Michael T. McManus
President
Memorial Hospital – Belleville and Memorial Hospital - East

ATTACHMENT 7



PART OF THE MEMORIAL NETWORK

July 20, 2020

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Jeffrey Dossett
VP Operations/MHE Administrator
Memorial Hospital East
1404 Cross St.
Shiloh, IL 62269

RE: Memorial Hospital
Proposed Discontinuation of Obstetrics
Category of Service

Dear Mr. Dossett:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Memorial Hospital, located in Belleville, is preparing to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Services Review Board, and it is anticipated that the application will be filed within the next thirty days. It is anticipated that the service will be formally discontinued within sixty days of the COE application's approval.

During the 24-month period ending December 31, 2019, a total of 973 patients were admitted to the hospital's obstetrics unit, 2,639 patient days of care were provided and 998 babies were born at the hospital.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. T. McManus', is written over a horizontal line.

Michael T. McManus
President

Memorial Hospital – Belleville and Memorial Hospital - East


ATTACHMENT 7

BACKGROUND

Applicant BJC HealthCare owns and operates three licensed health care facilities in Illinois:

- Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital
Belleville
- Metro-East Services, Inc. d/b/a Memorial Hospital-East
Shiloh
- Alton Memorial Hospital
Alton

Documentation, confirming that no adverse actions have been taken against the applicants during the past three years, and authorizing IDPH/HFSRB access to applicable records of the applicants is provided. In addition, a copy of the hospital applicant's IDPH license is provided.

 Illinois Department of PUBLIC HEALTH			HF 119063
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
<small>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.</small>			
Ngozi O. Ezike, M.D. Director		<small>Issued under the authority of the Illinois Department of Public Health</small>	
EXPIRATION DATE	CATEGORY	LIC. NUMBER	
12/31/2020		0001461	
General Hospital Effective: 01/01/2020			
Memorial Hospital 4500 Memorial Drive Belleville, IL 62226			
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #19-493-001 10M 9/18</small>			

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp Date 12/31/2020
 Lic Number 0001461
 Date Printed 10/17/2019

Memorial Hospital
 4500 Memorial Drive
 Belleville, IL 62226

FEE RECEIPT NO.

ATTACHMENT 8



July 17, 2020

Ms. Courtney Avery
Illinois Health Facilities
And Services review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. BJC HealthCare has not had any adverse actions taken against any facility owned and operated by it during the three (3) year period prior to the filing of this application, and
2. BJC HealthCare authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me at 314-323-1231.

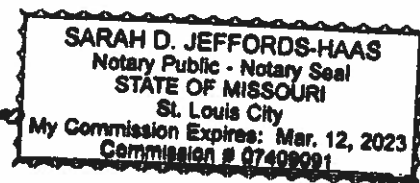
Sincerely,



Greg Bratcher
BJC HealthCare

Date: July 21st, 2020

Notarized:



SAFETY NET STATEMENT

The proposed consolidation of Memorial Hospital's obstetrics program into that of Memorial Hospital-East, resulting in the discontinuation of Memorial Hospital's obstetrics category of service will not result in a material impact on safety net services in the greater Belleville area. Memorial Hospital's inpatient obstetrics program was suspended approximately four months ago, with many of the requirements of a discontinued obstetrics service already being in place; (i.e. notification of local officials and paramedics/ambulance providers, the ability to treat a patient presenting herself to the hospital's Emergency Department in labor in a safe and competent fashion, having transfer protocols in place, etc.) and during the suspension neither the hospital nor patients have experienced difficulties. This "smooth" transition of patients from Memorial Hospital to Memorial Hospital-East is due, in part, to Memorial Hospital and Memorial Hospital-East having a common medical staff and common clinical procedures.

The proposed discontinuation will not have any material impact on the hospital's other services, including its Emergency Department, which treats in excess of 50,000 patients a year. In addition, the proposed discontinuation will not impact the hospital's role in the community, as a sponsor and participant in a broad range of community programming.