

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Gateway Regional Medical Center			
Street Address: 2100 Madison Avenue			
City and Zip Code: Granite City 62040			
County: Madison	Health Service Area	11	Health Planning Area: F-01

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

Exact Legal Name: Granite City Illinois Hospital Company LLC d/b/a Gateway Regional Medical Center	
Street Address: 2100 Madison Avenue	
City and Zip Code: Granite City 62040	
Name of Registered Agent: CT Corporation System	
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814	
Registered Agent City and Zip Code: Chicago, Illinois 60604	
Name of Chief Executive Officer: Robert Moore	
CEO Street Address: 2100 Madison Avenue	
CEO City and Zip Code: Granite City, Illinois 62040-4799	
CEO Telephone Number: (618) 798-3993	

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
Other	

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which 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: Robert Moore
Title: CEO
Company Name: Gateway Regional Medical Center
Address: 2100 Madison Ave., Granite City, IL 62040-4799
Telephone Number: (618) 798-3993
E-mail Address: rmoor102@ghcus.com
Fax Number: N/A

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Gateway Regional Medical Center			
Street Address: 2100 Madison Avenue			
City and Zip Code: Granite City 62040			
County: Madison	Health Service Area	11	Health Planning Area: F-01

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

Exact Legal Name: Quorum Health Corporation	
Street Address: 1573 Mallory Lane, Suite 100	
City and Zip Code: Brentwood, TN 37027	
Name of Registered Agent: The Corporation Trust Company	
Registered Agent Street Address: 1209 Orange Street	
Registered Agent City and Zip Code: Wilmington, DE 19801	
Name of Chief Executive Officer: Robert Fish	
CEO Street Address: 1573 Mallory Lane, Suite 100	
CEO City and Zip Code: Brentwood, TN 37027	
CEO Telephone Number: (615) 221-1400	

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" 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"> 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: Robert Moore
Title CEO:
Company Name: Gateway Regional Medical Center
Address: 2100 Madison Ave., Granite City, IL 62040-4799
Telephone Number: (618) 798-3993
E-mail Address: rmoor102@ghcus.com
Fax Number: N/A

E-mail Address: palderman@goldentree.com
Fax Number: N/A

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

Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Dr., Suite 4400, Chicago, IL 60606-2833
Telephone Number: (312) 214-4861
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: (312) 759-5646

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: Robert Moore
Title: CEO
Company Name: Gateway Regional Medical Center
Address: 2100 Madison Ave., Granite City, IL 62040-4799
Telephone Number: (618) 798-3000
E-mail Address: rmoor102@qhcus.com
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Granite City Illinois Hospital Company LLC
Address of Site Owner: 2100 Madison Ave. Granite City, IL 62040-4799
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 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: Granite City Illinois Hospital Company LLC d/b/a Gateway Regional Medical Center		
Address: 2100 Madison Ave., Granite City, IL 62040-4799		
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>
<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.

The applicant health care facility is Gateway Regional Medical Center located at 2100 Madison Avenue, Granite City, Illinois. The applicant proposes to discontinue its 27-bed Obstetrics' Unit. The service has been temporarily suspended since February 21, 2020, and the Review Board granted an extension of the suspension to September 30, 2021. The applicant also proposes converting the 27 obstetrics' beds to Acute Mental Illinois ("AMI") beds, increasing the facility's AMI bed capacity from 100 to 127. Gateway's discontinuation of OB services and expansion of AMI services is part of a realignment of services in collaboration with Alton Memorial Hospital, which is discontinuing its own AMI services, while expanding its OB services.

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): August 31, 2021

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 being deemed incomplete.

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*:

Granite City Illinois Hospital Company LLC d/b/a Gateway Regional Medical Center

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

Robert J. Moore
PRINTED NAME

CEO
PRINTED TITLE



SIGNATURE

Patrick J. Garvey
PRINTED NAME

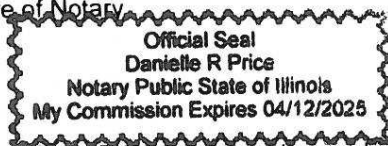
CFO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 21 day of July 2021


Signature of Notary


Seal



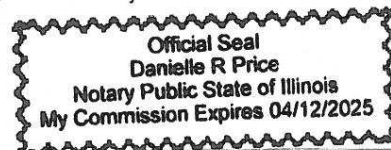
*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 21 day of July 2021


Signature of Notary

Seal



CERTIFICATION


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

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- 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*:

Quorum Health Corporation

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

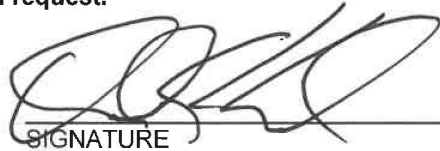
Alfred Lumsdaine
PRINTED NAME

CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal


SIGNATURE

Dan Slipkovich
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION**Type of Discontinuation**

☒ 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.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition
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.

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

SEE ATTACHMENT 9.

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.

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

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

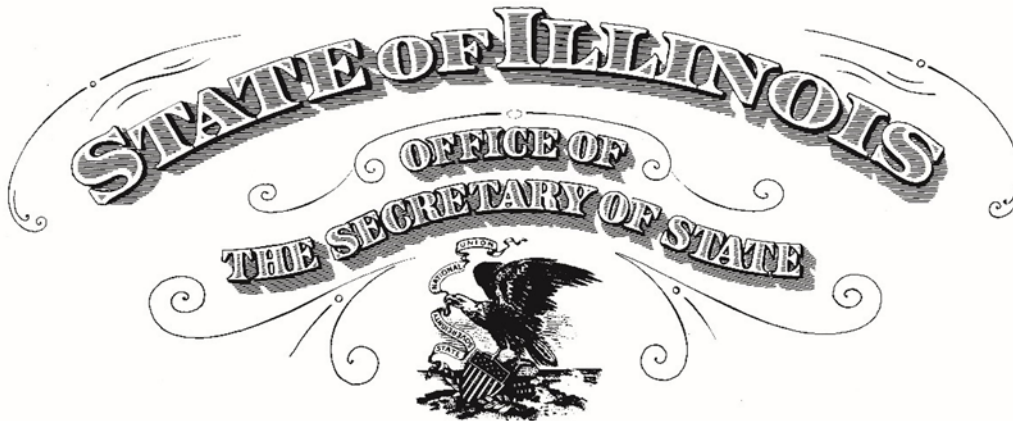
INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
1	Applicant Identification including Certificate of Good Standing	15	
2	Site Ownership	18	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	19	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	21	
5	Discontinuation General Information Requirements	22	
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7	Impact on Access	25	
8	Background of the Applicant	32	
9	Safety Net Impact Statement	35	
10	Charity Care Information	37	

Certificates of Good Standing

Included with this Attachment 1 are the Certificates of Good Standing of the Applicants.

File Number

0058590-4

***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

GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2009405228 verifiable until 04/03/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 3RD
day of APRIL A.D. 2020 .

Jesse White

SECRETARY OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5792308 8300

SR# 20181105758

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock, Secretary of State of Delaware, over a horizontal line.

Authentication: 202188010

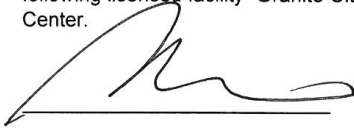
Date: 02-21-18

ATTACHMENT 2

SITE OWNERSHIP

Attestation of Site Ownership

The undersigned is an authorized representative of the applicant Gateway Regional Medical Center located at 2100 Madison Avenue, Granite City Illinois, and attests that the hospital's site is owned by following licensed facility Granite City Illinois Hospital Company LLC, d/b/a Gateway Regional Medical Center.

A handwritten signature in black ink, appearing to read 'R. Moore', is written over a horizontal line.

Robert Moore,
Chief Executive Officer
Gateway Regional Medical Center

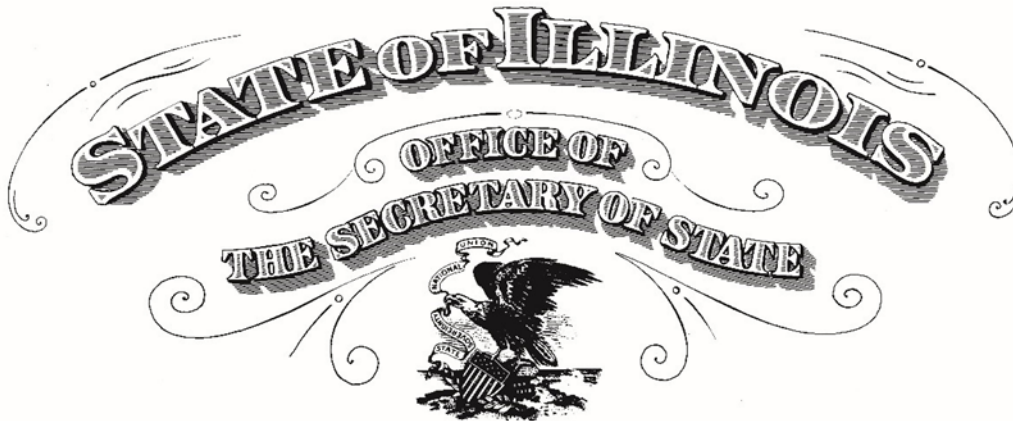
ATTACHMENT 3

Operating Entity Licensee

The licensee for Gateway Regional Medical Center is Granite City Illinois Hospital Company LLC d/b/a Gateway Regional Medical Center. The facility's Certificate of Good Standing is attached.

File Number

0058590-4

***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

GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



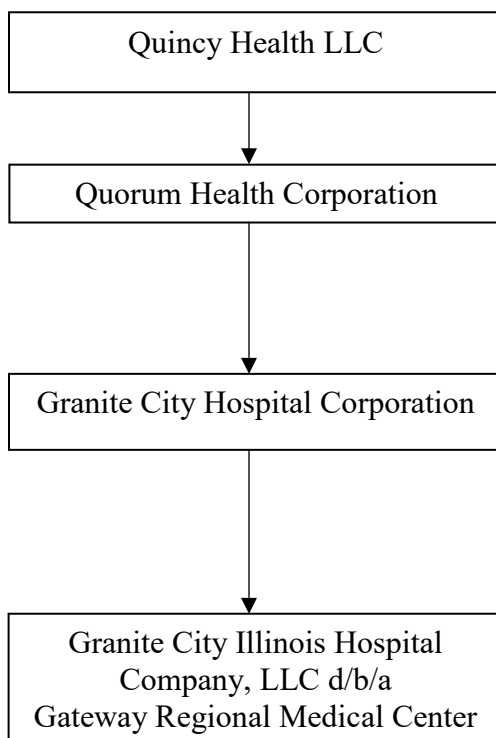
Authentication #: 2009405228 verifiable until 04/03/2021
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 3RD
day of APRIL A.D. 2020 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 4
Organizational Relationships



ATTACHMENT 5**General Information Requirements**

- 1. Identify the category of service and the number of beds, if any, that are to be discontinued.**

The applicant proposes to discontinue its 27-bed Obstetrics unit.

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

No clinical services besides those directly related to the Obstetrics service are being discontinued.

- 3. Provide the anticipated date of discontinuation for each identified service.**

The Obstetrics service has been temporarily suspended since February 2020, and the Review Board has granted an extension of the temporary suspension to September 30, 2021. The applicant proposes to permanently discontinue the service upon approval of this application, which is anticipated by August 31, 2021.

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

The applicant plans to convert the 27-beds to Acute Mental Illness beds in order to expand inpatient behavioral health services in conjunction with its collaboration with Alton Memorial Hospital.

Gateway and Alton Memorial have been in collaboration with the intent of preserving robust psychiatric services (at Gateway) and OB services (at Alton) in the Metro East region through a realignment of services. This patient-oriented collaboration is designed to safeguard the provision of these two critically important and often at-risk services within the same area of service. Patients are better off, as both hospitals can maintain sufficient patient volumes for their respective services, to assure ongoing competency and quality.

- 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.**

By their signatures to this application, the applicants attest that the following notice was provided in the Belleville News Democrat, and the invoice for the publication notice is included with this Attachment:

In accordance with the requirements of the Illinois Health Facilities and Services Review Board ("HFSRB") notice is given that Gateway Regional Medical Center, located at 2100 Madison Avenue, Granite City, Illinois, proposes to discontinue its 27-bed Obstetrics services subject to and after approval by HFSRB. The service was temporarily suspended and out of service since February 2020 due to a combination of very low utilization, unavailability of necessary clinical staff, and the pandemic. After submission of the application to discontinue the service to HFSRB, information about the proposed discontinuation may be found on the HFSRB website at www2.illinois.gov/sites/hfsrb/Pages/default.aspx.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7/21/2021

Adportal Self Service Advertising Confirmation

THANK YOU for your legal submission!

Your legal has been submitted for publication. Below is a confirmation of your legal placement. You will also receive an email confirmation.

ORDER DETAILS

Order Number:
IPL0033903
Order Status:
Submitted
Classification:
Legals & Public Notices
Package:
BLV - Legal Ads
Final Cost:
71.04
Payment Type:
Visa
User ID:
IPL0031780

ACCOUNT INFORMATION

Bethann Gailey
2100 Madison Avenue
Granite City, IL 63101
618-798-3000
BGailey@qhcus.com
Gateway Regional Medical Center

PAYMENT DETAILS

Visa*****8852 06/2025

TRANSACTION REPORT

Date
July 21, 2021 5:19:54 PM EDT
Amount:
71.04

SCHEDULE FOR AD NUMBER IPL00339030

July 23, 2021
Belleville News-Democrat

PREVIEW FOR AD NUMBER IPL00339030**LEGAL NOTICE**

In accordance with the requirements of the Illinois Health Facilities and Services Review Board ("HFSRB") notice is given that Gateway Regional Medical Center, located at 2100 Madison Avenue, Granite City, Illinois, proposes to discontinue its 27-bed Obstetrics services subject to and after approval by HFSRB. The service was temporarily suspended and out of service since February 2020 due to a combination of very low utilization, unavailability of necessary clinical staff, and the pandemic. After submission of the application to discontinue the service to HFSRB, information about the proposed discontinuation may be found on the HFSRB website at / www2.illinois.gov/sites/hfsrb/Pages/default.aspx.
W00000000
Publication Dates

[<< Click here to print a printer friendly version >>](#)

ATTACHMENT 6

Reasons for Discontinuation

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action.

The reasons for discontinuation are: (1) insufficient volume and demand for the service; (2) lack of sufficient staff to adequately provide the service; and (3) the service is not economically feasible and its continuation impairs Gateway's financial viability.

Insufficient Volume: Prior to the temporary suspension of its OB services in February, 2020, Gateway was performing only 260 deliveries per year – far below the number generally deemed necessary to maintain a high level of ongoing competency and quality of care. Its 27-bed OB unit was severely under-utilized. The 2019 Hospital Profile shows that the unit had only 6.2% utilization, compared to the target utilization rate of 78% as established by the Review Board. The average daily census was only 1.7 for this 27-bed unit.

Lack of Sufficient Staff: This very low utilization of the OB service was a significant contributing factor to the critical staffing shortage which led to the temporary suspension of OB service last February. Gateway could not retain staff while operating the service at only 6.2% utilization.

Not Economically Feasible: Gateway has qualified for Safety Net Hospital status every year since 2012 based on its high Medicaid Inpatient Utilization Rate ("MIUR") of 50% or greater as determined by the Department of Healthcare and Family Services ("HFS"). Before the pandemic, Gateway was a barely viable hospital, and that was made possible only due to the approximately \$8 million it receives annually because of its Safety Net Hospital status. In 2020 the hospital lost \$12 million pre-CARES Act funding, with a \$3.5 million loss in the fourth quarter. Continuation of an extremely low volume Obstetric service would greatly impair Gateway's financial viability. Permanent discontinuation of the OB service, combined with expansion of the existing Acute Mental Illness service will improve Gateway's financial viability.

ATTACHMENT 7**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.**

The discontinuation will not have an adverse effect upon access to care for residents of the facility's market area. The Obstetric service at Gateway has been temporarily suspended since February 2020, and no adverse effect on area residents have manifested. In addition, after the discontinuation, there will be ample Obstetric beds in the area to address the area need. The Review Board's most recent update to the Inventory dated May 7, 2021 shows that the area currently has an excess of 86 OB beds based on the existence of 140 beds and need for only 54 beds. After the discontinuation of Gateway's 27-bed unit, the area will still have an excess of 59 beds. Consequently, the hospital planning area will still have more than twice as many OB needs than needed after the discontinuation.

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.

Copies of the notification letters sent to area facilities are attached.



July 20, 2021

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Edgar J. Curtis
President and Chief Executive Officer, Memorial Health System
Memorial Hospital East
1404 Cross St.
Shiloh, IL 62269

RE: Discontinuation of Services – Gateway Regional Medical Center

Dear Mr. Curtis:

This letter is to notify you that Gateway Regional Medical Center, located at 2100 Madison Avenue in Granite City, Illinois (the “Hospital”) is filing an exemption application to the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Hospital’s planned discontinuation of Obstetrics and Gynecology services. The discontinuation is anticipated occur by August 31, 2021.

Our OB/GYN service has been temporarily suspended since February 2020, with other local facilities able to provide the service to area residents. We are aware of no adverse impacts upon access to require resulting from the temporary suspension, and we do not anticipate any such impact from the permanent discontinuation of the service. Please respond to me in writing if you anticipate any impact of this proposed discontinuation on your facility.

Because of the temporary suspension of our Obstetric unit which commenced at the beginning of last year, the unit’s utilization for 2020 was marginal. During calendar years 2018 and 2019, the Hospital treated obstetrics patients in the volumes set forth below:

<u>Year</u>	<u>OB/GYN Admissions</u>	<u>Inpatient Days</u>
2019	264	603
2018	252	714

Thank you for your attention to this matter.

Sincerely,

Robert Moore
Chief Executive Officer Gateway Regional Medical Center

2100 Madison Avenue | Granite City, IL 62040 | (618) 798-3993 | Fax: (618) 798-3724



July 20, 2021

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mark J. Turner
Chief Executive Officer
Memorial Hospital Belleville
4500 Memorial Dr.
Belleville, IL 62226

RE: Discontinuation of Services – Gateway Regional Medical Center

Dear Mr. Turner:

This letter is to notify you that Gateway Regional Medical Center, located at 2100 Madison Avenue in Granite City, Illinois (the “Hospital”) is filing an exemption application to the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Hospital’s planned discontinuation of Obstetrics and Gynecology services. The discontinuation is anticipated occur by August 31, 2021.

Our OB/GYN service has been temporarily suspended since February 2020, with other local facilities able to provide the service to area residents. We are aware of no adverse impacts upon access to require resulting from the temporary suspension, and we do not anticipate any such impact from the permanent discontinuation of the service. Please respond to me in writing if you anticipate any impact of this proposed discontinuation on your facility.

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Thank you for your attention to this matter.

Sincerely,

Robert Moore
Chief Executive Officer Gateway Regional Medical Center

2100 Madison Avenue | Granite City, IL 62040 | (618) 798-3993 | Fax: (618) 798-3724



July 20, 2021

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Jay Willsher
Chief Executive Officer
Touchette Regional Hospital
5900 Bond Ave.
Centreville, IL 62207

RE: Discontinuation of Services – Gateway Regional Medical Center

Dear Mr. Willsher:

This letter is to notify you that Gateway Regional Medical Center, located at 2100 Madison Avenue in Granite City, Illinois (the “Hospital”) is filing an exemption application to the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Hospital’s planned discontinuation of Obstetrics and Gynecology services. The discontinuation is anticipated occur by August 31, 2021.

Our OB/GYN service has been temporarily suspended since February 2020, with other local facilities able to provide the service to area residents. We are aware of no adverse impacts upon access to require resulting from the temporary suspension, and we do not anticipate any such impact from the permanent discontinuation of the service. Please respond to me in writing if you anticipate any impact of this proposed discontinuation on your facility.

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2019	264	603
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Thank you for your attention to this matter.

Sincerely,

Robert Moore
Chief Executive Officer Gateway Regional Medical Center

2100 Madison Avenue | Granite City, IL 62040 | (618) 798-3993 | Fax: (618) 798-3724



July 20, 2021

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

David A. Braasch
Chief Executive Officer
Alton Memorial Hospital
One Memorial Drive
Alton, IL 62002

RE: Discontinuation of Services – Gateway Regional Medical Center

Dear Mr. Braasch:

This letter is to notify you that Gateway Regional Medical Center, located at 2100 Madison Avenue in Granite City, Illinois (the “Hospital”) is filing an exemption application to the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Hospital’s planned discontinuation of Obstetrics and Gynecology services. The discontinuation is anticipated occur by August 31, 2021.

Our OB/GYN service has been temporarily suspended since February 2020, with other local facilities able to provide the service to area residents. We are aware of no adverse impacts upon access to require resulting from the temporary suspension, and we do not anticipate any such impact from the permanent discontinuation of the service. Please respond to me in writing if you anticipate any impact of this proposed discontinuation on your facility.

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2019	264	603
2018	252	714

Thank you for your attention to this matter.

Sincerely,

Robert Moore
Chief Executive Officer Gateway Regional Medical Center

2100 Madison Avenue | Granite City, IL 62040 | (618) 798-3993 | Fax: (618) 798-3724



July 20, 2021

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Keith A. Page
President and Chief Executive Officer
Anderson Hospital
6800 State Route 162
Maryville, IL 62062

RE: Discontinuation of Services – Gateway Regional Medical Center

Dear Mr. Page:

This letter is to notify you that Gateway Regional Medical Center, located at 2100 Madison Avenue in Granite City, Illinois (the “Hospital”) is filing an exemption application to the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Hospital’s planned discontinuation of Obstetrics and Gynecology services. The discontinuation is anticipated occur by August 31, 2021.

Our OB/GYN service has been temporarily suspended since February 2020, with other local facilities able to provide the service to area residents. We are aware of no adverse impacts upon access to require resulting from the temporary suspension, and we do not anticipate any such impact from the permanent discontinuation of the service. Please respond to me in writing if you anticipate any impact of this proposed discontinuation on your facility.

Because of the temporary suspension of our Obstetric unit which commenced at the beginning of last year, the unit’s utilization for 2020 was marginal. During calendar years 2018 and 2019, the Hospital treated obstetrics patients in the volumes set forth below:

<u>Year</u>	<u>OB/GYN Admissions</u>	<u>Inpatient Days</u>
2019	264	603
2018	252	714

Thank you for your attention to this matter.

Sincerely,

Robert Moore
Chief Executive Officer Gateway Regional Medical Center

2100 Madison Avenue | Granite City, IL 62040 | (618) 798-3993 | Fax: (618) 798-3724



July 20, 2021

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Patti Fischer, RN, MBA, FACHE
President and Chief Executive Officer
HSHS St. Elizabeth's Hospital
1 Saint Elizabeth Blvd.
O'Fallon, IL 62269

RE: Discontinuation of Services – Gateway Regional Medical Center

Dear Ms. Fischer:

This letter is to notify you that Gateway Regional Medical Center, located at 2100 Madison Avenue in Granite City, Illinois (the "Hospital") is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of Obstetrics and Gynecology services. The discontinuation is anticipated occur by August 31, 2021.

Our OB/GYN service has been temporarily suspended since February 2020, with other local facilities able to provide the service to area residents. We are aware of no adverse impacts upon access to require resulting from the temporary suspension, and we do not anticipate any such impact from the permanent discontinuation of the service. Please respond to me in writing if you anticipate any impact of this proposed discontinuation on your facility.

Because of the temporary suspension of our Obstetric unit which commenced at the beginning of last year, the unit's utilization for 2020 was marginal. During calendar years 2018 and 2019, the Hospital treated obstetrics patients in the volumes set forth below:

<u>Year</u>	<u>OB/GYN Admissions</u>	<u>Inpatient Days</u>
2019	264	603
2018	252	714

Thank you for your attention to this matter.

Sincerely,

Robert Moore
Chief Executive Officer Gateway Regional Medical Center

2100 Madison Avenue | Granite City, IL 62040 | (618) 798-3993 | Fax: (618) 798-3724

ATTACHMENT 8**Background of the Applicant****1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

Quorum Hospital Corporation's affiliated Illinois health care facilities are:

A. Hospitals

Crossroads Community Hospital
8 Doctors Park Rd
Mount Vernon, Illinois
General Hospital License #0003947

Gateway Regional Medical Center
2100 Madison Ave, Granite City, Illinois
General Hospital License #0005223

Heartland Regional Medical Center
3333 W DeYoung St
Marion, Illinois
General Hospital License #0005298

Red Bud Regional Hospital
325 Spring Street
Red Bud, Illinois
Critical Access Hospital License #0005199

Union County Hospital
517 North Main Street
Anna, Illinois
Critical Access Hospital License #0005421

Vista Medical Center East
1324 N Sheridan Rd
Waukegan, Illinois
General Hospital License #0005397

B. Ambulatory Surgical Treatment Centers

Edwardsville Ambulatory Surgery Center
12 Ginger Creek Parkway
Glen Carbon, Illinois
ASTC License #7002504

Lindenhurst Surgery Center
1050 Red Oak Lane
Lindenhurst, Illinois
ASTC License #7003168

Monroe County Surgical Center
501 Hamacher St
Waterloo, Illinois
ASTC License #7003194

C. Freestanding Emergency Centers

Lindenhurst Freestanding Emergency Center
1050 Red Oak Lane
Lindenhurst, Illinois
Freestanding Emergency Center License #22004

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.

Included with the Attachment is the applicant's certification of no adverse action 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.

Included with this Attachment is the applicants' authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.

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.

The applicants are not relying on information submitted in prior applications.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

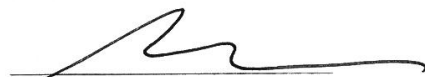
Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

On behalf of the applicant facility, I hereby certify that no adverse action has been taken against the applicant facility during the three years prior to the filing of this application for change of ownership.

The applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in this application, including but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally reorganized accreditation organizations.

Respectfully submitted,


Robert Moore
Chief Executive Officer
Gateway Regional Medical Center, Granite City

7/21/21
Dated

ATTACHMENT 9**Safety Net Impact Statement****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.**

The Review Board's Update to Inventory dated May 7, 2021 shows that Planning Area F-01 currently has an excess of 86 Obstetric beds based on the Bed Need of 54 beds compared to 140 Authorized Beds. The discontinuation of Gateway's 27-bed OB unit will reduce the area's Authorized Beds to 113, which is still twice as many OB beds as needed in the Planning Area. Also, Gateway's OB unit has been temporarily suspended for over a year and there has been no discernable adverse impact on safety net providers.

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.

This project will not adversely impact the ability of another provider or health care system to cross-subsidize safety net services. To the contrary, the ability of both Gateway and Alton Memorial to cross-subsidize safety net services will be improved by the two hospital's collaboration that allows for the discontinuation of services that adversely impacted the hospital's financial viability while allowing for the expansion of those same services -- Acute Mental Illness at Gateway, and OB at Alton Memorial -- with improved utilization.

3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Other than addressed in paragraphs 1 and 2 above, Gateway is not aware of any impact on safety net providers in the area.

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.**

See attached Tables describing the amount of charity care provided by the applicants.

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.

See attached Tables describing the amount of care provided to Medicaid patients by the applicants.

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

Other than those items addressed above, the applicants have no additional information relating to safety net services.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2017	2018	2019
Inpatient	173		
Outpatient	136		
Total	309		
Charity (cost in dollars)			
Inpatient	\$198,011		
Outpatient	\$120,353,		
Total	\$318,364		
MEDICAID			
Medicaid (# of patients)	2017	2018	2019
Inpatient	3,199	3,322	2,875
Outpatient	32,694	39,138	27,468
Total	35,893	42,460	30,343
Medicaid (revenue)			
Inpatient	\$23,296,383	\$13,772,052	\$22,915,198
Outpatient	\$10,316,046	\$16,360,037	\$18,365,678
Total	\$33,612,429	\$30,132,089	\$41,280,876

ATTACHMENT 10**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.

See attached Charity Care tables.

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.

See attached Charity Care tables.

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.

This criterion is not applicable as the applicant is an existing facility.

CHARITY CARE INFORMATION

The amount of charity care for the last three years provided by Gateway Regional Medical Center and of Quorum Health Corporation's other affiliated Illinois hospitals and ambulatory surgical treatment centers are included in the tables below.

GATEWAY REGIONAL MEDICAL CENTER, Granite City			
	2017	2018	2019
Net Patient Revenue (\$)	131,930,854	119,853,104	131,644,070
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care (\$)	318,364	662,943	268,232

CROSSROADS COMMUNITY HOSPITAL, Mt. Vernon			
	2017	2018	2019
Net Patient Revenue (\$)	42,975,140	47,837,708	51,135,047
Amount of Charity Care (charges)	0.5% of net patient revenue	0.2% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care (\$)	204,594	92,907	77,176

HEARTLAND REGIONAL MEDICAL CENTER, Marion			
	2017	2018	2019
Net Patient Revenue (\$)	107,493,477	122,956,140	108,538,922
Amount of Charity Care (charges)	1.1% of net patient revenue	1.1% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care (\$)	1,223,011	72,702	96,346

RED BUD REGIONAL HOSPITAL, Red Bud			
	2017	2018	2019
Net Patient Revenue (\$)	25,232,661	28,080,998	30,328,846
Amount of Charity Care (charges)	0.3% of net patient revenue	0.3% of net patient revenue	0.5% of net patient revenue
Cost of Charity Care (\$)	80,088	90,677	138,053

UNION COUNTY HOSPITAL, Anna			
	2017	2018	2019
Net Patient Revenue (\$)	24,855,974	23,749,436	23,622,462
Amount of Charity Care (charges)	0.3% of net patient revenue	0.3% of net patient revenue	0.03% of net patient revenue
Cost of Charity Care (\$)	77,416	65,422	8,068

VISTA MEDICAL CENTER, Waukegan			
	2017	2018	2019
Net Patient Revenue (\$)	171,104,147	189,423,688	193,507,563
Amount of Charity Care (charges)	0.5% of net patient revenue	0.3% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care (\$)	886,957	550,384	159,356

LINDENHURST SURGERY CENTER, Lindenhurst			
	2017	2018	2019
Net Patient Revenue (\$)	5,705,523	3,655,308	2,532,194
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care (\$)	0	0	0

EDWARDSVILLE AMBULATORY SURGERY CENTER, Glen Carbon			
	2017	2018	2019
Net Patient Revenue (\$)	9,449,802	9,375,547	2,532,194
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care (\$)	0	0	0