ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Crossroads Community Hospital
Street Address: 8 Doctors Park Road
City and Zip Code: Mount Vernon 62864
County: Jefferson Health Service Area: 5 Health Planning Area: F-04

Legislators

State Senator Name: Terri Bryant
State Representative Name: Paul Jacobs

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

Exact Legal Name: National Healthcare of Mt. Vernon, Inc., d/b/a Crossroads Community Hospital
Street Address: 8 Doctors Park Road
City and Zip Code: Mount Vernon 62864
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle St., Ste 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: William Davis
CEO Street Address: 8 Doctors Park Road
CEO City and Zip Code: Mount Vernon 62864
CEO Telephone Number: (618) 241-8508

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ Partnership
☒ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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: William Davis
Title: Chief Executive Officer
Company Name: Crossroads Community Hospital
Address: 8 Doctors Park Road, Mount Vernon 62864
Telephone Number: (618) 241-8508
E-mail Address: WDavis@qhcus.com
Fax Number: N/A

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Legislators

State Senator Name: Terri Bryant
State Representative Name: Paul Jacobs

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: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Julie Manas (President)
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

☐ Non-profit Corporation ☐ Partnership
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Legislators

State Senator Name: Terri Bryant
State Representative Name: Paul Jacobs

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

Exact Legal Name: Quincy Health, LLC
Street Address: c/o Davidson Kempner Capital Management LP, 520 Madison Ave, 30th FL Attn: Travis Troyer
City and Zip Code: NY, NY 10022
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Stuart McLean
CEO Street Address: GoldenTree Asset Management, 300 Park Avenue, 21st Floor
CEO City and Zip Code: New York, NY 10022
CEO Telephone Number: (212) 446-4000

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ Partnership
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State Representative Name: Paul Jacobs

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City and Zip Code: Mount Vernon 62864
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Registered Agent Street Address: 208 S. LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
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State Representative Name: Paul Jacobs

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

Exact Legal Name: Deaconess Regional Healthcare Services Illinois, Inc.
Street Address: 600 Mary St.
City and Zip Code: Evansville, IN 47747
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Shawn McCoy
CEO Street Address: 4011 Gateway Blvd.
CEO City and Zip Code: Newburgh, IN 47630
CEO Telephone Number: (812) 450-2252

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐
Other

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Shawn McCoy
Title: Chief Executive Officer
Company Name: Deaconess Health System
Address: 4011 Gateway Blvd., Newburgh, IN 47630
Telephone Number: (812) 450-2252
E-mail Address: shawn_mccoy@deaconess.com
Fax Number: (812) 842-3955

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Exact Legal Name: Deaconess Health System, Inc.
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Other

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APPEND DOCUMENTATION AS <u>ATTACHMENT 1</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Shawn McCoy
Title: Chief Executive Officer
Company Name: Deaconess Health System
Address: 4011 Gateway Blvd., Newburgh, IN 47630
Telephone Number: (812) 450-2252
E-mail Address: shawn_mccoy@deaconess.com
Fax Number: (812) 842-3955

Additional Contact [Person who is also authorized to discuss the Application]

Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, 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: William Davis
Title: Chief Executive Officer
Company Name: Crossroads Community Hospital
Address: 8 Doctors Park Road, Mount Vernon 62864
Telephone Number: (618) 241-8508
E-mail Address: WDavis@qhcus.com
Fax Number: N/A

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Deaconess Health System, Inc.
Address of Site Owner: 600 Mary St., Evansville, IL
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.

Current Operating Identity/Licensee

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

Exact Legal Name: National Healthcare of Mt. Vernon, Inc., d/b/a Crossroads Community Hospital
Address: 8 Doctors Park Road, Mount Vernon 62864

☐	Non-profit Corporation	☐	Partnership	
☒	For-profit Corporation	☐	Governmental	
☐	Limited Liability Company	☐	Sole Proprietorship	☐
	Other			

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Deaconess Illinois Crossroads, Inc.

Address: 8 Doctors Park Road, Mount Vernon 62864

☒	Non-profit Corporation	☐	Partnership	
☐	For-profit Corporation	☐	Governmental	
☐	Limited Liability Company	☐	Sole Proprietorship	☐
	Other			

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **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 change of ownership. 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.

Crossroads Community Hospital, located at 8 Doctors Park Road, Mt. Vernon, Illinois is currently owned by Quorum Health Corporation which proposes to transfer the operating assets of the hospital to Deaconess Illinois Crossroads, Inc., an Illinois not-for-profit corporation whose sole corporate member is Deaconess Regional Healthcare Services Illinois, Inc., which is also an Illinois not-for-profit corporation. The hospital's real estate assets will be transferred to Deaconess Health System, Inc., an Indiana nonprofit corporation. Deaconess Health System will lease the real estate to Deaconess Regional Healthcare Services Illinois, Inc., which will sublease the real estate to Deaconess Illinois Crossroads, Inc.

The transaction will result in the issuance of a license to an entity different from the current licensee. The new licensee will be Deaconess Illinois Crossroads, Inc.

The transaction will occur pursuant to an asset purchase agreement that also includes the transfer of assets of three other Quorum hospitals in southern Illinois, and for which separate change of ownership exemption applications are being filed. The structure of the transaction of all four hospitals is diagrammed in Attachment 6.

The purchase price attributed to the purchase of the Crossroads Community Hospital real estate by Deaconess Health System, Inc. is $14,054,324, and the purchase price attributed to the purchase of the Crossroads Community Hospital operating assets by Deaconess Regional Healthcare Services Illinois, Inc. is $1,945,676; the total of the purchase price attributable to both transactions regarding Crossroads Community Hospital is $16,000,000. The total purchase price for all of the transactions relating to Quorum Health Corporation is $146 million.

Deaconess Regional Healthcare Services, Illinois, Inc., currently manages two existing hospitals in southern Illinois, namely, Ferrell Hospital in Eldorado and Lawrence County Memorial Hospital in Lawrenceville, through management agreements with those facilities. As of the closing of the proposed transaction, Deaconess Regional Healthcare Services, Illinois, Inc., will be an affiliate of, but will not be owned or controlled by, Deaconess Health System, Inc., which owns and operates 11 hospitals in Indiana and Kentucky. The affiliation will include the appointment of two board members by Deaconess Health System, Inc., to the seven member board of Deaconess Regional Healthcare Services, Inc.

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____

Fair Market Value: $_____

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): November 30, 2022

State Agency Submittals

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.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

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:

National Healthcare of Mt. Vernon, Inc. d/b/a Crossroads Community 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	SIGNATURE
Christopher M. Harrison PRINTED NAME	Donald R. Esposito Jr PRINTED NAME
Senior Vice President and Treasurer PRINTED TITLE	Senior Vice President and Secretary PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

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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.

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This Application is filed on the behalf of:

Quincy Health, LLC

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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This Application is filed on the behalf of

Deaconess Illinois Crossroads, Inc.

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

Marc Jerod Florence
PRINTED NAME

Chairman
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of October 2022

Julie Eades
Signature of Notary

Seal

JULIE EADES
Notary Public - Seal
Warrick County - State of Indiana
Commission Number NP0692823
My Commission Expires Nov 2, 2024

SIGNATURE

Lynn Lingafelter
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of October 2022

Julie Eades
Signature of Notary

Seal

JULIE EADES
Notary Public - Seal
Warrick County - State of Indiana
Commission Number NP0692823
My Commission Expires Nov 2, 2024

*Insert the EXACT legal name of the applicant

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

Deaconess Regional Healthcare Services Illinois, Inc.

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

Marc Jared Florence
PRINTED NAME

Chairman
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of October, 2022

Julie Eades
Signature of Notary

Seal

JULIE EADES
Notary Public - Seal
Warrick County - State of Indiana
Commission Number NP0692823
My Commission Expires Nov 2, 2024

*Insert the EXACT legal name of the applicant

SIGNATURE

Lynn Lingafelter
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of October, 2022

Julie Eades
Signature of Notary

Seal

JULIE EADES
Notary Public - Seal
Warrick County - State of Indiana
Commission Number NP0692823
My Commission Expires Nov 2, 2024

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

Deaconess Health System, Inc.

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

Cheryl A. Watkins
PRINTED NAME

SVP & CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of October, 2022

Julie Eades
Signature of Notary

Seal

JULIE EADES
Notary Public - Seal
Warrick County - State of Indiana
Commission Number NP0692823
My Commission Expires Nov 2, 2024

SIGNATURE

Stephen W McClay
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of October, 2022

Julie Eades
Signature of Notary

Seal

JULIE EADES
Notary Public - Seal
Warrick County - State of Indiana
Commission Number NP0692823
My Commission Expires Nov 2, 2024

*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.

BACKGROUND OF APPLICANT

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

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one Application, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

- ☒ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.

2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.

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

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.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 7.

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

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

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	26-32
2	Site Ownership	33-34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	35-36
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37-39
5	Background of the Applicant	40-42
6	Change of Ownership	43-48
7	Charity Care Information	49-51

ATTACHMENT 1

TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are:

1. The Certificate of Good Standing for the applicant facility.
2. The Certificate of Good Standing for Quorum Health Corporation.
3. The Certificate of Good Standing for Quincy Health, LLC.
4. The Certificate of Good Standing for Deaconess Illinois Crossroads, Inc.
5. The Certificate of Good Standing for Deaconess Regional Healthcare Services Illinois, Inc.
6. The Certificate of Good Standing for Deaconess Health System, Inc.

File Number 5389-339-2

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

NATIONAL HEALTHCARE OF MT. VERNON, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JUNE 28, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS 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* 22ND *day of* SEPTEMBER *A.D.* 2022 .

Authentication #: 2226503548 verifiable until 09/22/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Delaware

The First State

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 SIXTH DAY OF OCTOBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUORUM HEALTH CORPORATION" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2015.

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

Jeffrey W. Bullock, Secretary of State

5792308 8300

SR# 20223710225

Authentication: 204564247

Date: 10-06-22

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUINCY HEALTH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUINCY HEALTH, LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

7926082 8300

SR# 20223710188

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

Authentication: 204564218

Date: 10-06-22

File Number 7382-603-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

DEACONESS ILLINOIS CROSSROADS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03, 2022, 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* 5TH *day of* OCTOBER *A.D.* 2022 .

Authentication #: 2227803536 verifiable until 10/05/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

File Number 7031-027-9

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 16, 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* 22ND *day of* SEPTEMBER *A.D.* 2022 .

Authentication #: 2226503802 verifiable until 09/22/2023
Authenticate at: https://www.ilsos.gov

Jesse White
SECRETARY OF STATE

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

DEACONESS HEALTH SYSTEM, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 15, 1982, and was in existence or authorized to transact business in the State of Indiana on October 06, 2022.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 06, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

198204-446 / 20222803211
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on November 05, 2022.

ATTACHMENT 2

SITE OWNERSHIP

Attached is an attestation of the applicant Quorum Health Corporation attesting to site ownership of the applicant facility by a Quorum affiliate as indicated.

Attestation of Site Ownership

The undersigned is an authorized representative of the applicant Quorum Health Corporation and hereby attests that the sites of the licensed facilities identified below are currently owned or controlled by the affiliates of Quorum Health Corporation identified below.

With respect to Crossroads Community Hospital, Heartland Regional Medical Center and Red Bud Regional Hospital, each facility's site is owned by the Quorum affiliated entity listed below and will be transferred to the Deaconess entity listed below.

With respect to Union County Hospital, the site is owned by the Union County Hospital District ("Hospital District") which currently leases the site to Anna Hospital Corporation which is a Quorum affiliate. Anna Hospital Corporation will assign the lease to Deaconess Illinois Union County Hospital, Inc. The Hospital District has been advised of the proposed assignment and is supportive of the transaction as evidenced by the letter from Pete Barger, District Board Chair for the Hospital District, included with Attachment 2 in Union County Hospital's application.

Facility	Current Site Ownership	Post-transaction Site Ownership
Crossroads Community Hospital 8 Doctors Park Rd., Mt. Vernon, Illinois	National Health Care of Mt. Vernon, Inc. 1573 Mallory Lane, Suite 100, Brentwood, TN	Deaconess Health System, Inc. 600 Mary St. Evansville, IN
Heartland Regional Medical Center 3333 W DeYoung St., Marion, Illinois	Marion Hospital Corporation 1573 Mallory Lane, Suite 100, Brentwood, TN	Deaconess Health System, Inc. 600 Mary St. Evansville, IN
Red Bud Regional Hospital 325 Spring St., Red Bud, Illinois	Red Bud Illinois Hospital Company, LLC 1573 Mallory Lane, Suite 100, Brentwood, TN	Deaconess Regional Healthcare Services Illinois, Inc. 600 Mary St. Evansville, IN
Union County Hospital 517 North Main Street Anna, Illinois	Union County Hospital District 517 North Main Street Anna, Illinois (Site is currently leased to Anna Hospital Corporation)	Union County Hospital District 517 North Main Street Anna, Illinois (Lease will be assigned to Deaconess Illinois Union County Hospital, Inc. following the transaction)

Christopher M. Harrison
Executive Vice President and
Chief Financial Officer and Treasurer
Quorum Health Corporation

10/10/2022
Dated

ATTACHMENT 3

OPERATING ENTITY/LICENSEE

Following the transaction, the licensee of the applicant facility will be Deaconess Illinois Crossroads, Inc. Included with this Attachment is the Certificate of Good Standing for Deaconess Illinois Crossroads, Inc. The sole corporate member of the licensee is Deaconess Regional Healthcare Services Illinois, Inc.

File Number 7382-603-9

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

DEACONESS ILLINOIS CROSSROADS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03, 2022, 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* 5TH *day of* OCTOBER *A.D.* 2022 .

Authentication #: 2227803536 verifiable until 10/05/2023
Authenticate at: https://www.ilsos.gov

Jesse White

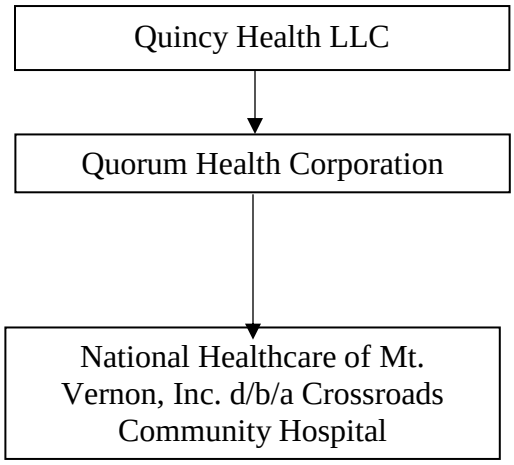
SECRETARY OF STATE

ATTACHMENT 3

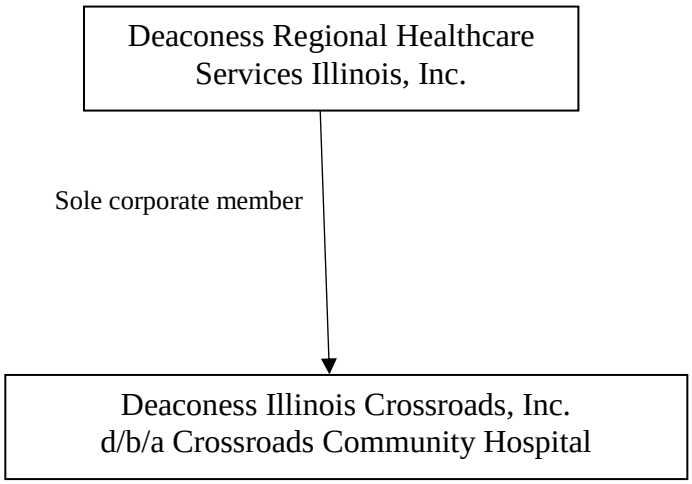
ATTACHMENT 4
ORGANIZATIONAL RELATIONSHIPS

The applicant facility's pre-transaction and post-transaction organizational charts are included with this Attachment. Following the transaction, the licensee of the facility will be Deaconess Illinois Crossroads, Inc., whose sole corporate member is Deaconess Regional Healthcare Services Illinois, Inc. Both Deaconess entities are not-for-profit corporations and, therefore, have no owners of a 5% or more interest.

Pre-Transaction Organizational Chart



Post-Transaction Organizational Chart



ATTACHMENT 5

BACKGROUND OF THE APPLICANTS

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 hospitals are:

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

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

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

Quorum Hospital Corporation's affiliated Illinois Ambulatory Surgical Treatment Center is:

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

Quorum Hospital Corporation's affiliated Illinois Long Term Care Facility is:

Red Bud Regional Care
350 West South 1st Street
Red Bud, Illinois
Nursing Home License #0045476

Deaconess Health System, Inc.'s affiliated hospitals are:

Deaconess Midtown Hospital
600 Mary St.
Evansville, IN 47747

Deaconess Gateway Hospital
4011 Gateway Blvd.
Newburgh, IN 47630

Deaconess Henderson Hospital
1305 North Elm St.
Henderson, KY 42420

Deaconess Gibson Hospital
1808 Sherman Dr.
Princeton, IN 47670

Deaconess Union County Hospital
4606 US Hwy, 60 West
Morganfield, KY 42437

Baptist Health Deaconess Hospital Madisonville
900 Hospital Dr.
Madisonville, KY 42431

The Women's Hospital
4199 Gateway Blvd.
Newburgh, IN 47630

Deaconess Orthopedic Neuroscience Hospital
4011 Gateway Blvd.
Newburgh, IN 47630

The Heart Hospital
4007 Gateway Blvd.
Newburgh, IN 47630

Encompass Health Deaconess Rehabilitation Hospital – Midtown Campus
600 Mary St., Unit 4100
Evansville, IN 47747

Encompass Health Deaconess Rehabilitation Hospital
9355 Warrick Wellness Trail
Newburgh, IN 47630

2. **A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.**

Other than the facilities listed in paragraph 1 above, no health care facilities are currently owned or operated in Illinois by any of the applicants identified in the organizational charts included in Attachment 4 or their respective corporate officers or directors.

3. **A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

Included with Attachment 6 is the applicants' certification of no adverse action during the three years prior to the filing of the application.

4. **Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.**

Included with Attachment 6 is the applicants' authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.

5. **If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion.**

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

ATTACHMENT 6

CHANGE OF OWNERSHIP

1. Section 1130.520(b)(1)(A) - Names of the parties

a. National Healthcare of Mt. Vernon, Inc. d/b/a Crossroads Community Hospital
b. Quorum Health Corporation
c. Quincy Health, LLC
d. Deaconess Illinois Crossroads, Inc.
e. Deaconess Regional Healthcare Services Illinois, Inc.
f. Deaconess Health System, Inc.

2. Section 1130.520(b)(1)(B) - Background of the parties

The applicants' certification of no adverse action within three years preceding the filing of the application is included with this Attachment. In addition, each of the applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able, and have the qualifications, background, and character to adequately provide a proper standard of health service for the community.

3. Section 1130.520(b)(1)(C) - Structure of the transaction

Crossroads Community Hospital is currently owned by Quorum Health Corporation which proposes to transfer the operating assets of the hospital to Deaconess Illinois Crossroads, Inc., whose sole corporate member is Deaconess Regional Healthcare Services, Illinois, Inc. The hospital's real estate assets will be transferred to Deaconess Health System, Inc., an Indiana nonprofit corporation. Deaconess Health System will lease the real estate to Deaconess Regional Healthcare Services Illinois, Inc., which will sublease to the real estate to Deaconess Illinois Crossroads, Inc.

The purchase price attributed to the purchase of the Crossroads Community Hospital real estate by Deaconess Health System, Inc. is $14,054,324, and the purchase price attributed to the purchase of the Crossroads Community Hospital operating assets by Deaconess Regional Healthcare Services Illinois, Inc. is $1,945,676; the total of the purchase price attributable to both transactions regarding Crossroads Community Hospital is $16,000,000 The total purchase price for all of the transactions relating to Quorum Health Corporation is $146 million.

The transaction will occur pursuant to an asset purchase agreement that also includes the transfer of assets of three other Quorum hospitals in southern Illinois, and for which separate change of ownership exemption applications are being filed. The structure of the transaction of all four hospitals is diagrammed in chart included with this Attachment.

4. Section 1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction

Following the transaction, the licensee will be Deaconess Illinois Crossroads, Inc.

5. **Section 1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.**

Organizational charts showing the current interest structure of the applicant facility and the post-change ownership interest are included with Attachment 4.

6. **Section 1130.520(b)(1)(F) - Fair market value of assets to be transferred.**

Deaconess Regional Healthcare Services Illinois. Inc. and Deaconess Health System, Inc. will have a purchase price of $16,000,000 for the assets of the applicant facility. The physical assets and facilities are currently being valued for accounting purposes and are expected to be completed near the closing date for the sole purpose of recording the assets at fair market value in accordance with current accounting standards.

7. **Section 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets.**

See paragraph 6 above.

8. **Section 1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section**

In accordance with 77 Ill. Admin. Code 1130.520, the applicants, by their signatures to the Certification pages of this application, affirm that any projects for which permits have been issued by the Review Board have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Admin. Code 1130.520.

9. **Section 1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction**

The applicants, by their signatures to the Certification pages of this application, attest that the compliant charity care policy for any hospital applicant will remain in effect for a two-year period following the transaction.

10. **Section 1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community**

As the result of the transaction, the communities served are anticipated to have numerous benefits including, but not limited to, increased primary care and specialty physicians, significant increases in capital spending, the deployment of the EPIC medical record, a more generous charity care policy, improved quality, increase in local jobs, lower healthcare costs, increase in base pay for many of the current employees, improved spending on community benefits and health needs assessments, reduced outsourcing of services and enhanced public/private partnerships with local communities.

11. Section 1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership

As a result of the transaction, many currently outsourced services will be brought internal, increasing jobs and reducing outsourced costs, thus benefitting the community and reducing costs.

12. Section 1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control

Deaconess anticipates retaining existing quality programs that are in place currently, and will ultimately conform those policies to the Deaconess overall quality programs, which will enhance quality over time.

13. Section 1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body

Initially and on a go-forward basis, Deaconess Regional Healthcare Services Illinois, Inc., as the sole corporate member, will appoint and remove the Board members for the applicant facility.

14. Section 1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.

Deaconess anticipates retaining existing scope of services that are in place currently, and looks to begin increasing services and access in compliance with any required regulatory approvals following the transaction. There is no present intention to reduce the scope of services.

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Kniery:

On behalf of the applicant facility and Quorum Health Corporation ("Quorum"), I hereby certify that no adverse action has been taken against the applicant facility or any other Illinois hospital facility owned, operated or controlled by Quorum during the three years prior to the filing of this application for change of ownership.

The applicants affirm that all Quorum owned Illinois health care facilities are identified in this application and that no other health care facilities are currently owned or operated in Illinois by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the applicant facility.

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 the application for change of ownership of the facility 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,

Christopher M. Harrison
Executive Vice President and
Chief Financial Officer and Treasurer
Quorum Health Corporation

10/10/2022
Dated

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Kniery:

On behalf of Deaconess Regional Healthcare Services Illinois, Inc. ("Deaconess Illinois"), please be advised that neither Deaconess Illinois nor any Deaconess affiliated entity own or control any hospital facilities in Illinois. Deaconess Illinois manages Ferrell Hospital in Eldorado, Illinois and Lawrence County Memorial Hospital in Lawrenceville, Illinois, pursuant to management agreements with those facilities. I hereby certify that no adverse action has been taken against those two facilities 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 the application for change of ownership of the facility 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.

This letter further attests that the applicant facility will not adopt a more restrictive charity care policy that was in effect one year prior to the transaction.

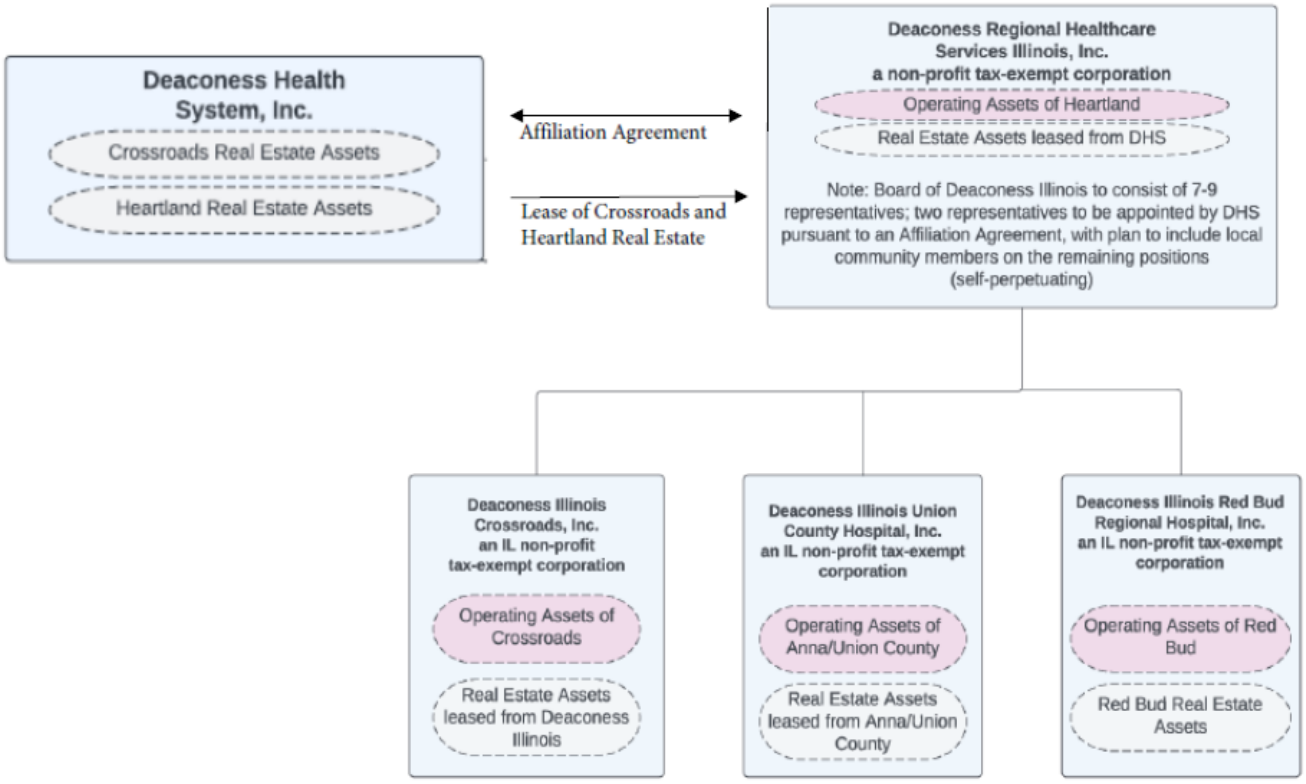
Respectfully submitted,

Marc Jared Florence
Chairman
Deaconess Regional Healthcare Services Illinois, Inc.

10/10/22
Dated

Deaconess / Quorum Acquisition
Structure Diagram

10/3/22



ATTACHMENT 6

ATTACHMENT 7

CHARITY CARE INFORMATION

The amount of charity care for the last three years provided by each of Quorum Health Corporation's affiliated Illinois hospitals are included in the tables below.

CROSSROADS COMMUNITY HOSPITAL, Mt. Vernon			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**47,837,708**	**51,135,047**	**50,470,632**
Amount of Charity Care (charges)	0.2% of net patient revenue	0.2% of net patient revenue	1.7% of net patient revenue
Cost of Charity Care ($)	92,907	77,176	878,228

GATEWAY REGIONAL MEDICAL CENTER, Granite City			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**119,853,104**	**131,644,070**	**117,499,287**
Amount of Charity Care (charges)	0.6% of net patient revenue	0.2% of net patient revenue	4.2% of net patient revenue
Cost of Charity Care ($)	662,943	268,232	4,939,160

HEARTLAND REGIONAL MEDICAL CENTER, Marion			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**122,956,140**	**108,538,922**	**91,681,819**
Amount of Charity Care (charges)	0.1% of net patient revenue	0.1% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care ($)	72,702	96,346	182,223

RED BUD REGIONAL HOSPITAL, Red Bud			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**28,080,998**	**30,328,846**	**29,797,957**
Amount of Charity Care (charges)	0.3% of net patient revenue	0.5% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care ($)	90,677	138,053	35,582

UNION COUNTY HOSPITAL, Anna			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**23,749,436**	**23,622,462**	**21,283,050**
Amount of Charity Care (charges)	0.3% of net patient revenue	0.0% of net patient revenue	0.6% of net patient revenue
Cost of Charity Care ($)	65,284	8,068	135,815

VISTA MEDICAL CENTER, Waukegan			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**189,423,688**	**193,507,563**	**194,594,078**
Amount of Charity Care (charges)	0.3% of net patient revenue	0.1% of net patient revenue	4.2% of net patient revenue
Cost of Charity Care ($)	550,384	159,356	8,206,020

The above charity care information is from the 2018, 2019, and 2020 Hospital Profiles for each facility.

The Deaconess applicants do not currently own or control any hospitals in Illinois. However, the applicant Deaconess Regional Healthcare Services Illinois, Inc., currently manages Ferrell Hospital and Lawrence County Memorial Hospital pursuant to management agreements with those facilities. The amount of charity care for the last three years provided by each of those two hospitals are included in the tables below.

FERRELL HOSPITAL, Eldorado			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**15,339,697**	**17,257,428**	**22,267,174**
Amount of Charity Care (charges)	1.1% of net patient revenue	1.4% of net patient revenue	0.9% of net patient revenue
Cost of Charity Care ($)	167,719	244,938	209,753

LAWRENCE COUNTY MEMORIAL HOSPITAL, Lawrenceville			
	2018	**2019**	**2020**
Net Patient Revenue ($)	**15,396,324**	**15,710,359**	**15,804,771**
Amount of Charity Care (charges)	4.2% of net patient revenue	4.5% of net patient revenue	5.4% of net patient revenue
Cost of Charity Care ($)	645,000	705,000	861,000

The above charity care information is from the 2018, 2019, and 2020 Hospital Profiles for each facility.