

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: HSHS St. Mary's Hospital		
Street Address: 1800 E. Lake Shore Drive		
City and Zip Code: Decatur, IL 62521		
County: Macon	Health Service Area: 4	Health Planning Area: D-04

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

Exact Legal Name: St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis		
Street Address: 1800 E. Lake Shore Drive		
City and Zip Code: Decatur, IL 62521		
Name of Registered Agent: Paige Toth		
Registered Agent Street Address: 4936 Laverna Road		
Registered Agent City and Zip Code: Springfield, IL 62707		
Name of Chief Executive Officer: Theresa Rutherford		
CEO Street Address: 1800 E. Lake Shore Drive		
CEO City and Zip Code: Decatur, IL 62521		
CEO Telephone Number: 217-464-2966		

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: Paige Toth
Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road
Telephone Number: Springfield, IL 62707
E-mail Address: Paige.Toth@hshs.org
Fax Number: N/A

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

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

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City and Zip Code: Decatur, IL 62521		
County: Macon	Health Service Area: 4	Health Planning Area: D-04

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

Exact Legal Name: Hospital Sisters Health System
Street Address: 4936 Laverna Road
City and Zip Code: Springfield, IL 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Road
Registered Agent City and Zip Code: Springfield, IL 62707
Name of Chief Executive Officer: Damond Boatwright
CEO Street Address: 4936 Laverna Road
CEO City and Zip Code: Springfield, IL 62707
CEO Telephone Number: 217-523-4747

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: Amy Bulpitt
Title: Sr. VP & Chief Legal Officer
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road
Telephone Number: Springfield, IL 62707
E-mail Address: Amy.Bulpitt@hshs.org>
Fax Number: N/A

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

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

Post Permit Contact

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

Name: Jill Crum, MSN, RN
Title: Chief Nursing Officer
Company Name: HSHS St. Mary's Hospital
Address: 1800 E. Lake Shore Drive
Telephone Number: (217) 464-2406
E-mail Address: Jill.Crum@hshs.org
Fax Number: (217) 464-1616

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner: 1800 E. Lake Shore Drive, Decatur, IL 62521
Street Address or Legal Description of the Site: 1800 E. Lake Shore Drive, Decatur, IL 62521 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: St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis			
Address: 1800 E. Lake Shore Drive, Decatur, IL 62521			
☒	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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- ☒ Substantive
- ☐ Non-substantive

2. Narrative Description

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

The applicant HSHS St. Mary's Hospital is located at 1800 E. Lake Shore Drive, Decatur, Illinois. The applicant proposes to discontinue the following categories of service:

- Obstetrics/Gynecology (18 beds)
- Acute Mental Illness (56 beds consisting of 36 Adult AMI and 20 Adolescent AMI)
- Comprehensive Physical Rehabilitation (20 beds)
- Pediatric (14 beds)

There is excess capacity in the area in all of the above categories of service, and the proposed discontinuations will not create a bed need in any of these services.

The project also includes the reduction of 20 Medical/Surgical beds which will reduce the facility's Medical/Surgical bed capacity from 108 beds to 88 beds.

Given the discontinuation of the Obstetrics service, clinical services other than categories of service to be discontinued will be the nursery consisting of 16 Level I and four Level II beds.

This project is part of St. Mary's Hospital longer term modernization and updating of the facility to better accommodate declining population and inpatient utilization in the Decatur region and to improve the financial viability of the hospital which has experienced significant negative operating margins for many years. St. Mary's Hospital intends to file a Certificate of Need later this year for an approximately \$90 million major modernization of the facility.

There is no cost to this project. The project is classified as substantive because it includes the discontinuation of categories of service.

Project Costs and Sources of Funds - N/A: No costs are associated with the discontinuation.

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service ☐ Yes ☒ No If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings: ☒ None or not applicable ☐ Preliminary ☐ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>March 22, 2023</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): No costs are associated with the discontinuation. ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies ☐ Financial Commitment will occur after permit issuance.
APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable? ☒ Cancer Registry ☒ APORS ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted ☒ All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
--

Cost Space Requirements - N/A: There are no costs associated with the project.

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: HSHS St. Mary's Hospital		CITY: Decatur			
REPORTING PERIOD DATES: From: January 1, 2020 to: December 31, 2020					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	108	3,027	12,497	-20	88
Obstetrics	18	706	1,527	-18	0
Pediatrics	14	0	0	-14	0
Intensive Care	14	902	3,051	0	14
Comprehensive Physical Rehabilitation	20	162	2,393	-20	0
Acute/Chronic Mental Illness	56	846	9,170	-56	0
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	230				102

Source: 2020 Hospital Profile

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*:

St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis

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.

Theresa J. Rutherford
SIGNATURE
Theresa J. Rutherford
PRINTED NAME
President/CEO
PRINTED TITLE

Amy K. Bulpitt
SIGNATURE
Amy Bulpitt
PRINTED NAME
Sr VP & Chief Legal Officer
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

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*:

Hospital Sisters Health System

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.

Damond Boatwright /aks
SIGNATURE
Damond Boatwright
PRINTED NAME
President + CEO
PRINTED TITLE

Amy Burpitt
SIGNATURE
Amy Burpitt
PRINTED NAME
Sr VP + Chief Legal Officer
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

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all 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 37.

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				

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 39, 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:

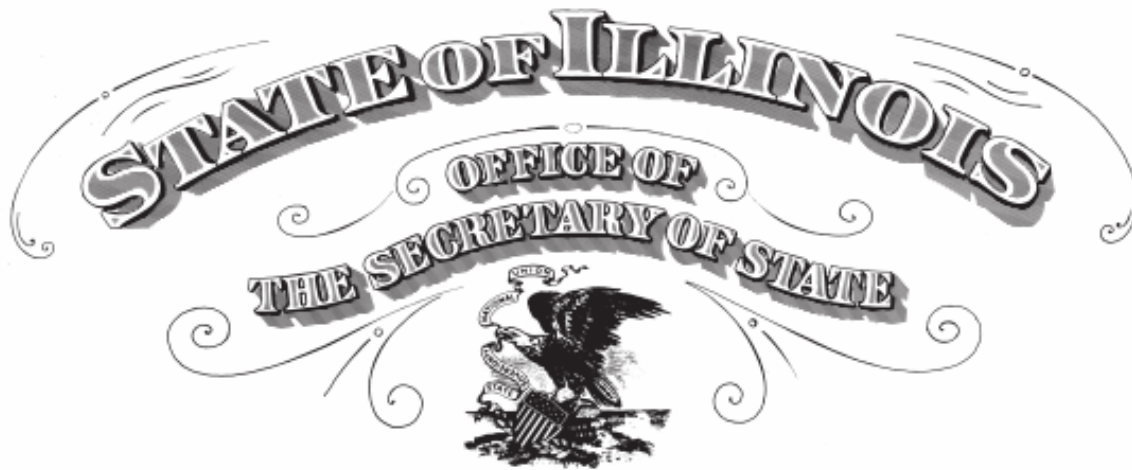
INDEX OF ATTACHMENTS			
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ATTACHMENT 1
TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are Certificates of Good Standing for the applicants:

1. HSHS St. Mary's Hospital
2. Hospital Sisters Health System

File Number 3528-159-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

ST. MARY'S HOSPITAL, DECATUR, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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.

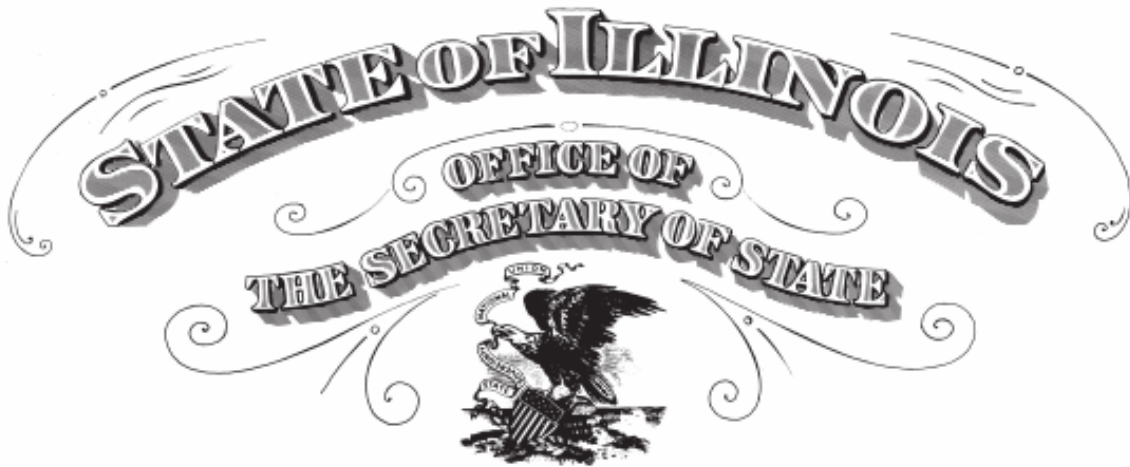


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JANUARY A.D. 2023 .

Authentication #: 2302703112 verifiable until 01/27/2024
Authenticate at: <https://www.ilios.gov>

Alexi Giannoulis
SECRETARY OF STATE

File Number 5163-355-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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 27TH day of JANUARY A.D. 2023 .

Authentication #: 2302703346 verifiable until 01/27/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

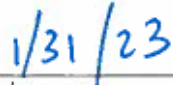
ATTACHMENT 2

Attestation of Site Ownership

The undersigned is an authorized representative of the applicant facility HSHS St. Mary's Hospital, located at 1800 E. Lake Shore Drive, Decatur, IL, and hereby attests that the site of the licensed applicant facility is owned by Hospital Sisters Health System.



Amy Bulpitt
Chief Legal Officer
Hospital Sisters Health System



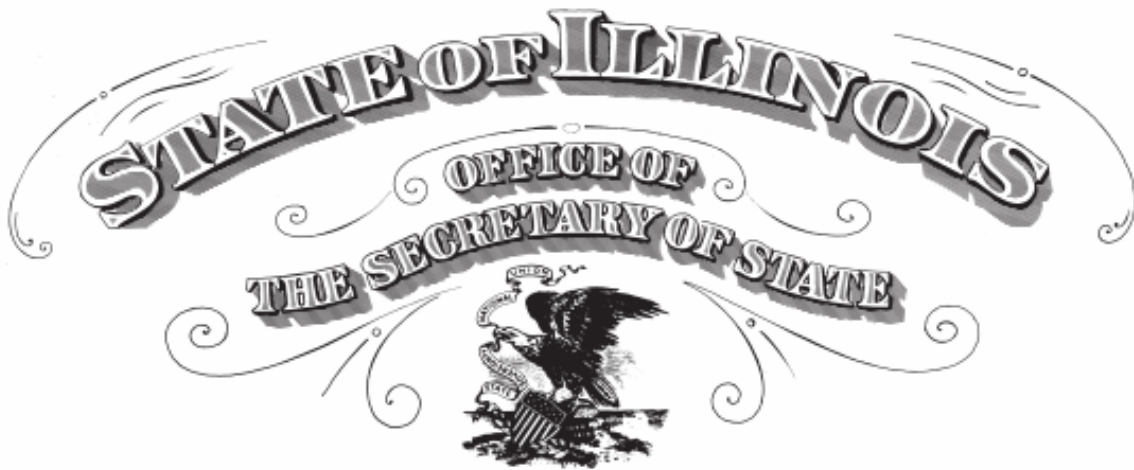
Dated

ATTACHMENT 3
OPERATING ENTITY/LICENSEE

Included with this Attachment is the licensee's Certificate of Good Standing. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational chart included with Attachment 4.

File Number

3528-159-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

ST. MARY'S HOSPITAL, DECATUR, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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.

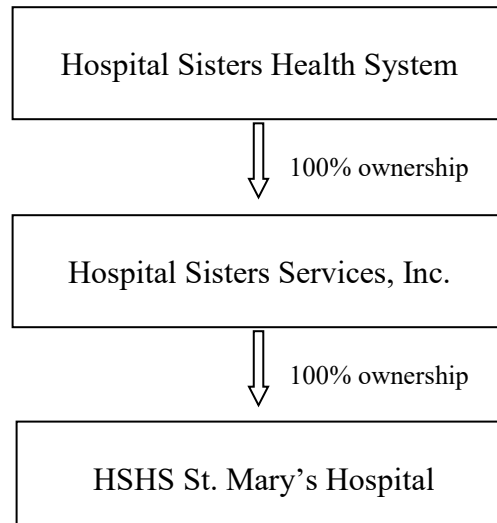


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JANUARY A.D. 2023 .

Authentication #: 2302703112 verifiable until 01/27/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 4
ORGANIZATIONAL CHART



**ATTACHMENT 10
DISCONTINUATION**

GENERAL INFORMATION REQUIREMENTS

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

The categories of service and beds to be discontinued are:

- Obstetrics/Gynecology (18 beds)
- Acute Mental Illness (56 beds consisting of 36 Adult AMI and 20 Adolescent AMI)
- Comprehensive Physical Rehabilitation (20 beds)
- Pediatric (14 beds)

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

Nursery Beds will be discontinued as a result of the discontinuation of the Obstetrics service. This consists of:

- 16 Level I beds
- 4 Level II beds

St. Mary's will also reduce its Medical-Surgical bed capacity from 108 beds to 88 beds for a total reduction of 20 Medical-Surgical beds (in addition to the 14 Pediatric beds noted above).

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

The anticipated discontinuation of all services is March 22, 2023.

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

The equipment will be utilized at other Hospital Sisters Health System affiliated facilities. The physical spaces housing the discontinued services will be closed and that section of the building is planned for demolition as part of the subsequent major modernization project that St. Mary's plans to present to the Review Board subsequently this year.

- 5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.**

The medical records will be maintained in the facility's current electronic medical record system in accordance with the facility's records retention policy for a minimum period of 10 years in accordance with Illinois law.

6. **Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.**

Included with Exhibit A to this Attachment 10 is a copy of the notice provided to the local media that would routinely be notified about facility events. The attached notice was published in the Decatur Tribune on January 25, 2023.

7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**

Not applicable.

8. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.**

Not applicable.

REASONS FOR DISCONTINUATION

The reasons for discontinuation are: (1) insufficient volume and demand for the service and (2) the service is not economically feasible.

Insufficient Volume: The population of Macon County, Illinois has been in decline for decades. According to the United States Census, the county population declined over 20% from 1980 to 2020. (*See*, Chart in Exhibit B to this Attachment.) The region has excess bed capacity in all four categories of service proposed to be discontinued in this application and, excess capacity will remain in all services after the discontinuation as reflected in the following table.

All Services Will Continue to Have Excess Beds Following Discontinuation at St. Mary's

Service	Planning Area	Bed Need	Existing Beds	Existing Excess Beds	Discontinued Beds	Resulting Excess Beds
Obstetrics	D-04	19	44	25	(18)	7
AMI	HAS 4	156	223	67	(56)	11
Rehab	HSA 4	52	80	28	(20)	8
Med-Surg/ Pediatrics ¹	D-04	187	397	210	(34)	176

Source: 2021 Inventory of Health Care Services and Need Determination and Addendum to Inventory of Health Care Facilities dated 12/15/2022 attached hereto as Exhibit C and D, respectively.

The declining population and excess beds in the area contribute to significant underutilization of existing beds. The following table shows that St. Mary's Hospital is well below target utilization in all services related to this discontinuation.

St. Mary's Has Been Far Below Target Utilization in All Services to be Discontinued

Service	Target Utilization	2019 Utilization	2020 Utilization
Obstetrics	75%	26.8%	23.5%
AMI	85%	46.6%	44.7%
Rehab	85%	42.3%	32.7%
Pediatrics	65%	0%	0%

Source: 2019 and 2020 Hospital Profiles (attached as Exhibit E)

In sum, all four services to be discontinued have been significantly underutilized and the area will continue to have excess bed capacity in all services following the discontinuations.

Not Economically Feasible: The continued operation of the four services to be discontinued adversely impacts the financial viability of St. Mary's Hospital. The low utilization of the services did not allow for efficient and cost effective operation of the facility. As indicated in the Review Board's Planning Policies in Part 1100 of its regulations, the target utilization rates are "a measure of service capability and efficient operation" and that facilities "should operate at or above the prescribed utilization targets. 77 Ill. Adm. Code 1100.370(a) and (b). St. Mary's has been operating far below target utilization in all services to be discontinued.

¹ St. Mary's Hospital is discontinuing all 14 Pediatric beds and 20 Medical-Surgical Beds, with 88 remaining Medical-Surgical Beds.

The inefficient operation of these services due to underutilization has directly and adversely impacted St. Mary's financial performance. In the last five years, St. Mary's has had net operating losses totaling almost \$62 million and averaging over \$12 million per year. (See Table below.) In FY 2022 alone, St. Mary's operating loss was almost \$20 million. This financial performance is not sustainable.

Unsustainable Financial Performance

	FY18	FY19	FY20	FY21	FY22
Net Operating Income (<i>millions</i>)	(\$4.5)	(\$13.6)	(\$15.8)	(\$8.1)	(\$19.8)
% Net Operating Income	-3.2%	-9.1%	-9.9%	-4.7%	-11.2%

The discontinuation of underutilized services will preserve St. Mary's continuing ability to serve patients in the region. This action will also allow St. Mary's to proceed with plans to (a) modernize the hospital facility with a \$90 million investment subject to approval of a Certificate of Need application to be filed later this calendar year; (b) remove an antiquated portion of its current facility and replace it with a modern structure and improved campus grounds; (c) offer impacted HSHS employees job opportunities within the hospital system; and (d) preserve all other existing service lines. In the latter regard, St. Mary's Hospital will continue to provide high-quality, reliable and safe care to patients in these services areas:

- Emergency
- ICU and Intermediate Care
- Cardiovascular services with Prairie Heart Institute – Cath/Vascular Lab, Cardiac Rehabilitation, Diagnostic Cardiology – echo, stress, etc.
- Radiology – CT, MRI, Nuclear Medicine, General Radiology, Ultrasound, Women's Center for Mammography
- Medical and Surgical Care
- OR/Post-Anesthesia Care Unit/Pre- and Post-Op
- Nursing
- Gastroenterology
- Cancer Center
- Lab Services Sleep Studies
- IV Infusion
- Pain Center
- Wound Care
- Respiratory Services/Studies
- Hospitalists Services
- Vascular Ultrasound
- Therapy Services – PT, OT, Speech
- Pharmacy
- HSHS Medical Group and independent specialty clinics

IMPACT ON ACCESS

1. **Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.**

The discontinuation will not have an adverse effect upon access to care for residents of the facility's market area. As noted above and set forth below, there is currently an excess of beds in all four of the service lines to be discontinued and bed excesses will remain in all services lines following the proposed discontinuations.

All Services Will Continue to Have Excess Beds Following Discontinuation at St. Mary's

Service	Planning Area	Bed Need	Existing Beds	Existing Excess Beds	Discontinued Beds	Resulting Excess Beds
Obstetrics	D-04	19	44	25	(18)	7
AMI	HAS 4	156	223	67	(56)	11
Rehab	HSA 4	52	80	28	(20)	8
Med-Surg/ Pediatrics ²	D-04	187	397	210	(34)	176

Source: 2021 Inventory of Health Care Services and Need Determination and Addendum to Inventory of Health Care Facilities dated 12/15/2022 attached hereto as Exhibit C and D, respectively.

Listed below are the existing within the respective service areas that provide the services to be discontinued that currently have excess capacity.

Obstetric Services within Planning Area D-04

Facility	OB Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Decatur Memorial Hospital	26	4.3	41.4%	75%

Source: 2020 Hospital Profile included with Exhibit F to this Attachment.

In response to St. Mary's notification of the proposed discontinuation of Obstetric services, Decatur Memorial Hospital has submitted a letter stating that it has capacity to accommodate additional OB patients. A copy of the letter is included as Exhibit G to this Attachment.

² St. Mary's Hospital is discontinuing all 14 Pediatric beds and 20 Medical-Surgical Beds, with 88 remaining Medical-Surgical Beds.

Acute Mental Illness Services within HSA 4

Facility	AMI Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Decatur Memorial Hospital	20	6.7	33.3%	85%
Carle BroMenn Medical Center, Normal	19	9.8	51.7%	85%
OSF Heart of Mary Medical Center, Urbana	30	11.0	36.6%	85%
Sarah Bush Lincoln Health Center, Mattoon	18	11.8	65.6%	85%
The Pavilion Foundation, Champaign	72	57.8	80.3%	85%

Source: 2020 Hospital Profiles; *See* Exhibit F to this Attachment.

Comprehensive Physical Rehabilitation Services within HSA 4

Facility	Rehab Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Carle BroMenn Medical Center, Normal	15	8.0	51.7%	85%
Carle Foundation Hospital, Urbana	20	15.2	76.2%	85%
OSF Heart of Mary Medical Center, Urbana	25	11.5	46.0%	85%

Source: 2020 Hospital Profiles; *See* Exhibit F to this Attachment.

Pediatric Services within Planning Area D-04

Facility	Pediatric Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Decatur Memorial Hospital	18	5.4	29.8%	65%
Warner Hospital, Clinton	2	0.0	0.0%	85%

Source: 2020 Hospital Profiles; *See* Exhibit F to this Attachment.

- Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.**

Included as Exhibit H to this Attachment 10 are copies of the notification letters sent to area facilities within the respective planning areas.

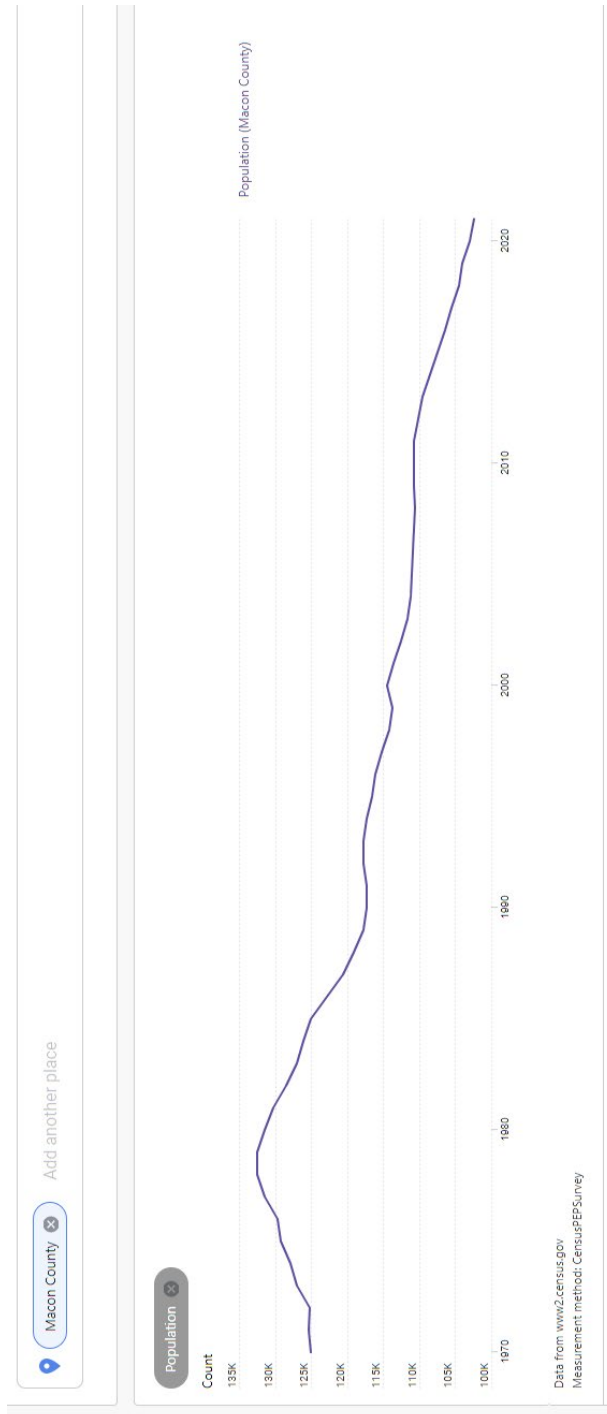
**ATTACHMENT 10
DISCONTINUATION
EXHIBIT A**

The attached notice was published in the Decatur Tribune on January 25, 2023.

PUBLIC NOTICE

In accordance with the requirements of the Illinois Health Facilities and Services Review Board ("HFSRB"), notice is given that HSHS St. Mary's Hospital, located at 1800 East Lake Shore Drive, Decatur, Illinois, proposes to discontinue the following services and beds subject to and after approval by HFSRB: Obstetrics (18 beds); Acute Mental Illness("AMI") (56 beds including Adolescent AMI and Adult AMI); Comprehensive Physical Rehabilitation (20 beds), and Pediatric (14 beds). 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](http://www2.illinois.gov/sites/hfsrb/Pages/default.aspx)
(1-25)

**ATTACHMENT 10
DISCONTINUATION
EXHIBIT B**



ATTACHMENT 10

DISCONTINUATION

EXHIBIT C

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health

OBSTETRIC Category of Service
Hospital Planning Area: D-04

10/25/2021
Page B- 32

Hospital	City	Beds	2019 Utilization		
			Admissions	Patient Days	
Decatur Memorial Hospital	Decatur	26	662	1,724	
St. Mary's Hospital	Decatur	18	744	1,730	
Planning Area Totals		44	1,406	3,454	
HPA Fertility Rate 2019	Projected 2024 Females Age 15-44	Projected Births 2024	Projected Hospital Births 2024	Length of Stay Factor	Projected Patient Days 2024
0.05485	25080	1,376	1,362	2.5	3,405
				Days in Year 2024	Projected Average Daily Census
				366	9.3
				Target Occupancy Rate*	Maternity Bed Need
				0.60	16
Gynecology Patient Days 2019	Estimated 2019 Females Age 15+	Gynecology Use Rate	Projected 2024 Females Age 15+	Projected Patient Days 2024	Days in Year 2024
191	64970	0.00294	60660	178	366
				Average Daily Census	Target Occupancy Rate
				0.5	0.9
				Gynecology Bed Need	
				1	
Obstetrics Patient Migration					
Out-Migration	In-Migration	Net Migration	Average Length of Stay	Obstetrics Patient Days Migration	Days in Year
600	96	504	2.5	1,260	366
				Average Daily Migration	Adjustment Factor
				3.4	0.85
				Migration Adjustment	
				3	
Maternity Bed Need	Gynecology Bed Need	Migration Bed Adjustment	Adjusted Bed Need for Obstetrics/Gynecology	Existing Obstetrics/Gynecology Beds	Excess Beds
16	1	3	19	44	25

*Obstetrics Occupancy Target Rate is 60% (0.60) for Areas with projected Average Daily Census under 10

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois
Department of Public Health

ACUTE MENTAL ILLNESS Category of Service

10/25/2021
Page E- 6

Hospital	City	Beds	2019 Utilization		
			Admissions	Patient Days	
Blessing Hospital at 11th Street	Quincy	41	2,026	11,836	
Illini Community Hospital	Pittsfield	10	207	1,542	
Jacksonville Memorial Hospital	Jacksonville	0	40	265	
5/4/2020 E-012-20	Exemption approved to discontinue 10-bed Acute Mental Illness category of service.				
Lincoln Prairie Behavioral Health Center	Springfield	97	2,373	29,255	
Springfield Memorial Hospital	Springfield	44	1,192	9,834	
St. John's Hospital	Springfield	0	0	0	
9/17/2019 E-035-19	Facility approved to discontinue 32 bed Acute Mental Illness category of service.				
Planning Area Totals		192	5,838	52,732	
Estimated 2019 Total Population	Minimum Beds per 1,000	Minimum AMI Bed Need	Experienced AMI Use Rate	Projected 2024 Total Population	Projected Patient Days
554,000	0.11	59	95.2	536,900	51,104
				Days in Year 2024	Projected Average Daily Census
				366	139.6
				Target Occupancy Rate	Calculated Bed Need
				0.85	164
				Planned Bed Need	Excess Beds
				164	28
Acute Mental Illness Planning Area: 04		2019 Utilization			
Hospital	City	Beds	Admissions	Patient Days	
Carle BroMenn Medical Center	Normal	19	618	3,725	
5/4/2020 E-013-20	Exemption approved for Change of Ownership.				
Decatur Memorial Hospital	Decatur	20	296	4,551	
OSF Heart of Mary Medical Center	Urbana	30	818	3,874	
Sarah Bush Lincoln Health Center	Mattoon	18	934	5,042	
St. Mary's Hospital	Decatur	56	946	9,523	
The Pavilion Foundation	Champaign	72	3,098	22,788	
Planning Area Totals		215	6,710	49,503	
Estimated 2019 Total Population	Minimum Beds per 1,000	Minimum AMI Bed Need	Experienced AMI Use Rate	Projected 2024 Total Population	Projected Patient Days
814,600	0.11	88	60.8	798,900	48,549
				Days in Year 2024	Projected Average Daily Census
				366	132.6
				Target Occupancy Rate	Calculated Bed Need
				0.85	156
				Planned Bed Need	Excess Beds
				156	59

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois
Department of Public Health

10/25/2021

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MEDICAL-SURGICAL and PEDIATRIC Categories of Service

Hospital Planning Area: D-04

Hospital	City	Beds	2019 Admissions	2019 Patient Days					
CATEGORY OF SERVICE: Medical-Surgical									
Decatur Memorial Hospital	Decatur	204	6,804	33,321					
HSBS Good Shepherd Hospital	Shelbyville	30	349	1,351					
St. Mary's Hospital	Decatur	108	3,526	16,707					
Warner Hospital and Health Services	Clinton	21	138	549					
Medical-Surgical TOTAL		363	10,817	51,928					
CATEGORY OF SERVICE: Pediatrics									
Decatur Memorial Hospital	Decatur	18	203	1,956					
St. Mary's Hospital	Decatur	14	0	0					
Warner Hospital and Health Services	Clinton	2	0	0					
Pediatrics TOTAL		34	203	1,956					
Medical-Surgical/Pediatrics Planning Area Totals		397	11,020	53,884					
Patient Days by Age	2017	2018	2019	TOTAL	3 Year Average	2019 Population	Use Rates	2024 Population	Projected Days
0-14 Years Old	2,791	2,245	1,956	6,992	2,331	25,850	0.0902	26,050	2,349
15-44 Years Old	6,365	4,512	4,184	15,061	5,020	50,480	0.0995	49,710	4,944
45-64 Years Old	13,497	15,222	13,606	42,325	14,108	41,810	0.3374	31,520	10,636
65-74 Years Old	11,798	11,099	12,745	35,642	11,881	17,900	0.6637	19,770	13,122
75-up Years Old	18,323	19,401	21,393	59,117	19,706	15,220	1.2947	15,820	20,482
Out-Migration	In-Migration	Net Migration	Average Length of Stay	Migration Days	Adjustment Factor	Adjustment	Total Projected Days	Adjusted Days	
4,097	1,518	2,579	5.018	12,941	0.50	6,471	51,533	58,004	
Adjusted Days	Days in Year 2024	Adjusted Average Daily Census	Occupancy Target*	Adjusted Beds Needed	Existing Beds	Excess Beds			
58,004	366	159	0.85	187	397	210			

* If ADC less than 100 in Planning Area, Occupancy Target is 80%; if the Planning Area has ADC of 100-199, the Occupancy Target is 85%; if ADC is 200 or more, 90%.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois
Department of Public Health

10/25/2021

Page D- 6

COMPREHENSIVE PHYSICAL REHABILITATION Category of Service

Comprehensive Physical Rehabilitation Planning Area: HSA 04

Comprehensive Physical Rehabilitation Planning Area: HSA 05										Beds	Admissions	Patient Days
Hospital					City					Beds	Admissions	Patient Days
Carle BroMenn Medical Center					Normal					15	214	2,569
5/4/2020	E-013-20	Exemption approved for Change of Ownership.										
Carle Foundation Hospital					Urbana					20	359	5,846
OSF Heart of Mary Medical Center					Urbana					25	430	4,943
St. Mary's Hospital					Decatur					20	287	3,088
Planning Area Totals										80	1,290	16,446
2019 State Total Rehab Patient Days	Estimated 2019 State Population	2019 State Rehab Use Rate	60% State Use Rate	2019 Area Rehab Use Rate	Projected 2024 Area Population	Projected Rehab Patient Days	Days in Year 2024	Average Daily Census	Rehab Target Occupancy Rate	Projected Rehab Bed Need	Excess Beds	
380,179	12,671,900	0.0300	0.0180	0.0202	798,900	16,129	366	44.1	0.85	52	28	
Comprehensive Physical Rehabilitation Planning Area: HSA 05								05	2019 Utilization			
Hospital					City					Beds	Admissions	Patient Days
Herrin Hospital					Herrin					29	459	7,440
SSM Health Good Samaritan Hospital - Mt. Vernon					Mount Vernon					10	174	2,156
Planning Area Totals										39	633	9,596
2019 State Total Rehab Patient Days	Estimated 2019 State Population	2019 State Rehab Use Rate	60% State Use Rate	2019 Area Rehab Use Rate	Projected 2024 Area Population	Projected Rehab Patient Days	Days in Year 2024	Average Daily Census	Rehab Target Occupancy Rate	Projected Rehab Bed Need	Excess Beds	
380,179	12,671,900	0.0300	0.0180	0.0162	567,100	10,208	366	27.9	0.85	33	6	

ATTACHMENT 10
DISCONTINUATION
EXHIBIT D

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 REVISED BED NEED DETERMINATIONS
 12/15/2022

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess
A-001	2,117	1,330	0	787	477	439	0	38	219	116	0	103
A-002	1,585	1,068	0	517	378	486	108	0	237	70	0	167
A-003	1,748	1,230	0	518	262	259	0	3	116	70	0	46
A-004	1,790	1,642	0	148	350	358	8	0	134	90	0	44
A-005	1,054	927	0	127	233	264	31	0	183	102	0	81
A-006	1,032	569	0	463	209	222	13	0	75	49	0	26
A-007	1,211	830	0	381	205	229	24	0	172	67	0	105
A-008	634	471	0	163	94	84	0	10	52	37	0	15
A-009	757	733	0	24	123	121	0	2	112	64	0	48
A-010	227	274	47	0	42	38	0	4	20	24	4	0
A-011	296	309	13	0	45	41	0	4	28	35	7	0
A-012	409	321	0	88	58	62	4	0	68	35	0	33
A-013	713	714	1	0	121	102	0	19	91	59	0	32
A-014	264	137	0	127	57	53	0	4	42	15	0	27
B-001	529	440	0	89	98	89	0	9	67	38	0	29
B-002	103	76	0	27	8	3	0	5	14	4	0	10
B-003	148	97	0	51	14	15	1	0	17	10	0	7
B-004	97	101	4	0	20	13	0	7	22	13	0	9
C-001	886	571	0	315	146	128	0	18	74	36	0	38
C-002	163	120	0	43	22	14	0	8	19	19	0	0
C-003	88	68	0	20	9	11	2	0	9	9	0	0
C-004	69	53	0	16	12	9	0	3	16	3	0	13
C-005	394	185	0	209	34	28	0	6	39	19	0	20
D-001	500	289	0	211	76	52	0	24	64	25	0	39
D-002	301	196	0	105	31	21	0	10	46	21	0	25
D-003	186	117	0	69	20	9	0	11	17	9	0	8
D-004	397	187	0	210	46	47	1	0	44	19	0	25
D-005	124	91	0	33	14	11	0	3	19	9	0	10
E-001	741	472	0	269	128	123	0	5	62	31	0	31
E-002	93	60	0	33	4	2	0	2	3	5	2	0
E-003	64	26	0	38	4	1	0	3	0	2	2	0
E-004	122	53	0	69	13	5	0	8	11	5	0	6
E-005	258	143	0	115	28	23	0	5	28	13	0	15
F-001	971	495	0	476	101	78	0	23	86	45	0	41
F-002	159	81	0	78	10	8	0	2	17	10	0	7
F-003	178	71	0	107	12	4	0	8	14	6	0	8
F-004	262	138	0	124	38	22	0	16	13	13	0	0
F-005	121	53	0	68	0	0	0	0	0	3	3	0
F-006	206	153	0	53	26	16	0	10	0	9	9	0
F-007	281	132	0	149	23	26	3	0	28	11	0	17
Totals	21,278	15,023	65	6,320	3,591	3,516	195	270	2,278	1,220	27	1,085

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
STATE SUMMARY
REVISED BED NEED DETERMINATIONS
12/15/2022

ACUTE MENTAL ILLNESS PLANNING AREAS	ACUTE MENTAL ILLNESS			
	APPROVED EXISTING BEDS	CALCULATED BEDS NEEDED	ADDITIONAL BEDS NEEDED	EXCESS AMI BEDS
PLANNING AREA 1	66	75	9	0
PLANNING AREA 2	147	106	0	41
PLANNING AREA 3	182	164	0	18
PLANNING AREA 4	223	156	0	67
PLANNING AREA 5	55	62	7	0
PLANNING AREAS 6 & 7				
6 A-1	463	280	0	183
6 A-2	710	540	0	170
6 A-3	251	148	0	103
6 & 7 A-4	171	124	0	47
7 A-5	270	245	0	25
7 A-6	290	202	0	88
7 A-7	573	522	0	51
7 A-8	21	47	26	0
AREA 6 & 7 TOTALS	2,749	2,108	26	667
PLANNING AREA				
8 A-9	159	81	0	78
8 A-10	34	38	4	0
8 A-11	30	57	27	0
8 A-12	95	54	0	41
AREA 8 TOTALS	318	230	31	119
PLANNING AREA				
9 A-13	165	94	0	71
9 A-14	89	58	0	31
AREA 9 TOTALS	254	152	0	102
PLANNING AREA 10	54	33	0	21
PLANNING AREA 11	148	99	0	49
ILLINOIS AMI TOTALS	4,196	3,185	73	1,084

STATE SUMMARY
REVISED BED NEED DETERMINATIONS
12/15/2022

REHABILITATION BEDS				
REHAB SERVICE AREA	APPROVED EXISTING BEDS	CALCULATED BED NEED	ADDITIONAL BEDS NEEDED	EXCESS REHAB BEDS
HSA 1	75	69	0	6
HSA 2	68	40	0	28
HSA 3	48	34	0	14
HSA 4	80	52	0	28
HSA 5	39	33	0	6
HSA 6	637	415	0	222
HSA 7	422	370	0	52
HSA 8	140	98	0	42
HSA 9	99	107	8	0
HSA 10	40	11	0	29
HSA 11	74	34	0	40
ILLINOIS TOTAL	1,722	1,263	8	467

NEONATAL	
NEONATAL SERVICE AREAS	APPROVED EXISTING BEDS
HEALTH SERVICE AREA 1	76
HEALTH SERVICE AREAS 2 and 10	40
HEALTH SERVICE AREAS 3 and 4	81
HEALTH SERVICE AREAS 5 and 11	0
HEALTH SERVICE AREAS 6,7,8,and 9	785
ILLINOIS TOTAL	982

LONG-TERM ACUTE CARE (LTACH) BEDS				
LTACH SERVICE AREA	APPROVED EXISTING BEDS	CALCULATED BED NEED	ADDITIONAL BEDS NEEDED	EXCESS LTACH BEDS
HSA 1	54	35	0	19
HSAs 2 and 10	18	29	11	0
HSAs 3 and 4	0	28	28	0
HSAs 5 and 11	0	24	24	0
HSAs 6, 7 8 and 9	578	386	0	192
ILLINOIS TOTAL	650	502	63	211

ATTACHMENT 10 DISCONTINUATION EXHIBIT E

Hospital Profile - CY 2019		HSBS St. Mary's Hospital		Decatur		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Adam Feriozzi			White	77.4%	Hispanic or Latino:				
ADMINSTRATOR PHONE:	217-464-2590			Black	16.0%	Not Hispanic or Latino:				
OWNERSHIP:	St. Mary's Hospital Decatur of the Hospital Sister			American Indian	0.1%	Unknown:				
OPERATOR:	St. Mary's Hospital Decatur of the Hospital Sister			Asian	0.2%	License Number:	2592			
MANAGEMENT:	Not for Profit Church			Hawaiian/ Pacific	0.2%	Site Number:	2592			
CERTIFICATION:				Unknown	6.1%	HPA:	D-04			
FACILITY DESIGNATION:	General Hospital					HSA:	4			
ADDRESS	1800 E Lake Shore Drive		CITY: Decatur	COUNTY: Macon County						
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2019	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	108	91	57	3,526	13,864	2,843	4.7	45.8	42.4	50.3
0-14 Years				0	0					
15-44 Years				400	1,238					
45-64 Years				978	3,472					
65-74 Years				779	3,115					
75 Years +				1,369	6,039					
Pediatric	14	11	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	14	13	13	1,024	3,067	89	3.1	8.6	61.8	66.5
Direct Admission				890	2,388					
Transfers				134	679					
Obstetric/Gynecology	18	16	11	763	1,736	22	2.3	4.8	26.8	30.1
Maternity				744	1,708					
Clean Gynecology				19	28					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	56			946	9,523	0	10.1	26.1	46.6	
Adolescent AMI		20	12	258	3,004	0	11.6	8.2		41.2
Adult AMI		36	35	688	6,519	0	9.5	17.9		49.6
Rehabilitation	20	20	20	287	3,088	0	10.8	8.5	42.3	42.3
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	230			6,412	31,278	2,954	5.3	93.8	40.8	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payer Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	62.5%	17.2%	0.0%	17.9%	0.0%		2.4%			
	4009	1101	0	1148	0		154	6,412		
Outpatients	43.2%	23.6%	0.0%	30.3%	0.4%		2.5%			
	64577	35244	0	45228	559		3733	149,341		
Financial Year Reported:	7/1/2018 to	6/30/2019	Inpatient and Outpatient Net Revenue by Payer Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		2,501,942		
Inpatient Revenue (\$)	63.5%	17.9%	0.0%	18.9%	-0.3%	100.0%				
	35,363,626	9,987,905	0	10,515,895	-187,201	55,680,225	593,633	Total Charity Care as % of Net Revenue		
Outpatient Revenue (\$)	43.6%	23.6%	0.0%	30.9%	1.8%	100.0%				
	37,420,476	20,267,711	0	26,554,892	1,568,580	85,811,659	1,908,309	1.8%		
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:	726			Level I	Level II	Level II+	Kidney:	0		
Number of Live Births:	727		Beds	16	4	0	Heart:	0		
Birthing Rooms:	0		Patient Days	1,625	56	0	Lung:	0		
Labor Rooms:	0		Total Newborn Patient Days	1,681			Heart/Lung:	0		
Delivery Rooms:	0						Pancreas:	0		
Labor-Delivery-Recovery Rooms:	8		Laboratory Studies				Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies	226,543			Total:	0		
C-Section Rooms:	1		Outpatient Studies	383,353						
CSections Performed:	186		Studies Performed Under Contract	25,212						

Hospital Profile - CY 2020

SHS St. Mary's Hospital

Decatur

Page 1

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Adam Feriozzi	White	77.5%	Hispanic or Latino:	0.9%
ADMINISTRATOR PHONE:	217-464-2590	Black	17.6%	Not Hispanic or Latino:	99.1%
OWNERSHIP:	St. Mary's Hospital Decatur of the Hospital Sister	American Indian	0.1%	Unknown:	0.0%
OPERATOR:	St. Mary's Hospital Decatur of the Hospital Sister	Asian	0.2%	License Number:	2592
MANAGEMENT:	Not for Profit Church	Hawaiian/ Pacific	0.0%	Site Number:	2592
CERTIFICATION:		Unknown	4.5%	HPA:	D-04
FACILITY DESIGNATION:	General Hospital			HSA:	4
ADDRESS	1800 E Lake Shore Drive	CITY:	Decatur	COUNTY:	Macon County

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	108	91	30	3,027	12,497	2,795	5.1	41.8	38.7	45.9
0-14 Years				0	0					
15-44 Years				306	985					
45-64 Years				861	3,144					
65-74 Years				721	3,061					
75 Years +				1,139	5,307					
Pediatric	14	11	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	14	13	13	902	3,051	121	3.5	8.7	61.9	66.7
Direct Admission				746	2,219					
Transfers				156	832					
Obstetric/Gynecology	18	16	11	706	1,527	22	2.2	4.2	23.5	26.5
Maternity				697	1,515					
Clean Gynecology				9	12					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	56			846	9,170	0	10.8	25.1	44.7	
Adolescent AMI		20	10	235	2,960	0	12.6	8.1		40.4
Adult AMI		36	25	611	6,210	0	10.2	17.0		47.1
Rehabilitation	20	20	13	162	2,393	0	14.8	6.5	32.7	32.7
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	230			5,487	28,638	2,938	5.8	86.3	37.5	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	51.0%	25.2%	0.0%	20.4%	0.8%	2.5%	
	2801	1382	1	1122	45	136	5,487
Outpatients	38.5%	23.3%	0.1%	33.9%	2.9%	1.3%	
	53190	32277	78	46923	4008	1837	138,313

<u>Financial Year Reported:</u>	7/1/2019 to	6/30/2020	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>						<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense		
Inpatient Revenue (\$)	62.0%	18.6%	0.0%	19.2%	0.2%	100.0%			3,626,588
	33,546,466	10,073,032	0	10,386,075	85,612	54,091,185	632,057		
Outpatient Revenue (\$)	41.8%	22.7%	0.0%	33.8%	1.7%	100.0%			
	35,739,470	19,393,547	0	28,922,632	1,445,566	85,501,215	2,994,531		2.6%

<u>Birth Data</u>		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	605	Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	601	Beds	16	4	Heart:	0
Birthing Rooms:	0	Patient Days	1,403	32	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		1,435	Heart/Lung:	0
Delivery Rooms:	0				Pancreas:	0
Labor-Delivery-Recovery Rooms:	8	<u>Laboratory Studies</u>			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies		204,674	Total:	0
C-Section Rooms:	1	Outpatient Studies		340,097		
CSections Performed:	205	Studies Performed Under Contract		41,888		

ATTACHMENT 10 **DISCONTINUATION** **EXHIBIT F**

Hospital Profile - CY 2020		Carle BroMenn Medical Center		Normal		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Colleen Kannaday			White	87.3%	Hispanic or Latino:	2.1%			
ADMINSTRATOR PHONE:	309-268-5180			Black	9.2%	Not Hispanic or Latino:	96.4%			
OWNERSHIP:	Carle Health			American Indian	0.1%	Unknown:	1.5%			
OPERATOR:	Carle BroMenn Medical Center			Asian	1.9%	License Number:	6189			
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.0%	Site Number:	6189			
CERTIFICATION:				Unknown	1.5%	HPA:	D-02			
FACILITY DESIGNATION:	General Hospital					HSA:	4			
ADDRESS	1304 Franklin Avenue	CITY: Normal	COUNTY: McLean County							
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	134	101	60	4,232	17,621	4,003	5.1	59.1	44.1	58.5
0-14 Years				0	0					
15-44 Years				459	1,577					
45-64 Years				1,110	4,570					
65-74 Years				1,115	4,470					
75 Years +				1,548	7,004					
Pediatric	11	11	0	23	38	75	4.9	0.3	2.8	2.8
Intensive Care	12	12	9	858	2,427	84	2.9	6.9	57.2	57.2
Direct Admission				182	567					
Transfers				676	1,860					
Obstetric/Gynecology	30	28	10	1,388	2,839	77	2.1	8.0	26.6	28.5
Maternity				1,312	2,722					
Clean Gynecology				76	117					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	19			553	3,594	0	6.5	9.8	51.7	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	11	553	3,594	0	6.5	9.8		81.8
Rehabilitation	15	15	12	230	2,932	0	12.7	8.0	53.4	53.4
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	221			6,608	29,451	4,239	5.1	92.0	41.7	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	45.5%	17.3%	0.0%	34.7%	2.5%		0.0%			
	3236	1229	0	2465	175		0		7,105	
Outpatients	29.8%	17.0%	0.0%	38.7%	14.4%		0.0%			
	36622	20876	0	47518	17680		0		122,696	
Financial Year Reported: 1/1/2020 to 12/31/2020 Inpatient and Outpatient Net Revenue by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense		
Inpatient Revenue (\$)	42.1%	19.0%	0.3%	38.5%	0.1%	100.0%		1,269,128		
	37,735,830	17,024,301	252,878	34,482,960	94,245	89,590,214	401,467		Total Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	26.9%	7.2%	0.3%	65.2%	0.4%	100.0%				
	17,243,881	4,637,240	166,676	41,832,050	254,415	64,134,262	867,661	0.8%		
Birthing Data										
				Newborn Nursery Utilization			Organ Transplantation			
Number of Total Births:	1,354			Level I	Level II	Level III+	Kidney:	0		
Number of Live Births:	1,347						Heart:	0		
Birthing Rooms:	0		Beds	37	8	0	Lung:	0		
Labor Rooms:	0		Patient Days	2,048	1,322	0	Heart/Lung:	0		
Delivery Rooms:	0		Total Newborn Patient Days	3,370			Pancreas:	0		
Labor-Delivery-Recovery Rooms:	0						Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	18		Inpatient Studies	223,963			Total:	0		
C-Section Rooms:	2		Outpatient Studies	269,494						
CSections Performed:	458		Studies Performed Under Contract	30,770						

Hospital Profile - CY 2020

Carle Foundation Hospital

Urbana

Page 1

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	James Leonard, MD	White	78.1%	Hispanic or Latino:	3.5%
ADMINISTRATOR PHONE:	217-383-3311	Black	13.5%	Not Hispanic or Latino:	94.9%
OWNERSHIP:	The Carle Foundation	American Indian	0.1%	Unknown:	1.5%
OPERATOR:	The Carle Foundation Hospital	Asian	1.2%	License Number:	3798
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.1%	Site Number:	3798
CERTIFICATION:		Unknown	7.2%	HPA:	D-01
FACILITY DESIGNATION:	General Hospital			HSA:	4
ADDRESS	611 W. Park Street	CITY:	Urbana	COUNTY:	Champaign County

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	285	288	288	19,740	82,907	10,640	4.7	255.6	89.7	88.7
0-14 Years				48	85					
15-44 Years				3,389	12,439					
45-64 Years				6,169	25,464					
65-74 Years				4,393	19,038					
75 Years +				5,741	25,881					
Pediatric	20	20	20	922	2,828	428	3.5	8.9	44.5	44.5
Intensive Care	48	40	40	2,758	10,826	7	3.9	29.6	61.7	74.0
Direct Admission				2,029	7,624					
Transfers				729	3,202					
Obstetric/Gynecology	35	33	33	2,869	7,747	510	2.9	22.6	64.5	68.4
Maternity				2,869	7,747					
Clean Gynecology				0	0					
Neonatal	25	20	20	494	4,000	0	8.1	10.9	43.7	54.6
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	20	19	19	352	5,575	0	15.8	15.2	76.2	80.2
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	10					1617				
Facility Utilization	433			26,406	113,883	13,202	4.8	347.2	80.2	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	41.3%	22.6%	0.9%	22.8%	0.9%	11.4%	
	10912	5974	244	6030	247	2999	26,406
Outpatients	24.0%	12.8%	0.7%	54.4%	1.6%	6.5%	
	408735	218934	12699	926984	27326	110331	1,705,009

<u>Financial Year Reported:</u>	1/1/2020 to	12/31/2020	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	44.3%	17.0%	0.3%	37.8%	0.6%	100.0%		17,250,284
	147,559,000	56,705,000	929,000	125,777,000	1,921,000	332,891,000	5,086,519	
Outpatient Revenue (\$)	22.1%	17.5%	0.1%	60.0%	0.4%	100.0%		Total Charity Care as % of Net Revenue
	118,478,000	93,747,000	423,000	321,589,000	2,118,000	536,355,000	12,163,765	2.0%

<u>Birth Data</u>		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	2,677	Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	2,645	Beds	26	23	Heart:	0
Birthing Rooms:	0	Patient Days	2,440	5,491	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		7,931	Heart/Lung:	0
Delivery Rooms:	0				Pancreas:	0
Labor-Delivery-Recovery Rooms:	7	<u>Laboratory Studies</u>			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	6	Inpatient Studies		33,886	Total:	0
C-Section Rooms:	2	Outpatient Studies		498,420		
CSections Performed:	977	Studies Performed Under Contract		30,644		

Hospital Profile - CY 2019		Decatur Memorial Hospital		Decatur		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Drew Early			White	84.9%	Hispanic or Latino:	0.1%			
ADMINSTRATOR PHONE:	217-876-2109			Black	12.8%	Not Hispanic or Latino:	99.8%			
OWNERSHIP:	Memorial Health Systems			American Indian	0.2%	Unknown:	0.1%			
OPERATOR:	Decatur Memorial Hospital			Asian	0.2%	License Number:	0471			
MANAGEMENT:	Not for Profit Other			Hawaiian/ Pacific	0.0%	Site Number:	0471			
CERTIFICATION:				Unknown	1.9%	HPA:	D-04			
FACILITY DESIGNATION:	General Hospital					HSA:	4			
ADDRESS	2300 North Edward Street	CITY:	Decatur	COUNTY:	Macon County					
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2019	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	204	204	96	6,804	26,054	7,267	4.9	91.3	44.8	44.8
0-14 Years				0	0					
15-44 Years				617	1,868					
45-64 Years				1,987	7,049					
65-74 Years				1,738	6,820					
75 Years +				2,462	10,317					
Pediatric	18	18	9	203	540	1,416	9.6	5.4	29.8	29.8
Intensive Care	32	32	31	1,234	8,090	699	7.1	24.1	75.2	75.2
Direct Admission				762	8,090					
Transfers				472	0					
Obstetric/Gynecology	26	26	15	724	1,602	285	2.6	5.2	19.9	19.9
Maternity				662	1,439					
Clean Gynecology				62	163					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	20			296	4,551	0	15.4	12.5	62.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		20	19	296	4,551	0	15.4	12.5		62.3
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	300			8,789	40,837	9,667	5.7	138.4	46.1	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	62.5%	14.1%	0.0%	21.5%	0.2%		1.7%			
	5495	1239	0	1888	19		148	8,789		
Outpatients	45.0%	16.0%	0.0%	31.5%	5.2%		2.4%			
	115771	41143	0	81201	13271		6082	257,468		
Financial Year Reported:	10/1/2018 to	9/30/2019	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals		3,894,362	
Inpatient Revenue (\$)	59.1%	9.0%	0.0%	28.6%	3.3%		100.0%			
	65,304,584	9,891,052	0	31,586,702	3,679,521		110,461,859	1,192,754		
Outpatient Revenue (\$)	26.2%	12.8%	0.0%	53.3%	7.7%		100.0%			
	53,073,596	25,922,913	0	107,780,727	15,546,449		202,323,685	2,701,608	1.2%	
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:		687		Level I	Level II	Level II+	Kidney:		0	
Number of Live Births:		681	Beds	20	4	0	Heart:		0	
Birthing Rooms:		0	Patient Days	1,319	196	0	Lung:		0	
Labor Rooms:		0	Total Newborn Patient Days			1,515	Heart/Lung:		0	
Delivery Rooms:		0					Pancreas:		0	
Labor-Delivery-Recovery Rooms:		0					Liver:		0	
Labor-Delivery-Recovery-Postpartum Rooms:		9	Inpatient Studies			313,707	Total:		0	
C-Section Rooms:		2	Outpatient Studies			545,246				
CSections Performed:		234	Studies Performed Under Contract			24,058				

Hospital Profile - CY 2020		The Pavilion Foundation		Champaign		Page 1				
Ownership, Management and General Information				Patients by Race		Patients by Ethnicity				
ADMINISTRATOR NAME:	Steve Vanderpoel			White	58.5%	Hispanic or Latino:	1.1%			
ADMINSTRATOR PHONE:	217-373-1702			Black	8.5%	Not Hispanic or Latino:	98.9%			
OWNERSHIP:	Universal Health Services			American Indian	0.1%	Unknown:	0.0%			
OPERATOR:	Universal Health Services			Asian	0.3%	License Number:	4689			
MANAGEMENT:	For Profit Corporation			Hawaiian/ Pacific	0.0%	Site Number:	4689			
CERTIFICATION:				Unknown	32.6%	HPA:	D-01			
FACILITY DESIGNATION:	Psychiatric					HSA:	4			
ADDRESS	809 West Church Street	CITY:	Champaign	COUNTY:	Champaign County					
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	72			2,889	21,150	0	7.3	57.8	80.3	
Adolescent AMI		30	30	893	8,647	0	9.7	23.6		78.8
Adult AMI		42	420	1,996	12,503	0	6.3	34.2		81.3
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	72			2,889	21,150	0	7.3	57.8	80.3	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care		Totals	
Inpatients	6.5%	4.7%	0.0%	81.8%	2.1%		4.9%			
	188	137	0	2362	60		142		2,889	
Outpatients	4.8%	1.0%	0.0%	93.5%	0.6%		0.1%			
	412	81	0	7966	53		9		8,521	
Financial Year Reported:	1/1/2020 to	12/31/2020	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals			
Inpatient Revenue (\$)	6.6%	18.1%	0.0%	74.9%	0.4%		100.0%			
	1,375,706	3,799,443	0	15,690,059	94,171		20,959,379	138,322		Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	5.1%	0.5%	0.0%	92.9%	1.5%		100.0%			
	85,161	8,174	0	1,537,086	24,959		1,655,380	76,292		0.9%
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:		0		Level I	Level II	Level II+	Kidney:		0	
Number of Live Births:		0	Beds	0	0	0	Heart:		0	
Birthing Rooms:		0	Patient Days	0	0	0	Lung:		0	
Labor Rooms:		0	Total Newborn Patient Days			0	Heart/Lung:		0	
Delivery Rooms:		0					Pancreas:		0	
Labor-Delivery-Recovery Rooms:		0					Liver:		0	
Labor-Delivery-Recovery-Postpartum Rooms:		0					Total:		0	
C-Section Rooms:		0	Inpatient Studies			0				
CSections Performed:		0	Outpatient Studies			0				
		0	Studies Performed Under Contract			0				

Hospital Profile - CY 2020

Warner Hospital & Health Services

Clinton

Page 1

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Paul Skowron	White	83.0%	Hispanic or Latino:	2.1%
ADMINISTRATOR PHONE:	217-937-5201	Black	8.5%	Not Hispanic or Latino:	89.4%
OWNERSHIP:	City of Clinton	American Indian	0.0%	Unknown:	8.5%
OPERATOR:	City of Clinton	Asian	0.0%	License Number:	1164
MANAGEMENT:	Government City	Hawaiian/ Pacific	0.0%	Site Number:	1164
CERTIFICATION:	Critical Access	Unknown	8.5%	HPA:	D-04
FACILITY DESIGNATION:	General Hospital			HSA:	4
ADDRESS	422 West White Street	CITY: Clinton	COUNTY: DeWitt County		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	21	13	4	94	160	340	5.3	1.4	6.5	10.5
0-14 Years				0	0					
15-44 Years				36	45					
45-64 Years				34	46					
65-74 Years				3	4					
75 Years +				21	65					
Pediatric	2	1	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	23			94	160	340	5.3	1.4	5.9	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	28.7%	2.1%	0.0%	68.1%	0.0%	1.1%	
	27	2	0	64	0	1	94
Outpatients	48.3%	19.7%	0.0%	27.6%	3.0%	1.5%	
	10636	4341	0	6078	651	327	22,033

Financial Year Reported:	5/1/2019 to	4/30/2020	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	37.8%	2.4%	0.0%	59.7%	0.1%	100.0%			
	681,466	42,984	0	1,075,427	1,105	1,800,982	28,334		260,355
Outpatient Revenue (\$)	45.5%	16.8%	0.0%	37.6%	0.1%	100.0%			
	7,810,886	2,889,743	0	6,459,907	22,685	17,183,221	232,021		Total Charity Care as % of Net Revenue 1.4%

Birthing Data		Newborn Nursery Utilization			Organ Transplantation	
Number of Total Births:	0	Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	0	Beds	0	0	Heart:	0
Birthing Rooms:	0	Patient Days	0	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		0	Heart/Lung:	0
Delivery Rooms:	0				Pancreas:	0
Labor-Delivery-Recovery Rooms:	0	Laboratory Studies			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies		1,935	Total:	0
C-Section Rooms:	0	Outpatient Studies		40,013		
CSections Performed:	0	Studies Performed Under Contract		4,388		

Hospital Profile - CY 2020				Sarah Bush Lincoln Health Center		Mattoon		Page 1		
Ownership, Management and General Information				Patients by Race			Patients by Ethnicity			
ADMINISTRATOR NAME:	Bob O'Rourke			White	93.1%	Hispanic or Latino:	2.0%			
ADMINSTRATOR PHONE:	217-258-2591			Black	2.7%	Not Hispanic or Latino:	93.7%			
OWNERSHIP:	Sarah Bush Lincoln Health Center			American Indian	0.0%	Unknown:	4.3%			
OPERATOR:	Sarah Bush Lincoln Health Center			Asian	0.2%	License Number:	3392			
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.0%	Site Number:	3392			
CERTIFICATION:				Unknown	4.1%	HPA:	D-05			
FACILITY DESIGNATION:	General Hospital					HSA:	4			
ADDRESS	1000 Health Center Drive		CITY:	Mattoon	COUNTY:	Coles County				
Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	93	93	93	5,185	16,803	5,850	4.4	61.9	66.6	66.6
0-14 Years				0	0					
15-44 Years				424	1,153					
45-64 Years				1,428	4,324					
65-74 Years				1,359	4,383					
75 Years +				1,974	6,943					
Pediatric	6	6	6	60	126	65	3.2	0.5	8.7	8.7
Intensive Care	9	9	9	540	1,899	141	3.8	5.6	61.9	61.9
Direct Admission				353	1,234					
Transfers				187	665					
Obstetric/Gynecology	19	17	13	794	1,609	310	2.4	5.2	27.6	30.8
Maternity				738	1,496					
Clean Gynecology				56	113					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	18			833	4,319	0	5.2	11.8	65.6	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		16	16	833	4,319	0	5.2	11.8		73.8
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	145			7,225	24,756	6,366	4.3	85.0	58.6	
(Includes ICU Direct Admissions Only)										
Inpatients and Outpatients Served by Payor Source										
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care	Totals		
Inpatients	46.5%	21.3%	2.5%	19.1%	1.9%		8.7%			
	3678	1689	195	1516	147		692	7,917		
Outpatients	30.4%	17.5%	1.4%	42.1%	2.6%		6.0%			
	103491	59337	4649	143016	8980		20465	339,938		
Financial Year Reported:	7/1/2019 to	6/30/2020	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals				
Inpatient Revenue (\$)	42.5%	11.9%	0.7%	43.1%	1.7%	100.0%				
	33,322,167	9,348,656	580,660	33,758,201	1,323,605	78,333,289	674,608		2,528,687	
Outpatient Revenue (\$)	22.3%	9.3%	2.9%	62.4%	3.1%	100.0%				
	53,254,478	22,228,813	6,882,271	148,822,487	7,368,625	238,556,674	1,854,079		0.8%	
Birthing Data			Newborn Nursery Utilization				Organ Transplantation			
Number of Total Births:	748		Level I	Level II	Level II+		Kidney:	0		
Number of Live Births:	742		Beds	17	0	0	Heart:	0		
Birthing Rooms:	0		Patient Days	1,193	0	0	Lung:	0		
Labor Rooms:	0		Total Newborn Patient Days	1,193			Heart/Lung:	0		
Delivery Rooms:	0						Pancreas:	0		
Labor-Delivery-Recovery Rooms:	0						Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:	9		Laboratory Studies							
C-Section Rooms:	1		Inpatient Studies				185,157	Total:	0	
CSections Performed:	179		Outpatient Studies				785,715			
			Studies Performed Under Contract				48,544			

Hospital Profile - CY 2020				OSF Healthcare Heart of Mary Medical Center				Urbana		Page 1	
<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>				<u>Patients by Ethnicity</u>			
ADMINISTRATOR NAME:	Jared Rogers, MD			White		75.7%		Hispanic or Latino:		2.6%	
ADMINSTRATOR PHONE:	217-337-2777			Black		19.6%		Not Hispanic or Latino:		96.1%	
OWNERSHIP:	OSF Healthcare			American Indian		0.1%		Unknown:		1.3%	
OPERATOR:	OSF Healthcare			Asian		1.3%		License Number:		6080	
MANAGEMENT:	Not for Profit Church			Hawaiian/ Pacific		0.1%		Site Number:		6080	
CERTIFICATION:				Unknown		3.2%		HPA:		D-01	
FACILITY DESIGNATION:	General Hospital							HSA:		4	
ADDRESS	1400 W Park St			CITY: Urbana		COUNTY: Champaign County					
<u>Facility Utilization Data by Category of Service</u>											
<u>Clinical Service</u>	Authorized CON Beds 12/31/2020	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %	
Medical/Surgical	110	90	46	2,338	9,756	1,856	5.0	31.7	28.8	35.3	
0-14 Years				3	15						
15-44 Years				270	897						
45-64 Years				671	2,665						
65-74 Years				561	2,395						
75 Years +				833	3,784						
Pediatric	6	4	1	0	0	0	0.0	0.0	0.0	0.0	
Intensive Care	15	14	14	433	738	2	1.7	2.0	13.5	14.4	
Direct Admission				360	480						
Transfers				73	258						
Obstetric/Gynecology	24	22	11	518	1,111	46	2.2	3.2	13.2	14.4	
Maternity				514	1,104						
Clean Gynecology				4	7						
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Swing Beds			0	0	0		0.0	0.0			
Total AMI	30			737	4,023	0	5.5	11.0	36.6		
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0	
Adult AMI		25	16	737	4,023	0	5.5	11.0		44.0	
Rehabilitation	25	21	19	355	4,213	0	11.9	11.5	46.0	54.8	
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Dedicated Observation	0					0					
Facility Utilization	210			4,308	19,841	1,904	5.0	59.4	28.3		
(Includes ICU Direct Admissions Only)											
<u>Inpatients and Outpatients Served by Payor Source</u>											
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay			Charity Care	Totals		
Inpatients	48.7%	20.3%	2.7%	24.7%	0.9%			2.7%			
	2099	873	115	1064	40			117	4,308		
Outpatients	40.1%	21.0%	1.3%	33.7%	1.8%			2.1%			
	14018	7345	448	11794	636			743	34,984		
<u>Financial Year Reported:</u>	10/1/2019 to	9/30/2020	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>							<u>Total Charity Care Expense</u>	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Totals	Charity Care Expense	2,288,192		
Inpatient Revenue (\$)	31.0%	17.0%	3.0%	48.5%	0.4%		100.0%				
	17,083,141	9,368,795	1,667,053	26,765,749	247,454		55,132,192	1,198,300	<u>Total Charity Care as % of Net Revenue</u>		
Outpatient Revenue (\$)	15.2%	12.5%	2.8%	64.8%	4.7%		100.0%				
	6,314,810	5,197,025	1,149,488	26,912,599	1,955,204		41,529,126	1,089,892	2.4%		
<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>				
Number of Total Births:		497		Level I	Level II		Level II+	Kidney:	0		
Number of Live Births:		493	Beds	30	0		12	Heart:	0		
Birthing Rooms:		0	Patient Days	816	165		93	Lung:	0		
Labor Rooms:		0	Total Newborn Patient Days				1,074	Heart/Lung:	0		
Delivery Rooms:		0						Pancreas:	0		
Labor-Delivery-Recovery Rooms:		6	<u>Laboratory Studies</u>					Liver:	0		
Labor-Delivery-Recovery-Postpartum Rooms:		0	Inpatient Studies				128,658	Total:	0		
C-Section Rooms:		2	Outpatient Studies				93,394				
CSections Performed:		150	Studies Performed Under Contract				56,714				

**ATTACHMENT 10
DISCONTINUATION
EXHIBIT G**



January 31, 2023

Via Personal Delivery

Ms. Debra Savage, Chairwoman
IL Health Facilities & Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Re: HSHS St. Mary's Hospital in Decatur/Certificate of
Need (CON) Application for Discontinuation of OB Services

Dear Chairwoman Savage:

On behalf of Memorial Health and Decatur Memorial Hospital, I am writing you to advise the Review Board that we do not oppose HSHS St. Mary's discontinuation of the OB category of service and have the capacity to accommodate additional OB patients.

The financial challenges facing Illinois hospitals are well established. They include high inflation, financial pressures stemming from staffing shortages, and major supply chain disruptions. In the Decatur service region, the long-term population decline has only added to those pressures. We at Memorial Health appreciate that the applicant shared an advance briefing on the nature of and reasons for this CON application to discontinue the OB services, and we understand the significant and growing financial deficits of the applicant hospital that led to this filing.

Decatur Memorial Hospital and Memorial Health are prepared to do our part to help assure that the healthcare needs of our region are met during and after this transition. Thank you for considering our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Curtis", written over a horizontal line.

Edgar J. Curtis
President and
Chief Executive Officer

cc: John P. Kniery, HFSRB Administrator

340 W. Miller St.
Springfield, IL 62702

217-788-3000

memorial.health



ATTACHMENT 10
DISCONTINUATION
EXHIBIT H
Notice to Area Facilities

The following notification letters were sent to area facilities within the applicable geographic service areas for each category of service.

DocuSign Envelope ID: 5F097D3C-DCCC-42CE-9C52-8FF170B259FD



January 27, 2023

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Joey King
 Chief Executive Officer
 The Pavilion Behavioral Health System
 809 W. Church St.
 Champaign, IL 61820

RE: Discontinuation of Services – HSHS St. Mary's Hospital, Decatur

Dear Mr. King:

This letter is to notify you that HSHS St. Mary's Hospital located at 1800 East Lake Shore Drive, Decatur, Illinois is filing an application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of services addressed below. The discontinuation is anticipated to occur by March 22, 2023.

The services and beds proposed to be discontinued are: Obstetric/Gynecology; Acute Mental Illness (including Adolescent AMI and Adult AMI); Comprehensive Physical Rehabilitation; and Pediatrics. The total number of patients admitted to these services in 2020 and 2021 are included in the table below.

Service	2020 Admissions	2021 Admissions
Obstetrics	706	610
AMI	846	980
Rehabilitation	162	176
Pediatrics	0	0

After submission of the application to discontinue the services to HFSRB, information about the proposed discontinuation may be found on the HFSRB website at www2.illinois.gov/sites/hfsrb/Pages/default.aspx

Sincerely,

DocuSigned by:

ED7DDB2AF3A4B5
 Theresa Rutherford, RN, MS, MBA, FACHE
 President & Chief Executive Officer
 HSHS St. Mary's Hospital

1800 East Lake Shore Drive | Decatur, Illinois 62521 | 217-464-2986 | www.stmarysdecatur.com



January 27, 2023

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Drew Early, MHSA
President and CEO
Decatur Memorial Hospital
2300 N. Edward St.
Decatur, IL 62526

RE: Discontinuation of Services – HSHS St. Mary's Hospital, Decatur

Dear Mr. Early:

This letter is to notify you that HSHS St. Mary's Hospital located at 1800 East Lake Shore Drive, Decatur, Illinois is filing an application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of services addressed below. The discontinuation is anticipated to occur by March 22, 2023.

The services and beds proposed to be discontinued are: Obstetric/Gynecology; Acute Mental Illness (including Adolescent AMI and Adult AMI); Comprehensive Physical Rehabilitation; and Pediatrics. The total number of patients admitted to these services in 2020 and 2021 are included in the table below.

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Sincerely,

DocuSigned by:

Theresa Rutherford

EE1DDB24F3A490

Theresa Rutherford, RN, MS, MBA, FACHE
President & Chief Executive Officer
HSBS St. Mary's Hospital



January 27, 2023

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Paul Skowron
 Chief Executive Officer
 Warner Hospital & Health Services
 422 W. White Street
 Clinton, IL 61727

RE: Discontinuation of Services – HSHS St. Mary's Hospital, Decatur

Dear Mr. Skowron:

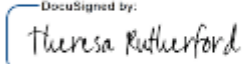
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Sincerely,

DocuSigned by:

 Theresa Rutherford, RN, MS, MBA, FACHE
 President & Chief Executive Officer
 HSHS St. Mary's Hospital



January 27, 2023

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Kim Uphoff
President & CEO
Sarah Bush Lincoln
1000 Health Center Dr.
Mattoon, IL 61938

RE: Discontinuation of Services – HSHS St. Mary's Hospital, Decatur

Dear Ms. Uphoff:

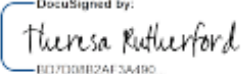
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Sincerely,

DocuSigned by:

 Theresa Rutherford, RN, MS, MBA, FACHE
 President & Chief Executive Officer
 HSHS St. Mary's Hospital



January 27, 2023

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Erin Rogers
Interim President
OSF Heart of Mary Medical Center
1400 W. Park St.
Urbana, IL 61801

RE: Discontinuation of Services – HSHS St. Mary's Hospital, Decatur

Dear Ms. Rogers:

This letter is to notify you that HSHS St. Mary's Hospital located at 1800 East Lake Shore Drive, Decatur, Illinois is filing an application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of services addressed below. The discontinuation is anticipated to occur by March 22, 2023.

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Sincerely,

DocuSigned by:

Theresa Rutherford
Theresa Rutherford, RN, MS, MBA, FACHE
President & Chief Executive Officer
HSBS St. Mary's Hospital



January 27, 2023

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Colleen Kannaday
President
Carle BroMenn Medical Center
1304 Franklin Ave.
Normal, IL 61761

RE: Discontinuation of Services – HSHS St. Mary's Hospital, Decatur

Dear Ms. Kannaday:

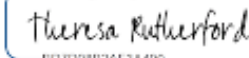
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Sincerely,

DocuSigned by:

 Theresa Rutherford, RN, MS, MBA, FACHE
 President & Chief Executive Officer
 HSHS St. Mary's Hospital



January 27, 2023

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Elizabeth Angelo
President
Carle Foundation Hospital
611 W. Park St.
Urbana, IL 61801

RE: Discontinuation of Services – HSHS St. Mary's Hospital, Decatur

Dear Ms. Angelo:

This letter is to notify you that HSHS St. Mary's Hospital located at 1800 East Lake Shore Drive, Decatur, Illinois is filing an application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of services addressed below. The discontinuation is anticipated to occur by March 22, 2023.

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Sincerely,

DocuSigned by:

Theresa Rutherford

Theresa Rutherford, RN, MS, MBA, FACHE
President & Chief Executive Officer
HSHS St. Mary's Hospital

ATTACHMENT 37
SAFETY NET IMPACT STATEMENT

A. The Project will not have a material impact on Safety Net Services.

1. The project's material impact, if any, on essential safety net services in the community, *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.

The project will not have a material impact on essential safety net services in the community. None of the factors identified in the Review Board's regulations as indicators of adverse impact on access to service are present. Criterion 1110.290(c), Impact on Access, sets forth three factors which include (1) the service will no longer exist in the service area, (2) discontinuation will create or increase a shortage of beds as calculated in the Inventory of Health Care Services, and, (3) a shortage of categories of service exist. As demonstrated in the tables below, there are other providers in the area that provide the categories of services to be discontinued, and the discontinuation will create or increase a shortage of beds. Rather, the area has an excess of beds in every category of service and excess beds will exist in all categories of service after the discontinuation.

The Project Will Not Create or Increase a Shortage of Beds in Any Category of Services

Service	Planning Area	Bed Need	Existing Beds	Existing Excess Beds	Discontinued Beds	Resulting Excess Beds
Obstetrics	D-04	19	44	25	(18)	7
AMI	HSA 4	156	223	67	(56)	11
Rehab	HSA 4	52	80	28	(20)	8
Med-Surg/ Pediatrics ³	D-04	187	397	210	(34)	176

Source: 2021 Inventory of Health Care Services and Need Determination and Addendum to Inventory of Health Care Facilities dated 12/15/2022 attached hereto as Exhibit C and D, respectively, to Attachment 10.

The Services Will Continue to Exist in the Area at Providers with Excess Capacity

Obstetric Services within Planning Area D-04

Facility	OB Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Decatur Memorial Hospital	26	4.3	41.4%	75%

Source: 2020 Hospital Profiles included with Exhibit F to Attachment 10.

³ St. Mary's Hospital is discontinuing all 14 Pediatric beds and 20 Medical-Surgical Beds, with 88 remaining Medical-Surgical Beds.

In response to St. Mary's notification of the proposed discontinuation of Obstetric services, Decatur Memorial Hospital has submitted a letter stating that it has capacity to accommodate additional OB patients. A copy of the letter from is included as Exhibit G to Attachment 10.

Acute Mental Illness Services within HSA 4

Facility	AMI Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Decatur Memorial Hospital	20	6.7	33.3%	85%
Carle BroMenn Medical Center, Normal	19	9.8	51.7%	85%
OSF Heart of Mary Medical Center, Urbana	30	11.0	36.6%	85%
Sarah Bush Lincoln Health Center, Mattoon	18	11.8	65.6%	85%
The Pavilion Foundation, Champaign	72	57.8	80.3%	85%

Source: 2020 Hospital Profiles; *See Exhibit F to Attachment 10.*

Comprehensive Physical Rehabilitation Services within HSA 4

Facility	Rehab Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Carle BroMenn Medical Center, Normal	15	8.0	51.7%	85%
Carle Foundation Hospital, Urbana	20	15.2	76.2%	85%
OSF Heart of Mary Medical Center, Urbana	25	11.5	46.0%	85%

Source: 2020 Hospital Profiles; *See Exhibit F to Attachment 10.*

Pediatric Services within Planning Area D-04

Facility	Pediatric Beds	2020 Average Daily Census	2020 Utilization	Target Utilization
Decatur Memorial Hospital	18	5.4	29.8%	65%
Warner Hospital, Clinton	2	0.0	0.0%	65%

Source: 2020 Hospital Profiles; *See Exhibit F to Attachment 10.*

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.

The project will not adversely impact the ability of another provider or health care system to cross-subsidize safety net services. Insofar as this project will result in increased utilization at other area providers, it will allow for more efficient operation of their existing services which would improve the facilities' ability to cross-subsidize services. The Review Board's planning policies recognize that higher utilization is associated with more efficient operation and that "services should operate at or above the prescribed utilization targets." 77 Ill. Adm. Code 1100.370(b). Of the seven other providers in the area, none is at target utilization in any of the four categories of service affected by this application.

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

Other than as addressed under paragraphs 1 and 2 above, the applicants are not aware of any impact on existing providers that might result from the discontinuation of services in this application.

HSHS St. Mary's Hospital's Charity Care and Medicaid Information*

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	483	154	136
Outpatient	4,760	3,733	1,837
Total	5,243	3,887	1,973
Charity (cost in dollars)			
Inpatient	653,338	593,633	632,057
Outpatient	1,385,414	1,908,309	2,994,531
Total	2,038,752	2,501,942	3,626,588
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	1,583	1,101	1,382
Outpatient	33,335	35,244	32,277
Total	34,918	36,345	33,659
Medicaid (revenue)			
Inpatient	10,870,600	9,987,905	10,073,032
Outpatient	18,993,626	20,267,711	19,393,547
Total	29,864,226	30,255,616	29,466,579

*Source: 2018, 2019, and 2020 Hospital Profiles

ATTACHMENT 38

CHARITY CARE INFORMATION

The amount of charity care provided by the applicant facility and by Hospital Sisters Health System's other affiliated Illinois hospitals are included in the tables below.*

HSHS ST. MARY'S HOSPITAL, Decatur			
	2018	2019	2020
Net Patient Revenue (\$)	135,890,615	141,491,884	139,592,400
Amount of Charity Care (charges)	1.5% of net patient revenue	1.8% of net patient revenue	2.6% of net patient revenue
Cost of Charity Care (\$)	2,038,752	2,501,942	3,626,588

HSHS ST. JOHN'S HOSPITAL, Springfield			
Net Patient Revenue (\$)	504,568,621	474,418,110	7,089,001
Amount of Charity Care (charges)	0.7% of net patient revenue	1.1% of net patient revenue	1.4% of net patient revenue
Cost of Charity Care (\$)	3,735,064	5,717,962	7,089,001

HSHS ST. ELIZABETH'S HOSPITAL, O'Fallon			
Net Patient Revenue (\$)	176,952,794	209,923,705	236,229,960
Amount of Charity Care (charges)	2.2% of net patient revenue	2.4% of net patient revenue	2.0% of net patient revenue
Cost of Charity Care (\$)	3,968,739	4,957,179	4,677,255

HSHS ST. ANTHONY'S MEMORIAL HOSPITAL, Effingham			
Net Patient Revenue (\$)	141,407,019	141,549,301	133,797,725
Amount of Charity Care (charges)	1.4% of net patient revenue	1.5% of net patient revenue	1.6% of net patient revenue
Cost of Charity Care (\$)	1,992,352	2,054,382	2,124,114

HSHS ST. JOSEPH'S HOSPITAL, Breese			
Net Patient Revenue (\$)	58,428,110	57,565,569	51,076,177
Amount of Charity Care (charges)	1.6% of net patient revenue	1.4% of net patient revenue	1.6% of net patient revenue
Cost of Charity Care (\$)	948,599	794,098	807,372

HSHS HOLY FAMILY HOSPITAL, Greenville			
Net Patient Revenue (\$)	22,130,300	23,264,200	18,477,072
Amount of Charity Care (charges)	1.2% of net patient revenue	0.9% of net patient revenue	3.0% of net patient revenue
Cost of Charity Care (\$)	276,222	220,980	548,198

HSHS ST. FRANCIS HOSPITAL, Litchfield			
Net Patient Revenue (\$)	48,280,634	50,432,039	49,837,518
Amount of Charity Care (charges)	1.1% of net patient revenue	1.6% of net patient revenue	2.0% of net patient revenue
Cost of Charity Care (\$)	538,899	800,168	1,008,722

HSHS ST. JOSEPH'S HOSPITAL, Highland			
Net Patient Revenue (\$)	34,901,482	42,467,496	41,475,768
Amount of Charity Care (charges)	2.3% of net patient revenue	1.5% of net patient revenue	1.5% of net patient revenue
Cost of Charity Care (\$)	790,487	653,071	621,484

HSHS GOOD SHEPHERD HOSPITAL, Shelbyville			
Net Patient Revenue (\$)	14,677,805	15,502,498	12,264,800
Amount of Charity Care (charges)	0.9% of net patient revenue	2.6% of net patient revenue	1.2% of net patient revenue
Cost of Charity Care (\$)	128,398	404,244	151,281

*Source: 2018, 2019, and 2020 Hospital Profiles