

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: OSF Saint James-John W. Albrecht Medical Center Discontinuation of Obstetric/ Gynecology Category of Service		
Street Address: 2500 W. Reynolds Street		
City and Zip Code: Pontiac 61764		
County: Livingston	Health Service Area 4	Health Planning Area: D-02

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

Exact Legal Name: OSF Healthcare System dba OSF Saint James-John W. Albrecht Medical Center
Street Address: 2500 W. Reynolds Street
City and Zip Code: Pontiac 61764
Name of Registered Agent: Danielle McNear
Registered Agent Street Address: 124 S.W. Adams Street
Registered Agent City and Zip Code: Peoria 61602
Name of Chief Executive Officer: Robert Sehring
CEO Street Address: 124 N.E. Adams Street
CEO City and Zip Code: Peoria 61602
CEO Telephone Number: 309-655-2850

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: Derrick Frazier
Title: President
Company Name: OSF Saint James-John W. Albrecht Medical Center
Address: 2500 W. Reynolds Street Pontiac 61764
Telephone Number: 815-842-2828
E-mail Address: derrick.a.frazier@osfhealthcare.org
Fax Number:

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

Name: Mark Hohulin

Title: Senior Vice President, Healthcare Analytics

Company Name: OSF Healthcare System

Address: 124 S.W. Adams Street Peoria 61602

Telephone Number: 309-308-9656

Name: Mark Hohulin

Fax Number:

Post Exemption Contact

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

Name: Mark Hohulin

Title: Senior Vice President, Healthcare Analytics

Company Name: OSF Healthcare System

Address: 124 S.W. Adams Street Peoria 61602

Telephone Number: 309-308-9656

E-mail Address: mark.e.hohulin@osfhealthcare.org

Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OSF Healthcare System

Address of Site Owner: 124 N.E. Adams Street Peoria, IL 61602

Street Address or Legal Description of the Site: 2500 W. Reynolds Street Pontiac, IL 61764

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: OSF Healthcare dba OSF Saint James-John W. Albrecht Medical Center

Address: 2500 W. Reynolds Street Pontiac, IL 61764

- ☒ Non-profit Corporation
☐ For-profit Corporation
☐ Limited Liability Company
☐ Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship



- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

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

OSF Healthcare System dba Saint James-John W. Albrecht Medical Center (OSF Saint James), 2500 W. Reynolds Street, Pontiac, IL 61764, proposes to discontinue its four (4) bed, in-patient Obstetric/Gynecology unit. The number of Obstetric patients and babies born at OSF Saint James has been declining over the last several years, which aligns with the declining and aging population of Livingston County. Currently OSF Saint James is birthing 10-15 babies per month on average. Years ago, OSF Saint James used to have over 200 Obstetric patients and births per year which has declined considerably over the last several years (see table). OSF Saint James will shift its services to focus on the future growth of services outside of the delivery of babies, and will streamline its labor and delivery services to other hospitals within OSF Healthcare System to ensure the long-term viability of all of our hospitals.

OSF Saint James John W.
Albrecht Medical Center
Obstetric Services Utilization

CY	Admissions	IP Days
2022	130	277
2021	146	311
2020	154	324
2019	192	414
2018	235	506

High-risk patients will continue to be referred to OSF Maternal-Fetal Medicine based in Peoria, IL. We will follow the plan created in collaboration with the Perinatal Network Administrator for any patient who presents in active labor to the Emergency Department to be medically screened, given stabilizing treatment within our capabilities, and transferred if delivery not imminent. Our Emergency Department physicians will work with OSF Maternal-Fetal Medicine at OSF St. Francis Medical Center for all pregnant women who present to ensure the appropriate level of care is identified and when transfer may be needed. Our EMS teams have been notified of the potential as well as Life Flight for those situations when assistance is necessary to provide a timely response to transfer these patients when indicated.

OSF Saint James will continue its commitment to women's health through a variety of services including but not limited to prenatal services with the intent for delivery at St. Joseph Medical Center, gynecological surgical procedures, lactation counseling, natural family planning via the Creighton Model Fertility Care System, and overall women's health, such as 3D mammography, bone density, and wellness screenings.

In addition, OSF Healthcare System will offer a hybrid model of in-person visits and digital tools for women who prefer to take advantage of some virtual offerings – whether to help busy patients with scheduling conflicts or transportation concerns. For example, we could offer a virtual visit for every other visit throughout a healthy pregnancy.

This care model is used in other OSF Healthcare System markets similar to Pontiac and works well, to provide the right combination of digital tools with in-person, compassionate care.

There is no capitalized project cost associated with the proposed Obstetric/Gynecology discontinuation.

This is a substantive project in that it proposes discontinuation of a Bed Category of Service.

Project Status and Completion Schedules

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

- **Permit 19-057: OSF Saint Francis Medical Center Establish a Comprehensive Cancer Care Center, Peoria, expected completion date 6/30/24**
- **Permit 22-016: OSF Comprehensive Cancer Center – 3rd Floor Build Out, Peoria, expected completion date 6/30/24**
- **Permit 23-008: Meadowview Behavioral Health Hospital, Peoria, expected completion date 12/31/25**

Anticipated exemption completion date (refer to Part 1130.570): September 2023 and upon approval by the HFSRB

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
 - ☒ APORS
 - ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 - ☒ All reports regarding outstanding permits
- Failure to be up to date with these requirements will result in the Application being deemed incomplete.**

CERTIFICATION

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

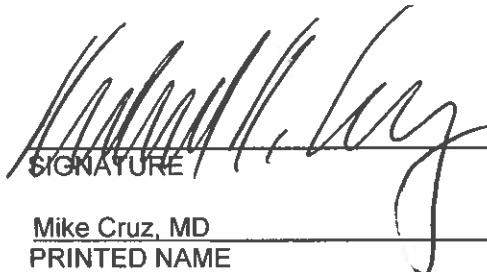
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of OSF Healthcare 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.


SIGNATURE

Robert C. Sehring
PRINTED NAME

Chief Executive Officer
PRINTED TITLE


SIGNATURE

Mike Cruz, MD
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

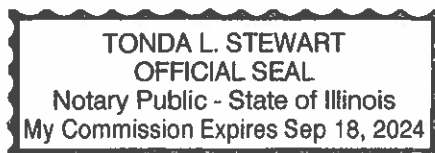
Notarization:

Subscribed and sworn to before me
this 29th day of June 2023



Signature of Notary

Seal



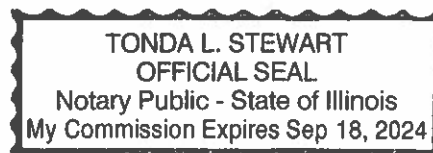
Notarization:

Subscribed and sworn to before me
this 29th day of June 2023



Signature of Notary

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 **OSF Saint James-John W. Albrecht Medical Center*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Carol Friesen
PRINTED NAME

Eastern Region, Chief Executive Officer
PRINTED TITLE

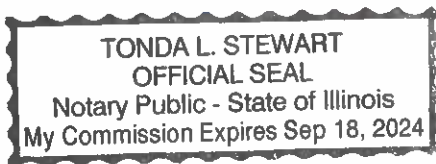
Notarization:

Subscribed and sworn to before me
this 22nd day of June 2023



Signature of Notary

Seal




SIGNATURE

Derrick Frazier
PRINTED NAME

President
PRINTED TITLE

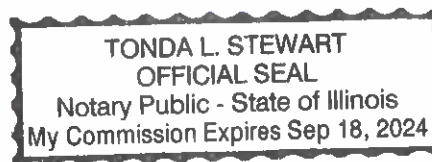
Notarization:

Subscribed and sworn to before me
this 20th day of June, 2023



Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION**Type of Discontinuation**

☒ Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community 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 service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

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

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

SECTION V. CHARITY CARE INFORMATION

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

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

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		14-15
2	Site Ownership		16
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		17
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		18
5	Discontinuation General Information Requirements		19-21
6	Reasons for Discontinuation		22
7	Impact on Access		23-25
8	Background of the Applicant		26-31
9	Safety Net Impact Statement		32-34
10	Charity Care Information		35

File Number

0107-414-8



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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, ADOPTED THE ASSUMED NAME OSF SAINT JAMES-JOHN W. ALBRECHT MEDICAL CENTER ON OCTOBER 27, 2020, 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 18TH day of MAY A.D. 2023 .

Authentication # 2313801842 verifiable until 05/18/2024
Authenticate at <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

Attachment 1

File Number

0107-414-8



To all to whom these Presents Shall Come, Greeting:

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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, 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.



Authentication #: 2227102514 verifiable until 09/28/2023

Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of SEPTEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE

Attachment 1



OSF[®] HEALTHCARE

I, Robert C. Sehring, do hereby attest the site of OSF Saint James-John W. Albrecht Medical Center, which is located at 2500 W. Reynolds, Pontiac, Illinois is owned by OSF Healthcare System.


Robert C. Sehring, CEO
OSF Healthcare System

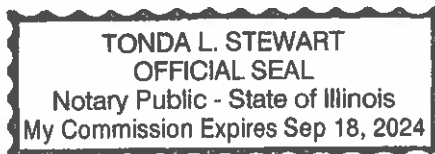
Notarization:

Subscribed and sworn to before me

this 22nd day of June 2023


Signature of Notary

Seal



File Number

0107-414-8



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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, ADOPTED THE ASSUMED NAME OSF SAINT JAMES-JOHN W. ALBRECHT MEDICAL CENTER ON OCTOBER 27, 2020, 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.



Authentication # 2313801842 verifiable until 05/18/2024
Authenticate at <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 18TH
day of MAY A.D. 2023 .***

Alexi Giannoulis
SECRETARY OF STATE

Attachment 3

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graph TD
    CHURCH[CHURCH] --- SISTERS[THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS]
    SISTERS -.- BISHOPS[BISHOPS]
    SISTERS --- OSF_HS[OSF HEALTHCARE SYSTEM]
    SISTERS --- OSF_HF[OSF HEALTHCARE FOUNDATION]
    OSF_HS --- SWHS[SOUTHWEST HEALTH SYSTEMS, INC. DBA LITTLE COMPANY OF MARY HEALTH PROVIDERS]
    OSF_HS --- MCH[MENDOTA COMMUNITY HOSPITAL OSF SAINT PAUL MEDICAL CENTER]
    OSF_HS --- ORH[OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER DBA OSF SAINT ELIZABETH MEDICAL CENTER]
    OSF_HS --- PC[POINTCORE, INC.]
    OSF_HS --- IPS[ILLINOIS PATHOLOGIST SERVICES, LLC]
    OSF_HS --- OMSG[OSF MULTI-SPECIALTY GROUP]
    OSF_HF --- OFA[OSF ASSURANCE COMPANY]
    OSF_HF --- OFA2[OSF AVATION, LLC]
    OSF_HF --- OFFC[OSF FINANCE COMPANY, LLC]
    OSF_HF --- 124A[124 ADAMS PROPERTY MANAGEMENT, LLC]
    OMSG --- PGSL[Pointcore Graphic Solutions]
  
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OSF St Francis Hospital – Escanaba, Michigan
 OSF Saint Anthony Medical Center – Rockford
 OSF Saint James-John W. Albrecht Medical Center – Pontiac
 OSF St. Joseph Medical Center – Bloomington
 OSF Heart of Mary Medical Center – Urbana
 OSF Sacred Heart Medical Center – Danville
 OSF Saint Francis Medical Center – Peoria
 OSF St Mary Medical Center – Galesburg
 OSF Holy Family Medical Center – Monmouth
 OSF Saint Luke Medical Center – Keosauqua
 OSF Saint Clare Medical Center – Princeton
 OSF Saint Anthony's Health Center – Alton
 OSF Little Company of Mary Medical Center – Evergreen Park
 OSF Home Care Services
 OSF Out-Call – Peoria

OSF Multi-Specialty Services
OSF Medical Group
Ambulatory Services

	Direct Responsibility	Advisory
1. <i>Identify the problem</i>	_____	_____
2. <i>Identify the people involved</i>	_____	_____
3. <i>Identify the resources</i>	_____	_____
4. <i>Identify the stakeholders</i>	_____	_____
5. <i>Identify the constraints</i>	_____	_____
6. <i>Identify the opportunities</i>	_____	_____
7. <i>Identify the risks</i>	_____	_____
8. <i>Identify the goals</i>	_____	_____
9. <i>Identify the strategies</i>	_____	_____
10. <i>Identify the actions</i>	_____	_____
11. <i>Identify the outcomes</i>	_____	_____
12. <i>Identify the feedback</i>	_____	_____
13. <i>Identify the evaluation</i>	_____	_____
14. <i>Identify the improvement</i>	_____	_____
15. <i>Identify the sustainability</i>	_____	_____

DISCONTINUATION

GENERAL INFORMATION REQUIREMENTS

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

OSF Saint James-John W. Albrecht Medical Center, 2500 W. Reynolds Street, Pontiac, IL 61764, proposes to discontinue its four (4) bed, in-patient Obstetric/Gynecology unit. There is no capitalized project cost associated with the proposed Obstetric/Gynecology discontinuation.

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

No other clinical services will be discontinued as part of this project.

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

September 2023 and upon approval by the HFSRB.

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

OSF Saint James-John W. Albrecht Medical Center is evaluating the change in operations. At this time, OSF Saint James-John W. Albrecht Medical Center is exploring the need for additional private med/surg beds within our current licensed beds available and/or observation beds in this location.

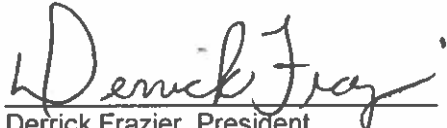
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

OSF Saint James-John W. Albrecht Medical Center distributed a classified ad to the Pontiac Daily Leader. The classified ad was published May 25, 26, & 28, 2023. See attestation and copy of the notice in Attachment 5.

OSF Healthcare System d/b/a OSF Saint James-John W. Albrecht Medical Center does hereby attest that the required notice of the category of service discontinuation/relocation (see below) was sent to the Pontiac Daily Leader and published for three (3) consecutive dates.

Public Notice

OSF Saint James-John W. Albrecht Medical Center in Pontiac, Illinois intends to discontinue Obstetric/Gynecology licensed bed "category of service" for its four (4) bed inpatient obstetric unit in September 2023 and after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). OSF Saint James intends to file the required Certificate of Exemption application to the IHFSRB in the near future and a copy of it can be found, after the application is deemed complete, on the IHFSRB website at <https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For further information, please contact Elizabeth Davidson at 815-842-4555 at OSF Saint James.


Derrick Frazier, President

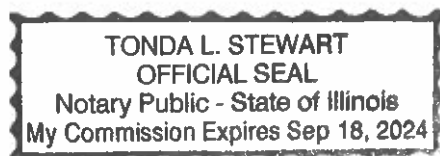
Subscribed and sworn to before me

This 20th day of June, 2023



Notary Public

<seal>



**PONTIAC
DAILY LEADER****Public Notices**

05/26/2023

Share     Print 

Public Notice

OSF Saint James-John W. Albrecht Medical Center in Pontiac, Illinois intends to discontinue Obstetric/Gynecology licensed bed category of service for its four (4) bed inpatient obstetric unit in September 2023 and after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). OSF Saint James intends to file the required Certificate of Exemption application to the IHFSRB in the near future and a copy of it can be found, after the application is deemed complete, on the IHFSRB website at <https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>

For further information, please contact Elizabeth Davidson at 815-842-4555 at OSF Saint James.

Publication Dates L00000000

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

OSF Healthcare System dba Saint James-John W. Albrecht Medical Center (OSF Saint James), 2500 W. Reynolds Street, Pontiac, IL 61764, proposes to discontinue its four (4) bed, in-patient Obstetric/Gynecology unit.

The number of Obstetric patients and babies born at OSF Saint James has been declining over the last several years, which aligns with the declining and aging population of Livingston County. Currently OSF Saint James is birthing 10-15 babies per month on average. Years ago, OSF Saint James used to have over 200 Obstetric patients and births per year which has declined considerably over the last several years (see table). OSF Saint James will shift its services to focus on the future growth of services outside of the delivery of babies, and will streamline its labor and delivery services to other hospitals within OSF Healthcare System to ensure the long-term viability of all of our hospitals.

OSF Saint James John W. Albrecht Medical Center Obstetric Services Utilization		
CY	Admissions	IP Days
2022	130	277
2021	146	311
2020	154	324
2019	192	414
2018	235	506

High-risk patients will continue to be referred to OSF Maternal-Fetal Medicine based in Peoria, IL. We will follow the plan created in collaboration with the Perinatal Network Administrator for any patient who presents in active labor to the Emergency Department to be medically screened, given stabilizing treatment within our capabilities, and transferred if delivery not imminent. Our Emergency Department physicians will work with OSF Maternal-Fetal Medicine at OSF St. Francis Medical Center for all pregnant women who present to ensure the appropriate level of care is identified and when transfer may be needed. Our EMS teams have been notified of the potential as well as Life Flight for those situations when assistance is necessary to provide a timely response to transfer these patients when indicated.

OSF Saint James will continue its commitment to women's health through a variety of services including but not limited to prenatal services with the intent for delivery at St. Joseph Medical Center, gynecological surgical procedures, lactation counseling, natural family planning via the Creighton Model Fertility Care System, and overall women's health, such as 3D mammography, bone density, and wellness screenings.

In addition, OSF Healthcare System will offer a hybrid model of in-person visits and digital tools for women who prefer to take advantage of some virtual offerings – whether to help busy patients with scheduling conflicts or transportation concerns. For example, we could offer a virtual visit for every other visit throughout a healthy pregnancy.

This care model is used in other OSF Healthcare System markets similar to Pontiac and works well, to provide the right combination of digital tools with in-person, compassionate care.

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

There will not be any adverse effect upon access to care. OSF Saint James will continue its commitment to women's health through a variety of services including but not limited to prenatal services with the intent for delivery at St. Joseph Medical Center, gynecological surgical procedures, lactation counseling, natural family planning via the Creighton Model Fertility Care System, and overall women's health, such as 3D mammography, bone density, and wellness screenings.

In addition, OSF Healthcare System will offer a hybrid model of in-person visits and digital tools for women who prefer to take advantage of some virtual offerings – whether to help busy patients with scheduling conflicts or transportation concerns. For example, we could offer a virtual visit for every other visit throughout a healthy pregnancy.

This care model is used in other OSF Healthcare System markets similar to Pontiac and works well, to provide the right combination of digital tools with in-person, compassionate care.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

Impact notification letters were sent to facilities, with Obstetric/Gynecology beds, within the D-02 Hospital Planning Area and near OSF Saint James-John W Albrecht Medical Center on May 22, 2023.

See Attachment 7

Impact Letter of Notification



OSF HEALTHCARE

5/22/2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDColleen Kannaday, President
Carle BroMenn Medical Center
1304 Franklin Avenue
Normal, IL 61761

RE: OSF Saint James-John W. Albrecht Medical Center Proposed Discontinuation of Obstetric/Gynecology Category of Service

Dear Ms. Kannaday:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF James-John W. Albrecht Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 4-bed Obstetric/Gynecology beds category of service. OSF intends to submit the required COE application to the IHFSRB in the near future. The discontinuation is expected to occur September 2023 and upon approval from the Illinois Health Facilities and Review Board.

For your reference, OSF HealthCare Saint James-John W. Albrecht Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021	2022
Obstetric/Gynecology	235	192	154	146	130

Please provide, as applicable, the following information with your impact statement. Any impact statement received will be forwarded to the IHFSRB.

- Capacity to accommodate a portion or all of OSF HealthCare Saint James-John W. Albrecht Medical Center's obstetric/gynecology patients as needed.
- Explanation of any restrictions or limitations precluding providing obstetric/gynecology services to the residents of OSF HealthCare Saint James-John W. Albrecht Medical Center's market area.

If a response is not received, we will assume that the discontinuation of obstetric/gynecology beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF HealthCare Saint James-John W. Albrecht Medical Center
Liz Davidson, Interim President
2500 W. Reynolds Street
Pontiac, IL 61764

If you have any questions, please contact me at 815-842-4555 or email Liz.Davidson@osfhealthcare.org.

Sincerely,

Liz Davidson, Interim President
OSF HealthCare Saint James-John W. Albrecht Medical Center

OSF HealthCare Saint James - John W. Albrecht Medical Center 2500 W. Reynolds St., Pontiac, Illinois 61764 | (815) 842-2828

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature B. Received by (Printed Name) Christina Ballerico C. Date of Delivery D. Is delivery address different from last 12 months? If YES, enter delivery address below:	
1. Article Addressed to: Colleen Kannaday, President Carle BroMenn Medical Center 1304 Franklin Ave Normal, IL 61761		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7017 0530 0001 0421 9693		☐ Agent ☐ Addressee ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

9590 9402 8172 0220 1298 39
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

Attachment 7

Impact Letter of Notification



OSF HEALTHCARE

5/22/2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDLynn Fulton, President
OSF Healthcare St. Joseph Medical Center
2200 East Washington
Bloomington, IL 61701RE: OSF Saint James-John W. Albrecht Medical Center Proposed Discontinuation of Obstetric/Gynecology
Category of Service

Dear Ms. Fulton:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF James-John W. Albrecht Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 4-bed Obstetric/Gynecology beds category of service. OSF intends to submit the required COE application to the IHFSRB in the near future. The discontinuation is expected to occur September 2023 and upon approval from the Illinois Health Facilities and Review Board.

For your reference, OSF HealthCare Saint James-John W. Albrecht Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021	2022
Obstetric/Gynecology	235	192	154	146	130

Please provide, as applicable, the following information with your impact statement. Any impact statement received will be forwarded to the IHFSRB.

- Capacity to accommodate a portion or all of OSF HealthCare Saint James-John W. Albrecht Medical Center's obstetric/gynecology patients as needed.
- Explanation of any restrictions or limitations precluding providing obstetric/gynecology services to the residents of OSF HealthCare Saint James-John W. Albrecht Medical Center's market area.

If a response is not received, we will assume that the discontinuation of obstetric/gynecology beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF HealthCare Saint James-John W. Albrecht Medical Center
Liz Davidson, Interim President
2500 W. Reynolds Street
Pontiac, IL 61764

If you have any questions, please contact me at 815-842-4555 or email Liz.Davidson@osfhealthcare.org.

Sincerely,

Liz Davidson, Interim President
OSF HealthCare Saint James-John W. Albrecht Medical Center

OSF HealthCare Saint James-John W. Albrecht Medical Center 2500 W. Reynolds St. Pontiac, Illinois 61764 : (815) 842-2828

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Lynn Fulton, President OSF HealthCare St. Joseph Medical Center 2200 East Washington Bloomington, IL 61701 2. Article Number (Transfer from service label) 7020 1810 0001 8458 8492	A. Signature X B. Received by (Printed Name) C. SHIELDS C. Date of Delivery 5/26/23 D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

9590 9402 6172 0220 1298 22

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

Attachment 7

BACKGROUND OF APPLICANT

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

See Attachment 8

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

See Attachment 8

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

See Attachment 8

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

BACKGROUND OF APPLICANT**OSF Healthcare System List of Facilities in Illinois****OSF HealthCare Holy Family Medical Center**

1000 W. Harlem Avenue

Monmouth, Illinois 61462

License #: 0005439, Expiration 4/11/24

Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Francis Medical Center

530 NE Glen Oak Avenue

Peoria, Illinois 61637

License #: 0002394, Expiration 12/31/23

Joint Commission: 2/1/20, 36 months (surveyed April 2023 – has not received certificate yet)

OSF HealthCare Saint Anthony's Health Center

One Saint Anthony's Way

Alton, Illinois 62002-0340

License #: 0005942, Expiration 10/31/23

Joint Commission: 5/7/21, 36 months

OSF HealthCare Saint James-John W. Albrecht Medical Center

2500 W. Reynolds Street

Pontiac, Illinois 61764

License #: 0005264, Expiration 3/2/24

Joint Commission: 12/20/2019, 36 months (surveyed April 2023 – has not received certificate yet)

OSF HealthCare St. Joseph Medical Center

2200 E. Washington Street

Bloomington, Illinois 61701

License #: 0002535, Expiration 12/31/23

Joint Commission: 3/25/23, 36 months

OSF HealthCare Saint Anthony Medical Center

5666 E. State Street

Rockford, Illinois 61108-2472

License #: 0002253, Expiration 12/31/23

Joint Commission: 11/23/19, 36 months (surveyed March 2023 – has not received certificate yet)

OSF HealthCare Saint Luke Medical Center

1051 West South Street

Kewanee, Illinois 61443

License #: 0005926, Expiration 3/31/24

Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Elizabeth Medical Center

1100 E. Norris Drive

Ottawa, Illinois 61350

License #: 0005520, Expiration 5/14/24

Joint Commission: 7/17/20, 36 months

OSF HealthCare St. Mary Medical Center

3333 N. Seminary Street

Galesburg, Illinois 61401

License #: 0002675, Expiration 12/31/23

Joint Commission: 2/24/23, 36 months

Attachment 8**OSF Healthcare System List of Facilities in Illinois**

OSF Healthcare System List of Facilities in Illinois**OSF HealthCare Saint Paul Medical Center**

1401 E. 12th Street

Mendota, Illinois 61342

License #: 0005819, Expiration 12/6/23

Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF Healthcare Sacred Heart Medical Center

812 N. Logan Avenue

Danville, Illinois 61832

License #: 0006072, Expiration 2/1/24

Joint Commission: 2/28/20, 36 months (surveyed May 2023 – has not received certificate yet)

OSF HealthCare Heart of Mary Medical Center

1400 W. Park Street

Urbana, Illinois 61801

License #: 0006080, Expiration 2/1/24

Joint Commission: 2/11/21, 36 months:

OSF Saint Elizabeth Medical Center Freestanding Emergency Center

111 Spring Street

Streator, Illinois 61364

License #: 22006, Expiration 8/8/23

Joint Commission: 7/17/20, 36 months (included with Saint Elizabeth Medical Center)

OSF Little Company of Mary Medical Center2800 W. 95th Street

Evergreen Park, Illinois 60805

License #: 0006163, Expiration 1/31/24

Joint Commission: 5/6/22, 36 months

OSF Saint Clare Medical Center

530 Park Avenue East

Princeton, IL 61356

License #: 006254, Expiration 6/30/24

Joint Commission: Critical Access Hospital-no Joint Commission Certificate

		Illinois Department of		HF 127196
		PUBLIC HEALTH		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION				
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.				
Sameer Vohra, MD,JD,MA			Issued under the authority of the Illinois Department of Public Health	
Director				
EXPIRATION DATE	CATEGORY	ID NUMBER		
3/2/2024		0005264		
General Hospital				
Effective: 03/03/2023				
Saint James Hospital 2500 West Reynolds Street Pontiac, IL 61764				
The face of this license has a colored background. Printed by Authority of the State of Illinois • PO. #19-493-001 10M 9/18				

BACKGROUND OF APPLICANT

Surveyed April 2023; will send new certificate when received.

**Saint James Hospital
OSF Saint James-John W Albrecht Medical
Center**

Pontiac, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

December 20, 2019

Accreditation is customarily valid for up to 36 months.

David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #7412

Print/Reprint Date: 02/25/2020

Mark R. Chassin

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Attachment 8

Background of Applicant - OSF No Adverse Action and Authorization



OSF[™] HEALTHCARE

June 22, 2023

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: No Adverse Actions / Authorized Access to Information

Dear Chair Savage:

I hereby certify that no adverse action has been taken against OSF Healthcare System ("OSF") or any facility owned or operated by OSF, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize the Health Facilities and Services Review Board ("Board") and the Illinois Department of Public Health ("IDPH") to access any documentation they find necessary to verify any documentation or information submitted, including but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations. I further authorize the Board and IDPH to obtain any additional documentation or information that the Board or IDPH deems necessary to process the application.

If you have any questions, please contact Mark Hohulin, Senior Vice President, Healthcare Analytics, at 309-308-9656 or mark.e.hohulin@osfhealthcare.org.

Sincerely,

Robert C. Sehring, Chief Executive Officer
OSF Healthcare System
124 S.W. Adams Street
Peoria, IL 61602

Notarization:

Subscribed and sworn to before me

this 22nd day of June 2023

Signature of Notary

Seal

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community 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.

OSF Saint James-John W. Albrecht Medical Center believes that there will not be an impact on essential safety net services in the community when we discontinue services. When we discontinue the Obstetric/Gynecologic service, the same service will be transitioned to other facilities in nearby communities upon approval from HFSRB.

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.

OSF Saint James-John W. Albrecht Medical Center believes that this project will not impact the ability of other providers or health care systems to subsidize safety net services.

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

OSF Saint James-John W. Albrecht Medical Center believes that this project will not impact the ability of other providers or health care systems to subsidize safety net services.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

See safety net chart below. Note that the chart in this Attachment 9 indicates the amount of charity care provided by OSF Saint James-John W. Albrecht Medical Center. Charity care information pertaining to OSF Saint James-John W. Albrecht Medical Center and OSF Healthcare System as a whole are included in Attachment 10.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

See safety net chart below. Note that the chart in this Attachment 9 indicates the amount of Medicaid care provided by OSF Saint James-John W. Albrecht Medical Center.

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

Safety Net Impact Statements shall also include all of the following: (continued)

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

High-risk patients will continue to be referred to OSF Maternal-Fetal Medicine based in Peoria, IL. We will follow the plan created in collaboration with the Perinatal Network Administrator for any patient who presents in active labor to the Emergency Department to be medically screened, given stabilizing treatment within our capabilities, and transferred if delivery not imminent. Our Emergency Department physicians will work with OSF Maternal-Fetal Medicine at OSF St. Francis Medical Center for all pregnant women who present to ensure the appropriate level of care is identified and when transfer may be needed. Our EMS teams have been notified of the potential as well as Life Flight for those situations when assistance is necessary to provide a timely response to transfer these patients when indicated.

OSF Saint James-John W. Albrecht Medical Center believes that the available supply of Obstetric/Gynecologic beds near Pontiac, Illinois, Livingston County Planning Area, and the Health Service Area 4 are sufficient to ensure that residents of these areas will continue to have access to these services. OSF Saint James will continue its commitment to women's health through a variety of services including but not limited to prenatal services with the intent for delivery at St. Joseph Medical Center, gynecological surgical procedures, lactation counseling, natural family planning via the Creighton Model Fertility Care System, and overall women's health, such as 3D mammography, bone density, and wellness screenings.

In addition, OSF Healthcare System will offer a hybrid model of in-person visits and digital tools for women who prefer to take advantage of some virtual offerings – whether to help busy patients with scheduling conflicts or transportation concerns. For example, we could offer a virtual visit for every other visit throughout a healthy pregnancy.

This care model is used in other OSF Healthcare System markets similar to Pontiac and works well, to provide the right combination of digital tools with in-person, compassionate care.

Safety Net Information per PA 96-0031 For OSF Saint James-John W. Albrecht Medical Center			
CHARITY CARE			
Charity (# of patients)	2020	2021	2022
Inpatient	22	15	3
Outpatient	905	795	1599
Total	927	810	1602
Charity (cost in dollars)			
Inpatient	\$172,904	\$259,526	\$147,395
Outpatient	\$842,357	\$737,166	\$811,735
Total	\$1,015,261	\$996,692	\$959,130
MEDICAID			
Medicaid (# of patients)	2020	2021	2022
Inpatient	230	231	176
Outpatient	12,907	17,418	24,600
Total	13,137	17,649	24,776
Medicaid (revenue)			
Inpatient	\$1,706,234	\$2,261,378	\$3,038,930
Outpatient	\$3,763,388	\$5,080,836	\$5,863,481
Total	\$5,469,622	\$7,342,214	\$8,902,411

CHARITY CARE

CHARITY CARE – OSF Healthcare System			
	2020	2021	2022
Net Patient Revenue	\$2,383,901,200	\$2,978,991,756	\$3,211,070,549
Amount of Charity Care (charges)	\$201,864,109	\$195,002,654	\$217,695,250
Cost of Charity Care	\$41,284,835	\$40,569,889	\$54,215,573

CHARITY CARE – OSF Saint James-John W. Albrecht Medical Center			
	2020	2021	2022
Net Patient Revenue	\$58,345,510	\$73,222,497	\$69,720,890
Amount of Charity Care (charges)	\$4,959,748	\$4,806,352	\$3,780,569
Cost of Charity Care	\$1,015,261	\$996,692	\$959,130



June 26, 2023

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

Re: OSF Healthcare System dba OSF Saint James-John W. Albrecht Medical Center
Discontinuation of Obstetric/Gynecology Category of Service Certificate of Exemption Application

Dear Mr. Kniery:

Enclosed is an original and one copy of a Certificate of Exemption application for the Discontinuation of Obstetric/Gynecology Category of Service for OSF Healthcare System dba OSF Saint James-John W. Albrecht Medical Center in Pontiac. Enclosed is a check in the amount of \$2,500 made out to IDPH for the permit application fee.

If you have any questions or need any additional information, please contact me at 309-308-9656 or via email at mark.e.hohulin@osfhealthcare.org.

Sincerely,

Mark Hohulin, Senior Vice President

c: Mike Constantino
Michael Henderson
John T. Barnhart
Carol Friesen