



P.O. Box 7005 Quincy, IL
217-223-8400
www.blessinghealthsystem.org

14-060

December 15, 2014

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Mr. George K. Roate, Reviewer
Illinois Department of Public Health
Office of Health Systems Development
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Roate:

Please find attached two sections to be added to the Certificate of Need Permit Application for BlessingCare Corporation d/b/a Illini Community Hospital. Those two sections include the Illinois Historic Preservation Agency letter (Attachment 6) and the Safety Net Impact Statement (Attachment 40).

Respectfully,

A handwritten signature in cursive script that reads 'Betty J. Kasparie'.

Betty J. Kasparie
Vice President
Corporate Compliance

Imm



DEC 09 2014

FAX (217) 524-7525

Pike County
Pittsfield

Rehabilitation of a Portion of the 2nd Floor for an Adult Psychiatric Unit, Illini Community Hospital
640 W. Washington St.
IHPA Log #029112414

December 3, 2014

Betty Kasparie
Blessing Hospital
Broadway at 11th Street
P.O. Box 7005
Quincy, IL 62305-7005

Dear Ms. Kasparie:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

Safety Net Impact Statement

C1. The proposed application will fill a void in the safety net provided on the western half of HSA 3. This AMI for older adults and geriatric patients will help to address the need for mental health services for this population cohort living in a rural part of the state. As Illinois and surrounding states have cut funding for mental health services, our communities are left to pick up the void.

C2. The proposed service will complement the ability of Blessing Hospital, the only AMI provider in the counties proposed to be served by this project. Blessing has 25 AMI beds, but is not able to provide a dedicated geriatric service within these beds. The current occupancy is at 100%. The eight psychiatrists, including one boarded in geriatric psych are all in support of this project in order to offer to them a solution for geriatric patients needing inpatient care. Today, these patients' needs are not being addressed as they deserve.

C3. N/A – not a discontinuation project

D1. Attached as Attachment 40

D2. Attached as Attachment 40

D3. The services proposed will align with the 2013-2018 Illinois Mental Health Plan by improving access to care. "In some circumstances, a hospital or other institution may be the most appropriate setting to meet individual's needs."

Memo

To:
From:
Date: 11/25/14
Re: Safety Net Impact Statement

The **amount of Charity Care provided** in this application was submitted per the guidelines of the Illinois Health Facilities and Services Review Board Annual Hospital Questionnaire.

- For FY 2013 see attached 2013 Annual Hospital Questionnaire
 - page 10 of 16, and
 - Page 16 of 18
- For FY 2012 see attached Annual Hospital Questionnaire – 2012 Data
 - page 10 of 19, and
 - Page 16 of 19
- For FY 2011 see attached Annual Hospital Questionnaire – 2011 Data
 - page 10 of 19, and
 - Page 16 of 19

The **amount of care provided to Medicaid patients** in this application was submitted per the guidelines of the Illinois Health Facilities and Services Review Board Annual Hospital Questionnaire.

- For FY 2013 see attached 2013 Annual Hospital Questionnaire
 - page 10 of 16, and
 - Page 16 of 18
- For FY 2012 see attached Annual Hospital Questionnaire – 2012 Data
 - page 10 of 19, and
 - Page 16 of 19
- For FY 2011 see attached Annual Hospital Questionnaire – 2011 Data
 - page 10 of 19, and
 - Page 16 of 19

ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question IX. OUTPATIENT SERVICES/VISITS:

All services or visits to all OUTPATIENT services including emergency, surgical, radiological etc provided by and billed by the hospital.

A. Visits at the Hospital/Hospital Campus	21591
B. Visits in the facilities Off site/Off Campus	0
Total Outpatient Care Visits	21591

Question X. Patients Served during Calendar Year 2013 by Primary Payer:

Patients are to be reported by PRIMARY PAYOR - Primary Payor is the one responsible for most of the charges (generally, 50% or more). TOTAL INPATIENTS REPORTED (including Charity Care inpatients) MUST EQUAL THE NUMBER OF TOTAL HOSPITAL ADMISSIONS INDICATED ON PAGE 4 (311).

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE*	PRIVATE PAYMENT*	ROW TOTALS	Total Including Charity Care
INPATIENTS	261	21	2	17	2	303	311
OUTPATIENTS	9363	4094	117	6006	841	20421	21591

* OTHER PUBLIC includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.
 PRIVATE INSURANCE includes any payments made through private insurance policies.
 PRIVATE PAYMENT includes money from a private account (for example, a medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

CHARITY CARE* PATIENTS

	INPATIENTS	OUTPATIENTS
Charity Care Patients	8	1170

**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, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

A Charity Care Patient is one without third-party coverage who received charity care as defined above.

Charity Care patients are not to be included in the above chart on Primary Payer.

As per AICPA guidelines, determination of charity care can be made at any time during the entire process, although it is preferred to be done when the patient presents.

Question XI. LABORATORY STUDIES:

Report the number of laboratory studies performed for BOTH inpatients (excluding newborns) and outpatients. The total number of laboratory studies are to be reported. A STUDY is defined as a billable examination, such as CBCs, lipid profiles, etc. a series of tests performed in one visit on one person is all considered to be a single study.

Many hospitals have standing contracts with one or more private laboratories to perform laboratory studies. Report the total number of laboratory studies performed under such a contract in the last column.

	Inpatient Studies	Outpatient Studies	Studies Performed Under Contract (Referrals)
Laboratory Studies Performed	4795	55591	0

ANNUAL HOSPITAL QUESTIONNAIRE - PART II
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

2. INPATIENT AND OUTPATIENT NET REVENUES DURING YOUR REPORTED FISCAL YEAR BY PAYOR

If you reported inpatients or outpatients for a particular source of payment in question X on page 10, you should have revenues to report for that payment source. If you are reporting patients with no corresponding revenues, please give a brief explanation in the Comments box on page 17.

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE	PRIVATE PAYMENT*
INPATIENT REVENUE (\$)	2238420	141528	28770	294593	0
OUTPATIENT REVENUE (\$)	7299045	2276316	51860	8765086	37182

2703311

18429489

- * **OTHER PUBLIC** includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.
- PRIVATE INSURANCE** includes any payments made through private insurance policies.
- PRIVATE PAYMENT** includes money from a private account (for example, a Medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

3. AMOUNT OF CHARITY CARE* SERVICES PROVIDED DURING THE FISCAL YEAR

	INPATIENTS	OUTPATIENTS
Amount of Charity Care Services Provided at Cost (\$)	45767.24	571662.91

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In reporting amount of charity care provided, the reporting entity must report the amount of charity care based on cost, not charges (per CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios).

As per American Institute of Certified Public Accountants (AICPA) guidelines, charity care can be determined at any time during the process.

ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question IX. OUTPATIENT SERVICES/VISITS:

All services or visits to all OUTPATIENT services including emergency, surgical, radiological etc provided by and billed by the hospital should be reported under outpatient visits.

A. Visits at the Hospital/Hospital Campus	20034
B. Visits in the facilities Off site/Off Campus	8982
C. TOTAL	29016

Question X. Patients Served during Calendar Year 2012 by Primary Payor:

Patients are to be reported by PRIMARY PAYOR - Primary Payor is the one responsible for most of the charges (generally, 50% or more). TOTAL INPATIENTS REPORTED (Including Charity Care inpatients) MUST EQUAL THE NUMBER OF ADMISSIONS REPORTED ON PAGE 4, LINE L.

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE*	PRIVATE PAYMENT*	ROW TOTALS
INPATIENTS	364	40	0	58	8	470
OUTPATIENTS	10025	3252	130	5544	1083	20034

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CHARITY CARE* PATIENTS

	INPATIENTS	OUTPATIENTS
Charity Care Patients	6	476

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A Charity Care Patient is one without third-party coverage who received charity care as defined above.

Charity Care patients are not to be included in the above chart on Primary Payor.

As per AICPA guidelines, determination of charity care can be made at any time during the entire process, although it is preferred to be done when the patient presents.

Question XI. LABORATORY STUDIES:

Report the number of laboratory studies performed for BOTH inpatients (excluding newborns) and outpatients. The total number of laboratory studies are to be reported. A STUDY is defined as a billable examination, such as CBCs, lipid profiles, etc. a series of tests performed in one visit on one person is all considered to be a single study.

Many hospitals have standing contracts with one or more private laboratories to perform laboratory studies. Report the total number of laboratory studies performed under such a contract in the last column.

	Inpatient Studies	Outpatient Studies	Studies Performed Under Contract (Referrals)
Laboratory Studies Performed	7162	056502	0

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

2. INPATIENT AND OUTPATIENT NET REVENUES DURING YOUR REPORTED FISCAL YEAR BY PAYOR

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE	PRIVATE PAYMENT*	ROW TOTALS
INPATIENT REVENUE (\$)	2356839	115688	0	435583	0	2908110
OUTPATIENT REVENUE (\$)	4480462	3159143	236736	8414011	1510609	17800961

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3. AMOUNT OF CHARITY CARE* SERVICES PROVIDED DURING THE FISCAL YEAR

	INPATIENTS	OUTPATIENTS
Amount of Charity Care Services Provided at Cost (\$)	75824	419242

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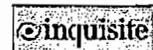
In reporting amount of charity care provided, the reporting entity must report the amount of charity care based on cost, not charges (per CMS 2552-86 Worksheet C, Part 1, PPS Inpatient Ratios).

As per AICPA guidelines, charity care can be determined at any time during the process.

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ANNUAL HOSPITAL QUESTIONNAIRE - PART I

Question IX. OUTPATIENT SERVICES/VISITS:

All services or visits to all OUTPATIENT services including emergency, surgical, radiological etc provided by and billed by the hospital should be reported under outpatient visits.

A. Visits at the Hospital/Hospital Campus	18841
B. Visits in the facilities Off site/Off Campus	9623
C. TOTAL	28464

Question X. Patients Served during Calendar Year 2010 by Primary Payor:

Patients are to be reported by PRIMARY PAYOR - Primary Payor is the one responsible for most of the charges (generally, 50% or more). TOTAL INPATIENTS REPORTED (including Charity Care Inpatients) MUST EQUAL THE NUMBER OF ADMISSIONS REPORTED ON PAGE 4, LINE L.

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE*	PRIVATE PAYMENT*	ROW TOTALS
INPATIENTS	473	40	2	73	1	589
OUTPATIENTS	10585	2772	89	4940	273	18659

* OTHER PUBLIC includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

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CHARITY CARE* PATIENTS

	INPATIENTS	OUTPATIENTS
Charity Care Patients	15	182

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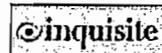
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	Inpatient Studies	Outpatient Studies	Studies Performed Under Contract (Referrals)
Laboratory Studies Performed	9628	60935	0

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

2. INPATIENT AND OUTPATIENT NET REVENUES DURING YOUR REPORTED FISCAL YEAR BY PAYOR

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE	PRIVATE PAYMENT*	ROW TOTALS
INPATIENT REVENUE (\$)	3478455	72241	85250	426223	109329	4171498
OUTPATIENT REVENUE (\$)	6788277	1394973	187116	6932571	1254528	16557465

* **OTHER PUBLIC** Includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

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3. AMOUNT OF CHARITY CARE* SERVICES PROVIDED DURING THE FISCAL YEAR

	INPATIENTS	OUTPATIENTS
Amount of Charity Care Services Provided at Cost (\$)	49116	265463

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As per AICPA guidelines, charity care can be determined at any time during the process.

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