ORIGINAL #E-033-19

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

RECEIVED
JUL 26 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

### Facility/Project Identification

| | | | |
|---|---|---|---|
| Facility Name: | Anderson Hospital | | |
| Street Address: | 6800 State Route 162 | | |
| City and Zip Code: | Maryville, IL 62062 | | |
| County: | Madison | Health Service Area: 11 | Health Planning Area: HSA 11 |

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

| | |
|---|---|
| Exact Legal Name: | Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital |
| Street Address: | 6800 State Route 162 |
| City and Zip Code: | Maryville, IL 62062 |
| Name of Registered Agent: | Keith A. Page |
| Registered Agent Street Address: | 6800 State Route 162 |
| Registered Agent City and Zip Code: | Maryville, IL 62062 |
| Name of Chief Executive Officer: | Keith A. Page |
| CEO Street Address: | 6800 State Route 162 |
| CEO City and Zip Code: | Maryville, IL 62062 |
| CEO Telephone Number: | 618-391-6406 |

### Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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: | Lisa Klaustermeier, RN, MSN |
| Title: | Chief Nursing Officer |
| Company Name: | Anderson Hospital |
| Address: | 6800 State Route 162 Maryville, IL 62062 |
| Telephone Number: | 618-391-6404 |
| E-mail Address: | klaustermeierl@andersonhospital.org |
| Fax Number: | 618-288-4088 |

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

| | |
|---|---|
| Name: | Ralph Weber |
| Title: | Consultant |
| Company Name: | Weber Alliance |
| Address: | 920 Hoffman Lane Riverwoods, IL 60015 |
| Telephone Number: | 847-791-0830 |
| E-mail Address: | rmweber90@gmail.com |
| Fax Number: | NA |

**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: | Lisa Klaustermeier, RN, MSN |
| Title: | Chief Nursing Officer |
| Company Name: | Anderson Hospital |
| Address: | 6800 State Route 162 Maryville, IL 62062 |
| Telephone Number: | 618-391-6404 |
| E-mail Address: | klaustermeierl@andersonhospital.org |
| Fax Number: | 618-288-4088 |

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Southwestern Illinois Health Facilities, LLC

Address of Site Owner: 6800 State Route 162 Maryville, IL 62062

Street Address or Legal Description of the Site: 6800 State Route 162 Maryville, IL 62062

**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: Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital

Address: 6800 State Route 162 Maryville, IL 62062

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

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

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

## Organizational Relationships

| |
|---|
| Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution. |
| **APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.** |

## Narrative Description

In the space below, provide a brief narrative description of the 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.

Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital, proposes to discontinue its 20 bed Comprehensive Physical Rehabilitation service at Anderson Hospital in Maryville.

In a related Certificate of Need permit application now in the review process (Project 19-026), Anderson Hospital and Kindred Healthcare, LLC propose to establish a 34 bed Comprehensive Physical Rehabilitation hospital in Edwardsville, on property owned by Anderson Real Estate, LLC. The two projects together, in effect, result in the relocation and expansion of the existing 20 bed unit in Maryville at the new site in Edwardsville.

Southwestern Illinois Health Facilities, Inc d/b/a Anderson Hospital requests that the HFSRB review of this Discontinuation Certificate of Exemption application be scheduled in coordination with the State's review of Project 19-026.

The date of discontinuation will be on or around November 1, 2021, depending on the completion of the Anderson Rehabilitation Hospital in Edwardsville. If the new hospital is completed earlier than the October 31, 2021 completion date (permit application 19-026), then the discontinuation of the 20 bed unit will occur earlier.

There is no capital cost associated with the discontinuation of the Comprehensive Physical Rehabilitation service.

The application for exemption is considered Substantive because it is the discontinuation of a 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.

Anderson Surgery Center, LLC, Project 18-031; the permit application completion date is December 31, 2021. That project will not be complete when the Exemption is completed.

Anderson Rehabilitation Hospital, Project 19-026 (currently in the review process, scheduled for HFSRB review September 17, 2019). This project has a completion date of October 31, 2021. It will be completed before the Exemption is completed.

**Anticipated exemption completion date** (refer to Part 1130.570): November 1, 2021

## State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the Application being deemed incomplete.**

## CERTIFICATION

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

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

**This Application is filed on the behalf of** Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital *
**in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.**

| | |
|---|---|
| SIGNATURE | SIGNATURE |
| KEITH A. PAGE | Michael M. Marshall |
| PRINTED NAME | PRINTED NAME |
| President/CEO | Vice President/CFO |
| PRINTED TITLE | PRINTED TITLE |
| Notarization: Subscribed and sworn to before me this 12th day of July, 2019 | Notarization: Subscribed and sworn to before me this 12th day of July 2019 |
| Beth A. Coulter | Beth A. Coulter |
| Signature of Notary | Signature of Notary |
| Seal OFFICIAL SEAL BETH A COULTER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/13/19 | Seal OFFICIAL SEAL BETH A COULTER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/13/19 |

*Insert the EXACT legal name of the applicant

## SECTION II. DISCONTINUATION

### Type of Discontinuation

- ☐ Discontinuation of an Existing Health Care Facility
- ☒ Discontinuation of a 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 categories 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 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. For applications involving the discontinuation of an entire facility, provide 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.
7. Provide attestation that the facility provided the required notice of the facility or 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 HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:**

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

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or 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 |
| 2 | Site Ownership | 15-16 |
| 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 | 19-22 |
| 6 | Reasons for Discontinuation | 23-24 |
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| 10 | Charity Care Information | 35 |

#E-033-19

*File Number* 2038-756-4

## *To all to whom these Presents Shall Come, Greeting:*

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

SOUTHWESTERN ILLINOIS HEALTH FACILITIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 20, 1929, 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* 30TH *day of* MAY *A.D.* 2019 .

Authentication #: 1915001732 verifiable until 05/30/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment 1

# WARRANTY DEED - STATUTORY FORM

#E-033-19

THIS INDENTURE WITNESSETH, THAT THE GRANTORS

LILLIAN ZAJICEK, a single woman who has never married, MARY DICKMAN, HILBERT DICKMAN, her husband, FRANCES DICKMAN, and LEONARD DICKMAN, her husband

of the — County of Madison

and State of Illinois for and in consideration of the sum of One Dollar and other good and valuable consideration

in hand paid, Convey and Warrant to SOUTHWESTERN ILLINOIS HEALTH FACILITIES, INC., a Illinois not-for-profit corporation, 1509 Illinois Avenue

of the City of East St. Louis County of St. Clair and State of Illinois

the following described Real Estate, to-wit:

A tract of land in the Southeast Fractional Quarter of Section 2, and the Southwest Fractional Quarter of Section 1, and also in U.S. Survey 603, all in Township 3 North Range 8 West of the Third Principal Meridian, Madison County, Illinois, more particularly described as follows: Beginning at the Northwest corner of the Southwest Quarter of Section 1; thence South 87 degrees 38 minutes 45 seconds East, along the North line of said Southwest Quarter of Section 1, a distance of 785.02 feet to a spike; thence South 26 degrees 16 minutes 37 seconds East, parallel with the East line of U.S. Survey 603, a distance of 691.02 feet to a cross cut in the center line of the Old Edwardsville Road, being also grantor's South line; thence South 65 degrees 20 minutes 05 seconds West, along said center line, a distance of 1085.62 feet to the East line of U.S. Survey 603; thence continuing South 65 degrees 20 minutes 05 seconds West, along said center line, a distance of 932.14 feet; thence North 26 degrees 16 minutes 37 seconds West, parallel to said East line of U.S. Survey 603, a distance of 1231.3 feet to an old iron pin at the Southwest corner of a tract deeded to Leonard Dickmann by deed recorded in Book 1161 at Page 210 of Madison County Records; thence North 65 degrees 49 minutes 45 seconds East, along the South line of said tract, a distance of 854.15 feet to a concrete monument at the Southeast corner thereof; thence North 25 degrees 07 minutes 52 seconds West, along the East line of said Dickmann tract, a distance of 68.13 feet to the extended North line of the Southeast Quarter of Section 2, Township 3 North, Range 8; thence South 87 degrees 41 minutes 50 seconds East, along said North line of the Southeast Quarter of Section 2, a distance of 538.61 feet to the point of beginning, (except coal and other minerals underlying said premises with the right to mine and remove same), in Madison County, Illinois.

SUBJECT, however, to general real estate taxes for 1973 and subsequent years, to recorded restrictions, conditions and easements; and to the rights of the public, the State of Illinois and any and all municipalities in, to and of those parts of said premises dedicated or conveyed for roadway purposes in and by those certain documents recorded in the Recorder's Office of Madison County, Illinois in Book 467 at Page 424, Book 501 at Page 224, Book 702 at Page 403, Book 714 at Page 460 and Book 714 at Page 462.

Grantors warrant that they shall pay, when due in 1973, the 1972 general real estate taxes.

SUBJECT ALSO, however, to the rights of LOUIS E. MEIER JR., the tenant

MAIL SUBSEQUENT TAX BILLS TO: Grantee, 1509 Illinois Avenue, East St. Louis, Illinois

GIVEN under my hand and notarial seal, this 17th day of ... A.D. 1973

Notary Public.

DEED PREPARED BY Harold G. Baker, Jr. Belleville, Illinois

ADDRESS OF PROPERTY: (None - Located E of Ill. 159, between Ill. 162 and Old Edwardsville Road.

Attachment 2

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#E-033-19

LIBER 2886 PAGE 47

situated in the _____ County of Madison, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption laws of this State.

Dated this 17 day of _____, AD 1971.

Lillian Zajicek (SEAL)

Mary Dickman (SEAL) Frances Dickman (SEAL)

Hilbert Dickman (SEAL) Leonard F. Dickman (SEAL)

STATE OF ILLINOIS, County of Madison

I, the undersigned, a Notary Public in and for said County in the State aforesaid, DO HEREBY CERTIFY THAT LILLIAN ZAJICEK, MARY DICKMAN, HILBERT DICKMAN, her husband FRANCES DICKMAN and LEONARD DICKMAN, her husband

personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

GIVEN under my hand and notarial seal, this 17th day of [illegible], A.D. 19 73

Notary Public.

MAIL SUBSEQUENT TAX BILLS TO:

Grantee, 1509 Illinois Avenue,

East St. Louis, Illinois

ADDRESS OF PROPERTY:

(None - Located E of Ill. 159, between Ill. 162 and Old Edwardsville Road.

DEED PREPARED BY Harold G. Baker, Jr.

Belleville, Illinois

FILED FOR RECORD THIS 24 DAY OF [illegible] A.D. 19 73 AT 2 O'CLOCK P.M.

Attachment 2

#E-033-19

*File Number* 2038-756-4

## *To all to whom these Presents Shall Come, Greeting:*

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

SOUTHWESTERN ILLINOIS HEALTH FACILITIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 20, 1929, 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* 30TH *day of* MAY *A.D.* 2019 .

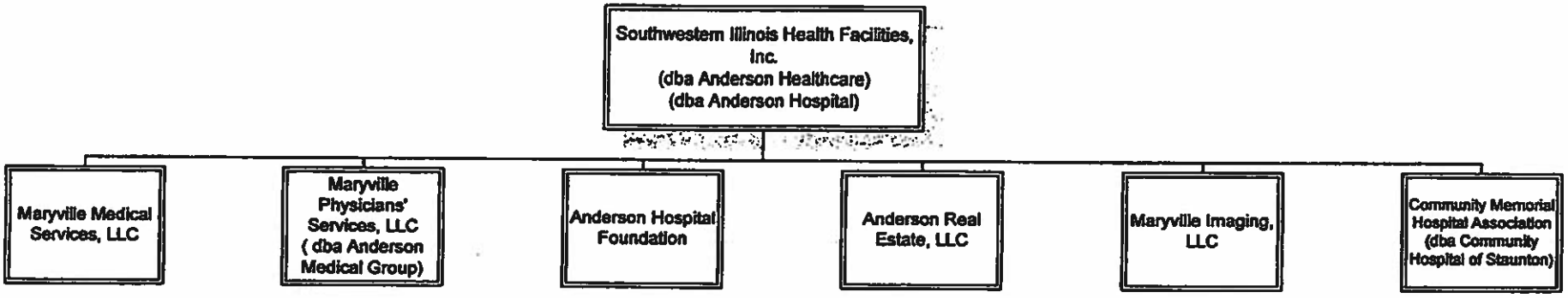
Authentication #: 1915001732 verifiable until 05/30/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment 3

# Southwestern Illinois Health Facilities, Inc.

## Organization Chart




Southwestern Illinois Health Facilities, Inc.
Reviewed & Amended
May 2018

President

18

Attachment 4

#E-033-19

GENERAL INFORMATION REQUIREMENTS

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

The discontinuation application is for the Comprehensive Physical Rehabilitation category of service, located at Anderson Hospital in Maryville. The service has a complement of 20 beds.

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

No other clinical services are to be discontinued.

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

The anticipated date of discontinuation is November 1, 2021, coordinated with the opening of the proposed Anderson Rehabilitation Hospital in Edwardsville (Project 19-026) currently in the review process. If the new hospital in Edwardsville is opened before its completion date of October 31, 2021, then the discontinuation of the 20 bed unit will occur sooner.

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

The 20 bed Comprehensive Physical Rehabilitation unit is located on the 2nd floor of Anderson Hospital in Maryville. The re-use of the space is not decided at this time. It is possible that the space will be converted to single-occupancy medical/surgical beds, to allow the adjacent medical/surgical bed unit to be converted to all private rooms. If that conversion is pursued, the medical/surgical authorized bed count will not be increased from the current count. Or, the space may be converted to other clinical or support functions.

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.

Medical records for the discontinued service at Anderson Hospital will be retained as part of the ongoing Comprehensive Physical Rehabilitation service at the proposed Anderson Rehabilitation Hospital. Past and future records are maintained within the Anderson Electronic Medical Record system.

6. For applications involving the discontinuation of an entire facility, provide 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. This Certificate of Exemption Application does not apply to the discontinuation of an entire facility.

7. Provide attestation that the facility provided the required notice of the facility or 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 or radio station, or local newspaper will be accepted.

Notice of the planned discontinuation of the 20 bed rehabilitation unit appeared in the local Madison County newspapers, *The Telegraph*, and the *Edwardsville Intelligencer*, on July 17, 2019. The Certificates of Publication appear on the following two pages.

Attachment 5

#E-033-19

# CERTIFICATE OF PUBLICATION

STATE OF ILLINOIS

**MADISON** COUNTY } ss

This is to Certify that a notice, a true copy of which is hereto attached, was published in **The Telegraph,** a secular newspaper of general circulation in the County of **Madison** and the State of Illinois, by **The Telegraph,** a corporation existing under the laws of said state and that said notice was published on the 17th day/s of July, 2019.

And this is to Further Certify that said newspaper has been regularly published for 50 weeks prior to the publication of said notice therein, and that the person who signs the name of said company to this certificate is as appears by the records of said company its duly authorized agent for such purpose.

Dated this, 17th day of July, 2019

Signature: Angela Hasamear

Authorized Agent Name: **Angela Hasamear**

19-0530

LEGAL NOTICE

Upon approval by the Illinois Health Facilities and Services Review Board, Anderson Hospital will discontinue its 20 bed comprehensive physical rehabilitation unit, and relocate and expand the service at a facility now being planned, Anderson Rehabilitation Hospital. The new facility will be located on the hospital's property at Goshen Road and Gusewell Lane in Edwardsville. The new hospital will have 34 beds in all private rooms, providing enhanced rehabilitation services with state-of-the-art support functions. The discontinuation of the current unit and opening of the new facility are scheduled for the fall of 2021.

19-0530 $74.89

Attachment 5

#E-033-19

# CERTIFICATE OF PUBLICATION

STATE OF ILLINOIS

**MADISON** COUNTY } ss

Anderson Hospital

EDWARDSVILLE PUBLISHING Co., Inc., a corporation, does

hereby certify that it is the publisher of the Edwardsville Intelligencer, a daily secular newspaper of general circulation in said County, printed and published in the City of Edwardsville, in said County and State, and that said newspaper is a newspaper as defined in "An Act to revise the law in relation to notices," approved February 13, 1874, as amended, and that the printed notice hereto annexed and hereby made a part of this certificate has been published in said newspaper at least once each week for

1 time in each and every copy and impression thereof; that the

date of the first newspaper containing said publication was

7/17/19, and that the date of the last newspaper

containing said publications was 7/17/19; and that **Angela Hasamear** by resolution of the Board of Directors of said Edwardsville Intelligencer, Inc., has been authorized to make this certificate.

IN TESTIMONY WHEREOF said Edwardsville Intelligencer., Inc.,

has caused this certificate to be executed in its name by said

**Angela Hasamear** this 17th day of July 2019

Publication Fee, $ 74.89

EDWARDSVILLE INTELLIGENCER, INC.

By: Angela Hasamear

Angela Hasamear
Edwardsville Intelligencer

19-0530

LEGAL NOTICE

Upon approval by the Illinois Health Facilities and Services Review Board, Anderson Hospital will discontinue its 20 bed comprehensive physical rehabilitation unit, and relocate and expand the service at a facility now being planned, Anderson Rehabilitation Hospital. The new facility will be located on the hospital's property at Goshen Road and Gusewell Lane in Edwardsville. The new hospital will have 34 beds in all private rooms, providing enhanced rehabilitation services with state-of-the-art support functions. The discontinuation of the current unit and opening of the new facility are scheduled for the fall of 2021.

19-0530

Attachment 5

REASONS FOR DISCONTINUATION

Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital has proposed the establishment of a 34 bed Comprehensive Physical Rehabilitation Hospital on its campus in Edwardsville, IL. The Edwardsville project provides the site for the relocation and expansion of Anderson Hospital's existing 20 bed rehabilitation unit.

The discontinuation of the existing 20 bed unit at Anderson Hospital in Maryville is a necessary step in the regulatory process, which requires filing a Certificate of Exemption for discontinuation of the existing unit, and a Certificate of Need permit application for establishment of the new Comprehensive Physical Rehabilitation hospital in Edwardsville. The CON permit application for the proposed new hospital has been filed, declared complete, and is in the review process (Project 19-026).

The following table from the CON permit application presents historic utilization data for the 20 bed unit and projected patient volumes at the proposed 34 bed hospital.

| | Historic | | | | | Projected | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Admissions | 395 | 376 | 365 | 343 | 386 | 400 | 400 | 400 | 538 | 816 |
| Pt Days | 4,499 | 4,428 | 4,322 | 4,431 | 4121 | 4500 | 4500 | 4500 | 6,840 | 10,600 |
| ALOS | 11.4 | 11.8 | 11.8 | 12.9 | 10.7 | 11.25 | 11.25 | 11.25 | 12.7 | 13.0 |

Source: Anderson Hospital Annual Hospital Questionnaires, as reported in HFSRB Profiles

As stated in the Purpose of the Project section of Project 19-026, there are several reasons for closing the rehabilitation service at Anderson Hospital and relocating the beds to the expanded 34 bed Comprehensive Physical Rehabilitation service at Anderson Rehabilitation Hospital:

1. There is currently a 7 Comprehensive Physical Rehabilitation bed deficit in HSA 11. The new facility will provide an additional 14 beds to the current complement of 20 beds at Anderson Hospital.

2. There is a significant exodus of patients who reside in HSA 11 to receive rehabilitation care outside of the HSA. Importantly, 2/3 of Illinois residents from the defined service area who received Comprehensive Physical Rehabilitation care in hospitals received that care at facilities in Missouri. (Year ending October 31, 2018.) More access to quality inpatient rehabilitation care is needed to keep Illinois residents near home for their care.

3. This exodus includes some of the patients formerly receiving Comprehensive Physical Rehabilitation care at two hospitals in HSA 11 which closed their units in the past two years: OSF St Anthony in Alton and Gateway Regional Medical Center in Granite City. These two units provided 3500 patient days of service in 2016, with declining volumes in 2017 prior to their closures. Their closures left only 36 beds in rehabilitation units (at Anderson Hospital and HSHS St Elizabeth Hospital) in the entire HSA 11, with a population of over 600,000 residents of the HSA.

4. The existing 20 bed Comprehensive Physical Rehabilitation unit at Anderson Hospital has significant facility limitations. All 20 beds are in double-occupancy rooms. Space available for support functions, including Activities for Daily Living (ADL), PT/OT and patient dining, is limited in size and in need of modernization. The new hospital in Edwardsville will provide for the delivery of state-of-the-art care in modern facilities.

5. Finally, the current facility at Anderson Hospital does not have the Comprehensive Physical Rehabilitation capacity required to support the hospital's planned expansion of neurosurgical and brain injury services. The new 34 bed facility will allow for the addition of more sophisticated rehabilitation services.

IMPACT ON ACCESS

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

The discontinuation of the 20 bed Comprehensive Physical Rehabilitation service is part of the plan by Anderson Hospital to expand needed rehabilitation services in HSA 11. The plan includes the relocation and expansion of the unit at the proposed Anderson Rehabilitation Hospital in Edwardsville (Project 19-026, currently in the review process.) As a result, the combined projects of discontinuation of the existing unit and establishment of a new facility will have a positive impact on access in the planning area. The project will increase access to needed rehabilitation services.

According to the State's Inventory of Health Facilities and Services and Need Determinations, there is a current deficit of 7 Comprehensive Physical Rehabilitation beds in HSA 11. The HSA has the lowest ratio in the State for rehabilitation beds per thousand residents. The lack of facilities is reflected in the fact that 2/3 of Illinois residents from the service area who received inpatient rehabilitation care in the 12 months ended October 31, 2018 left the area and received that care in hospitals in Missouri. The discontinuation of the existing unit and establishment of an expanded facility at Anderson Rehabilitation Hospital will enhance patient care access for Comprehensive Physical Rehabilitation.

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.

There are no health facilities providing Comprehensive Physical Rehabilitation located within the 17 mile radius GSA. Consequently, no letters of notification were sent.

List of Facilities
Anderson Hospital

Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital
6800 State Route 162
Maryville, IL 62062

Community Memorial Hospital Association
Known as Community Memorial Hospital, d/b/a Community Hospital of Staunton
400 Caldwell Street
Staunton, IL 62088

Anderson Surgery Center
Goshen Road and Gusewelle Road
Edwardsville, IL 62025
(under construction, CON project 18-031)

Attachment 8

#E-033-19

**Illinois Department of PUBLIC HEALTH** HF116946

DISPLAY THIS PART IN A CONSPICUOUS PLACE

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.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 12/31/2019 | | 0004119 |

**General Hospital**

Effective: 01/01/2019

Anderson Hospital
6800 State Route 162
Maryville, IL 62062

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

Exp. Date 12/31/2019

Lic Number 0004119

Date Printed 11/14/2018

Anderson Hospital

6800 State Route 162
Maryville, IL 62062

FEE RECEIPT NO.

Attachment 8

#E-033-19

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Keith Page, Administrator
Anderson Hospital
6800 State Route 162
Maryville, IL 62062-8500

License #0004119

Enclosed is the renewal license for the hospital. We are continually updating our records to reflect the current administrative information regarding the hospitals. Please review the information below for accuracy and make the appropriate changes where necessary. If there is a blank, please fill in the appropriate information. When the information is completed and correct, please indicate by signing and return of the information to the address indicated.

| | |
|---|---|
| **General Hospital Phone:** | **(618) 288-5711** |
| **Administrator:** | Keith Page, Administrator |
| **Admin Phone Number:** | |
| **Fax Number:** | **(618) 288-4088** |
| **E-mail Address:** | **pagek@andersonhospital.org** |
| **Accrediting Organization:** | |
| **Accreditation Effective Date:** | |
| **Accreditation Expiration Date:** | |

If you have any questions regarding the renewal license, please contact the Illinois Department of Public Health, Division of Health Care Facilities & Programs, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call us at 217-782-7412. The Department's TTY number, for the hearing impaired only, is 1-800-547-0466.

Sincerely,

Karen Senger, RN

Karen Senger, RN, BSN
Division Chief, Health Care Facilities and Programs
Illinois Department of Public Health

Enclosure

Attachment 8

#E-033-19

May 29, 2019

Ms Courtney Avery
Administrator
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 Ms Avery

I am the applicant representative of Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital. I hereby certify that there have been no adverse actions taken against the following facilities owned and operated by Southwestern Illinois Health Facilities, Inc during the three years prior to the filing of this application:

Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital, Maryville

Community Memorial Hospital Association, known as Community Memorial Hospital, d/b/a Community Hospital of Staunton

Furthermore, I hereby authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to any or all of the following: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.110(a).

Sincerely,

Keith Page, FACHE
President & CEO

OFFICIAL SEAL
JUDITH I PURCELL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 07/10/21

Judith I. Purcell
5/29/19

6800 State Route 162
Maryville, Illinois 62062
618-288-5711

29

Attachment 8

## 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: Anderson Hospital** | | | **CITY: Maryville** | | |
|---|---|---|---|---|---|
| **REPORTING PERIOD DATES:** | **From: January 1, 2018** | | **to: December 31, 2018** | | |
| **Category of Service** | **Authorized Beds** | **Admissions** | **Patient Days** | **Bed Changes** | **Proposed Beds** |
| Medical/Surgical | 98 | 4,704 | 23,090** | 0 | 98 |
| Obstetrics | 24 | 1,522 | 5,136** | 0 | 24 |
| Pediatrics | 0 | 0 | 0 | 0 | 0 |
| Intensive Care | 12 | 689* | 2,469** | 0 | 12 |
| Comprehensive Physical Rehabilitation | 20 | 386 | 4,121 | -20 | 0 |
| Acute/Chronic Mental Illness | 0 | | | 0 | 0 |
| Neonatal Intensive Care | 0 | | | 0 | 0 |
| General Long Term Care | 0 | | | 0 | 0 |
| Specialized Long Term Care | 0 | | | 0 | 0 |
| Long Term Acute Care | 0 | | | 0 | 0 |
| Other ((identify) | 0 | | | 0 | 0 |
| TOTALS: | 154 | 7,301 | 34,816** | -20 | 134 |

* Intensive Care admissions exclude 236 transfers into the ICU service.
** Patient days include observation days on the unit.

This Certificate of Exemption for discontinuation reports the planned closure of the 20 bed rehabilitation unit now at Anderson Hospital. The discontinuation of the service at Anderson Hospital is associated with its relocation to the proposed Anderson Rehabilitation Hospital in Edwardsville, CON Project 19-026.

Attachment 8

Safety Net Impact Statement

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

Health safety net services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Services, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRG Pub. No 03-P011, August, 2003.)

Comprehensive Physical Rehabilitation is a category of service currently provided at Anderson Hospital in Maryville. The plan is to relocate the Comprehensive Physical Rehabilitation service to a proposed new facility, Anderson Rehabilitation Hospital, and expand the service to 34 beds. The site of the proposed facility is on the hospital's property in Edwardsville, a distance of approximately 5 miles from the hospital in Maryville. This Certificate of Exemption is required to discontinue the rehabilitation service at Anderson Hospital in Maryville. A separate CON permit application (Project 19-026) addresses the establishment of Anderson Rehabilitation Hospital in Edwardsville. Both the current and the new site are located in Madison County and HSA 11. This relocation and expansion of Comprehensive Physical Rehabilitation provides for continued access for Anderson Hospital's current rehabilitation patients, and enhanced access for those residents of HSA 11 previously served at OSF St Anthony Hospital in Alton and Gateway Regional Medical Center in Granite City. Both hospitals discontinued their Comprehensive Physical Rehabilitation services in the past two years.

Anderson Hospital provides several services that are considered safety net services. These especially include emergency medical care and obstetrics. These services do not cover their costs, and are subsidized by inpatient care, including medical, surgical and Comprehensive Physical Rehabilitation, as well as diagnostic services. Revenues generated by the hospital's medical, surgical, rehabilitation, and diagnostic services are used to subsidize emergency and obstetrics care in the communities served by Anderson Hospital. The proposed relocation and expansion of Comprehensive Physical Rehabilitation will enhance Anderson Hospital's ability to subsidize and strengthen its safety net services.

Anderson Rehabilitation Hospital will be an important asset to the communities served, and will have a similar payor mix to Anderson Hospital:

| | | |
|---|---|---|
| Medicare: | 51.9% | consisting of 34.2% Medicare plus<br>17.8% Medicare Managed Care |
| Medicaid: | 13.5% | consisting of 2.2% Medicaid plus<br>11.3% Medicaid Managed Care |
| Commercial: | 32.1% | |
| Self Pay: | 2.5% | |
| TOTAL: | 100.0% | |

In addition, the rehabilitation hospital will provide a similar amount of charity care as the current rehabilitation unit at Anderson Hospital provides.

Attachment 9

As reported in Anderson's recent permit application for development of an ASTC in Edwardsville (Project # 18-031, approved by HFSRB in December, 2018), there are residents of the GSA who are low income and otherwise vulnerable, and residing in Medically Underserved Areas. Medically Underserved Areas are designated by the federal government (Health Resources and Services Administration of the U. S. Department of Health and Human Services) based on the Index of Medical Underservice. Designated Medically Underserved Areas (MUAs) are eligible for certification and funding under federal programs such as Community Health Center (CHC) grant funds, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (https://bhw.hrsa.gov/shortage-designation/muap) (Health Resources and Services Administration, U.S. Department of Health and Human Services).

A number of census tracts in the GSA in both Madison County and St Clair County have been designated as being MUAs. In Madison County, these census tracts are in or near Venice and Granite City. In St Clair County, they are in or near East St. Louis, Fairview Heights, and Belleville.

Furthermore, the Anderson Rehabilitation Hospital will provide services to patients hospitalized at Community Memorial Hospital in Staunton who need post-acute care rehabilitation. Community Memorial Hospital is a critical access hospital, whose sole member is Southwestern Illinois Health Facilities, Inc, d/b/a Anderson Hospital.

In addition to providing important safety net services in the community, Anderson Hospital provides an array of services that are reported in Anderson Hospital's 2018 Community Benefits and Social Accountability Plan, submitted to the Illinois Attorney General's office. It documents that in 2018, Anderson Hospital provided over $21,500,000 in community benefits. These include:

- financial assistance to members of the community
- additional resources for patients and community members
- facilitating quarterly drives for identified needs, such as clothing, food, personal items, toys, etc.
- exploring resources for increasing heart healthy foods in local pantries
- providing community health services beyond patient care activities
- providing health screenings
- providing support groups and educational events and materials
- providing 32,502 hours of student education, including education in clinical settings

2. The project's impact on the ability of another provider or healthcare system to cross-subsidize safety net services, if reasonable known to the applicant.

Other than Anderson Hospital's existing 20 bed unit, there are no hospitals within the 17 mile GSA that provide Comprehensive Physical Rehabilitation services. As a result, the proposed project will have no impact on another hospital's ability to provide safety net services in this area.

The only other facility in HSA 11 providing rehabilitation services is HSHS St Elizabeth Hospital in O'Fallon. It is located in St Clair County, south of Madison County, and lies outside of the 17 mile radius. The existing unit at Anderson Hospital serves a minimum volume of patients from the area near HSHS St Elizabeth's Hospital, and the relocation of Anderson's unit approximately 5 miles to the north is a move adding more distance from the service at HSHS St Elizabeth in O'Fallon. The additional patients to receive care at the larger Anderson Rehabilitation Hospital are primarily those residents of Madison County, and zip codes extending up toward Effingham and Vandalia. As a result, there should be no impact on the rehabilitation program and safety net services at HSHS St Elizabeth's Hospital.

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.

State regulations address this relocation of the Comprehensive Physical Rehabilitation to Anderson Rehabilitation Hospital as two projects: the discontinuation of the unit in Maryville, and establishment of the new hospital in Edwardsville. This Application for Exemption addresses the discontinuation of the existing unit in Maryville. Certificate of Need Project #19-026 addresses the establishment of a rehabilitation hospital in Edwardsville.

The discontinuation of the service in Maryville will not result in any gap in safety net service, since Southwestern Illinois Health Facilities, Inc d/b/a Anderson Hospital is involved in and directing both projects. Discontinuation of Comprehensive Physical Rehabilitation at Anderson Hospital in Maryville, and relocated by a distance of 5 miles to the Anderson's new facility in Edwardsville, will not have any negative impact on the community. In fact, the expansion of Comprehensive Physical rehabilitation will allow for increased patient revenues to help subsidize the cost of existing safety net services at Anderson.

4. Additional information on Safety Net Services.

A. For the three fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by the 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 the appropriate methodology specified by the Board.

B. For the three 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 the attached tables for Anderson Hospital's Medicaid and Charity Care service volumes.

**ANDERSON HOSPITAL**
**SAFETY NET IMPACT STATEMENT**

| | 2016 | 2017 | 2018 |
|---|---|---|---|
| **Charity Care (# of Patients)** | | | |
| Inpatients | 173 | 152 | 132 |
| Outpatients | 4,404 | 3,976 | 2,724 |
| Total Patients | 4,577 | 4,128 | 2,856 |
| | | | |
| **Cost of Charity Care (Costs)** | | | |
| Inpatients | $ 349,124 | $ 460,036 | $ 421,064 |
| Outpatients | $ 901,536 | $ 1,353,923 | $ 1,333,742 |
| Total Patients | $ 1,250,660 | $ 1,813,959 | $ 1,754,806 |
| | | | |
| **Medicaid (# of Patients)** | | | |
| Inpatients | 1,720 | 1,584 | 951 |
| Outpatients | 29,930 | 30,241 | 30,270 |
| Total Patients | 31,650 | 31,825 | 31,221 |
| | | | |
| **Medicaid (Revenue)** | | | |
| Inpatients | $ 10,137,631 | $ 8,190,571 | $ 6,715,144 |
| Outpatients | $ 8,485,891 | $ 10,887,987 | $ 13,951,709 |
| Total Patients | $ 18,623,522 | $ 19,078,558 | $ 20,666,853 |

Attachment 9

X. Charity Care Information

| CHARITY CARE - ANDERSON HOSPITAL | | | |
|---|---|---|---|
| | 2016 | 2017 | 2018 |
| Net Patient Revenue | $131,792,713 | $145,275,015 | $152,525,154 |
| Amount of Charity Care (charges) | $4,706,056 | $7,464,131 | $7,321,983 |
| Cost of Charity Care | $1,250,660 | $1,813,959 | $1,754,806 |

Attachment 10

#E-033-19

July 25, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street 2nd floor
Springfield, IL 62761

Re: Certificate of Exemption – Discontinuation
Anderson Hospital 20 bed Comprehensive Physical Rehabilitation
Maryville, IL

Dear Ms. Avery

On behalf of Anderson Hospital, I submit the Certificate of Exemption application for discontinuation of the existing 20 bed Comprehensive Physical Rehabilitation unit at Anderson Hospital in Maryville. Enclosed is an original and one copy of the application, and a check for $2500 to the Illinois Department of Public Health as the application fee.

We request that this Certificate of Exemption be heard in conjunction with CON Project 19-026 for the establishment of Anderson Rehabilitation Hospital in Edwardsville. The COE for Discontinuation cannot be heard unless Project 19-026 is approved.

Sincerely,

Ralph M Weber

Ralph M. Weber
CON Consultant
920 Hoffman Lane
Riverwoods, IL 60015
847-791-0830

**Anderson Hospital**

Southwestern Illinois Health Facilities, Inc. 6800 State Route 162, Maryville, Illinois 62062 (618) 288-5711

BANK OF EDWARDSVILLE
EDWARDSVILLE, ILLINOIS

#E-03[redacted]

07/17/19
DATE

[redacted]
CHECK NO.

PAY
TWO THOUSAND FIVE HUNDRED 00/100

[redacted]

SOUTHWESTERN ILLINOIS HEALTH FACILITIES, INC.

PAY TO THE ORDER OF: IL DEPARTMENT OF PUBLIC HEALTH
.

Authorized Signature

[redacted]

**Anderson Hospital**

Southwestern Illinois Health Facilities, Inc. 6800 State Route 162, Maryville, Illinois 62062 (618) 288-5711

07/17/19
DATE

[redacted]

IL DEPARTMENT OF PUBLIC HEALTH
.

| INVOICE | | AMOUNT | DISCOUNT | NET AMOUNT | PO/PATIENT NUMBER |
|---|---|---|---|---|---|
| DATE | NUMBER | | | | |
| 07/17/19 | CERT OF EXEMPTI | 2500.00 | 0.00 | 2500.00 | |