ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

RECEIVED
JUL 30 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: HSHS Holy Family Hospital, Inc.; Discontinuation of OB/GYN Category of Service
Street Address: 200 Healthcare Drive
City and Zip Code: Greenville, Illinois 62246
County: Bond Health Service Area 5 Health Planning Area: F-02

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

Exact Legal Name: HSHS Holy Family Hospital, Inc.
Street Address: 200 Healthcare Drive
City and Zip Code: Greenville, Illinois 62246
Name of Registered Agent: J. Nicole Lewer-Holst
Registered Agent Street Address: 224 W. Garfield
Registered Agent City and Zip Code: Belleville, Illinois 62220
Name of Chief Executive Officer: Kelly Sager
CEO Street Address: 200 Healthcare Drive
CEO City and Zip Code: Greenville, Illinois 62246
CEO Telephone Number: 618-664-1230

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: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number: (217) 523-0542

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

Name: Edwin W. Parkhurst, Jr.
Title: Managing Principal
Company Name: PRISM Healthcare Consulting
Address: 800 Roosevelt Road E-110, Glen Ellyn, Illinois 60137
Telephone Number: 630-790-1265 (office) 630-790-5089 (Direct)
E-mail Address: eparkhurst@consultprism.com
Fax Number: 630-790-2696

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

Name: Amy Liefer, CFRE, MSOL
Title: Director of Business Development
Company Name: HSHS Holy Family Hospital, Inc.
Address: 200 Healthcare Drive, Greenville, Illinois 62246
Telephone Number: (618) 651-2589
E-mail Address: amy.liefer@hshs.org
Fax Number: (618) 664-9750

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: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: (217) 523-0542

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: HSHS Holy Family Hospital, Inc.; Discontinue 4-bed OB/GYN Category of Service				
Street Address: 200 Healthcare Drive				
City and Zip Code: Greenville, Illinois 62246				
County: Bond	Health Service Area	5	Health Planning Area: F-02	

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

Exact Legal Name: Hospital Sisters Services, Inc.
Street Address: 4936 LaVerna Road
City and Zip Code: Springfield, Illinois 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 LaVerna Road
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 LaVerna Road
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

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.**
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Title: Strategic Planning Manager
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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: HSHS Holy Family Hospital, Inc.; Discontinue 4-bed OB/GYN Category of Service
Street Address: 200 Healthcare Drive
City and Zip Code: Greenville, Illinois 62246
County: Bond Health Service Area 5 Health Planning Area: F-02

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

Exact Legal Name: Hospital Sisters Health System
Street Address: 4936 LaVerna Road
City and Zip Code: Springfield, Illinois 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 LaVerna Road
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 LaVerna Road
CEO City and Zip Code: Springfield, Illinois 62707
CEO Telephone Number: (217) 788-6288

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- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

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[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]**

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Title: Strategic Planning Manager
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Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: (217) 523-0542

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HSHS Holy Family Hospital, Inc.
Address of Site Owner: 200 Health Care Drive, Greenville, IL 62246
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: HSHS Holy Family Hospital, Inc. (License # 0005355)
Address: 200 Healthcare Drive, Greenville, Illinois 62246
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o 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. o **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.

HSHS Holy Family Hospital, Inc., 200 Healthcare Drive, Greenville, Illinois, 62246, proposes to discontinue its four (4) bed inpatient Obstetrics / Gynecology Category of Service effective November 4, 2019.

The resulting redesign of the Women and Infants service line will provide expectant mothers the opportunity to receive the majority of their routine prenatal care visits and outpatient testing in Greenville, Illinois, and delivery and post-partum hospital care will be available at HSHS St. Joseph's Hospital in Breese, Illinois. Additionally, new mother and baby will benefit from a mother and baby program that provides additional education and wellness checks for reassurance following the transition home from the hospital. This regional maternal care program model provides mothers and their children ongoing access to quality pre-natal and post-partum care in Greenville.

The discontinuation is consistent with changes in national, regional and local healthcare delivery trends. The declining utilization of the Obstetrics and Gynecology Bed Category of Service at Holy Family is noted below:

OB / GYN Bed Utilization

HSHS Holy Family Hospital, Inc.

(Source: Published AHQ Data for the respective period)

Period	Beds	Admissions	Patient Days	ADC	% Occupancy
2016	4	234	449	1.2	31.1
2017	4	179	364	1.0	25.5
2018 *	4	197	405	1.1	27.5

* Unpublished

The project is substantive under Section 1110.20 due to the fact it proposes to discontinue a bed category of service. (Section 1120.20 (c) (1) (B) (ii)

Related Project Costs

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

Land acquisition is related to project Yes ☐ No ☒
Purchase Price $ N/A .
Fair Market Value $ N/A .

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ☒ No __. 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.

1. 16-053 – HSHS St. John's Hospital Women's and Children's Health Center Building, Springfield
2. 17-067 – HSHS St. John's Hospital, Springfield – 5th Floor Renovation Project
3. 18-021 – St. Elizabeth's Hospital Radiation Oncology Clinic – O'Fallon
4. E-012 -19 – HSHS St. John's Hospital NICU Development, Springfield

All projects listed above will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): November 4, 2019

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.

The Illinois Cancer Registry has advised that, due to extenuating circumstances related to an unexpected and lengthy delay in a vendor software update, a hospital's registry information may not be complete at this time. This issue has impacted registry submission across the United States and is outside of the control of the hospital.

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

Kelly M Sager
SIGNATURE

Kelly Sager
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of July 2019

Jacqueline D Klobuchar
Signature of Notary

Seal

"OFFICIAL SEAL"
JACQUELINE G. KLOBUCHAR
Notary Public, State of Illinois
My commission expires Mar 18, 2020

Ann M. Carr
SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of July, 2019

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

*Insert the EXACT legal name of the applicant

CERTIFICATION

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

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

Mary Starmann-Harrison
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of July, 2019

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

Ann M. Carr
SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of July, 2019

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
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*Insert the EXACT legal name of the applicant

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

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

Mary Starmann-Harrison
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of July, 2019

Sylvia Rebecca Gansz
Signature of Notary

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Ann M. Carr
SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

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Signature of Notary

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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	17 – 21
2	Site Ownership	22 – 25
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	26 – 28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29 – 30
5	Discontinuation General Information Requirements	31 – 39
6	Reasons for Discontinuation	40 – 41
7	Impact on Access	42 – 48
8	Background of the Applicant	49 – 54
9	Safety Net Impact Statement	55 – 56
10	Charity Care Information	57 – 58

Attachments

Applicants
Documentation
Attachment 1

Type of Ownership of Applicants

☒	Non-profit Corporation	☐	Partnership	
☐	For-profit Corporation	☐	Governmental	
☐	Limited Liability Company	☐	Sole Proprietorship	☐
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CEO Telephone Number: 618-664-1230

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Exact Legal Name: Hospital Sisters Services, Inc.
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Registered Agent Street Address: 4936 LaVerna Road
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CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

File Number 3598-185-3

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

HSHS HOLY FAMILY HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 03, 1956, 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* 28TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1917902310 verifiable until 06/28/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 5325-639-2

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, 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* JUNE *A.D.* 2019 .

Authentication #: 1918100318 verifiable until 06/30/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

File Number 5163-355-5

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 28TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1917902238 verifiable until 06/28/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Site Ownership
Documentation
Attachment 2

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HSHS Holy Family Hospital, Inc.
Address of Site Owner: 200 Health Care Drive, Greenville, IL 62246
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Site Ownership
Documentation
Attachment 2

HSHS
Holy Family
Hospital

COE Discontinuation Permit Application

Attachment 2

Site Ownership Attestation Statement

Finalize on Hospital Stationary

I, Kelly Sager, President and Chief Executive Officer of HSHS Holy Family Hospital, Inc. (the "Hospital"), certify and attest that the Hospital owns the site and physical plant located at 200 Healthcare Drive, Greenville, Illinois, 62246, as a result of the change in sponsorship of Greenville Regional Hospital, Inc. which took place on May 2, 2016 (Change of Ownership Exemption Project #E-015-16). Documents related to this ownership change are on file with the Illinois Health Facilities and Services Review Board ("Board"). We have also enclosed the Board's approval letter for your reference.

Having personal knowledge of the facts attested to in this sworn affidavit, I affirm that all relevant matters herein are truthful to the best of my knowledge and belief.

Attested by: Kelly Sager

Kelly Sager
President and CEO
HSHS Holy Family Hospital, Inc.

Notarization:

Subscribed and sworn to before me
this 26 day of July 2019

Jacqueline G Klobuchar
Signature of Notary

Jacqueline G Klobuchar
Printed Name

Seal

Seal

"OFFICIAL SEAL"
JACQUELINE G. KLOBUCHAR
Notary Public, State of Illinois
My commission expires Mar 18, 2020

200 HEALTH CARE DRIVE . GREENVILLE, IL 62246
hshsholyfamily.org . 618.664.1230

Hospital Sisters
HEALTH SYSTEM

RECEIVED
MAY 25 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

Belleville, IL
HSHS St. Elizabeth's Hospital

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois
62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

HSHS is sponsored by Hospital Sisters Ministries and the Hospital Sisters of St. Francis is the founding institute.

May 18, 2016

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761-0001

Re: Change of Ownership Exemption
Exemption # E-015-16 Greenville Regional Hospital, Greenville, Illinois
Exemption Holder: Hospital Sisters Health System – Hospital Sisters Services, Inc. – Greenville Regional Hospital, Inc.
Owner of Physician Plant: HSHS Holy Family, Inc.
Entity to be Licensed: HSHS Holy Family, Inc.

Dear Ms. Avery:

This letter is to confirm that the transaction set forth in the request for a Change of Ownership Exemption (Exemption), which was approved by the Chair of the Illinois Health Facilities and Services Review Board on March 22, 2016, closed on May 2, 2016. This letter will certify that the transaction was completed in accordance with the key terms detailed in the application.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

James F. Dover, FACHE
HSHS Division President and CEO
Southern Illinois Division
224 West Garfield
Belleville, IL 62220
Phone: 618-641-5873
Fax: 618-222-4748

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

May 25, 2016

CERTIFIED LETTER
RETURN RECEIPT REQUESTED

James F. Dover, FACHE
HSHS Division President and CEO
Southern Illinois Division
224 West Garfield
Belleville, Illinois 62220

Re: Completeness - Change of Ownership
Exemption #E-015-16 - Greenville Regional Hospital, Greenville, Illinois
Exemption Holder: Hospital Sisters Health System, Hospital Sisters Services Inc.

Dear Mr. Dover:

We are in receipt of your letter dated May 18, 2016 notifying the State Board that Exemption #E-015-16 has been completed. Our records will show that the exemption identified above was completed on May 2, 2016 according to the key terms stated in the application for exemption. The exemption holder is in compliance with PA 99-0154. Thank you for your compliance with the Illinois Health Facilities Planning Act.

Should you have any questions or concerns please contact Mike Constantino or George Roate of my staff at Mike.Constantino@illinois.gov or George.Roate@illinois.gov or 217.782.3516.

Sincerely,

Kathy Olson, Board Chair
Illinois Health Facilities and Services Review Board

License / Accreditation
Documentation
Attachment 3

Placeholder

Pages 28 – 29

Hospital License
HFAP Accreditation Certificate

HF116607

Illinois Department of 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.

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
10/25/2019		0005355

General Hospital

Effective: 10/26/2018

HSHS Holy Family Hospital, Inc.
200 Health Care Drive
Greenville, IL 62246

This Illinois license has a colored background. Printed by Authority of the State of Illinois

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 10/25/2019
Lic Number 0005355

Date Printed 9/14/2018

HSHS Holy Family Hospital, Inc.

200 Health Care Drive
Greenville, IL 62246

FEE RECEIPT NO.

AWARD OF ACCREDITATION

HSHS Holy Family Hospital

Greenville, IL

Expiration Date: February 9, 2022

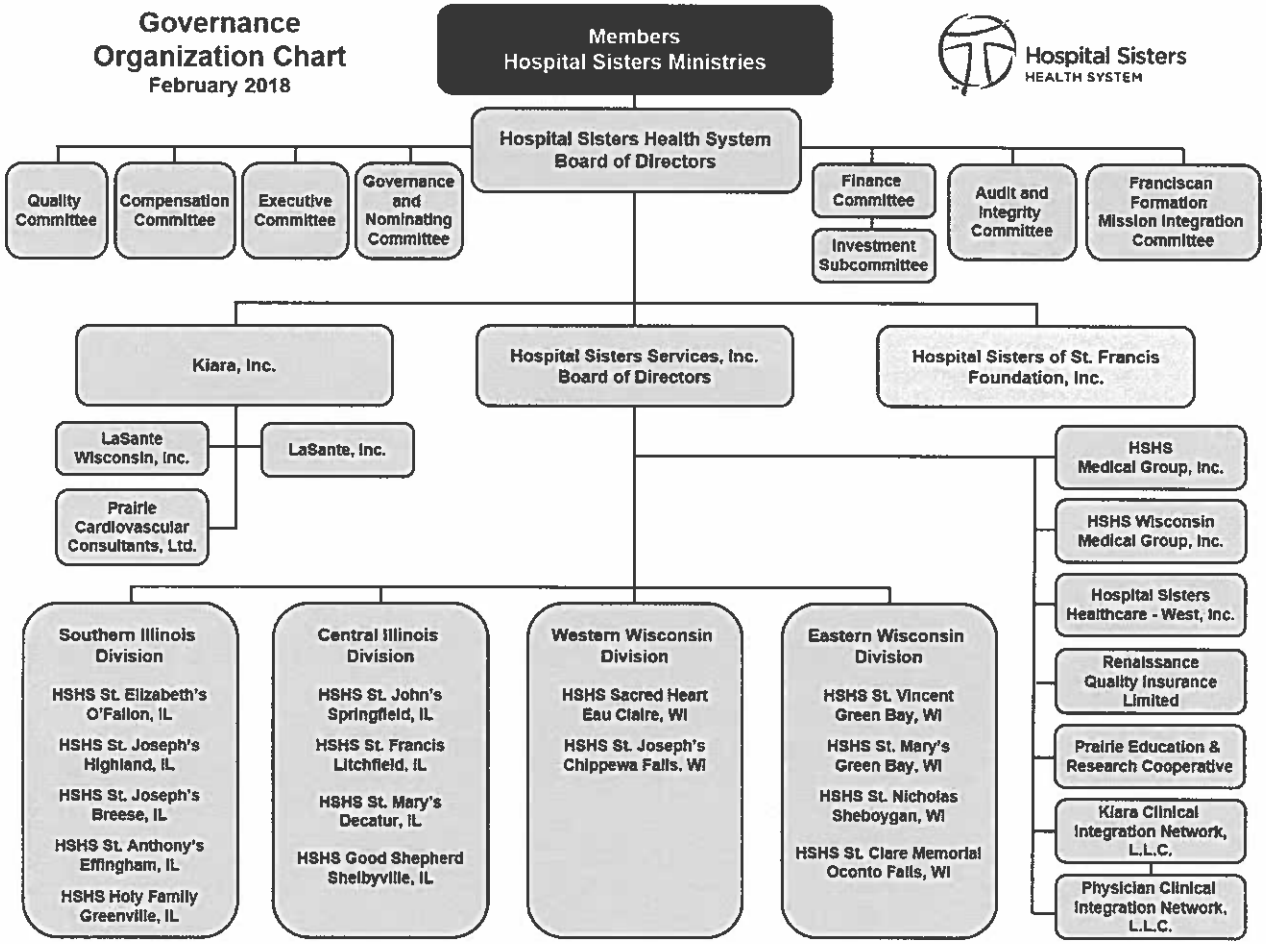
This organization has met the applicable requirements of Acute Care Hospital and is therefore fully accredited by HFAP, a program of AAHHS.

CHAIR, AAHHS BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER, AAHHS

Organizational Relationships
Documentation
Attachment 4

Attachment 4 – Organizational Relationships



Discontinuation
Documentation
Attachment 5

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.

Section II -Discontinuation
Criterion 1130.525 and
Criterion 1110.290
Attachment 5

1. Category of Service Discontinuation

   HSHS Holy Family Hospital, Inc. proposes to discontinue its four (4) bed Obstetric /Gynecology Category of Service including its Level 1 four (4) bed Newborn Nursery.

2. Other Discontinue Clinical Services

   No other clinical services will be discontinued as a result of this specific COE (See also response number 1, above)

3. Anticipated Discontinuation Date

   This Obstetrics / Gynecology bed category of service will be discontinued on November 4, 2019, assuming Illinois Health Facilities and Services Review Board approval is obtained at its regularly scheduled October 22, 2019 meeting. Discontinuation will be based on an operational process ensuring the highest safety and quality for those expectant mothers in the childbirth program at that time.

4. Physical Plant use and Equipment Disposition Post – Discontinuation

   This Obstetrics / Gynecology bed category of service will be discontinued on November 4, 2019, assuming Illinois Health Facilities and Services Review Board approval is obtained at its regularly scheduled October 22, 2019 meeting. Post discontinuation, the equipment currently used for the Obstetrics /Gynecology services will be distributed to Affiliate Hospitals in the HSHS Southern Illinois Division. The physical plant used for these services is currently being analyzed to determine the best use moving forward.

5. Medical Record Disposition

Operations of HSHS Holy Family Hospital, Inc. will continue post-discontinuation of its Obstetrics / Gynecology services. The medical records for the respective patients will continue to be retained by the Hospital in accordance with Hospital policy.

6. IHFSRB and IDPH Filings

This requirement is not applicable in that our entire facility is not being discontinued, only a designated bed category of service.

7. Discontinuation Notification

See attached documentation

- Attestation Letter
- Public Notice
- Provider Notification
- Provider Notification Mailing List

HSHS Holy Family Hospital

Adverse Action Letter
Attestation Letter

July 30, 2019

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery,

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during the three years prior to filing this COE permit application.

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application.

Sincerely,

Mary Starmann-Harrison
President & CEO

Notarization:

Subscribed and sworn to before me

this 29th day of July, 2019

Signature of Notary

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

200 HEALTH CARE DRIVE GREENVILLE, IL 62246
hshsholyfamily.org 618.664.1230

HSHS Holy Family Hospital

Public Notice

HSHS Holy Family Hospital, Inc.

Discontinue four (4) Bed OB Category of Service

In accordance with the requirements of the Illinois Health Facilities and Services Review Board (State Agency) Certificate of Exemption (COE) permit application process, notice is given that HSHS Holy Family Hospital, Inc., in Greenville, Illinois, proposes to discontinue its four (4) bed inpatient Obstetrics / Gynecology Bed Category of Service effective November 1, 2019, pending approval by the State Agency. With this discontinuation, the Hospital will implement a regional maternal and child care program which will continue pre-child birth and post-child birth mother and baby health care program at HSHS Holy Family Hospital in Greenville, with the delivery and post-partum components of the program to be provided at its affiliate HSHS St. Joseph's Hospital in Breese, Illinois.

200 HEALTH CARE DRIVE . GREENVILLE, IL 62246
hshsholyfamily.org . 618.664.1230

HSHS Holy Family Hospital

Discontinuance Notification Letter

_____, 2019

Individual

Hospital

Dear, (insert)

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) August 2018 Discontinuation Certificate of Exemption Application (COE), Attachment #7, the purpose of this letter is to advise you that HSHS Holy Family Hospital, Inc., Greenville, will be filing a COE permit application to discontinue its four (4) bed Obstetrics / Gynecology Bed Category of Service. The anticipated discontinuation proposes to occur effective November 4, 2019 pending approval by the IHFSRB.

The Women and Infants service line will be redesigned to provide expectant mothers the opportunity to receive the majority of their routine prenatal care visits and outpatient testing in Greenville, Illinois, and delivery and post-partum hospital care will be available at HSHS St. Joseph's Hospital in Breese, Illinois. Additionally, new mother and baby will benefit from a mother and baby program that provides additional education and wellness checks for reassurance following the transition home from the hospital.

As part of the IHFSRB requirements for discontinuation, we are sending you this intent notice letter. Please share with us any impact this change may have on your facility or programs. The following table summarizes our OB / GYN Bed Category of service utilization. As you will note, there is declining utilization and we believe a comprehensive and coordinated regional maternal and baby care program will continue to provide quality and safe services to expectant mothers.

HSHS Holy Family Hospital

OB / GYN Bed Utilization

HSHS Holy Family Hospital, Inc.

(Source: Published AHQ Data for the respective period)

Period	Beds	Admissions	Patient Days	ADC	% Occupancy
2016	4	234	449	1.2	31.1
2017	4	179	364	1.0	25.5
2018 *	4	197	405	1.1	27.5

* Unpublished

If you have any questions, please contact me at 618-664-1230.

Sincerely,

Kelly Sager
President and CEO
HSHS Holy Family Hospital, Inc.

CC: Mary Starmann-Harrison, President and CEO, Hospital Sisters Health System
Amy Bulpitt, Vice President & General Counsel, Hospital Sisters Health System
Jill Tomich, Strategic Planning Manager, Hospital Sisters Health System

HSHS Holy Family Hospital, Inc.
Greenville, Illinois

Contact Notification List
OB Bed Category of Service Discontinuation
COE Permit Application

Hospitals approximately 21 Miles from HSHS Holy Family Hospital, Inc.
June 12, 2019

Ms. Sue Campbell
Chief Executive Officer
Community Hospital of Staunton
400 North Caldwell Street
Staunton, Illinois 62088

Phone: 618-822-1094

Mr. Greg Starnes
Chief Executive Officer
Fayette County Hospital
650 West Taylor
Vandalia, Illinois 62471

Phone: 618-283-1232

Mr. Rex Brown
President and CEO
Hillsboro Area Hospital
1200 East Tremont Street
Hillsboro, Illinois 62049

Phone: 217-532-6111

Mr. Jim Timpe
President and CEO
HSHS St. Francis Hospital
1215 Franciscan Drive
Litchfield, Illinois 62056

Phone: 217-324-2191

Mr. Chris Klay
President and CEO
HSHS St. Joseph's Hospital - Breese
9515 Holy Cross Lane
Breese, Illinois 62230

Phone: 618-526-4511

Mr. John Ludwig
President and CEO
HSHS St. Joseph's Hospital - Highland
12866 Troxler Avenue
Highland, Illinois 62249

Phone: 618-651-2600

Reasons for Discontinuation
Documentation
Attachment 6

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.

Please reference the following page.

Reasons for Discontinuation

The primary reason is declining utilization of the birthing component of the HSHS Holy Family Hospital, Inc. women and infant program resulting from changes in the market, which include declining fertility and birth rates, as well as a decline in the overall population. Births in the US have fallen to their lowest level in 30 years and there are now approximately 60.3 births per 1,000 women ages 15 to 44. Additionally, the fertility rate has declined to approximately 1.76 births per woman over a 15-44 year lifetime which is below the population "replacement rate" estimated at 2.12 births per woman.

OB / GYN Bed Utilization

HSHS Holy Family Hospital, Inc.

(Source: Published AHQ Data for the respective period)

Period	Beds	Admissions	Patient Days	ADC	% Occupancy
2016	4	234	449	1.2	31.1
2017	4	179	364	1.0	25.5
2018 *	4	197	405	1.1	27.5

* Unpublished

Impact on Access
Documentation
Attachment 7

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.

Please reference the following page

Impact on Access
Documentation
Attachment 7

Impact on Access

Section 1) This discontinuation is not anticipated to have an impact on access primarily due to the development of HSHS's regional maternal care program model as outlined in the Narrative Description component of this Discontinuation Permit Application.

Section 2) Please see the attached.

1. Public Notice
2. Discontinuation Notification Letter
3. Discontinuation Notification Letter Recipients

HSHS Holy Family Hospital

Public Notice

HSHS Holy Family Hospital, Inc.

Discontinue four (4) Bed OB Category of Service

In accordance with the requirements of the Illinois Health Facilities and Services Review Board (State Agency) Certificate of Exemption (COE) permit application process, notice is given that HSHS Holy Family Hospital, Inc., in Greenville, Illinois, proposes to discontinue its four (4) bed inpatient Obstetrics / Gynecology Bed Category of Service effective November 1, 2019, pending approval by the State Agency. With this discontinuation, the Hospital will implement a regional maternal and child care program which will continue pre-child birth and post-child birth mother and baby health care program at HSHS Holy Family Hospital in Greenville, with the delivery and post-partum components of the program to be provided at its affiliate HSHS St. Joseph's Hospital in Breese, Illinois.

200 HEALTH CARE DRIVE . GREENVILLE, IL 62246
hshsholyfamily.org . 618.664.1230

HSHS Holy Family Hospital

Discontinuance Notification Letter

_____, 2019

Individual

Hospital

Dear, (insert)

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) August 2018 Discontinuation Certificate of Exemption Application (COE), Attachment #7, the purpose of this letter is to advise you that HSHS Holy Family Hospital, Inc., Greenville, will be filing a COE permit application to discontinue its four (4) bed Obstetrics / Gynecology Bed Category of Service. The anticipated discontinuation proposes to occur effective November 4, 2019 pending approval by the IHFSRB.

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As part of the IHFSRB requirements for discontinuation, we are sending you this intent notice letter. Please share with us any impact this change may have on your facility or programs. The following table summarizes our OB / GYN Bed Category of service utilization. As you will note, there is declining utilization and we believe a comprehensive and coordinated regional maternal and baby care program will continue to provide quality and safe services to expectant mothers.

HSHS Holy Family Hospital

OB / GYN Bed Utilization

HSHS Holy Family Hospital, Inc.

(Source: Published AHQ Data for the respective period)

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2016	4	234	449	1.2	31.1
2017	4	179	364	1.0	25.5
2018 *	4	197	405	1.1	27.5

* Unpublished

If you have any questions, please contact me at 618-664-1230.

Sincerely,

Kelly Sager
President and CEO
HSHS Holy Family Hospital, Inc.

CC: Mary Starmann-Harrison, President and CEO, Hospital Sisters Health System
Amy Bulpitt, Vice President & General Counsel, Hospital Sisters Health System
Jill Tomich, Strategic Planning Manager, Hospital Sisters Health System

HSHS Holy Family Hospital, Inc.
Greenville, Illinois

Contact Notification List
OB Bed Category of Service Discontinuation
COE Permit Application

Hospitals approximately 21 Miles from HSHS Holy Family Hospital, Inc.
June 12, 2019

Ms. Sue Campbell
Chief Executive Officer
Community Hospital of Staunton
400 North Caldwell Street
Staunton, Illinois 62088

Phone:618-822-1094

Mr. Greg Starnes
Chief Executive Officer
Fayette County Hospital
650 West Taylor
Vandalia, Illinois 62471

Phone: 618-283-1232

Mr. Rex Brown
President and CEO
Hillsboro Area Hospital
1200 East Tremont Street
Hillsboro, Illinois 62049

Phone: 217-532-6111

Mr. Jim Timpe
President and CEO
HSHS St. Francis Hospital
1215 Franciscan Drive
Litchfield, Illinois 62056

Phone: 217-324-2191

Mr. Chris Klay
President and CEO
HSHS St. Joseph's Hospital - Breese
9515 Holy Cross Lane
Breese, Illinois 62230

Phone: 618-526-4511

Mr. John Ludwig
President and CEO
HSHS St. Joseph's Hospital - Highland
12866 Troxler Avenue
Highland, Illinois 62249

Phone: 618-651-2600

Background
Documentation
Attachment 8

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.

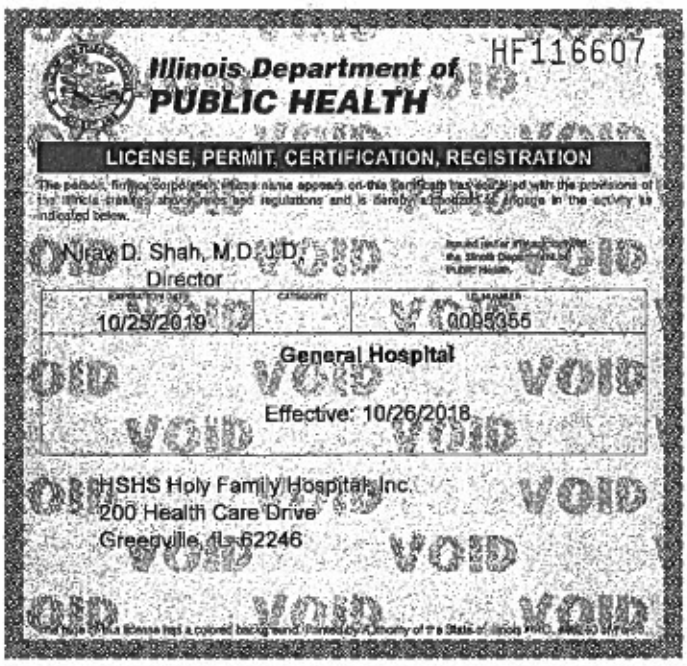
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

BACKGROUND OF APPLICANT

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

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
HSHS St. John's Hospital	Springfield	0002451	6/30/19	ID# 7432
HSHS St. Elizabeth's Hospital	O'Fallon	0006064	11/03/19	ID# 7242
HSHS St. Anthony's Memorial Hospital	Effingham	0002279	12/31/19	ID# 7335
HSHS St. Joseph's Hospital	Highland	0005892	8/22/19	ID# 2825
HSHS St. Francis Hospital	Litchfield	0002386	12/31/19	ID# 7374
HSHS St. Joseph's Hospital	Breese	0002527	6/30/19	ID# 7250
HSHS St. Mary's Hospital	Decatur	0002592	6/30/19	ID# 4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/19	*ID# 189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/19	**

* Accredited by HFAP (Health Facilities Accreditation Program)
** NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA - NIAHO



Illinois Department of PUBLIC HEALTH

HF116607

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 rules and regulations and is hereby authorized to engage in the activity as indicated below.

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/25/2019		0005355

General Hospital

Effective: 10/26/2018

HSHS Holy Family Hospital, Inc.
200 Health Care Drive
Greenville, IL 62246

VOID

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 10/25/2019

Lic Number 0005355

Date Printed 9/14/2018

HSHS Holy Family Hospital, Inc.

200 Health Care Drive
Greenville, IL 62246

FEE RECEIPT NO.

AWARD OF ACCREDITATION

HSHS Holy Family Hospital

Greenville, IL

Expiration Date: February 9, 2022

This organization has met the applicable requirements of Acute Care Hospital and is therefore fully accredited by HFAP, a program of AAHHS.

CHAIR, AAHHS BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER, AAHHS

File Number 3598-185-3

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

HSHS HOLY FAMILY HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 03, 1956, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 1917902310 verifiable until 06/28/2020
Authenticate at: http://www.cyberdrivеillinois.com

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* JUNE *A.D.* 2019 .

Jesse White

SECRETARY OF STATE

HSHS Holy Family Hospital

July 30, 2019

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery,

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during the three years prior to filing this COE permit application.

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application.

Sincerely,

Mary Stahmann-Harrison
President & CEO

Notarization:

Subscribed and sworn to before me

this 29th day of July, 2019

Sylvia Rebecca Gansz

Signature of Notary

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

Safety Net Impact Statement
Documentation
Attachment 9

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.

HSHS Holy Family Hospital, Inc. believes that this project will not materially 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.

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.

HSHS Holy Family Hospital, Inc. believes this project will improve patient care by providing a unique regional based coordinated women and infant care program.

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

HSHS Holy Family Hospital, Inc.

Safety Net Information per PA 96-0031				
CHARITY CARE				
Charity (# of patients)	**2015***	**2016***	**2017**	**2018****
Inpatient	26	31	33	22
Outpatient	540	266	287	467
Total	**566**	**297**	**320**	**489**
Charity (cost in dollars)				
Inpatient	$18,073	$26,665	$44,802	57,661
Outpatient	$115,573	$85,554	$113,103	232,384
Total	**$133,646**	**$112,219**	**$157,905**	**$290,045**
MEDICAID				
Medicaid (# of patients)	**2015***	**2016***	**2017**	**2018****
Inpatient	441	617	461	305
Outpatient	7,949	6,558	6,659	5,228
Total	**8,390**	**7,175**	**7,120**	**6,022**
Medicaid (revenue)				
Inpatient	$831,840	$330,001	$1,127,675	$635,272
Outpatient	$2,935,693	$1,103,944	$3,464,409	$2,405,761
Total	**$3,767,533**	**$1,433,945**	**$4,592,094**	**$3,041,033**

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

* Greenville Regional Hospital Data … The IHFSRB Chair approved COE E-015-16 on March 22,2016 to change the ownership of Greenville Regional Hospital. The ownership transaction was completed / closed on May 2, 2016 with Hospital Sisters Health System. The Hospital is now known as HSHS Holy Family Hospital, Inc.

** Unpublished AHQ Data

Charity Care
Documentation
Attachment 10

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 HSHS Holy Family Hospital, Inc.			
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.

CHARITY CARE HSHS Holy Family Hospital, Inc.				
	2015	2016	2017	2018
Net Patient Revenue	**$24,030,263**	**$24,601,569**	**$29,857,477**	**$22,765,762**
Amount of Charity Care (charges)	$361,457	$588,005	$816,403	$709,082
Cost of Charity Care	$133,646	$229,812	$333,944	$290,045

CHARITY CARE HSHS Illinois Hospitals			
	2016	2017	2018
Net Patient Revenue	**$1,027,791,000**	**$1,090,209,000**	**$1,122,527,807**
Amount of Charity Care (charges)	$59,886,591	$52,040,415	$52,343,771
Cost of Charity Care	$16,672,211	$15,165,565	$14,726,976

#E-036-19

HSHS Holy Family Hospital

Transmittal Letter

On HSHS Holy Family Stationary

To be sent via method for Return Receipt Requested

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

Re: HSHS Holy Family Hospital, Inc.
Obstetric / Gynecology Bed Category of Service Discontinuation

Dear Ms. Avery,

This COE Discontinuation Permit is being submitted by HSHS Holy Family Hospital, Inc. to the Illinois Health Facilities and Services Review Board (IHFSRB) requesting approval to discontinue its four (4) bed OB/GYN Bed Category of Service.

This project is substantive under Section 1110.20 of the Review Board's rules because it discontinues a bed category of service.

A check for the application processing fee of $2,500 is also enclosed.

We appreciate your assistance, and should you have any questions do not hesitate to contact me directly at 618-664-1230.

Sincerely,

Kelly Sager

Kelly Sager
President and CEO
HSHS Holy Family Hospital, Inc.

CC: Mike Constantino, Supervisor, Project Review Section
Ed Parkhurst, PRISM Healthcare Consulting

Enclosure: COE Permit Application
Check # 181084