

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Alton Memorial Hospital---Discontinuation of Acute Mental Illness Category of Service		
Street Address:	One Memorial Drive		
City and Zip Code:	Alton, IL 62002		
County:	Madison	Health Service Area	11 Health Planning Area: F-01

RECEIVED

AUG 11 2020

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

Exact Legal Name:	Alton Memorial Hospital
Street Address:	One Memorial Drive
City and Zip Code:	Alton, IL 62002
Name of Registered Agent:	Illinois Corporation Service
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	David Braasch
CEO Street Address:	One Memorial Drive
CEO City and Zip Code:	Alton, IL 62002
CEO Telephone Number:	618/463-7311

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	<input type="checkbox"/>

- 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:	Jacob M Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

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Street Address:	One Memorial Drive		
City and Zip Code:	Alton, IL 62002		
County:	Madison	Health Service Area	11 Health Planning Area: F-01

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

Exact Legal Name:	BJC Health System d/b/a BJC HealthCare
Street Address:	4901 Forest Park Avenue Suite 1200
City and Zip Code:	St. Louis, MO 63108
Name of Registered Agent:	CSC-Lawyers Incorporating Service Company
Registered Agent Street Address:	2210 Bolivar Street
Registered Agent City and Zip Code:	Jefferson City, MO 65101
Name of Chief Executive Officer:	Richard J. Liekweg
CEO Street Address:	4901 Forest Park Avenue Suite 1200
CEO City and Zip Code:	St. Louis, MO 63108
CEO Telephone Number:	314/286-2030

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
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Name:	Jacob M Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Exemption Contact

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

Name:	David Braasch
Title:	President
Company Name:	Alton Memorial Hospital
Address:	One Memorial Drive Alton, IL 62002
Telephone Number:	618/463-7311
E-mail Address:	David.Braasch@bjc.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Alton Memorial Hospital
Address of Site Owner:	One Memorial Drive Alton, IL 62002
Street Address or Legal Description of the Site:	One Memorial Drive Alton, IL 62002
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:	Alton Memorial Hospital
Address:	One Memorial Drive Alton, IL 62002
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> 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.

The applicants propose to discontinue Alton Memorial Hospital 20-bed acute mental illness "category of service". The "category of service" is, as of the filing of this Certificate of Exemption application, suspended; and the applicants are reporting to IDPH and HFSRB on the service's status on a monthly basis.

As this application addresses the discontinuation of a HFSRB-designated "category of service", this Certificate of Exemption application is categorized as "substantive".

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 X. 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.

Anticipated exemption completion date (refer to Part 1130.570): _____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- X Cancer Registry
 - X APORS
 - X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 - X 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:

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

This Application is filed on the behalf of Alton Memorial 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.

David Braasch

SIGNATURE

DAVID BRAASCH

PRINTED NAME

PRESIDENT

PRINTED TITLE

Brad Goacher

SIGNATURE

BRAD GOACHER

PRINTED NAME

Chief Operating Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 21st day of July

Jennifer Bain

Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me this 21st day of July

Jennifer Bain

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of BJC Health System d/b/a BJC HealthCare 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.

Joan Magruder
SIGNATURE

David R. Aplyton
SIGNATURE

Joan Magruder
PRINTED NAME

David R. Aplyton
PRINTED NAME

Group President
PRINTED TITLE

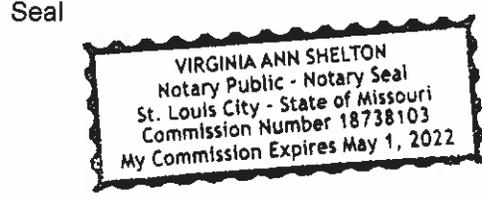
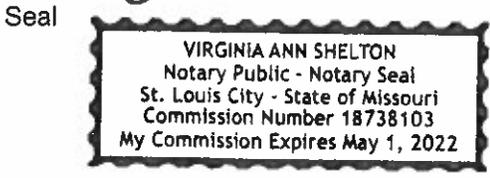
Senior V.P.
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of July 2020

Notarization:
Subscribed and sworn to before me
this 21 day of July 2020

Virginia Shelton
Signature of Notary

Virginia Shelton
Signature of Notary



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

<input checked="" type="checkbox"/> Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

<p>GENERAL INFORMATION REQUIREMENTS</p> <ol style="list-style-type: none">1. Identify the category of service and the number of beds, if any, that are to be discontinued.2. Identify all of the other clinical services that are to be discontinued.3. Provide the anticipated date of discontinuation for each identified service.4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 5</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

SECTION IV. SAFETY NET IMPACT STATEMENT

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2017	2018	2019
Inpatient	343	380	608
Outpatient	5,505	5,684	7,617
Total	5,848	6,064	8,225
Charity (cost in dollars)			
Inpatient	\$183,204	\$198,150	\$384,991
Outpatient	\$852,313	\$1,009,730	\$1,301,785
Total	\$1,035,517	\$1,207,880	\$1,686,776
MEDICAID			
Medicaid (# of patients)	2017	2018	2019
Inpatient	1,531	1,260	1,588
Outpatient	30,114	22,684	18,123
Total	31,645	23,944	19,711
Medicaid (revenue)			
Inpatient	\$3,522,200	\$5,535,270	\$6,067,451
Outpatient	\$6,498,957	\$6,996,346	\$11,332,552
Total	\$10,021,157	\$12,531,616	\$17,400,003

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			
	2017	2018	2019
Net Patient Revenue	\$141,936,182	\$139,843,908	
Amount of Charity Care (charges)	\$5,873,892	\$7,158,437	\$7,006,951
Cost of Charity Care	\$1,035,517	\$1,207,880	\$1,686,776

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

File Number

2454-784-1



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

ALTON MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 08, 1936, 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 29TH day of JUNE A.D. 2020 .



Jesse White

SECRETARY OF STATE ATTACHMENT 1

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

BJC HEALTH SYSTEM
N00045883

was created under the laws of this State on the 11th day of May, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of April, 2020.


Secretary of State



Certification Number: CERT-04062020-0221

ATTACHMENT I

ALTON MEMORIAL
HOSPITAL

July 15, 2020

Illinois Health Facilities
and Services Review Board
Springfield, IL

To Whom It May Concern:

Please be advised the Alton Memorial Hospital's site, that being One Memorial Drive, is owned by Alton Memorial Hospital.

Sincerely,



David Braasch
President

File Number

2454-784-1



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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

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In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JUNE A.D. 2020 .

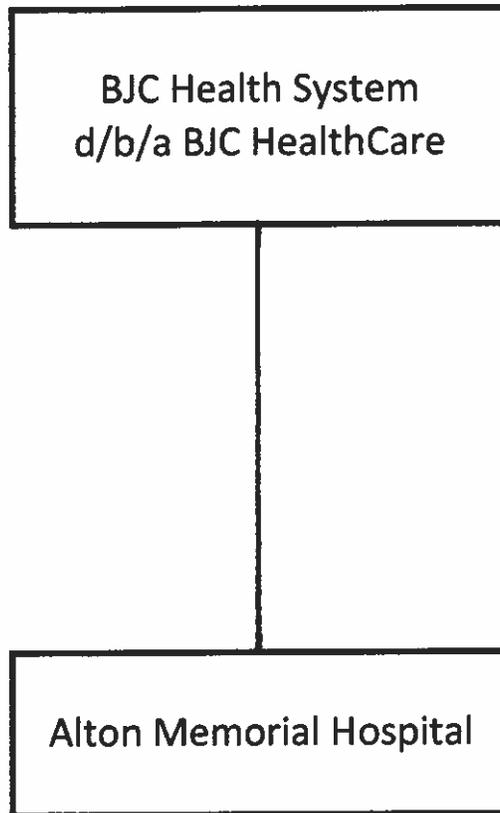


Authentication #: 2018102434 verifiable until 06/29/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE ATTACHMENT 3

ORGANIZATIONAL CHART



GENERAL INFORMATION REQUIREMENTS

The applicants, through this Certificate of Exemption (“COE”) application, propose the discontinuation of Alton Memorial Hospital’s 20-bed acute mental illness category of service. The unit functions as a geriatric psychiatry (“gero-psych”) unit. No other clinical or non-clinical services are anticipated to be discontinued as a result of the gero-psych unit’s discontinuation.

Admissions to the unit are currently suspended, and will formally cease approximately thirty days following the receipt of the requested COE.

The future use of the physical plant and equipment has yet to be determined. The unit includes ten semi-private patient rooms, designated as patient rooms 279-288.

With the signatures placed on this COE application’s Certification pages, the applicants attest that notification of the intended discontinuation was given to the public through a notice placed in *The Telegraph* on August 6, 2020. Proof of publication is attached.

LEGAL NOTICE

#E-040-20

Alton Memorial Hospital, located in Alton, Illinois, intends to phase the operations of its inpatient acute mental illness program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before October 1, 2020. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by August 1, 2020; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.

REASONS FOR DISCONTINUATION

The proposed discontinuation is the result low and steadily decreasing acute mental illness census at Alton Memorial Hospital, as well as the ability to reduce redundancy and unnecessary duplication, without unreasonably diminishing accessibility.

The category of service is currently suspended, and the hospital is reporting the service's status to IDPH and HFSRB on a monthly basis. The hospital is not aware of any significant compromises to accessibility that have occurred during the suspension.

IMPACT ON ACCESS

The proposed discontinuation of Alton Memorial Hospital's acute mental illness ("AMI") category of service will not have an adverse effect on access for residents of the hospital's market area.

The category of service is currently suspended, and the applicants are unaware of any substantial access issues that have resulted from that suspension.

In addition to Alton Memorial Hospital, there are two other providers of inpatient AMI services in HSA 11, those being Gateway Regional Medical Center in Granite City, 18.0 miles away, and Touchette Regional Hospital in Centreville, 33.1 miles away. Based on 2018 utilization, as reported to the HFSRB, both hospitals have sufficient AMI bed capacity to accommodate Alton Memorial Hospital's caseload.

Also impacting access in a positive manner, while contributing to the low average daily census on Alton Memorial Hospital's AMI unit is the unit's clinical focus, that being geropsychiatry. Specifically, as the scope of providers of geropsychiatric programming expands to include community agencies, residential facilities and licensed long-term care facilities, the alternatives, other than acute care unit hospitalization, available to area residents in need of care, and particularly less-intensive levels of care, is expanding. Similarly, lengths-of-stay can be reduced (thereby reducing the average daily census) as more post-stabilization alternatives become available.

BACKGROUND

Applicant BJC HealthCare owns and operates three licensed health care facilities in Illinois:

- Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital
Belleville
- Metro-East Services, Inc. d/b/a Memorial Hospital-East
Shiloh
- Alton Memorial Hospital
Alton

Documentation, confirming that no adverse actions have been taken against the applicants during the past three years, and authorizing IDPH/HFSRB access to applicable records of the applicants is provided. In addition, a copy of the hospital applicant's IDPH license is provided.

#E-040-20

← DISPLAY THIS PART IN A CONSPICUOUS PLACE



Illinois Department of PUBLIC HEALTH

HF 115211

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

12/31/2020

0000026

General Hospital

Effective: 01/01/2020

Alton Memorial Hospital
1 Memorial Drive
Alton, IL 62002

Exp. Date 12/31/2020

Lic Number 0000026

Date Printed 10/31/2019

Alton Memorial Hospital

1 Memorial Drive
Alton, IL 62002

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #19-481-001 10M 9/16

FEE RECEIPT NO.

ATTACHMENT 8



July 17, 2020

Ms. Courtney Avery
Illinois Health Facilities
And Services review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. BJC HealthCare has not had any adverse actions taken against any facility owned and operated by it during the three (3) year period prior to the filing of this application, and
2. BJC HealthCare authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me at 314-323-1231.

Sincerely,



Greg Bratcher
BJC HealthCare

Date: July 21st, 2020

Notarized:




SAFETY NET STATEMENT

Alton Memorial Hospital is a vital member of its community, providing a broad scope of medical services and is an active participant in a broad scope of health care and non-health care programs designed to improve the overall status of the residents of Alton and Madison County.

The hospital operates a “comprehensive” emergency department, through which it cares for in excess of 36,000 patients, annually. Approximately 7,000 patients are admitted to the hospital, annually, with approximately 18% being covered by Medicaid, and 5-6% being categorized as “charity”. In addition to its Emergency Department and inpatient services, the hospital provides approximately 150,000 outpatient encounters, annually.

Outside of the hospital, proper, Alton Memorial Hospital is as an active sponsor of and participant in a wide variety of health care-related and general community-based programs, including screenings, health fairs, and educational programming. Among the dozens of organizations that it routinely partners with in the sponsorship and participation of community-based programs are local school systems, Alton Athletic Association, Dream Home Charities, Alton Leukemia & Lymphoma Society, United Way, Salvation Army and the Police Benevolent and Protective Association.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
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2	Site Ownership	16
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