

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

JUL 02 2013

13-036

Facility/Project Identification

Facility Name: Touchette Regional Hospital			HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: 5900 Bond Avenue			
City and Zip Code: Centerville, Illinois 62207			
County: St. Clair	Health Service Area: 11	Health Planning Area: F1	

Applicant/Co-Applicant Identification

[Provide for each co-applicant – [refer to Part 1130.220].

Exact Legal Name: Touchette Regional Hospital, Inc.
Address: 5900 Bond Avenue, Centerville, IL 62207
Name of Registered Agent: Corporation Service Company
Name of Chief Executive Officer: Tom Mikkelson, M.D. (COO)
CEO Address: 5900 Bond Avenue, Centerville, IL 62207
Telephone Number: 618-332-5400

Type of Ownership of Applicant/Co-Applicant

<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

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.

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 during the review period]

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312-277-2964

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: John Majchrzak
Title: CFO
Company Name: Touchette Regional Hospital
Address: 5900 Bond Avenue, Centerville, IL 62207
Telephone Number: 618-332-5400
E-mail Address: jmajchrzak@touchette.org
Fax Number: 618-332-5256

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Facility/Project Identification**

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City and Zip Code: Centerville, Illinois 62207		
County: St. Clair	Health Service Area: 11	Health Planning Area: F1

Applicant/Co-Applicant Identification

[Provide for each co-applicant – [refer to Part 1130.220].]

Exact Legal Name: Southern Illinois Healthcare Foundation
Address: 2041 Goose Lake Road, Sauget, IL 62206
Name of Registered Agent: Peter Themas
Name of Chief Executive Officer: Larry McCulley
CEO Address: 2041 Goose Lake Road, Sauget, IL 62206
Telephone Number: 618-332-0694

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
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Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312-277-2964

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: John Majchrzak
Title: CFO
Company Name: Touchette Regional Hospital
Address: 5900 Bond Avenue, Centerville, Illinois 62270
Telephone Number: 618-332-5400
E-mail Address: jmajchrzak@touchette.org
Fax Number: 618-332-5256

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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City and Zip Code: Centerville, Illinois 62207		
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Type of Ownership of Applicant/Co-Applicant

- | | |
|--|--|
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| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
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| | <input type="checkbox"/> Other |

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Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312-277-2964

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Pete Themas
Title: Director of Compliance
Company Name: Southern Illinois Health Care Foundation, Inc.
Address: 2041 Goose Lake Road, Sauget, IL 62206
Telephone Number: 618-332-0783
E-mail Address: pthemas@sihf.org
Fax Number: 618-332-2747

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

Facility Name: Touchette Regional Hospital		
Street Address: 5900 Bond Avenue		
City and Zip Code: Centerville, Illinois 62207		
County: St. Clair	Health Service Area: 11	Health Planning Area: F1

Applicant/Co-Applicant Identification

[Provide for each co-applicant – [refer to Part 1130.220].

Exact Legal Name: Hospital Sisters Services, Inc.
Address: 4936 LaVerna Road, Springfield, IL 62707
Name of Registered Agent: Amy Marquardt
Name of Chief Executive Officer: Mary Starrman-Harrison
CEO Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: 618-222-1000

Type of Ownership of Applicant/Co-Applicant

- | | |
|--|--|
| <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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E-mail Address: cranalli@mwe.com
Fax Number: 312-277-2964

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Janet Scheuerman
Title: Senior Consultant
Company Name: PRISM Healthcare Consulting
Address: 1808 Woodmere Drive, Valparaiso, IN 46383
Telephone Number: 219-464-3969
E-mail Address: prismjanet@aol.com
Fax Number: 219-464-0027

Post Permit Contact

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

Name:	John Majchrzak
Title:	Chief Financial Officer
Company Name:	Touchette Regional Hospital, Inc.
Address:	5900 Bond Avenue, Centerville, IL 62207
Telephone Number:	618-332-5400
E-mail Address:	jmajchrzak@touchette.org
Fax Number:	618-332-5256

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Touchette Regional Hospital, Inc.
Address of Site Owner:	5900 Bond Avenue, Centerville, IL 62207
Street Address or Legal Description of Site:	As above
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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:	Touchette Regional Hospital, Inc.		
Address:	5900 Bond Avenue, Centerville, IL 62207		
<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
<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 co-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.

Flood Plain Requirements

Not Applicable

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b).]

Part 1110 Classification:

- Substantive
- Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- Part 1120 Not Applicable
- Category A Project
- Category B Project
- DHS or DVA Project

2. Narrative Description

Provide in the space below, 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.

Touchette Regional Hospital is seeking approval to expand its inpatient mental health unit from twelve (12) beds to thirty (30) beds. The expansion will include the new construction of a 14,304 GSF addition to the hospital, 8,313 of this new construction will be attributable to inpatient behavioral health, along with 7,534 GSF of existing modernized space for a total DGSF unit of 15,847. It will include 16 private and 7 semi-private rooms. The outpatient behavioral health services area will be located adjacent in 5,221 GSF of new construction. Central registration will be relocated and will consist of 770 GSF of new construction and 1,219 GSF of modernized space.

Touchette will hire new staff to accommodate the expansion of its behavioral health services.

The cost of the project is \$10,138,534.00.

This project is non-substantive, as it does not entail the establishment or discontinuation of a category of service or a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$91,375	\$8,625	\$100,000
Site Survey and Soil Investigation	\$26,042	\$2,458	\$28,500
Site Preparation	\$529,975	\$50,025	\$580,000
Off Site Work	\$502,563	\$47,438	\$550,000
New Construction Contracts	\$4,958,984	\$468,085	\$5,427,070
Modernization Contracts	\$715,258	\$67,514	\$782,772
Contingencies	\$616,781	\$58,219	\$675,000
Architectural/Engineering Fees	\$586,477	\$55,358	\$641,835
Consulting and Other Fees	\$345,109	\$32,575	\$377,684
Movable or Other Equipment (not in construction contracts)	\$615,411	\$58,089	\$673,500
Bond Issuance Expense (project related)	N/A		N/A
Net Interest Expense During Construction (project related)	\$276,111	\$26,063	\$302,174
Fair Market Value of Leased Space or Equipment	N/A		N/A
Other Costs To Be Capitalized	0		0
Acquisition of Building or Other Property (excluding land)	N/A		N/A
TOTAL USES OF FUNDS	\$9,264,086	\$874,449	\$10,138,535
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$126,585	\$11,949	\$138,535
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	\$9,137,500	\$862,500	\$10,000,000
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$9,264,086	\$874,449	\$10,138,535
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$_____</p>
<p>Fair Market Value: \$_____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p>
<p>Estimated start-up costs and operating deficit cost is \$</p>

Project Status and Completion Schedules

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): December 31, 2015</p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies.</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input checked="" type="checkbox"/> Cancer Registry</p> <p><input checked="" type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted N/A All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
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Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
AMI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

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 following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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: Touchette Regional Hospital			CITY: Centreville		
REPORTING PERIOD DATES: From: 01-01-2012 To: 12-31-12					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	66	1510	5634	N/A	
Obstetrics	33	353	904	N/A	
Pediatrics	8	0	0	N/A	
Intensive Care	8	163	876	N/A	
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	12	582	2,808	+18	30
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other (identify)					
TOTALS:	127	2,599	10,222	+18	145

CERTIFICATION

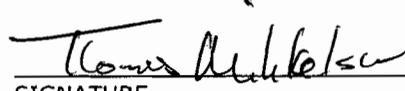
The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- 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 manger 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 for Permit is filed on behalf of Touchette Regional 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE



 SIGNATURE

John Majchrzak

 PRINTED NAME

Tom Mikkelson, M.D.

 PRINTED NAME

Chief Financial Officer

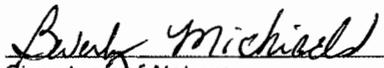
 PRINTED TITLE

COO

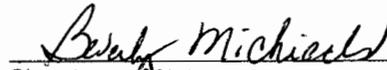
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 25th day of June, 2013

Notarization:
 Subscribed and sworn to before me
 this 25th day of June, 2013



 Signature of Notary



 Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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This Application for Permit is filed on behalf of Southern Illinois Healthcare Foundation *
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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

Larry McCulley
 SIGNATURE
Larry McCulley
 PRINTED NAME
CEO
 PRINTED TITLE

Pete Themas
 SIGNATURE
Pete Themas
 PRINTED NAME
General Counsel and Compliance Officer
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 25th day of June, 2013

Notarization:
 Subscribed and sworn to before me
 this 26th day of June, 2013

Beverly Michiaels
 Signature of Notary

Beverly Michiaels
 Signature of Notary

Seal



Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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This Application for Permit 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

Mary Starmann-Harrison
SIGNATURE

Lawrence P. Schumacher
SIGNATURE

Mary Starmann-Harrison

PRINTED NAME
President and Chief Executive Officer

Lawrence P. Schumacher

PRINTED NAME
Chief Operating Officer

PRINTED TITLE

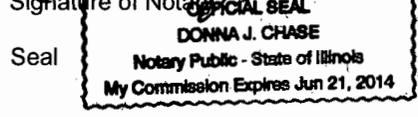
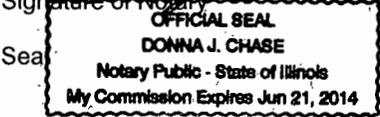
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of June

Notarization:
Subscribed and sworn to before me
this 30 day of June

Donna J. Chase
Signature of Notary

Donna J. Chase
Signature of Notary



*Insert EXACT legal name of the applicant

SECTION II. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

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, 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 the information has been 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1. Identify **ALL** of the alternatives to the proposed project:
Alternative options **must** include:
 - A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reason why the chosen alternative was selected.
2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
3. The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility’s physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:**NOT APPLICABLE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**ASSURANCES:****NOT APPLICABLE**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

C. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize Acute/Chronic Mental Illness must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Acute Mental Illness	12	30
<input type="checkbox"/> Chronic Mental Illness		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e(1)) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- o Section 1120.120 Availability of Funds – Review Criteria
- o Section 1120.130 Financial Viability – Review Criteria
- o Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. 1120.120 – Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

\$138,535		a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
		b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimate time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
		c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$10M		d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1)	For general obligation bonds, proof of passage of the required referendum or evidence that the government unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2)	For revenue bonds, proof of the feasibility of securing the specific amount and interest rate;
		3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5)	For any option to lease, a copy of the option, including all terms and conditions.
		e)	Government Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
		f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
		g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$10,138,535		TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 – Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for Information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
	2010	2011	2012	2016
Enter Historical and/or Projected Years:				
Current Ratio	1.24	1.04	1.12	2.08
Net Margin Percentage	-2.73%	-7.91%	-2.72%	1.10%
Percent Debt to Total Capitalization	7.09%	23.25%	22.67%	42.55%
Projected Debt Service Coverage	0.69	-1.81	0.51	4.18
Days Cash on Hand	81.5	23.6	12.8	36.1
Cushion Ratio	17.22	2.96	2.03	6.86

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 – Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 4. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 5. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - a. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - b. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criteria is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 6. That the selected form of debt financing for the project will be at the lowest net cost available;
- 7. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 8. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

- 9. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
AMI									
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 42, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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 Statement 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 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2010	2011	2012
Inpatient	386	174	196
Outpatient	5,989	4,080	3,676
Total	6,375	4,254	3,872
Charity (cost in dollars)			
Inpatient	1,658,487	1,225,293	816,118
Outpatient	3,122,862	3,109,851	2,825,007
Total	4,781,349	4,335,144	3,641,125
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient	1,771	1,363	1,236
Outpatient	33,058	31,612	31,607
Total	34,829	32,975	32,843
Medicaid (revenue)			

	Inpatient	16,026,828	13,439,148	9,860,511
	Outpatient	31,424,832	29,715,024	18,729,099
	Total	47,451,660	43,154,172	28,589,610

APPEND DOCUMENTATION AS **ATTACHMENT-43**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care Information **MUST** be furnished for **ALL** projects.

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 44.

CHARITY CARE			
	2010	2011	2012
Net Patient Revenue			
Amount of Charity Care (charges)	12,155,601	8,502,897	6,322,392
Cost of Charity Care	4,781,349	4,335,144	3,641,125

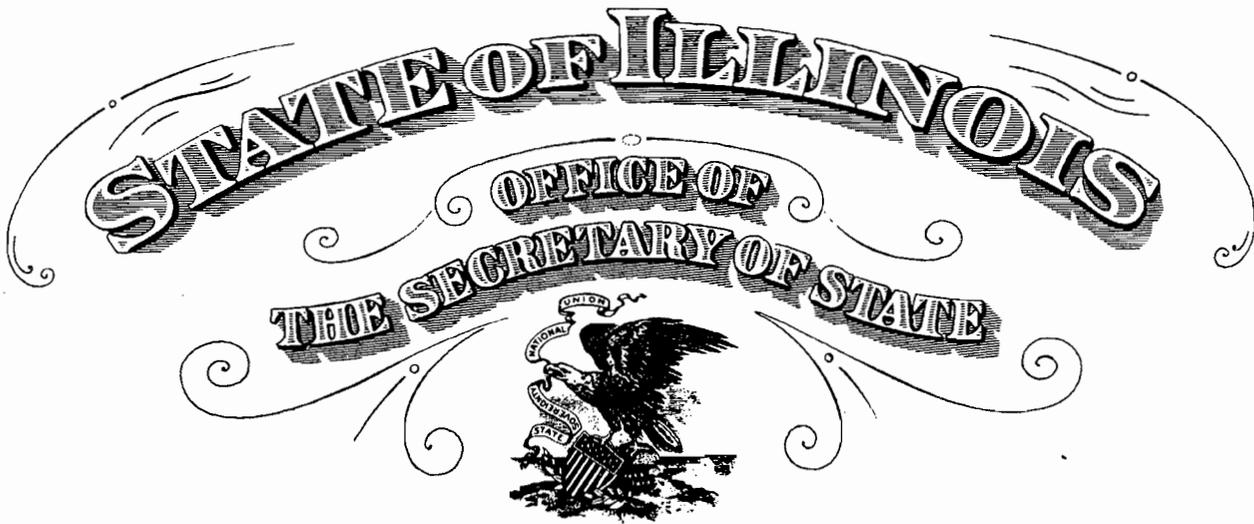
APPEND DOCUMENTATION AS **ATTACHMENT-44**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		X	PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	X	26-29
2	Site Ownership	X	31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		N/A
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing, Etc.	X	33-34
5	Flood Plain Requirements	X	36-38
6	Historic Preservation Act Requirements	X	40
7	Project and Sources of Funds Itemization	X	42
8	Obligation Document if required		N/A
9	Cost Space Requirements	X	43
10	Discontinuation		N/A
11	Background of the Applicant	X	44/45
12	Purpose of the Project	X	46-142
13	Alternatives to the Project	X	143
14	Size of the Project	X	144
15	Project Service Utilization	X	145-147
16	Unfinished or Shell Space		N/A
17	Assurances for Unfinished/Shell Space		N/A
18	Master Design Project		N/A
19	Mergers, Consolidations and Acquisitions		N/A
	Service Specific:		
20	Medical Surgical Pediatrics, Obstetrics, ICU		N/A
21	Comprehensive Physical Rehabilitation		N/A
22	Acute Mental Illness	X	148-199
23	Neonatal Intensive Care		N/A
24	Open Heart Surgery		N/A
25	Cardiac Catheterization		N/A
26	In-Center Hemodialysis		N/A
27	Non-Hospital Based Ambulatory Surgery		N/A
28	General Long Term Care		N/A
29	Specialized Long Term Care		N/A
30	Selected Organ Transplantation		N/A
31	Kidney Transplantation		N/A
32	Subacute Care Hospital Model		N/A
33	Post Surgical Recovery Care Center		N/A
34	Children's Community-Based Health Care Center		N/A
35	Community-Based Residential Rehabilitation Center		N/A
36	Long Term Acute Care Hospital		N/A
37	Clinical Service Areas Other than Categories of Service		N/A
38	Freestanding Emergency Center Medical Services		N/A
	Financial and Economic Feasibility:		
39	Availability of Funds	X	200-210
40	Financial Waiver	X	211
41	Financial Viability	X	212
42	Economic Feasibility	X	213-214
43	Safety Net Impact Statement	X	215-216
44	Charity Care Information	X	217

Certificate of Good Standing

See attached for applicant Touchette Regional Hospital and co-applicants Southern Illinois Healthcare Foundation and Hospital Sisters Health System.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, 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.



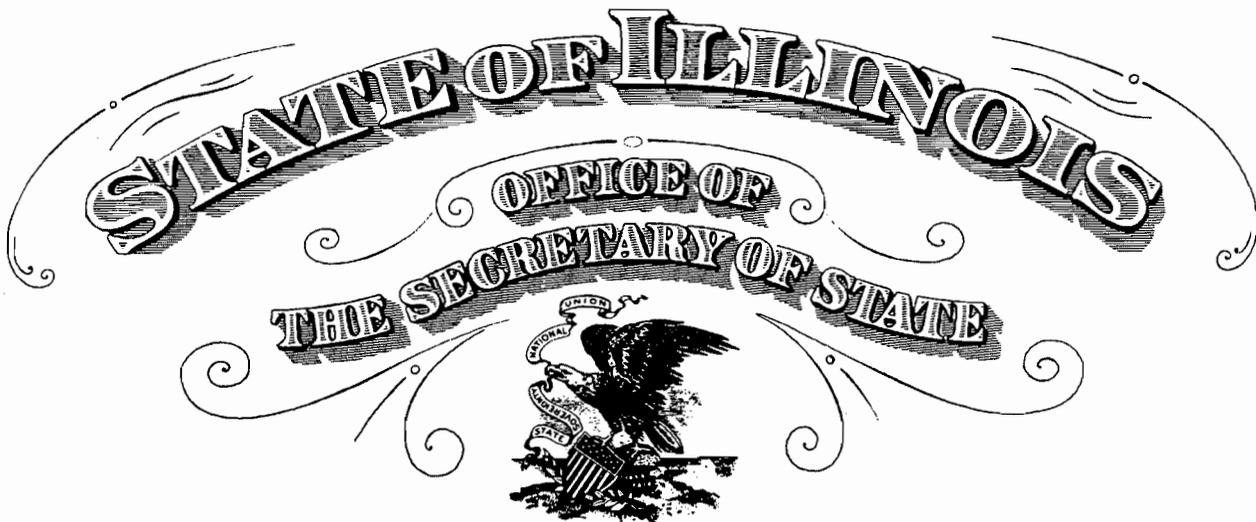
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of JUNE A.D. 2013

Jesse White

SECRETARY OF STATE

Authentication #: 1316501602

Authenticate at: <http://www.cyberdriveillinois.com>



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby 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.



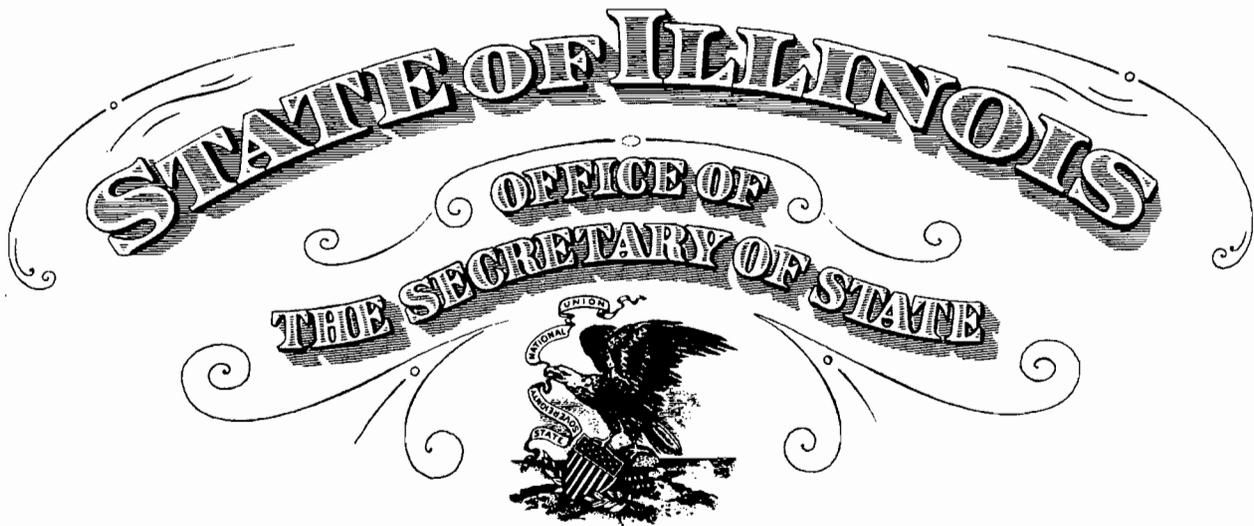
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of JUNE A.D. 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1316501598

Authenticate at: <http://www.cyberdriveillinois.com>



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SOUTHERN ILLINOIS HEALTH CARE FOUNDATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 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.



Authentication #: 1316501610

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of JUNE A.D. 2013

Jesse White

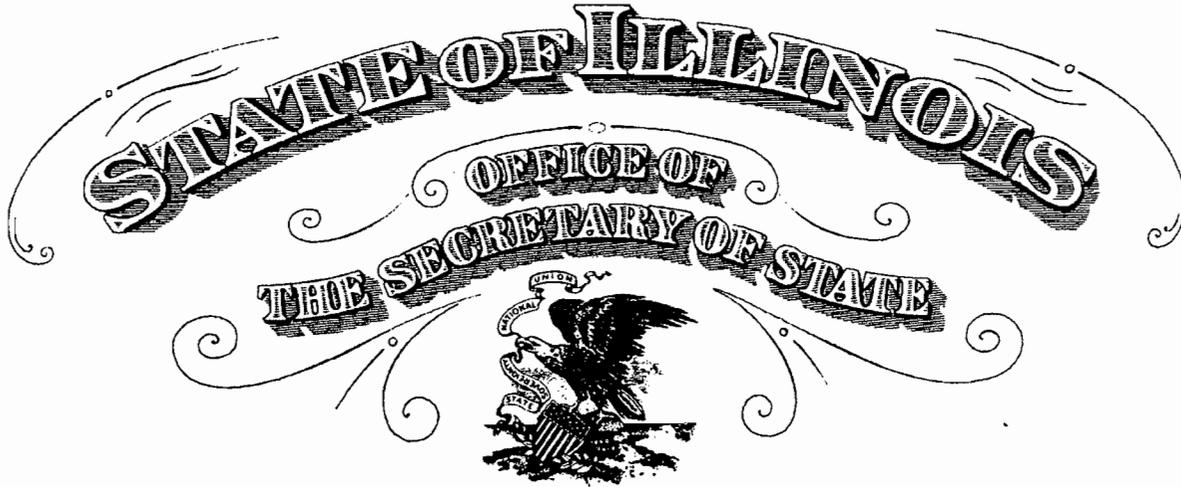
SECRETARY OF STATE

Proof of Site Ownership

See attached.

**Operating Entity
Certificate of Good Standing**

See attached.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1316501602

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of JUNE A.D. 2013 .

Jesse White

SECRETARY OF STATE

Organization Chart

Southern Illinois Health Care Foundation



Touchette Regional Hospital

Flood Plain Map

See attached.

Google

centreville il 5900 bond ave

Get directions

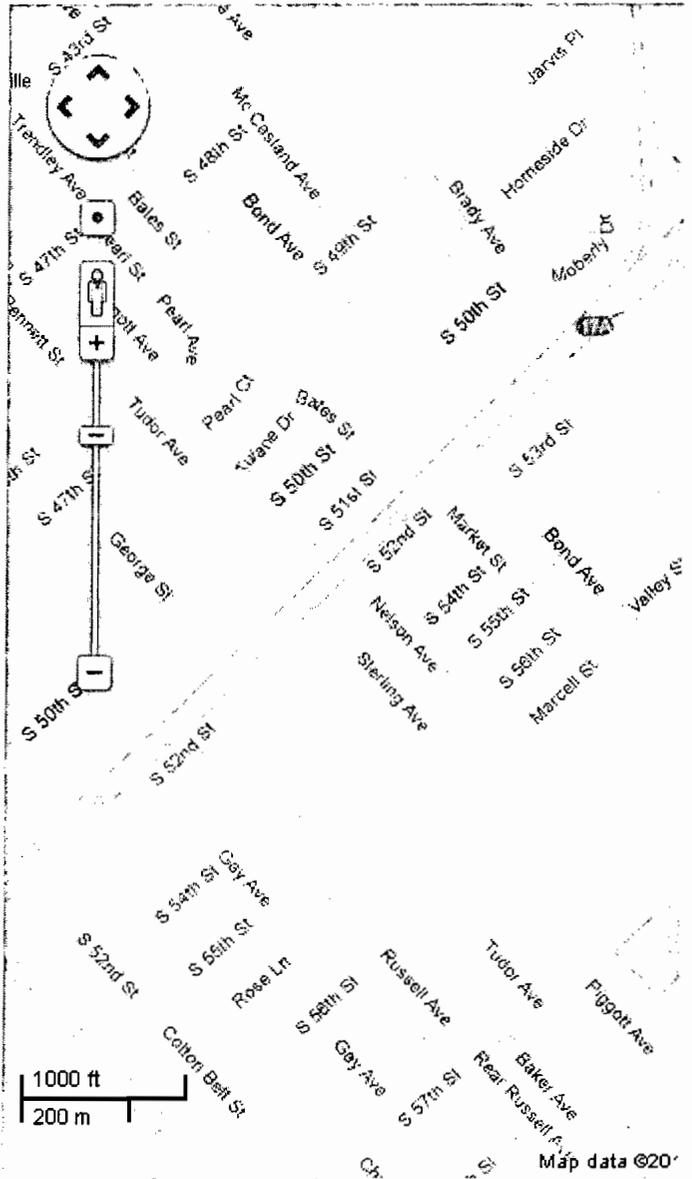
My places

5900 Bond Ave
East St Louis, IL 62207

Directions Search nearby Save to map more ▾

Maps Labs - Help

Google Maps - ©2013 Google - Terms of Use - Privacy



Let me know if there is anything else I can do.

Scott

Scott Bride | Senior Researcher | Research & Libraries
McDermott Will & Emery LLP | 500 North Capitol Street, N.W. Washington, D.C. 20001 |
Direct Tel.: 202 756 8467 | Direct e-mail: sbride@mwe.com | DC Virtual Library | libraryresearchrequest@mwe.com

From: Ranalli, Clare
Sent: Monday, March 18, 2013 1:51 PM

Historic Preservation Agency Letter

See attached.



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

St. Clair County
Centreville

CON - New Addition for Behavioral Health Unit Expansion, Touchette Regional
Hospital
5900 Bond Ave.
IHPA Log #019032513

April 10, 2013

Clare Connor Ranalli
McDermott Will & Emery
227 W. Monroe St.
Chicago, IL 60606-5096

Dear Ms. Ranalli:

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

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

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

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

Sincerely,

Anne E. Haaker
Anne E. Haaker
Deputy State Historic
Preservation Officer

Itemization of Project Costs

See attached.

Itemization of Project Costs

TKH
6.19.13

SIHF - Touchette Regional Hospital Behavioral Health Project - CON Cost Breakdown

Item	Pre-Planning	Site Survey	Site Prep	Off-Site	Construction		Contingencies		AE Fees		Consulting Fees	Subtotal	Start-up Costs
					New	Modernized	New	Modernized	New	Modernized			
TKH Planning	\$20,000											\$20,000	
Site Zoning/Legal	\$20,000	\$8,500									\$100,000	\$120,000	
Sub surface testing		\$8,500									\$7,500	\$8,500	
IDPH Review	\$20,000											\$7,500	
CON Application	\$10,000											\$20,000	
Pre-Construction												\$10,000	
Site Demolition			\$55,000									\$55,000	
New Construction													
BHU Addition-Inpatient						\$2,452,335						\$2,452,335	
BHU Addition-Outpatient						\$1,268,703						\$1,268,703	
Other Additions						\$346,500						\$346,500	
New Canopies						\$351,162						\$351,162	
Infrastructure						\$500,000						\$500,000	
Modernization													
BHU Renovation						\$214,650						\$214,650	
Existing BHU Renovation						\$167,400						\$167,400	
Other Renovations						\$182,850						\$182,850	
Relocate Helipad	\$25,000		\$250,000									\$275,000	
Sitework	\$25,000		\$275,000									\$300,000	
Amenity/Gas/Water				\$550,000								\$550,000	
IT Infrastructure/Phones					\$107,426	\$46,039						\$152,840	
Architect Fees									\$286,290	\$122,696		\$408,986	
Engineer Fees									\$143,145	\$61,348		\$204,493	
Inspections/Testing											\$18,605	\$18,605	
Other Consultants											\$183,408	\$183,408	
Project Management											\$68,171	\$68,164	
Artwork												\$1,000	
Signage/Wayfinding						\$11,200	\$4,800					\$16,000	
Medical Equipment												\$244,544	
Furniture & Fixtures												\$427,956	
Reimbursables												\$28,987	
Contingency												\$675,000	
Escalation												\$556,777	
Subtotal	\$100,000	\$28,500	\$580,000	\$550,000	\$5,427,070	\$782,772	\$202,500	\$472,500	\$449,726	\$192,740	\$377,684	\$9,162,860	\$673,500
Project Subtotal												\$9,836,360	
Net Interest												\$302,174	
Project Total												\$10,138,534	

F:\Drawings\SIHF\Projects\Behavioral Health Study 12565-00-00\A Proposals and Agreements\A.4 Cost Estimates\CON Costs 06.19.13\6/21/2013 1:43 PM

Cost Space Requirements

Reviewable		GSF		Amount of Proposed Cost That is:			
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<u>Dept.</u>	<u>Cost</u>	<u>Exist.</u>	<u>Prop.</u>	<u>New Cust.</u>	<u>Mod.*</u>	<u>As Is</u>	<u>Vacated</u>
AMI	\$6,420,011	7,534	15,847	\$5,262,474	\$1,157,537	0	0

Non Reviewable		GSF		Amount of Proposed Cost That is:			
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<u>Dept.</u>	<u>Cost</u>	<u>Exist.</u>	<u>Prop.</u>	<u>New Cust.</u>	<u>Mod.*</u>	<u>As Is</u>	<u>Vacated</u>
Registration	\$874,449	1,255	1,989	\$524,699	\$349,750	0	0
OP BH	\$2,844,075	1,675	5,221	\$2,844,075	0	0	0

The new construction will be used to both expand the inpatient behavioral health unit as well as the hospital out patient day treatment program, and will include inpatient AMI and OP behavioral health space.

The modernized space will include inpatient AMI and central registration, with a small component of new construction used for central registration for flow purposes.

Background

1110.230

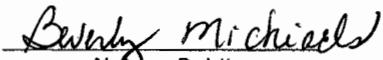
Touchette is the only health care facility as defined by the Illinois Health Care Facility Planning Act owned by the applicants SIHF and Touchette.

No adverse action has been taken against the applicants over the past three (3) years.

HFSRB and IDPH are authorized to access documents necessary to verify information submitted, including official, licensing or certification records of Illinois or other states or records of certification agencies.


Tom Mikkelson, M.D., COO

Subscribed and sworn to before me this
25th day of June, 2013.


Notary Public



HSS, Inc. is a member of the following hospitals in Illinois:

- St. Mary's in Decatur
- St. John's in Springfield
- St. Elizabeth in Belleville
- St. Joseph's in Breese
- St. Joseph's in Highland
- St. Anthony's Memorial in Effingham
- St. Francis in Lichtfield
- St. Mary's in Streator

No adverse action has been taken against the applicant over the past three (3) years.

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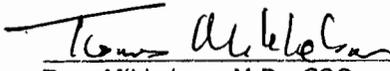
Background

1110.230

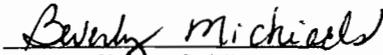
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Purpose (1110.230)

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

In 2012, 1,787 patients received inpatient behavioral health services at St. Elizabeth Medical Center in Belleville. These patients resided in the zip codes attached, as referenced (St. Elizabeth's provided the applicants this information). St. Elizabeth is closer to Touchette than to either Gateway or Alton Memorial (see attached). This population will have better access to care if Touchette is able to expand to accommodate behavioral health patients from the Belleville area, in light of St. Elizabeth's plan to discontinue its inpatient behavioral health unit.

St. Elizabeth's and Touchette have collaborated to assure access to inpatient behavioral health care services. St. Elizabeth's has committed to maintain its unit until Touchette's unit is ready to admit patients. Touchette has committed its scarce financial resources to expanding its units.

This project's purpose is to improve the well being of the community.

Attached is a letter from Touchette's COO detailing the health needs of the community and the purpose of this project.

NOTE: There are three attachments to this page:

- 1) Patient by zip code origin for St. Elizabeth's Hospital;
- 2) Letter from COO of Touchette; and
- 3) Mapquest travel times from St. Elizabeth's to Touchette and two other providers of AMI service within the region.

Facility SEB
 PatType I
 AccountType (All)
 Physician Group (All)
 Physician Speciality (All)

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62220	10.60%	11.15%	9.76%	6.50%	7.10%	7.23%	9.29%
62226	9.44%	13.09%	9.21%	6.50%	7.02%	11.04%	9.04%
62221	6.98%	6.46%	9.27%	9.85%	9.60%	9.44%	8.88%
62269	6.03%	7.11%	6.94%	9.30%	9.20%	6.83%	7.24%
62258	1.84%	3.72%	4.89%	2.98%	3.23%	3.01%	3.95%
62223	4.41%	5.33%	3.33%	3.97%	3.55%	3.61%	3.69%
62225	1.31%	0.48%	0.86%	13.73%	12.83%	0.00%	3.22%
62208	3.31%	0.81%	2.51%	4.97%	4.44%	4.42%	3.03%
62206	2.99%	2.10%	3.11%	3.07%	2.74%	3.82%	3.03%
62234	3.25%	0.81%	1.79%	2.89%	2.99%	2.01%	2.19%
62254	1.31%	1.62%	2.70%	1.26%	1.13%	2.41%	2.13%
62243	0.89%	2.10%	2.10%	1.36%	1.21%	2.21%	1.77%
62249	1.15%	3.72%	1.89%	0.54%	0.32%	1.00%	1.56%
62260	1.36%	1.94%	1.51%	1.26%	1.29%	2.61%	1.51%
62203	1.68%	1.29%	1.62%	0.72%	0.73%	2.41%	1.48%
62205	1.31%	0.97%	1.46%	0.90%	1.13%	3.01%	1.39%
62298	1.15%	1.29%	1.53%	0.99%	1.21%	1.20%	1.36%
62232	1.78%	1.13%	1.24%	0.90%	0.97%	2.81%	1.32%
62286	1.10%	1.94%	1.29%	1.45%	1.29%	1.00%	1.29%
62040	2.52%	0.32%	0.82%	1.90%	2.18%	0.80%	1.28%
62278	0.52%	2.10%	1.30%	1.45%	1.53%	0.40%	1.22%
62265	0.37%	1.13%	1.50%	0.99%	1.21%	0.40%	1.19%
62204	1.31%	0.65%	1.09%	1.26%	0.97%	2.61%	1.16%
62285	0.79%	0.97%	1.20%	1.36%	1.37%	1.20%	1.16%
62207	1.10%	0.81%	1.21%	0.90%	0.89%	1.61%	1.13%
62264	0.58%	0.32%	1.34%	0.54%	0.32%	1.61%	1.01%
62257	0.73%	0.97%	1.17%	0.45%	0.48%	1.00%	0.96%
62201	1.26%	0.48%	0.81%	0.90%	0.89%	0.80%	0.87%
62231	0.42%	2.10%	0.99%	0.18%	0.24%	1.00%	0.81%
62293	0.42%	1.45%	1.06%	0.00%	0.00%	0.60%	0.76%
62236	0.47%	0.65%	0.89%	0.63%	0.32%	0.20%	0.71%
62230	0.52%	1.13%	0.83%	0.27%	0.24%	1.00%	0.70%
62239	0.63%	0.65%	0.71%	0.90%	0.81%	0.00%	0.69%
62237	0.31%	1.62%	0.61%	0.36%	0.32%	1.00%	0.58%
62002	2.20%	0.16%	0.13%	0.54%	0.65%	0.00%	0.53%
62271	0.47%	0.32%	0.47%	0.54%	0.56%	0.20%	0.47%
62233	0.47%	0.16%	0.31%	0.81%	0.97%	0.20%	0.43%
62240	0.26%	0.16%	0.62%	0.09%	0.08%	0.40%	0.43%
62242	0.16%	0.65%	0.42%	0.63%	0.56%	0.20%	0.42%
62801	0.37%	0.00%	0.40%	0.18%	0.16%	0.80%	0.35%
62255	0.10%	0.32%	0.40%	0.27%	0.40%	0.60%	0.35%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62245	0.05%	0.48%	0.37%	0.27%	0.24%	1.00%	0.33%
62294	0.47%	0.00%	0.20%	0.63%	0.56%	0.20%	0.30%
62292	0.31%	0.32%	0.34%	0.18%	0.08%	0.40%	0.30%
62095	1.31%	0.16%	0.01%	0.36%	0.32%	0.00%	0.28%
62216	0.16%	0.32%	0.34%	0.09%	0.08%	0.60%	0.27%
62034	0.58%	0.00%	0.18%	0.27%	0.32%	0.20%	0.26%
62217	0.16%	0.16%	0.32%	0.18%	0.16%	0.00%	0.25%
62215	0.00%	0.48%	0.23%	0.45%	0.48%	0.00%	0.24%
62218	0.05%	0.16%	0.34%	0.18%	0.16%	0.00%	0.24%
62025	0.37%	0.16%	0.24%	0.18%	0.16%	0.20%	0.24%
62263	0.05%	0.32%	0.25%	0.27%	0.16%	0.20%	0.22%
62275	0.05%	0.16%	0.32%	0.00%	0.00%	0.20%	0.21%
62277	0.16%	0.16%	0.24%	0.18%	0.16%	0.00%	0.21%
62282	0.05%	0.00%	0.25%	0.27%	0.24%	0.00%	0.20%
62220-0000	0.05%	0.00%	0.27%	0.18%	0.16%	0.00%	0.19%
62221-0000	0.05%	0.16%	0.24%	0.09%	0.08%	0.20%	0.18%
62289	0.00%	0.00%	0.30%	0.09%	0.00%	0.00%	0.18%
62288	0.16%	0.00%	0.24%	0.00%	0.08%	0.20%	0.18%
62222	0.21%	0.32%	0.21%	0.00%	0.00%	0.20%	0.18%
62269-0000	0.16%	0.32%	0.21%	0.00%	0.00%	0.20%	0.17%
62024	0.73%	0.00%	0.08%	0.00%	0.00%	0.00%	0.16%
62060	0.42%	0.00%	0.10%	0.00%	0.16%	0.40%	0.15%
62246	0.26%	0.32%	0.13%	0.00%	0.16%	0.00%	0.14%
62272	0.31%	0.00%	0.13%	0.09%	0.08%	0.20%	0.14%
62281	0.05%	0.65%	0.18%	0.00%	0.00%	0.00%	0.14%
62062	0.21%	0.00%	0.18%	0.00%	0.00%	0.20%	0.14%
62226-0000	0.10%	0.00%	0.17%	0.09%	0.08%	0.20%	0.14%
62223-0000	0.10%	0.16%	0.11%	0.09%	0.16%	0.40%	0.13%
62241	0.00%	0.00%	0.11%	0.36%	0.32%	0.00%	0.13%
62214	0.00%	0.00%	0.18%	0.09%	0.08%	0.20%	0.13%
62219	0.00%	0.32%	0.14%	0.18%	0.08%	0.00%	0.12%
62010	0.37%	0.00%	0.01%	0.27%	0.32%	0.00%	0.12%
62248	0.00%	0.16%	0.20%	0.00%	0.00%	0.00%	0.12%
62881	0.31%	0.16%	0.06%	0.09%	0.16%	0.00%	0.11%
62001	0.05%	0.32%	0.10%	0.09%	0.08%	0.00%	0.10%
62864	0.31%	0.32%	0.04%	0.00%	0.08%	0.00%	0.10%
62035	0.37%	0.00%	0.04%	0.09%	0.00%	0.00%	0.10%
62254-0000	0.00%	0.32%	0.10%	0.00%	0.00%	0.40%	0.09%
62471	0.26%	0.00%	0.04%	0.09%	0.16%	0.00%	0.09%
62268	0.16%	0.00%	0.04%	0.18%	0.24%	0.00%	0.09%
62052	0.31%	0.00%	0.03%	0.09%	0.16%	0.00%	0.09%
62255-0000	0.10%	0.00%	0.11%	0.00%	0.00%	0.00%	0.08%
62269-2158	0.37%	0.16%	0.03%	0.00%	0.00%	0.00%	0.08%
62203-0000	0.10%	0.00%	0.07%	0.09%	0.08%	0.20%	0.08%
62273	0.16%	0.00%	0.08%	0.00%	0.00%	0.20%	0.08%
63026	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	0.08%
62812	0.10%	0.00%	0.06%	0.09%	0.24%	0.00%	0.08%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62208-0000	0.16%	0.00%	0.06%	0.00%	0.00%	0.40%	0.07%
62206-0000	0.21%	0.00%	0.07%	0.00%	0.00%	0.00%	0.07%
62286-0000	0.00%	0.16%	0.11%	0.00%	0.00%	0.00%	0.07%
63104	0.16%	0.00%	0.01%	0.18%	0.16%	0.00%	0.07%
62997	0.00%	0.32%	0.10%	0.00%	0.00%	0.00%	0.07%
62018	0.21%	0.16%	0.03%	0.09%	0.08%	0.00%	0.07%
62274	0.05%	0.16%	0.07%	0.00%	0.00%	0.40%	0.07%
62259	0.00%	0.32%	0.10%	0.00%	0.00%	0.00%	0.07%
62253	0.00%	0.32%	0.08%	0.09%	0.00%	0.00%	0.07%
63116	0.10%	0.16%	0.07%	0.00%	0.00%	0.20%	0.07%
62234-0000	0.10%	0.00%	0.04%	0.18%	0.08%	0.00%	0.06%
63123	0.26%	0.16%	0.03%	0.00%	0.00%	0.00%	0.06%
62088	0.16%	0.00%	0.04%	0.09%	0.08%	0.00%	0.06%
62297	0.00%	0.32%	0.07%	0.00%	0.00%	0.20%	0.06%
62204-0000	0.10%	0.00%	0.06%	0.00%	0.00%	0.20%	0.06%
62242-0000	0.00%	0.16%	0.08%	0.00%	0.00%	0.00%	0.06%
62205-0000	0.00%	0.00%	0.08%	0.09%	0.00%	0.00%	0.06%
63118	0.16%	0.00%	0.03%	0.09%	0.08%	0.00%	0.06%
63103	0.10%	0.16%	0.03%	0.09%	0.08%	0.00%	0.06%
62061	0.10%	0.00%	0.06%	0.00%	0.08%	0.00%	0.06%
62059	0.00%	0.00%	0.04%	0.18%	0.16%	0.00%	0.06%
62266	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	0.06%
63114	0.21%	0.00%	0.03%	0.00%	0.00%	0.20%	0.06%
62258-0000	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	0.05%
62223-2931	0.00%	0.16%	0.07%	0.00%	0.00%	0.00%	0.05%
62207-0000	0.05%	0.00%	0.07%	0.00%	0.00%	0.00%	0.05%
63129	0.05%	0.00%	0.00%	0.18%	0.16%	0.00%	0.05%
62292-0000	0.00%	0.00%	0.08%	0.00%	0.00%	0.00%	0.05%
62090	0.05%	0.00%	0.00%	0.27%	0.16%	0.00%	0.05%
62262	0.10%	0.00%	0.06%	0.00%	0.00%	0.00%	0.05%
62058	0.26%	0.00%	0.01%	0.00%	0.00%	0.00%	0.05%
62074	0.00%	0.32%	0.06%	0.00%	0.00%	0.00%	0.05%
62238	0.05%	0.00%	0.06%	0.00%	0.00%	0.20%	0.05%
62202	0.10%	0.00%	0.06%	0.00%	0.00%	0.00%	0.05%
62901	0.21%	0.00%	0.03%	0.00%	0.00%	0.00%	0.05%
62959	0.21%	0.00%	0.03%	0.00%	0.00%	0.00%	0.05%
62201-0000	0.10%	0.00%	0.04%	0.00%	0.00%	0.00%	0.04%
62239-0000	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	0.04%
62260-0000	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	0.04%
63147	0.10%	0.00%	0.04%	0.00%	0.00%	0.00%	0.04%
62264-0000	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	0.04%
63111	0.10%	0.00%	0.03%	0.00%	0.00%	0.20%	0.04%
63101	0.10%	0.00%	0.01%	0.09%	0.08%	0.00%	0.04%
63031	0.10%	0.00%	0.04%	0.00%	0.00%	0.00%	0.04%
62832	0.21%	0.00%	0.00%	0.00%	0.08%	0.00%	0.04%
62048	0.05%	0.00%	0.03%	0.09%	0.08%	0.00%	0.04%
63108	0.16%	0.16%	0.01%	0.00%	0.00%	0.00%	0.04%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
63122	0.16%	0.00%	0.03%	0.00%	0.00%	0.00%	0.04%
62260-1564	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%
62243-0000	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%
63125	0.00%	0.00%	0.01%	0.09%	0.16%	0.00%	0.03%
63132	0.05%	0.00%	0.01%	0.09%	0.08%	0.00%	0.03%
62220-2460	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%
62278-0000	0.05%	0.00%	0.03%	0.00%	0.00%	0.20%	0.03%
62232-0000	0.10%	0.00%	0.01%	0.00%	0.00%	0.20%	0.03%
63130	0.05%	0.00%	0.04%	0.00%	0.00%	0.00%	0.03%
72023	0.00%	0.16%	0.04%	0.00%	0.00%	0.00%	0.03%
63303	0.10%	0.00%	0.00%	0.09%	0.08%	0.00%	0.03%
62257-0000	0.00%	0.32%	0.03%	0.00%	0.00%	0.00%	0.03%
62263-0000	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%
62220-2613	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%
63128	0.05%	0.00%	0.03%	0.00%	0.00%	0.20%	0.03%
62298-0000	0.00%	0.00%	0.03%	0.00%	0.16%	0.00%	0.03%
62226-8909	0.00%	0.16%	0.04%	0.00%	0.00%	0.00%	0.03%
62226-5100	0.16%	0.00%	0.01%	0.00%	0.00%	0.00%	0.03%
62226-7512	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%
62221-7900	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%
62938	0.00%	0.00%	0.00%	0.18%	0.16%	0.00%	0.03%
62837	0.05%	0.16%	0.03%	0.00%	0.00%	0.00%	0.03%
63052	0.10%	0.00%	0.03%	0.00%	0.00%	0.00%	0.03%
0	0.10%	0.00%	0.03%	0.00%	0.00%	0.00%	0.03%
62890	0.10%	0.00%	0.01%	0.00%	0.08%	0.00%	0.03%
62012	0.16%	0.00%	0.00%	0.00%	0.08%	0.00%	0.03%
63033	0.10%	0.00%	0.00%	0.09%	0.08%	0.00%	0.03%
62256	0.05%	0.00%	0.04%	0.00%	0.00%	0.00%	0.03%
62822	0.00%	0.00%	0.00%	0.09%	0.24%	0.00%	0.03%
62016	0.00%	0.00%	0.01%	0.09%	0.16%	0.00%	0.03%
62087	0.00%	0.00%	0.00%	0.27%	0.08%	0.00%	0.03%
62261	0.10%	0.00%	0.03%	0.00%	0.00%	0.00%	0.03%
62916	0.00%	0.00%	0.01%	0.09%	0.16%	0.00%	0.03%
62056	0.00%	0.16%	0.01%	0.00%	0.16%	0.00%	0.03%
62097	0.05%	0.00%	0.04%	0.00%	0.00%	0.00%	0.03%
62295	0.10%	0.00%	0.01%	0.00%	0.08%	0.00%	0.03%
62205-1755	0.00%	0.00%	0.01%	0.00%	0.00%	0.40%	0.02%
62248-0000	0.00%	0.16%	0.03%	0.00%	0.00%	0.00%	0.02%
62237-0000	0.00%	0.16%	0.03%	0.00%	0.00%	0.00%	0.02%
62285-0000	0.00%	0.00%	0.01%	0.09%	0.08%	0.00%	0.02%
62217-0000	0.00%	0.16%	0.03%	0.00%	0.00%	0.00%	0.02%
62222-0000	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.02%
62232-2225	0.00%	0.00%	0.03%	0.00%	0.00%	0.20%	0.02%
63136	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62206-2925	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.02%
63137	0.05%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
63301	0.00%	0.00%	0.03%	0.00%	0.00%	0.20%	0.02%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
63379	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
63146	0.00%	0.00%	0.01%	0.09%	0.08%	0.00%	0.02%
62226-7805	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.02%
62220-2510	0.05%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
63121	0.00%	0.32%	0.01%	0.00%	0.00%	0.00%	0.02%
62946	0.05%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62014	0.05%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62046	0.00%	0.00%	0.00%	0.18%	0.08%	0.00%	0.02%
63010	0.10%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62279	0.00%	0.00%	0.01%	0.09%	0.08%	0.00%	0.02%
62896	0.05%	0.00%	0.01%	0.09%	0.00%	0.00%	0.02%
62086	0.05%	0.00%	0.01%	0.00%	0.08%	0.00%	0.02%
62252	0.00%	0.16%	0.03%	0.00%	0.00%	0.00%	0.02%
62870	0.05%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62966	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
62280	0.00%	0.00%	0.01%	0.09%	0.08%	0.00%	0.02%
62244	0.00%	0.00%	0.03%	0.00%	0.08%	0.00%	0.02%
62888	0.05%	0.00%	0.01%	0.00%	0.00%	0.20%	0.02%
63043	0.05%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62458	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
63119	0.05%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62702	0.05%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62521	0.10%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62220-1711	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
63139	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
62206-1826	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62225-0000	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62258-1455	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
28601-2237	0.05%	0.16%	0.00%	0.00%	0.00%	0.00%	0.02%
62269-2572	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62226-2173	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62034-0000	0.05%	0.00%	0.00%	0.00%	0.00%	0.20%	0.02%
62226-2567	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
63126	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62226-3938	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62223-1443	0.00%	0.00%	0.01%	0.00%	0.00%	0.20%	0.02%
63366	0.00%	0.16%	0.01%	0.00%	0.00%	0.00%	0.02%
63143	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
62226-5196	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
99999	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62226-7290	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62052-0381	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
62040-0000	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62249-4877	0.00%	0.16%	0.01%	0.00%	0.00%	0.00%	0.02%
62040-4327	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
63141	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62278-2921	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62207-1517	0.00%	0.00%	0.01%	0.00%	0.00%	0.20%	0.02%
62294-0000	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
89115	0.00%	0.00%	0.01%	0.00%	0.00%	0.20%	0.02%
62221-5044	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
97527	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
62234 0000	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62265-0000	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
63138	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
63166	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
62236-0000	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62269-3621	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62221-5650	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62223-3500	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
63775	0.05%	0.00%	0.00%	0.00%	0.00%	0.20%	0.02%
63645	0.05%	0.16%	0.00%	0.00%	0.00%	0.00%	0.02%
62289-1090	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62221-3535	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62293-0000	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62221-4155	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62297-0000	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62221-4476	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62298-2766	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62084	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62948	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62882	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
60088	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
63051	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
34746	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62848	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62037	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62893	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62051	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
63044	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
42025	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
63105	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%	0.02%
62067	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
63115	0.00%	0.16%	0.00%	0.00%	0.00%	0.20%	0.02%
42701	0.00%	0.00%	0.00%	0.09%	0.08%	0.00%	0.02%
62859	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62401	0.00%	0.32%	0.00%	0.00%	0.00%	0.00%	0.02%
62885	0.05%	0.00%	0.00%	0.00%	0.00%	0.20%	0.02%
62418	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
62918	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62443	0.00%	0.00%	0.01%	0.00%	0.00%	0.20%	0.02%
63042	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62448	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
63049	0.00%	0.16%	0.01%	0.00%	0.00%	0.00%	0.02%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
63120	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.02%
29640	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62704	0.00%	0.00%	0.01%	0.00%	0.00%	0.20%	0.02%
62807	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
46819	0.05%	0.00%	0.01%	0.00%	0.00%	0.00%	0.02%
62206-1812	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
65284	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62234-5243	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62208-1832	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62205-1025	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62208-2515	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
70458	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62215-0248	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62240-1305	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63376	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62257-2119	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62217-0093	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
66210	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.01%
73162	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62206-2440	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62220-1055	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
71923	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62220-1240	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
65109	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
73446	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62243-1463	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62220-1731	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62255-2041	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62220-2354	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62258-2790	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
75061	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62205-1331	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
75228	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.01%
62206-1431	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
77384	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62271-0132	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62220-2656	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
68310	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62220-2851	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62293-2907	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62220-3274	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62234-1016	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62220-3608	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62236-1963	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62220-3658	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62239-1165	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62220-3933	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62242-1846	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62220-3934	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62249-1071	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
78721	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62254-1678	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
80924	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62204-1157	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62869-3139	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62204-2513	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63026-4633	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
65701	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
84040	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62260-2209	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62221-3361	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62265-1720	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
85297	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62269-1571	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
85326	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62206-1524	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
85743	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62269-6600	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.01%
62221-4928	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
67218	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
86406	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62285-1468	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
88007	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62288-2144	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62221-6749	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62292-0239	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62221-6839	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.01%
62294-1502	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62221-7718	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62208-1524	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
63771	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62234-4509	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62221-8410	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
64193	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
89156	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62236-2607	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62222-0179	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62087-1566	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
94534	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62240-0000	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62223-0061	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
65201	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
63348	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62201-2503	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62223-1722	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62201-2812	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62223-1880	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62249-1252	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62223-2905	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.01%
62203-1747	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
98029	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
65473	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62223-3119	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62255-2403	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62223-3268	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62257-1400	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
98674	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62258 0000	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62223-6807	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62204-3052	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.01%
63830	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62258-5400	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
622602921	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62260-1169	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62226-1846	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62260-1937	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62226-1901	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62205-1326	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
6314100000	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
65740	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63965	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62269 0000	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62226-3121	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62269-0365	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62226-3213	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62269-1635	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62226-3935	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62269-2258	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
33904-4406	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62269-3500	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62226-4200	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62269-6215	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
38477-6418	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62269-8900	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
46172-0432	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62271-1779	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62226-6451	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62206-2334	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.01%
52627-4827	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62285-0221	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
60424-6208	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62285-1817	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62226-7562	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62286-0474	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62010-1507	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62289-0000	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62025-0000	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
71292	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62231-0000	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62207-2738	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
64075	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62207-2817	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62034-1320	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62294-2150	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62233-0000	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62297-1040	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62034-3052	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
64093	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62544-7196	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62221-2603	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62997-0244	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62221-2621	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
63116-2023	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.01%
62221-3187	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62221-3226	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63012	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62898	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
44818	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
34285	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
32310	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
60409	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
60156	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62069	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
42211	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
34480	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62017	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
34698	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62987	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62033	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
54636	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62420	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
40218	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
29693	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
46220	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
35243	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
50315	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
60601	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62902	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
62075	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
61919	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
30040	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.01%
43302	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
47714	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
52405	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62640	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
44646	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62685	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62284	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
28104	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63050	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62036	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
63080	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62080	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
23320	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62803	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63112	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
17702	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
60153	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62808	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62897	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
36502	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
43147	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62816	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
50317	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
61109	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62920	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62831	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62939	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62085	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
38930	0.00%	0.00%	0.00%	0.00%	0.08%	0.00%	0.01%
62836	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
32566	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
24324	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62093	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
9853	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63011	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
15084	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
63021	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62846	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
31088	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62047	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
63038	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
38330	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
32707	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
61265	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%

Patient Volumes	Data by Category of Service						
Zip code	AMI	Intensive Care	Med/Surg	Nursery	OBGYN	Rehab	Grand Total
38961	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62865	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
39090	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
61571	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
63077	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62875	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
44805	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
61741	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
46113	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.01%
62049	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
63106	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62884	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
46516	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
25301	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
3060	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
61822	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
61866	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
61241	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
56472	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62839	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62844	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
62556	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
30741	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
62250	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Facility SEB
PatType Inpatient
AccountType (All)
Physician Group (All)
Physician Speciality (All)

Patient Volumes

3 MAIN - PROGRESSIVE	2,058	
62226	215	#N/A
62220	202	#N/A
62221	193	#N/A
62269	125	#N/A
62258	95	#N/A
62223	74	#N/A
62206	68	#N/A
62254	62	#N/A
62208	57	#N/A
62243	43	#N/A
62249	41	#N/A
62203	39	#N/A
62205	37	#N/A
62207	36	#N/A
62257	32	#N/A
62204	32	#N/A
62265	30	#N/A
62260	29	#N/A
62298	28	#N/A
62278	28	#N/A
62285	26	#N/A
62293	26	#N/A
62232	26	#N/A
62201	25	#N/A
62264	25	#N/A
62286	21	#N/A
62234	20	#N/A
62239	17	#N/A
62236	17	#N/A
62237	14	#N/A
62225	14	#N/A
62231	14	#N/A
62255	11	#N/A
62240	11	#N/A
62292	10	#N/A
62230	10	#N/A
62040	9	#N/A
62271	9	#N/A
62242	7	#N/A

62293-0000	1	#N/A
43147	1	#N/A
62208-0000	1	#N/A
63121	1	#N/A
63123	1	#N/A
7 MAIN - BHS CDP	1,906	
62220	202	#N/A
62226	180	#N/A
62221	133	#N/A
62269	115	#N/A
62223	84	#N/A
62208	63	#N/A
62234	62	#N/A
62206	57	#N/A
62040	48	#N/A
62002	42	#N/A
62258	35	#N/A
62232	34	#N/A
62203	32	#N/A
62260	26	#N/A
62254	25	#N/A
62204	25	#N/A
62205	25	#N/A
62095	25	#N/A
62225	25	#N/A
62201	24	#N/A
62298	22	#N/A
62249	22	#N/A
62286	21	#N/A
62207	21	#N/A
62243	17	#N/A
62285	15	#N/A
62257	14	#N/A
62024	14	#N/A
62239	12	#N/A
62034	11	#N/A
62264	11	#N/A
62230	10	#N/A
62278	10	#N/A
62294	9	#N/A
62236	9	#N/A
62233	9	#N/A
62271	9	#N/A
62293	8	#N/A
62231	8	#N/A
62060	8	#N/A
62025	7	#N/A

62801	7	#N/A
62265	7	#N/A
62269-2158	7	#N/A
62035	7	#N/A
62010	7	#N/A
62881	6	#N/A
62052	6	#N/A
62864	6	#N/A
62237	6	#N/A
62292	6	#N/A
62272	6	#N/A
62058	5	#N/A
62246	5	#N/A
63123	5	#N/A
62240	5	#N/A
62471	5	#N/A
62206-0000	4	#N/A
62959	4	#N/A
62901	4	#N/A
62062	4	#N/A
63114	4	#N/A
62018	4	#N/A
62222	4	#N/A
62832	4	#N/A
63379	3	#N/A
62088	3	#N/A
63104	3	#N/A
62458	3	#N/A
63122	3	#N/A
62226-5100	3	#N/A
62208-0000	3	#N/A
62216	3	#N/A
63108	3	#N/A
62273	3	#N/A
63118	3	#N/A
62217	3	#N/A
62012	3	#N/A
62268	3	#N/A
62242	3	#N/A
62288	3	#N/A
62277	3	#N/A
62966	3	#N/A
62269-0000	3	#N/A
62262	2	#N/A
62204-0000	2	#N/A
97527	2	#N/A
63044	2	#N/A

62226-0000	2	#N/A
63052	2	#N/A
63303	2	#N/A
63101	2	#N/A
62201-0000	2	#N/A
63103	2	#N/A
63010	2	#N/A
62812	2	#N/A
62232-0000	2	#N/A
62061	2	#N/A
63166	2	#N/A
63111	2	#N/A
62521	2	#N/A
62202	2	#N/A
62052-0381	2	#N/A
63116	2	#N/A
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62261	2	#N/A
62295	2	#N/A
62890	2	#N/A
62223-0000	2	#N/A
62255	2	#N/A
62255-0000	2	#N/A
63139	2	#N/A
62234-0000	2	#N/A
63143	2	#N/A
63147	2	#N/A
63031	2	#N/A
63033	2	#N/A
0	2	#N/A
62036	1	#N/A
62222-0179	1	#N/A
62047	1	#N/A
62807	1	#N/A
62234-4509	1	#N/A
62293-0000	1	#N/A
62037	1	#N/A
62067	1	#N/A
44805	1	#N/A
62080	1	#N/A
62226-1901	1	#N/A
62836	1	#N/A
62269-1571	1	#N/A
62837	1	#N/A
65701	1	#N/A
62848	1	#N/A
62034-0000	1	#N/A

62859	1	#N/A
44646	1	#N/A
62086	1	#N/A
62220-3933	1	#N/A
62870	1	#N/A
62223-3500	1	#N/A
62245	1	#N/A
62226-5196	1	#N/A
62882	1	#N/A
62255-2403	1	#N/A
62885	1	#N/A
52405	1	#N/A
62888	1	#N/A
63775	1	#N/A
60153	1	#N/A
71923	1	#N/A
62896	1	#N/A
28601-2237	1	#N/A
62090	1	#N/A
62040-0000	1	#N/A
62902	1	#N/A
62048	1	#N/A
62918	1	#N/A
62207-0000	1	#N/A
62920	1	#N/A
62220-2354	1	#N/A
62946	1	#N/A
62221-0000	1	#N/A
62948	1	#N/A
62223-0061	1	#N/A
61571	1	#N/A
62448	1	#N/A
62097	1	#N/A
62226-4200	1	#N/A
62987	1	#N/A
62238	1	#N/A
62256	1	#N/A
62254-1678	1	#N/A
63011	1	#N/A
62260-1937	1	#N/A
63021	1	#N/A
62278-0000	1	#N/A
61822	1	#N/A
63376	1	#N/A
61866	1	#N/A
63645	1	#N/A
63038	1	#N/A

65201	1	#N/A
63042	1	#N/A
71292	1	#N/A
63043	1	#N/A
77384	1	#N/A
62001	1	#N/A
99999	1	#N/A
63051	1	#N/A
60424-6208	1	#N/A
17702	1	#N/A
62034-3052	1	#N/A
25301	1	#N/A
38961	1	#N/A
62263	1	#N/A
62201-2503	1	#N/A
29640	1	#N/A
62049	1	#N/A
63106	1	#N/A
62206-1524	1	#N/A
62014	1	#N/A
62207-2738	1	#N/A
62017	1	#N/A
62220-0000	1	#N/A
63112	1	#N/A
62220-2510	1	#N/A
30741	1	#N/A
62220-3934	1	#N/A
31088	1	#N/A
62221-7718	1	#N/A
62218	1	#N/A
62420	1	#N/A
63119	1	#N/A
62223-3119	1	#N/A
32707	1	#N/A
62223-6807	1	#N/A
62274	1	#N/A
62226-1846	1	#N/A
63128	1	#N/A
62226-3121	1	#N/A
63129	1	#N/A
46516	1	#N/A
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63132	1	#N/A
62234-1016	1	#N/A
63136	1	#N/A
62236-0000	1	#N/A

63137	1	#N/A
62640	1	#N/A
62275	1	#N/A
62260-1169	1	#N/A
63141	1	#N/A
62685	1	#N/A
34698	1	#N/A
62702	1	#N/A
34746	1	#N/A
62292-0239	1	#N/A
62281	1	#N/A
62282	1	#N/A
62808	1	#N/A
3 SOUTH - PROGRESSIV	1,672	
62220	144	#N/A
62226	127	#N/A
62221	122	#N/A
62269	103	#N/A
62258	72	#N/A
62206	63	#N/A
62254	55	#N/A
62223	51	#N/A
62249	43	#N/A
62208	42	#N/A
62286	40	#N/A
62265	34	#N/A
62243	31	#N/A
62257	29	#N/A
62203	28	#N/A
62260	27	#N/A
62231	25	#N/A
62230	25	#N/A
62234	25	#N/A
62285	24	#N/A
62204	23	#N/A
62298	23	#N/A
62278	22	#N/A
62237	19	#N/A
62264	18	#N/A
62232	18	#N/A
62236	18	#N/A
62240	16	#N/A
62205	16	#N/A
62245	15	#N/A
62293	13	#N/A
62207	13	#N/A
62239	12	#N/A

June 6, 2013

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

CON Board members

Re: Touchette Regional Hospital CON request

I am writing to provide some background for your deliberation on your decision for CON approval for the 18 bed expansion of Touchette Regional Hospital's inpatient psychiatry unit serving the metro east area.

Touchette has a longstanding history providing medical care to the underserved population of our region. The mission began following the inability to find a facility to provide care for an African American child with appendicitis resulting in his death. Francis Touchette initiated a campaign which led to the construction of Centreville Hospital. When its financial viability was threatened in 1987; Southern Illinois Healthcare Foundation (SIHF) acquired the hospital renaming it in honor of Francis Touchette and continues operations as a safety net facility. We have a dedicated staff of healthcare professionals working to continually improve the services and value provided to our communities.

Our service, in the Inpatient Psychiatry Service began, again with the threatened loss of service for the region, when St Mary's Hospital in East St Louis was facing closure. SIHF again was asked, and stepped in to take over management in 2004, which also included a 39 bed inpatient psychiatry unit. The plan subsequently, recognized that two facilities were not required or viable and; refurbishing the aged St Mary's Hospital, renamed Kenneth Hall Regional Hospital, would be too expensive. It was clear that psychiatric inpatient beds would be required at Touchette Regional Hospital to support closure of Kenneth Hall Regional Hospital. Touchette reprogrammed internal space to construct our current 12 bed Behavioral Health Unit, opened November 13, 2011. We found that the new unit is really appreciated by both staff and patients and positively adds to the milieu of therapeutic interventions.

Psychiatry has been a welcome addition to the services provided at Touchette. The behavioral health team is outstanding! The best I have worked with in training, 22 years of Air Force medicine and now 13 years of healthcare in the metro east. They participate in outreach, outpatient care, Intensive Outpatient Care (IOP), Adolescent Outpatient and Inpatient Adult Psychiatry and take on the bulk of involuntary admissions in our area. In fact, 70% of the involuntary patients treated by our team convert to voluntary treatment status within 3 days. This has significantly reduced the burden on the court system. The programs above integrate our service to move patients toward outpatient primary care maintenance capability, relieving pressures on the psychiatrists and other behavioral health providers always in short supply. The staff has also developed a system of evaluation of our potential psychiatric admissions enhancing patient flow through our emergency service, reducing time and energy for the ER staff, and enabling therapeutic interventions to begin earlier in the right setting by the appropriate staff.

Inpatient psychiatry has also been good for Touchette financially. We run effectively and efficiently, transitioning to lower cost avenues for continued treatment when clinically appropriate, resulting in a 4 day average length of stay for the program. We are profitable for the service line with current reimbursement models and therefore increasing our patient load would provide improved stability for our overall healthcare mission.

Important for your decisions, Touchette has been working with St. Elizabeth's Hospital in Belleville for some time to address the shortage of treatment options for patients in need of acute behavioral health treatment. We have worked on specific patient issues, common problems, communications, and the future of acute care BH provision in the metro east. Examples of issues included bed capacity, burden for ER staffing for prolonged stays in emergency rooms and the effect on patient care for both the psychiatric and non-psychiatric patients. This is a significant issue, stays have been into days in the ER with staff diverted to care for them, treatments delayed, and admin staff making repeated calls to facilities including Chicago and out of state in some cases. We discussed symptoms of other conditions mimicking psychiatric problems, appropriate routing of emergency vehicles and appropriate work up to RO medical causes. We had process discussions for involuntary admissions and clarification of rules, legal jurisdictions, and methodologies, utilization of Home Health, case management, possible outpatient programs in nursing homes and primary care education to improve care and access.

More recently, St Elizabeth's team brought to us for discussion and joint problem solving its desire to discontinue the 36 bed Inpatient Psychiatry Unit. It became evident through the previous deliberations that it isn't the absolute bed number that is the answer but beds were a necessary part of the equation. It is our (TRH) belief, after discussion that we could provide a rather seamless transition of services with the discontinuation of service in Belleville being ameliorated by the addition of 18 beds at Touchette. Touchette has carefully analyzed the number of beds we should add to address the need for acute behavioral health care services in the area, and determined the expansion to a 30 bed unit was appropriate. Therefore it became a goal of both St. Elizabeth and Touchette to seek approval from the Illinois Health Facilities and Services Review Board at the same meeting regarding the separate but related projects. We believe this solution is good for Touchette and good for the region.

The inpatient program at Touchette should increase admissions by 1600 annually based on our analysis and previous experience of closure of Kenneth Hall and migration of those patients. This should easily meet the CON requirement for inpatient utilization. Additionally we are expanding our intensive outpatient programs to help with transitions of care & as a relief valve for what may have been an inpatient visit.

We have also developed a regional plan for behavioral health patients, and are working on a 501c3 Board of Medical Providers for support. It was developed to address the regional issues that we have been discussing with the St Elizabeth's team and will provide a venue for addressing these as well as newly identified issues with stakeholders in the region. I have attached an outline of the basic idea and proposed goals for initial implementation.

Touchette Regional Hospital is a place with a great mission and great people! A piece of evidence is that our RN turnover rate is 1/10th of national statistics. We face a very tough, challenging, healthcare need, in a population of diversity, low socioeconomic and educational level and significant healthcare problems; with caring, professionalism and respect for those we serve. Support of this CON request, helps us help them!

Cordially,

Thomas Mikkelson M.D.
Chief Operating Officer



Trip to:

5900 Bond Ave

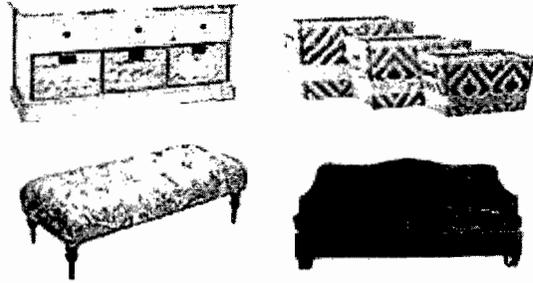
East Saint Louis, IL 62207-2326

9.09 miles / 14 minutes

Notes

*St. Elizabeth to
Touquette*

ONE KINGS LANE



Find what you Love

UP TO 70% OFF



A 211 S 3rd St, Belleville, IL 62220-1915

- 

1. Start out going **north** on **S 3rd St** toward **W Lincoln St**. [Map](#) **0.02 Mi**
0.02 Mi Total
- 

2. Take the 1st **left** onto **W Lincoln St**. [Map](#) **0.2 Mi**
0.2 Mi Total
*Catholic Diocese of Belleville is on the right
If you reach W Washington St you've gone a little too far*
- 

3. Turn **slight left** onto **Centreville Ave**. [Map](#) **0.6 Mi**
0.9 Mi Total
If you are on W Lincoln St and reach S 6th St you've gone a little too far
- 

 4. Merge onto **IL-15 W** toward **E St Louis**. [Map](#) **4.5 Mi**
5.4 Mi Total
If you reach Whiskey Rd you've gone a little too far
- 

 5. Merge onto **IL-13 E / Old St Louis Rd** toward **Centreville**. [Map](#) **2.6 Mi**
8.0 Mi Total
- 

 6. Enter next roundabout and take the 2nd exit onto **IL-13 W / Old St Louis Rd**. [Map](#) **0.4 Mi**
8.4 Mi Total
- 

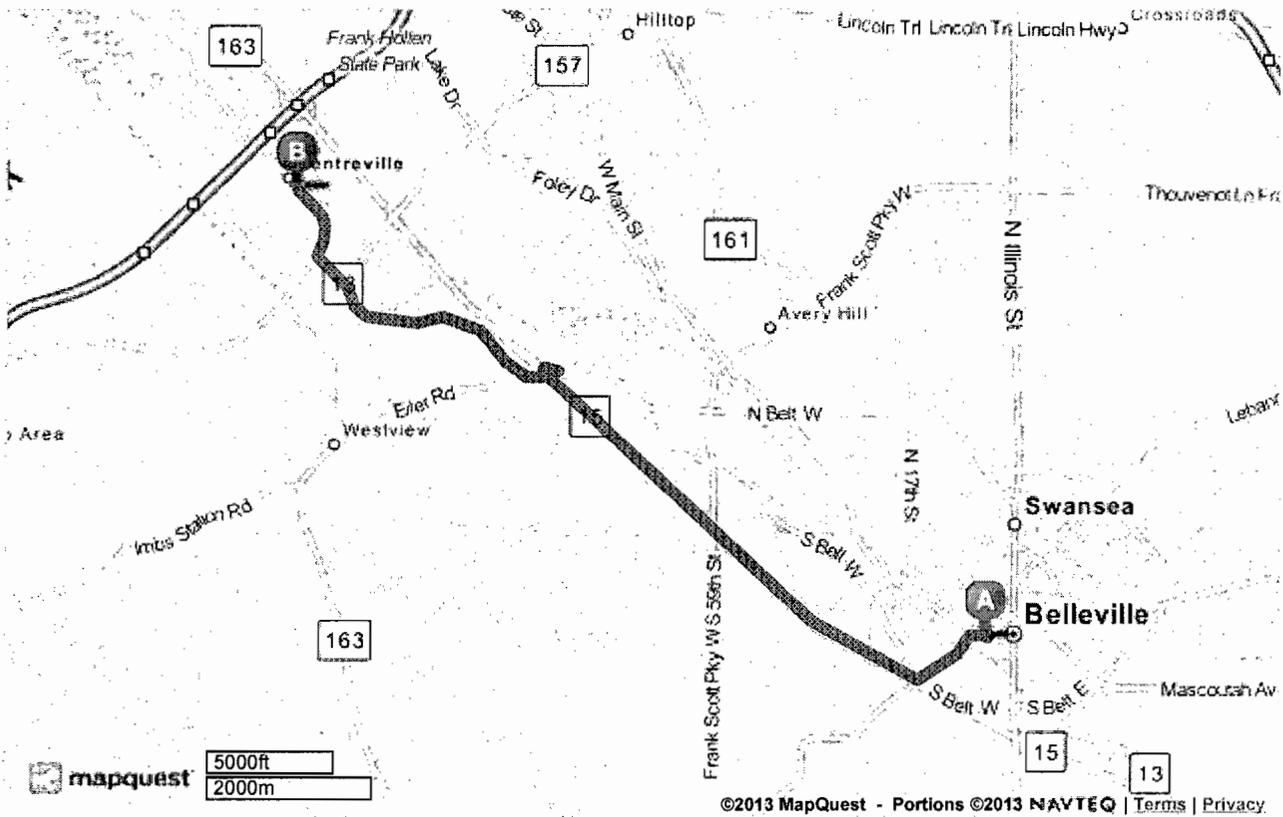
 7. Turn **right** onto **IL-163 / Old Missouri Ave**. [Map](#) **0.3 Mi**
8.7 Mi Total
- 

8. Stay **straight** to go onto **Bond Ave**. [Map](#) **0.4 Mi**
9.1 Mi Total
- 

9. **5900 BOND AVE** is on the **left**. [Map](#)
If you reach S 57th St you've gone about 0.1 miles too far

B 5900 Bond Ave, East Saint Louis, IL 62207-2326

Total Travel Estimate: 9.09 miles - about 14 minutes



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St. Elizabeth to Gateway Regional Medical Center



MAPQUEST.

Notes

Trip to 211 S 3rd St
Belleville, IL 62220-1915
22.48 miles - about 33 minutes



2100 Madison Ave, Granite City, IL 62040-4701

- 
1. Start out going **SOUTHWEST** on **MADISON AVE** toward **21ST ST.**
go 0.2 mi

- 
2. Turn **LEFT** onto **20TH ST.**
go 0.7 mi

- 

3. Turn **RIGHT** onto **EDWARDSVILLE RD / IL-203.**
Continue to follow **IL-203 S.**
go 3.4 mi

- 

4. Merge onto **I-55 S / I-70 W / US-40 W** toward **ST LOUIS / THE GREAT RIVER ROAD SOUTH.**
go 1.1 mi

- 

5. Merge onto **I-64 E** via **EXIT 2** on the **LEFT** toward **LOUISVILLE.**
go 4.1 mi

- 

6. Merge onto **I-255 S / US-50 W** via **EXIT 7** toward **MEMPHIS.**
go 3.7 mi

- 

7. Merge onto **IL-15 E** via **EXIT 17A** toward **BELLEVILLE.**
go 8.1 mi

- 
8. Take the **CENTREVILLE AVE / IL-158** ramp toward **MILLSTADT.**
go 0.2 mi

- 
9. Turn **LEFT** onto **IL-158 / CENTREVILLE AVE.** Continue to follow **CENTREVILLE AVE.**
go 0.7 mi

- 
10. Turn **SLIGHT RIGHT** onto **W LINCOLN ST.**
go 0.2 mi

- 
11. Turn **RIGHT** onto **S 3RD ST.**
go 0.0 mi

~~ST~~

END

12. 211 S 3RD ST is on the RIGHT.

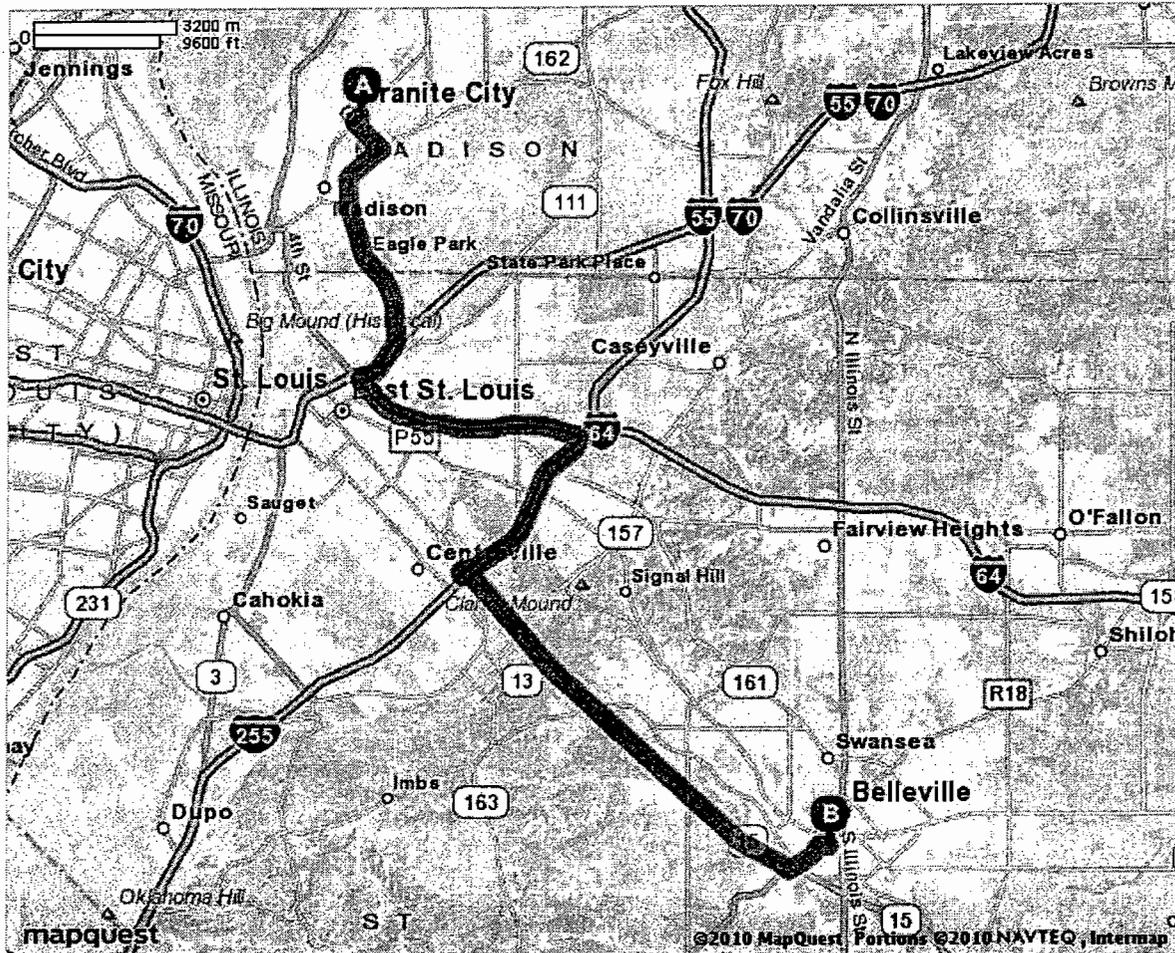
go 0.0 mi



211 S 3rd St, Belleville, IL 62220-1915

Total Travel Estimate : 22.48 miles - about 33 minutes

Route Map [Hide](#)



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**MAPQUEST.**

Trip to 211 S 3rd St
 Belleville, IL 62220-1915
 39.09 miles - about 48 minutes

Notes

St. Elizabeth to
 Alton Memorial
 Hospital

**1 Memorial Dr, Alton, IL 62002-6722**

- | | | |
|--|--|------------|
| | 1. Start out going NORTH on MEMORIAL DR toward ROCK SPRINGS DR. | go 0.0 mi |
| | 2. Turn LEFT onto ROCK SPRINGS DR. | go 0.2 mi |
| | 3. Turn RIGHT onto COLLEGE AVE. | go 2.8 mi |
| | 4. COLLEGE AVE becomes IL-111 S / IL-140 E. | go 2.3 mi |
| | 5. Merge onto IL-255 S toward I-270. | go 10.3 mi |
| | 6. IL-255 S becomes I-255 S. | go 14.3 mi |
| | 7. Merge onto IL-15 E via EXIT 17A toward BELLEVILLE. | go 8.1 mi |
| | 8. Take the CENTREVILLE AVE / IL-158 ramp toward MILLSTADT. | go 0.2 mi |
| | 9. Turn LEFT onto IL-158 / CENTREVILLE AVE. Continue to follow CENTREVILLE AVE. | go 0.7 mi |
| | 10. Turn SLIGHT RIGHT onto W LINCOLN ST. | go 0.2 mi |
| | 11. Turn RIGHT onto S 3RD ST. | go 0.0 mi |

~~100~~

72

END

12. 211 S 3RD ST is on the RIGHT.

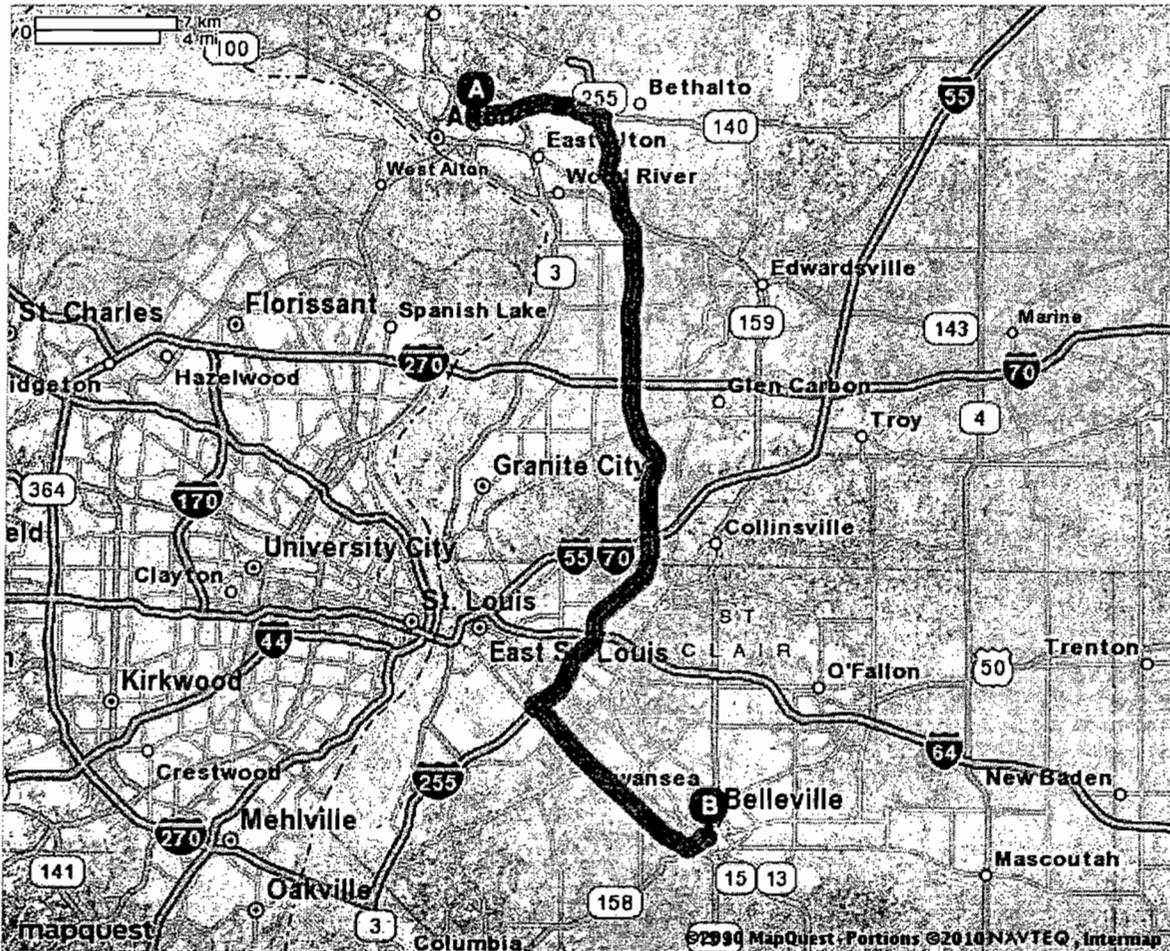
go 0.0 mi



211 S 3rd St, Belleville, IL 62220-1915

Total Travel Estimate : 39.09 miles - about 48 minutes

Route Map [Hide](#)



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~~HT~~
73

Purpose

2. Define the planning area or market area, or other, per the applicant's definition.

The areas to be served are in St. Clair, Monroe and Madison Counties. They include a population of 434,590 and there is a mental health professional shortage area in all of Madison and Monroe Counties and the 4 townships that comprise Touchette's service area (Canteen, Centreville, East St. Louis and Stites).

See attached information regarding communities to be served, and the market area as defined by the patients by zip code origin for St. Elizabeth's (attached previously) and Touchette (attached hereto).

NOTE: There are 2 attachments to this page:

- 1) Patient origin by zip code for Touchette.
- 2) Information regarding health shortages and medically underserved communities in the region, as well as other economic and demographic information.

The St. Elizabeth's patient by zip code origin is cross referenced, as the purpose of the project is to provide access to inpatient AMI services for these patients upon the discontinuation of the service at St. Elizabeth's.

TOUCHETTE REGIONAL HOSPITAL
ADMISSION REPORT
2012

Zip	PT IDENTIFIER	Total	Zip	PT IDENTIFIER	Total	Zip	PT IDENTIFIER	Total	Zip	PT IDENTIFIER	Total
(blank)	580	1	62034	437	1	62060	224	1	62203-cont.		164
(blank) Total		1		487	1	62060 Total	563	1			189
11211	493	1	62034 Total	575	3	62062	421	2			244
11211 Total		1	62035	457	1	62062 Total		1			250
33147	513	1	62035 Total	485	1	62087	528	1			257
33147 Total		1	62037	573	2	62087 Total		1			263
34208	463	1	62037 Total		1	62095	558	1			312
34208 Total		1	62040	13	1	62095 Total		1			351
50161	523	1	62040 Total	27	1	62201	4	1			378
50161 Total		1		54	1		89	1			381
62002	302	1		57	1		95	1			440
	321	1		203	1		125	1			21
	438	1		350	1		143	1			2
	459	1		371	1		145	1			5
	471	1		390	1		153	1			20
	494	1		395	1		207	1			39
	501	1		396	1		228	1			45
	505	1		448	1		258	1			63
	529	1		450	1		273	1			73
	533	1		456	1		287	1			75
	539	1		478	1		303	1			76
	545	1		481	1		310	1			88
	555	1		504	1		316	1			97
	560	1		520	1		335	1			99
	578	1		535	1		337	1			121
62002 Total		15		537	1		369	1			127
62010	50	1		547	1	62201 Total		19			132
62010 Total		1		548	1	62202	26	1			135
62012	522	1		564	1		158	1			159
	550	1		565	1		184	1			178
	574	1		568	1		342	1			184
62012 Total		3		579	1		570	1			233
62018	451	1		582	1	62202 Total		4			242
62018 Total		1		446	1	62203	15	1			259
62024	300	1	62040 Total	446	26		28	1			268
	486	1	62052	11	1		41	1			274
	496	1	62052 Total		1		51	1			282
	521	1	62055	490	1		80	1			295
	559	1	62055 Total		1		92	1			306
62024 Total		5	62056	235	1		115	1			318
62026	566	1	62056 Total		1		137	1			326
62026 Total		1	62059	235	1		144	1			331
		1	62059 Total		1		146	1			332
		1			1			1			334

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Zip	PT IDENTIFIER	Total									
62204-cont.	349	1	62205-cont.	366	1	62206-cont.	118	1	62206-cont.	377	1
	363	1		375	1		126	1		382	1
	365	1		380	1		129	1		383	1
	373	1		384	1		131	1		387	1
	379	1		389	1		134	1		398	1
	392	1		409	1		136	1		405	1
	404	1		414	1		140	1		406	1
	410	1		415	1		157	1		411	1
	464	1		424	1		165	1		412	1
	508	1		431	1		168	1		417	1
	512	1		439	1		170	1		418	1
		43		441	1		176	1		420	1
	62204 Total	21		452	1		179	1		425	1
	62205	44		479	1		188	1		428	1
		49		540	1		195	1		430	1
		56		561	1		201	1		442	1
		59		562	1		205	1		443	1
	65		49	210	1	444	1				
	81	3	62205 Total	211	1	462	1				
	82	9	62206	225	1	467	1				
	84	10		234	1	477	1				
	94	12		239	1	489	1				
	105	18		245	1	503	1				
	106	22		246	1	527	1				
	116	23		253	1		94				
	147	35		260	1		6				
	149	38		262	1		25				
	175	40		271	1		34				
	187	53		277	1		36				
	190	58		283	1		43				
	199	66		288	1		55				
	212	67		293	1		61				
	215	69		298	1		90				
	220	77		308	1		110				
	232	79		322	1		122				
	247	83		324	1		124				
	266	85		325	1		152				
	267	86		329	1		155				
	305	93		330	1		182				
	309	96		338	1		196				
	317	98		340	1		214				
	327	102		352	1		219				
	347	103		362	1		229				
	358	107		364	1		238				

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Zip	PT IDENTIFIER	Total									
62207-cont.		251	62220-cont.		47	62223-cont.		138	62226-cont.		453
		252			64			154			470
		261			78			169			482
		265			209			172			492
		270			217			173			499
		280			275			191			506
		304			286			236			514
		314			368			289			530
		319			374			341			542
		323			429			488			544
		328			461			541			551
		344			507			581			581
		361			546			581			581
		385			553			581			581
		401			567			581			581
	403		577		581		581				
	422				581		581				
	426				581		581				
	434				581		581				
	434				581		581				
62207 Total		38	62220 Total		18	62223 Total		15	62226 Total		44
62208		70	62221		52	62226		14	62232		104
		123			111			33			243
		128			148			42			264
		139			156			72			264
		151			162			101			264
		163			204			114			264
		183			248			114			264
		183			281			119			264
		272			284			141			264
		276			297			142			264
		285			297			160			264
		285			315			167			264
		299			339			174			264
		333			346			185			264
		333			386			206			264
	353		402		208		264				
	355		407		218		264				
	360		435		223		264				
	397		445		227		264				
	468		447		230		264				
	554		454		237		264				
	576		543		255		264				
	576		557		278		264				
	576		557		279		264				
	576		557		294		264				
	576		557		301		264				
	576		557		307		264				
	576		557		311		264				
	576		557		320		264				
	576		557		357		264				
	576		557		393		264				
	576		557		394		264				
	576		557		416		264				
62208 Total		19	62221 Total		22	62226 Total		15	62232 Total		44
62217		19	62223		16						
62217 Total		1			29						
62220		1			108						
		17			112						
		17			112						
62234 Total		74	62233 Total		30	62233 Total		30	62233 Total		30
62236		74	62234		24	62234		24	62234		24
		74			31			31			31
		74			117			117			117
		74			150			150			150
		74			198			198			198
		74			226			226			226
		74			241			241			241
		74			399			399			399
		74			458			458			458
		74			460			460			460
		74			466			466			466
		74			475			475			475
		74			511			511			511
		74			516			516			516
		74			517			517			517
		74			524			524			524
		74			525			525			525
		74			538			538			538
		74			572			572			572
62234 Total		74	62233 Total		30	62233 Total		30	62233 Total		30
62236		74	62234		24	62234		24	62234		24
		74			31			31			31
		74			117			117			117
		74			150			150			150
		74			198			198			198
		74			226			226			226
		74			241			241			241
		74			399			399			399
		74			458			458			458
		74			460			460			460
		74			466			466			466
		74			475			475			475
		74			511			511			511
		74			516			516			516
		74			517			517			517
		74			524			524			524
		74			525			525			525
		74			538			538			538
		74			572			572			572
62234 Total		74	62233 Total		30	62233 Total		30	62233 Total		30
62236		74	62234		24	62234		24	62234		24
		74			31			31			31
		74			117			117			117
		74			150			150			150
		74			198			198			198
		74			226			226			226
		74			241			241			241
		74			399			399			399
		74			458			458			458
		74			460			460			460
		74			466			466			466
		74			475			475			475
		74			511			511			511
		74			516			516			516
		74			517			517			517
		74			524			524			524
		74			525			525			525
		74			538			538			538
		74			572			572			572
62234 Total		74	62233 Total		30	62233 Total		30	62233 Total		30
62236		74	62234		24	62234		24	62234		24
		74			31			31			31
		74			117			117			117
		74			150			150			150
		74			198			198			198
		74			226			226			226
		74			241			241			241
		74			399			399			399
		74			458			458			458
		74			460			460			460
		74			466			466			466
		74			475			475			475
		74			511			511			511
		74			516			516			516
		74			517			517			517
		74			524			524			524
		74			525			525			525
		74			538			538			538
		74			572			572			572
62234 Total		74	62233 Total		30	62233 Total		30	62233 Total		30
62236		74	62234		24	62234		24	62234		24
		74			31			31			31
		74			117			117			117
		74			150			150			150
		74			198			198			198
		74			226			226			226
		74			241			241			241
		74			399			399			399
		74			458			458			458
		74			460			460			460
		74			466			466			466
		74			475			475			475
		74			511			511			511
		74			516			516			516
		74			517			517			517
		74			524			524</			

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Zip	PT IDENTIFIER	Total	Zip	PT IDENTIFIER	Total	Zip	PT IDENTIFIER	Total
62236-cont.		291	62269-cont.		87	62918		472
		476			177	62918 Total		472
		491			194	62959		413
62236 Total		4			249	62959 Total		413
62239		46			354	63026		290
		109			370	63026 Total		290
		113			388	63034		367
		120			408	63034 Total		367
		133			419	63050		515
		192			449	63050 Total		515
		200			473	63101		197
		213			480	63101 Total		197
		313			480	63102		336
		359			391	63102 Total		336
		372			484	63103		348
		400			518	63103 Total		348
		436			193	63104		296
		469			216	63104 Total		296
62239 Total		14	62278 Total		3	63107		356
62240		60	62285		193	63107 Total		356
		181	62286		202	63108		519
62240 Total		2	62286 Total		4	63108 Total		519
62243		433	62288		552	63110		256
		497	62288 Total		1	63110 Total		256
62243 Total		2	62292		526	63111		500
62249		495	62292 Total		1	63111 Total		500
62249 Total		1	62294		48	63112		571
62254		292	62286 Total		4	63112 Total		571
62254 Total		1	62288 Total		1	63116		465
62255		166	62288 Total		552	63116 Total		465
		474	62292		526	63118		510
62255 Total		2	62292 Total		1	63118 Total		510
62257		432	62294		48	63119		509
62257 Total		1	62294		48	63119 Total		509
62258		7	62294		240	63129		534
		62	62294		254	63129 Total		534
		130	62294		343	63136		161
		186	62294		455	63136 Total		161
		345	62294		423	63166		231
62258 Total		5	62294 Total		1	63166 Total		231
62260		8	62467		221	63379		171
62260 Total		1	62467 Total		1	63379 Total		171
62269		37	62801		180	63379 Total		171
		68	62801 Total		1	81830		376
			62884		71	81830 Total		376
			62884 Total		1	95823		91
			62884 Total		1	95823 Total		91
						99999		269
						99999 Total		269
						Grand Total		582

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ACCOUNT	FIRST, LAST INITIAL	ADMIT DATE	DISCHARGE DATE	FIN CLASS	PRIMARY PAYOR	LOCATION	SERVICE	ZIP
000060265605	JD	5/9/2012	5/10/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62040
000060265658	PS	5/9/2012	5/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009100600	AG	5/10/2012	5/11/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62269
100009100618	TB	5/10/2012	5/14/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009100659	AP	5/11/2012	5/15/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62205
100009100669	LB	5/11/2012	5/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009100670	CG	5/11/2012	5/15/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62207
100009100685	JW	5/11/2012	5/14/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62040
100009100690	MG	5/11/2012	5/14/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62285
100009100730	RH	5/12/2012	5/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009100853	DB	5/14/2012	5/23/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62220
100009100872	KB	5/14/2012	5/16/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009100877	RM	5/15/2012	5/31/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009100885	HS	5/15/2012	5/22/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62205
100009200168	DJ	5/15/2012	5/22/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009200189	BP	5/15/2012	5/16/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62240
100009200415	DM	5/16/2012	5/23/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62236
100009200453	JH	5/16/2012	5/22/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62204
100009200671	BS	5/17/2012	5/31/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009201125	RL	5/21/2012	5/26/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009201733	ME	5/22/2012	5/24/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62220
100009201737	ZM	5/22/2012	5/28/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS UPP	T.BH	PSYCHIATRY	62206
100009202069	LW	5/24/2012	5/29/2012	BLUE CROSS	BLUE CROSS MISSOURI	T.BH	PSYCHIATRY	62035
100009202261	CY	5/24/2012	5/27/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62202
100009202319	DA	5/24/2012	5/30/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009202338	DJ	5/24/2012	5/29/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62203
100009202347	DW	5/25/2012	5/28/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62056
100009202624	SO	5/26/2012	5/28/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62206
100009202722	CC	5/28/2012	6/4/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62203
100009202769	KP	5/29/2012	5/31/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62232
100009202870	BC	5/29/2012	6/1/2012	MEDICARE	MEDICARE A ONLY	T.BH	PSYCHIATRY	62205
100009203084	MM	5/30/2012	6/1/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62205
100009203116	CC	5/30/2012	6/15/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009203287	DD	5/31/2012	6/4/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62205
100009203814	TL	6/3/2012	6/7/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009204000	DW	6/4/2012	6/12/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009204207	KW	6/5/2012	6/13/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62269
100009204274	SH	6/5/2012	6/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009204353	KH	6/5/2012	6/8/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62040
100009204527	JB	6/6/2012	6/11/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62201
100009204890	AG	6/8/2012	6/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62207
100009204957	TG	6/8/2012	6/14/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	95823
100009205131	JT	6/10/2012	6/12/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62226
100009205140	GB	6/11/2012	6/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	63108
100009205252	JH	6/11/2012	6/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62203
100009205310	BS	6/11/2012	6/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009205499	NL	6/12/2012	6/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009205646	SS	6/13/2012	6/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009205844	BW	6/14/2012	6/17/2012	COMMERCIAL	MENTAL HEALTH NETWORK	T.BH	PSYCHIATRY INVOLUNTARY	62201
100009206312	MA	6/16/2012	6/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009206314	DC	6/16/2012	6/18/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY INVOLUNTARY	11211
100009206340	RP	6/16/2012	6/20/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62002
100009206423	KB	6/17/2012	6/20/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009206430	TB	6/17/2012	6/19/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	PSYCHIATRY	62249
100009206590	PW	6/18/2012	6/20/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009206869	SD	6/19/2012	6/27/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62206
100009207309	CE	6/21/2012	6/25/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62204
100009207532	BW	6/22/2012	6/25/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	PSYCHIATRY	62236
100009207555	SG	6/23/2012	6/28/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63166
100009207566	MC	6/23/2012	6/28/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62226
100009207615	JL	6/23/2012	6/25/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009207646	JW	6/24/2012	6/30/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009207733	BA	6/25/2012	6/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62232
100009207777	KR	6/25/2012	7/2/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009208195	DM	6/27/2012	6/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62024
100009208196	JD	6/27/2012	6/29/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	PSYCHIATRY	62205
100009208239	AT	6/27/2012	6/29/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62243
100009208336	RK	6/27/2012	7/2/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62220
100009208400	TR	6/28/2012	7/3/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009208534	MT	6/28/2012	7/2/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62223
100009208811	KR	6/29/2012	7/2/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62239
100009208862	RS	6/30/2012	7/3/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62286

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100009208884	JJ	7/1/2012	7/3/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62294
100009209171	LC	7/3/2012	7/6/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009209201	TS	7/3/2012	7/5/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	PSYCHIATRY	62207
100009209677	HT	7/5/2012	7/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62221
100009209825	AM	7/6/2012	7/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62223
100009209856	ES	7/6/2012	7/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009209946	SM	7/7/2012	7/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62239
100009210039	KJ	7/8/2012	7/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009210216	JL	7/9/2012	7/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009210288	LS	7/9/2012	7/16/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	PSYCHIATRY	62203
100009210311	BM	7/10/2012	7/13/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62002
100009210663	BF	7/11/2012	7/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62220
100009210711	RS	7/11/2012	7/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62286
100009210770	TH	7/11/2012	7/13/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62206
100009211070	PS	7/13/2012	7/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009211198	JG	7/13/2012	7/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62234
100009211209	SP	7/13/2012	7/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009211345	JD	7/15/2012	7/17/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62226
100009211346	VW	7/15/2012	7/17/2012	COMMERCIAL	MENTAL HEALTH NETWORK	T.BH	PSYCHIATRY INVOLUNTARY	62239
100009211403	AG	7/15/2012	7/18/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62040
100009211415	RS	7/16/2012	7/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62002
100009211730	EW	7/17/2012	7/20/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62204
100009211894	MH	7/17/2012	7/20/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62207
100009211958	BT	7/18/2012	7/23/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62010
100009212087	SR	7/18/2012	7/25/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	PSYCHIATRY	62208
100009212168	LL	7/19/2012	7/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62207
100009212315	HH	7/19/2012	7/22/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62201
100009212419	ML	7/19/2012	7/22/2012	MEDICAID	MISSOURI MEDICAID	T.BH	PSYCHIATRY	63119
100009212424	SF	7/21/2012	7/22/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63118
100009212664	SP	7/20/2012	7/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62206
100009212682	CB	7/21/2012	7/25/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009212728	JS	7/21/2012	7/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62208
100009212741	MC	7/21/2012	7/24/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62206
100009212858	CL	7/23/2012	7/25/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009212957	TH	7/23/2012	7/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62258
100009213052	CM	7/23/2012	7/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62203
100009213057	DH	7/24/2012	7/30/2012	MEDICARE	MEDICARE A ONLY	T.BH	PSYCHIATRY INVOLUNTARY	62234
100009213061	MT	7/24/2012	7/31/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009213152	AH	7/24/2012	7/30/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009213279	SH	7/24/2012	7/27/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62239
100009213436	TM	7/25/2012	7/30/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62203
100009213449	HM	7/25/2012	7/30/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62223
100009213516	TF	7/25/2012	7/27/2012	COMMERCIAL	ST LOUIS VA MEDICAL CENTER	T.BH	PSYCHIATRY	62206
100009213710	AJ	7/26/2012	7/31/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62204
100009213890	ST	7/27/2012	8/6/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009213995	BB	7/27/2012	8/9/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62203
100009214020	BS	7/27/2012	8/7/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009214049	KK	7/28/2012	7/31/2012	BLUE CROSS	BLUE CROSS MISSOURI	T.BH	PSYCHIATRY	62223
100009214159	CA	7/30/2012	8/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62208
100009214286	VW	7/30/2012	8/3/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009214424	SJ	7/31/2012	8/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62220
100009214900	TR	8/2/2012	8/4/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	33147
100009215116	JW	8/2/2012	8/7/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62226
100009215121	CE	8/3/2012	8/3/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62226
100009215128	JB	8/2/2012	8/9/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	PSYCHIATRY	50161
100009215253	LJ	8/3/2012	8/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009215319	LE	8/3/2012	8/6/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63050
100009215469	WL	8/5/2012	8/9/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62234
100009215477	NB	8/6/2012	8/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62234
100009215500	BR	8/6/2012	8/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62201
100009215807	HR	8/7/2012	8/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62203
100009215883	AN	8/7/2012	8/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62201
100009215915	AL	8/8/2012	8/10/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	PSYCHIATRY	62203
100009215923	TY	8/8/2012	8/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009216033	HT	8/9/2012	8/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62221
100009216175	SC	8/9/2012	8/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009216355	TA	8/10/2012	8/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62234
100009216560	DS	8/11/2012	8/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62208
100009216564	WC	8/11/2012	8/13/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62207
100009216596	RD	8/12/2012	8/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62040
100009216736	MH	8/13/2012	8/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62201
100009216755	BM	8/13/2012	8/17/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62223
100009216820	CC	8/13/2012	8/17/2012	COMMERCIAL	ST LOUIS VA MEDICAL CENTER	T.BH	PSYCHIATRY INVOLUNTARY	62207
100009216830	MH	8/13/2012	8/30/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62221
100009216852	SM	8/13/2012	8/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62234

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100009216855	RH	8/14/2012	8/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009216857	BS	8/14/2012	8/17/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62202
100009217221	TB	8/15/2012	8/29/2012	MEDICAID	ILLINOIS MEDICAID (HPL)	T.BH	PSYCHIATRY	62204
100009217244	JW	8/16/2012	8/20/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62226
100009217718	BM	8/17/2012	8/20/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009217731	AG	8/17/2012	8/20/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63136
100009217747	KB	8/18/2012	8/20/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY INVOLUNTARY	62221
100009217789	AP	8/18/2012	8/21/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62208
100009217868	BR	8/19/2012	8/22/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62234
100009217870	TL	8/19/2012	8/21/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62292
100009218128	BB	8/21/2012	8/24/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62203
100009218552	KW	8/23/2012	8/28/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009218592	SS	8/23/2012	8/27/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62221
100009218660	DS	8/23/2012	8/28/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	PSYCHIATRY	62255
100009218731	MA	8/23/2012	9/6/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009218943	RH	8/25/2012	8/28/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009218945	CS	8/25/2012	8/27/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62278
100009218949	RH	8/25/2012	8/27/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62223
100009218981	WW	8/25/2012	8/28/2012	MEDICAID	MISSOURI MEDICAID	T.BH	PSYCHIATRY	63104
100009218983	JC	8/25/2012	8/27/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY INVOLUNTARY	62206
100009219056	TN	8/27/2012	8/30/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63379
100009219565	HC	8/29/2012	9/4/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62024
100009219813	DC	8/30/2012	8/31/2012	PREFERRED PF	HEALTHLINK PPO	T.BH	PSYCHIATRY	62012
100009219841	AP	8/30/2012	9/2/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62223
100009220014	CH	8/30/2012	9/4/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62223
100009220026	MC	8/31/2012	9/3/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62226
100009220072	TY	8/31/2012	9/4/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009220078	RW	8/31/2012	9/4/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009220110	KV	8/31/2012	9/2/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62269
100009220214	RW	9/1/2012	9/6/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62204
100009220243	KW	9/1/2012	9/4/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009220257	JF	9/1/2012	9/7/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62801
100009220317	PJ	9/3/2012	9/5/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62040
100009220345	F5	9/3/2012	9/4/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	PSYCHIATRY	62240
100009220574	MM	9/5/2012	9/10/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62207
100009220576	NW	9/4/2012	9/7/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62234
100009220788	JO	9/5/2012	9/10/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62002
100009220789	NF	9/5/2012	9/8/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62205
100009220804	AP	9/6/2012	9/14/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62208
100009220961	JW	9/6/2012	9/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62223
100009220991	MN	9/6/2012	9/10/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62217
100009221034	MC	9/6/2012	9/10/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62226
100009221270	DW	9/7/2012	9/14/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62204
100009221282	MP	9/7/2012	9/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62220
100009221289	RL	9/7/2012	9/12/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62221
100009221501	ST	9/10/2012	9/12/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62204
100009221640	CR	9/11/2012	9/12/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY INVOLUNTARY	62206
100009221733	AG	9/11/2012	9/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62087
100009221745	EB	9/11/2012	9/18/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62002
100009221845	JT	9/11/2012	9/12/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62226
100009221857	AK	9/11/2012	9/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	MEDICAL	62286
100009222055	CH	9/12/2012	9/17/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62226
100009222062	JC	9/12/2012	9/14/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62232
100009222067	KK	9/12/2012	9/17/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62258
100009222197	OC	9/13/2012	9/25/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009222295	DB	9/14/2012	9/17/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009222313	KD	9/14/2012	9/18/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62203
100009222388	KR	9/14/2012	9/18/2012	MEDICARE	HUMANA HEALTH PLAN Medicare	T.BH	PSYCHIATRY	62205
100009222457	MB	9/14/2012	9/17/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62002
100009222499	MS	9/15/2012	9/17/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	63129
100009222544	JJ	9/16/2012	9/26/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62223
100009222773	JB	9/17/2012	9/19/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62239
100009222990	MK	9/18/2012	9/24/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62285
100009223008	KR	9/19/2012	9/22/2012	HEALTH MAIN	CIGNA HEALTHCARE	T.BH	PSYCHIATRY	62269
100009223160	JL	9/19/2012	9/24/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009223247	MH	9/20/2012	9/24/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62207
100009223327	DC	9/20/2012	9/25/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	63101
100009223420	TA	9/21/2012	9/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62234
100009223592	KR	9/21/2012	9/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009223631	TM	9/22/2012	9/24/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62239
100009223669	JB	9/23/2012	9/25/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62018
100009223679	MT	9/23/2012	9/25/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62040
100009223698	AM	9/23/2012	9/26/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009223816	CS	9/24/2012	9/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62286
100009223911	DS	9/24/2012	10/1/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62226

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100009223912	GH	9/24/2012	9/27/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62040
100009224013	LM	9/25/2012	10/2/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62221
100009224065	PM	9/25/2012	9/28/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009224541	ZS	9/28/2012	10/1/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009224552	CD	9/28/2012	10/2/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62002
100009224554	BR	9/28/2012	10/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62201
100009224720	KJ	9/28/2012	10/1/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009224732	GF	9/28/2012	10/2/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62220
100009224735	SC	9/28/2012	10/1/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62220
100009224823	TR	9/30/2012	10/8/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62206
100009224953	AB	10/1/2012	10/4/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62206
100009224979	AD	10/1/2012	10/11/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62205
100009225086	TD	10/1/2012	10/6/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62239
100009225102	LI	10/2/2012	10/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62207
100009225116	DT	10/2/2012	10/6/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62040
100009225118	OC	10/2/2012	10/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009225299	MK	10/2/2012	10/3/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62285
100009225305	CM	10/2/2012	10/5/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62040
100009225509	ME	10/3/2012	10/5/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62220
100009225586	MC	10/4/2012	10/9/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62226
100009225717	GG	10/5/2012	10/6/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62207
100009225735	BH	10/5/2012	10/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62232
100009225757	KR	10/5/2012	10/8/2012	MEDICARE	HUMANA HEALTH PLAN Medicare	T.BH	PSYCHIATRY	62205
100009225932	JS	10/6/2012	10/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62467
100009225934	LR	10/6/2012	10/8/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62285
100009225973	KM	10/7/2012	10/11/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62012
100009226020	BH	10/8/2012	10/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009226202	JW	10/8/2012	10/15/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009226327	KO	10/9/2012	10/15/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62060
100009226585	HM	10/10/2012	10/18/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009226728	EE	10/11/2012	10/15/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62234
100009226788	BW	10/11/2012	10/19/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	PSYCHIATRY	62226
100009226887	BW	10/12/2012	10/15/2012	COMMERCIAL	MENTAL HEALTH NETWORK	T.BH	PSYCHIATRY INVOLUNTARY	62201
100009226925	LL	10/12/2012	10/18/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62207
100009226993	ZS	10/13/2012	10/15/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009227012	WR	10/13/2012	10/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009227045	SB	10/14/2012	10/15/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62288
100009227311	TW	10/15/2012	10/17/2012	MEDICAID	MISSOURI MEDICAID	T.BH	PSYCHIATRY	63136
100009227457	TT	10/16/2012	10/23/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62205
100009227763	FL	10/18/2012	10/22/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62220
100009227960	TT	10/18/2012	10/20/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62204
100009228228	EI	10/21/2012	10/22/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62208
100009228239	KH	10/21/2012	10/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62002
100009228269	ST	10/21/2012	11/1/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009228497	ME	10/23/2012	10/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62059
100009228596	JM	10/23/2012	10/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62223
100009228683	BH	10/23/2012	10/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62232
100009228888	MA	10/24/2012	11/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009228889	TA	10/24/2012	10/26/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62040
100009228920	JD	10/25/2012	10/29/2012	MEDICARE	MEDICARE B ONLY	T.BH	PSYCHIATRY	62221
100009229047	EK	10/25/2012	10/29/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62207
100009229122	JG	10/25/2012	10/29/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009229145	SW	10/26/2012	10/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62095
100009229326	BL	10/26/2012	10/29/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62294
100009229351	RW	10/27/2012	10/29/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62234
100009229501	BS	10/29/2012	11/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009230078	WB	11/1/2012	11/2/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62024
100009230201	ME	11/1/2012	11/5/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62232
100009230243	RZ	11/2/2012	11/6/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62002
100009230447	SR	11/2/2012	11/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62203
100009230461	LS	11/2/2012	11/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009230466	ZW	11/3/2012	11/6/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62205
100009230523	BG	11/4/2012	11/7/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62060
100009230964	MG	11/6/2012	11/8/2012	PREFERRED PF	GROUP HEALTH PLAN PPO	T.BH	PSYCHIATRY	62206
100009231040	JM	11/6/2012	11/9/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	PSYCHIATRY	62207
100009231289	AH	11/8/2012	11/11/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009231374	SB	11/8/2012	11/14/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62205
100009231441	LM	11/8/2012	11/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62221
100009231456	IT	11/8/2012	11/12/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62269
100009231516	KD	11/8/2012	11/12/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62203
100009231533	QB	11/9/2012	11/12/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62207
100009231538	KT	11/9/2012	11/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62207
100009231632	DW	11/9/2012	11/17/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009231774	AD	11/10/2012	11/15/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62040
100009231815	TW	11/11/2012	11/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62040

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100009231834	CB	11/12/2012	11/16/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	PSYCHIATRY	62026
100009232036	RC	11/12/2012	11/15/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY INVOLUNTARY	62294
100009232039	JK	11/12/2012	11/17/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62220
100009232223	JC	11/14/2012	11/22/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62040
100009232295	CH	11/14/2012	11/20/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	PSYCHIATRY	62226
100009232302	MH	11/14/2012	11/21/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63107
100009232329	TT	11/14/2012	11/20/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62205
100009232338	KD	11/14/2012	11/20/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62203
100009232341	KB	11/14/2012	11/19/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	PSYCHIATRY	62010
100009232491	TG	11/15/2012	11/19/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62201
100009232514	MJ	11/16/2012	11/27/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62204
100009232614	AH	11/16/2012	11/27/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009232849	FH	11/18/2012	11/21/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62207
100009232850	PC	11/18/2012	11/29/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009232886	SR	11/18/2012	11/25/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62203
100009233027	BH	11/19/2012	11/21/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62232
100009233028	DW	11/19/2012	11/27/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62207
100009233242	RM	11/20/2012	11/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62205
100009233292	PP	11/20/2012	11/26/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62205
100009233340	EG	11/21/2012	11/26/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62204
100009233601	WP	11/23/2012	11/24/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY INVOLUNTARY	99999
100009233609	GW	11/23/2012	11/29/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62207
100009233635	MS	11/24/2012	11/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009233641	MJ	11/24/2012	11/28/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62208
100009233899	JS	11/26/2012	11/29/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62205
100009233926	JJ	11/27/2012	12/2/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62201
100009234476	DU	11/29/2012	12/11/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62204
100009234597	JK	11/29/2012	12/3/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62220
100009234851	PD	12/2/2012	12/7/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63114
100009234869	AG	12/2/2012	12/7/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62234
100009234989	MR	12/3/2012	12/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62208
100009235112	SM	12/4/2012	12/8/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62206
100009235276	GB	12/4/2012	12/13/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62226
100009235326	UJ	12/4/2012	12/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62226
100009235487	JK	12/5/2012	12/10/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62220
100009235565	RM	12/6/2012	12/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62002
100009235567	JP	12/6/2012	12/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62040
100009235813	AL	12/7/2012	12/14/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62207
100009235819	DD	12/7/2012	12/12/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62221
100009235965	CS	12/8/2012	12/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	(blank)
100009235999	LP	12/8/2012	12/17/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62204
100009236254	ED	12/10/2012	12/21/2012	CHARITY	ILLINOIS MEDICAID	T.BH	PSYCHIATRY INVOLUNTARY	62206
100009236320	ZW	12/11/2012	12/12/2012	SELF PAY	MEDICAID PENDING	T.BH	PSYCHIATRY	62202
100009236512	BM	12/11/2012	12/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009236520	RI	12/11/2012	12/14/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62206
100009236854	SJ	12/13/2012	12/19/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62206
100009236866	LM	12/13/2012	12/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62221
100009236916	CS	12/13/2012	12/20/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62208
100009236955	JK	12/13/2012	12/17/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62220
100009237053	TG	12/14/2012	12/17/2012	MEDICARE	MEDICARE	T.BH	PSYCHIATRY	62201
100009237080	TF	12/14/2012	12/18/2012	COMMERCIAL	ST LOUIS VA MEDICAL CENTER	T.BH	PSYCHIATRY	62206
100009237129	WS	12/14/2012	12/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62223
100009237169	HL	12/15/2012	12/17/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	63026
100009237250	DK	12/16/2012	12/27/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	PSYCHIATRY	62236
100009237302	JM	12/17/2012	12/20/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62254
100009237467	CK	12/17/2012	12/23/2012	CHARITY	CHARITY	T.BH	PSYCHIATRY	62206
100009237477	CJ	12/18/2012	12/19/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY	62226
100009237705	LR	12/19/2012	12/21/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62037
100009237711	DS	12/19/2012	12/25/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62204
100009237881	MM	12/19/2012	12/21/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62012
100009237990	RN	12/20/2012	12/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	63103
100009238222	MM	12/21/2012	12/25/2012	SELF PAY	SELF PAY	T.BH	PSYCHIATRY INVOLUNTARY	62221
100009238236	LC	12/21/2012	12/24/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	PSYCHIATRY	62034
100009238296	CS	12/23/2012	12/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62206
100009238339	MR	12/24/2012	12/25/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62208
100009238524	MR	12/26/2012	12/31/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	PSYCHIATRY	62208
V00060250535	SW	12/25/2011	1/6/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62204
V00060250705	RN	12/27/2011	1/4/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62207
V00060250942	JG	12/29/2011	1/3/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62205
V00060251016	DJ	12/30/2011	1/1/2012	HEALTH MAIN	HARMONY HEALTH PLAN OF IL	T.BH	M.OBD	62203
V00060251094	GL	12/31/2011	1/7/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.TEL	62220
V00060251157	DB	1/1/2012	1/3/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	M.PSY	62002
V00060251180	KL	1/1/2012	1/4/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62201
V00060251210	RP	1/2/2012	1/3/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62205
V00060251340	VH	1/3/2012	1/6/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207

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V00060251408	KM	1/3/2012	1/6/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62257
V00060251533	JW	1/4/2012	1/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62203
V00060251552	CW	1/4/2012	1/9/2012	COMMERCIAL	AETNA	T.BH	M.PSY	62205
V00060251648	MG	1/5/2012	1/9/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62204
V00060251679	SR	1/5/2012	1/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060251698	SD	1/6/2012	1/9/2012	CHARITY	CHARITY	T.BH	M.PSY	62206
V00060251821	LP	1/6/2012	1/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62234
V00060251853	LV	1/7/2012	1/12/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62205
V00060251863	MH	1/7/2012	1/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62201
V00060251864	KC	1/7/2012	1/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060251922	GG	1/8/2012	1/13/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62203
V00060251938	JN	1/9/2012	1/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62243
V00060251942	CS	1/9/2012	1/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060251967	MS	1/9/2012	1/15/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62239
V00060252039	LL	1/9/2012	1/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207
V00060252044	LC	1/9/2012	1/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62205
V00060252080	TE	1/10/2012	1/13/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62221
V00060252176	U	1/10/2012	1/23/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62201
V00060252235	CL	1/11/2012	1/13/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62205
V00060252249	LG	1/11/2012	1/17/2012	SELF PAY	MEDICAID PENDING	T.BH	M.PSY	62204
V00060252262	TB	1/11/2012	1/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207
V00060252442	DI	1/12/2012	1/16/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62221
V00060252445	DM	1/13/2012	1/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060252544	CG	1/13/2012	1/18/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62002
V00060252652	KW	1/15/2012	1/19/2012	CHARITY	CHARITY	T.BH	M.PSY	62206
V00060252779	NP	1/17/2012	1/23/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62207
V00060252935	BS	1/18/2012	1/21/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060252938	SH	1/18/2012	1/23/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060252941	PW	1/18/2012	1/23/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62204
V00060252945	RH	1/18/2012	1/23/2012	COMMERCIAL	ILLINOIS MEDICAID	T.BH	M.PSY	62205
V00060253000	TB	1/18/2012	1/23/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207
V00060253051	DB	1/19/2012	1/23/2012	COMMERCIAL	ST LOUIS VA MEDICAL CENTER	T.BH	M.PSY	62206
V00060253153	VB	1/20/2012	1/23/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060253290	JJ	1/21/2012	1/23/2012	COMMERCIAL	ST LOUIS VA MEDICAL CENTER	T.BH	M.PSY	62206
V00060253409	AO	1/22/2012	1/25/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	M.PSY	62206
V00060253418	KE	1/24/2012	1/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207
V00060253475	DW	1/23/2012	1/27/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62204
V00060253529	JW	1/23/2012	1/25/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	M.PSY	62221
V00060253533	JB	1/24/2012	1/30/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62239
V00060253608	RT	1/24/2012	1/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62204
V00060253670	MR	1/24/2012	1/26/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62208
V00060253704	KM	1/25/2012	2/6/2012	SELF PAY	MEDICAID PENDING	T.BH	M.PSY	62034
V00060253911	SA	1/26/2012	1/31/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62204
V00060253912	BW	1/26/2012	1/30/2012	COMMERCIAL	MENTAL HEALTH NETWORK	T.BH	M.PSY	62201
V00060254086	BP	1/28/2012	1/31/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	63102
V00060254135	SL	1/29/2012	2/2/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62002
V00060254162	JH	1/30/2012	2/3/2012	COMMERCIAL	ST LOUIS VA MEDICAL CENTER	T.BH	M.PSY	62207
V00060254313	SK	1/31/2012	2/7/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62201
V00060254394	DB	1/31/2012	2/7/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060254716	JJ	2/3/2012	2/8/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62221
V00060254936	LB	2/5/2012	2/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060254947	AC	2/5/2012	2/8/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62223
V00060255002	WR	2/6/2012	2/13/2012	MEDICAID	SELF PAY	T.BH	M.PSY	62202
V00060255086	WC	2/6/2012	2/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62294
V00060255133	MM	2/7/2012	2/10/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62207
V00060255197	DB	2/7/2012	2/9/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62258
V00060255283	MD	2/7/2012	2/11/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62221
V00060255403	PP	2/8/2012	2/13/2012	CHAMPUS	TRICARE MCS RG 2&5 CLAIMS PROC	T.BH	M.PSY	62269
V00060255441	JH	2/9/2012	2/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62040
V00060255491	TG	2/9/2012	2/17/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62205
V00060255512	AT	2/9/2012	2/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62040
V00060255674	BP	2/11/2012	2/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	63102
V00060255676	RJ	2/11/2012	2/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62204
V00060255769	KA	2/12/2012	2/15/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62018
V00060256341	TA	2/16/2012	2/19/2012	CHARITY	CHARITY	T.BH	M.PSY	62040
V00060256352	MH	2/16/2012	2/21/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62203
V00060256385	RP	2/17/2012	2/22/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060256471	VB	2/17/2012	2/28/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62208
V00060256475	KW	2/17/2012	2/20/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62269
V00060256483	MR	2/17/2012	2/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62208
V00060256510	SM	2/18/2012	2/21/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62052
V00060256519	JW	2/18/2012	2/20/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62221
V00060256571	RN	2/19/2012	2/22/2012	SELF PAY	SELF PAY	T.BH	M.PSY	63103
V00060256610	NJ	2/20/2012	2/25/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62226
V00060256618	CS	2/20/2012	2/22/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62040

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V00060256679	KC	2/20/2012	2/28/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060256701	KW	2/20/2012	2/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62258
V00060256718	TP	2/21/2012	2/29/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62204
V00060256799	JE	2/21/2012	2/28/2012	CHAMPUS	TRICARE MCS RG 2&5 CLAIMS PROC	T.BH	M.PSY	62220
V00060256832	TW	2/21/2012	2/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62201
V00060256841	TG	2/22/2012	3/2/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62205
V00060256858	JD	2/22/2012	2/25/2012	MEDICARE	MEDICARE B ONLY	T.BH	M.PSY	62221
V00060256943	SM	2/22/2012	3/5/2012	MEDICAID	SELF PAY	T.BH	M.PSY	62239
V00060256967	TS	2/22/2012	2/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62208
V00060257194	VH	2/24/2012	3/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207
V00060257298	SR	2/26/2012	2/29/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060257329	PP	2/28/2012	3/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62205
V00060257352	PT	2/27/2012	3/4/2012	CHARITY	CHARITY	T.BH	M.PSY	62207
V00060257498	BM	2/28/2012	3/1/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62202
V00060257500	JO	2/28/2012	2/29/2012	MEDICARE	MEDICARE A ONLY	T.BH	M.PSY	62040
V00060257539	LG	2/28/2012	3/2/2012	SELF PAY	MEDICAID PENDING	T.BH	M.PSY	62204
V00060257698	AW	2/29/2012	3/9/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060257735	ES	2/29/2012	3/7/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62204
V00060257826	KF	3/1/2012	3/4/2012	CHARITY	CHARITY	T.BH	M.PSY	62203
V00060257842	KF	3/1/2012	3/6/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060257889	DW	3/1/2012	3/7/2012	CHARITY	CHARITY	T.BH	M.PSY	62205
V00060257899	FY	3/1/2012	3/5/2012	BLUE CROSS	BLUE CROSS MISSOURI	T.BH	M.PSY	63034
V00060258034	CO	3/3/2012	3/5/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62220
V00060258050	BW	3/3/2012	3/6/2012	COMMERCIAL	MENTAL HEALTH NETWORK	T.BH	M.PSY	62201
V00060258129	AA	3/4/2012	3/12/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62204
V00060258216	BM	3/5/2012	3/12/2012	COMMERCIAL	HUMANA HEALTH PLAN	T.BH	M.PSY	62223
V00060258227	KB	3/5/2012	3/8/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62269
V00060258474	RH	3/7/2012	3/12/2012	CHARITY	CHARITY	T.BH	M.PSY	62040
V00060258739	RC	3/8/2012	3/12/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62294
V00060258741	WD	3/9/2012	3/10/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62239
V00060258767	JE	3/9/2012	3/15/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62040
V00060258816	AG	3/9/2012	3/15/2012	CHARITY	CHARITY	T.BH	M.PSY	62204
V00060258818	RH	3/9/2012	3/12/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62035
V00060258875	KB	3/10/2012	3/12/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62220
V00060258916	RB	3/11/2012	3/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62205
V00060258917	AP	3/10/2012	3/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62234
V00060258967	RM	3/11/2012	3/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62002
V00060258970	MW	3/11/2012	3/14/2012	SELF PAY	SELF PAY	T.BH	M.PSY	81830
V00060259031	KB	3/12/2012	3/16/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060259046	MY	3/12/2012	3/16/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62203
V00060259119	JF	3/12/2012	3/15/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62204
V00060259172	RW	3/13/2012	3/16/2012	COMMERCIAL	ST LOUIS VA MEDICAL CENTER	T.BH	M.PSY	62205
V00060259186	PC	3/13/2012	3/19/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62203
V00060259286	NB	3/14/2012	3/19/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62204
V00060259319	DT	3/14/2012	3/19/2012	SELF PAY	MEDICAID PENDING	T.BH	M.PSY	62206
V00060259359	RH	3/14/2012	3/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060259447	LC	3/15/2012	3/19/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62205
V00060259480	VH	3/15/2012	3/22/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207
V00060259537	DD	3/15/2012	3/19/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	M.PSY	62221
V00060259539	RH	3/15/2012	3/26/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060259555	AJ	3/16/2012	3/19/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	M.PSY	62269
V00060259639	SL	3/16/2012	3/19/2012	SELF PAY	SELF PAY	T.BH	M.PSY	63116
V00060259871	JD	3/19/2012	3/28/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	M.PSY	62205
V00060260033	CA	3/20/2012	3/22/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62040
V00060260092	EC	3/20/2012	3/22/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62278
V00060260106	JS	3/20/2012	3/22/2012	SELF PAY	ILLINOIS MEDICAID	T.BH	M.PSY	62233
V00060260122	AM	3/20/2012	3/23/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62204
V00060260243	FM	3/21/2012	3/26/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060260403	DT	3/23/2012	3/26/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62234
V00060260404	DS	3/23/2012	3/26/2012	SELF PAY	SELF PAY	T.BH	M.PSY	34208
V00060260507	DC	3/24/2012	4/2/2012	MEDICARE	MEDICARE A ONLY	T.BH	M.PSY	62226
V00060260516	JB	3/24/2012	3/26/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62040
V00060260517	GG	3/24/2012	3/27/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62040
V00060260604	DT	3/25/2012	3/28/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	M.PSY	62208
V00060260727	BM	3/26/2012	3/29/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060260757	CD	3/26/2012	3/29/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62234
V00060260796	JB	3/27/2012	3/30/2012	MEDICAID	ILLINOIS MEDICAID SPENDOWN	T.BH	M.PSY	62239
V00060260850	KC	3/27/2012	3/30/2012	MEDICARE	MEDICARE A ONLY	T.BH	M.PSY	62207
V00060260884	DD	3/28/2012	3/30/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62221
V00060260958	LW	3/28/2012	4/2/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62207
V00060261000	BB	3/28/2012	3/30/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62234
V00060261134	WN	3/29/2012	4/6/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62220
V00060261138	JL	3/29/2012	4/10/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62204
V00060261154	DB	3/30/2012	3/31/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62206
V00060261222	DK	3/30/2012	4/5/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206

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V00060261239	CA	3/30/2012	4/3/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62221
V00060261261	DA	3/31/2012	4/1/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62269
V00060261272	PP	3/31/2012	4/13/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62205
V00060261325	JN	4/1/2012	4/5/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62234
V00060261369	ML	4/1/2012	4/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060261375	JM	4/1/2012	4/4/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62208
V00060261651	KD	4/3/2012	4/12/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62204
V00060261676	VW	4/3/2012	4/10/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060261767	MS	4/4/2012	4/7/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62207
V00060261828	TW	4/5/2012	4/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62258
V00060261887	LS	4/5/2012	4/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62205
V00060261903	KB	4/5/2012	4/30/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62269
V00060262030	SB	4/6/2012	4/9/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62255
V00060262145	WM	4/9/2012	4/11/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060262360	RC	4/10/2012	4/16/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62959
V00060262382	TG	4/10/2012	4/16/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62205
V00060262459	JD	4/11/2012	4/13/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	M.PSY	62205
V00060262508	PR	4/11/2012	4/20/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62201
V00060262527	ZS	4/11/2012	4/14/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060262662	JB	4/12/2012	4/19/2012	MEDICAID	ILLINOIS MEDICAID SPENDOWN	T.BH	M.PSY	62239
V00060262755	CF	4/13/2012	4/16/2012	BLUE CROSS	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060262825	KC	4/14/2012	4/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62226
V00060262832	KH	4/14/2012	4/18/2012	BLUE CROSS	BLUE CROSS OF ILLINOIS	T.BH	M.PSY	62918
V00060262833	KB	4/14/2012	4/18/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060262839	SS	4/15/2012	4/17/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060262842	DG	4/15/2012	4/18/2012	SELF PAY	MEDICAID PENDING	T.BH	M.PSY	62269
V00060262888	RY	4/15/2012	4/18/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060262990	AH	4/16/2012	4/20/2012	HEALTH MAIN	HARMONY HEALTH PLAN OF IL	T.BH	M.PSY	62260
V00060263169	DP	4/17/2012	4/23/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62062
V00060263397	AM	4/19/2012	4/24/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62207
V00060263472	NM	4/21/2012	4/24/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060263515	DW	4/20/2012	4/21/2012	CHARITY	CHARITY	T.BH	M.PSY	62207
V00060263597	AL	4/21/2012	4/23/2012	CHARITY	CHARITY	T.BH	M.PSY	62002
V00060263985	WL	4/25/2012	4/30/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62234
V00060264009	CD	4/25/2012	4/27/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060264044	NA	4/25/2012	4/27/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62206
V00060264067	NJ	4/25/2012	4/29/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62295
V00060264069	LM	4/25/2012	5/1/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060264233	JE	4/26/2012	5/1/2012	COMMERCIAL	COMMERCIAL INSURANCE	T.BH	M.PSY	62269
V00060264245	DB	4/27/2012	5/2/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62207
V00060264247	KW	4/27/2012	5/1/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060264372	CC	4/27/2012	5/8/2012	SELF PAY	MEDICAID PENDING	T.BH	M.PSY	62236
V00060264391	MR	4/27/2012	5/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62208
V00060264401	MT	4/28/2012	5/1/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62884
V00060264432	MC	4/28/2012	5/23/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62226
V00060264504	JL	4/29/2012	5/7/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060264613	LM	4/30/2012	5/2/2012	HEALTH MAIN	UNITED BEHAVIORAL HEALTH	T.BH	M.PSY	62269
V00060264792	DS	5/1/2012	5/5/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62204
V00060264796	RF	5/1/2012	5/3/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62206
V00060264811	TT	5/2/2012	5/7/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62203
V00060264848	BW	5/2/2012	5/7/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62226
V00060264924	KC	5/2/2012	5/4/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62223
V00060264929	BM	5/2/2012	5/9/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060265030	MM	5/3/2012	5/8/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62207
V00060265035	LL	5/3/2012	5/9/2012	MEDICARE	MEDICARE	T.BH	M.PSY	62206
V00060265043	NJ	5/3/2012	5/8/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62055
V00060265096	SS	5/4/2012	5/8/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.TEL	62205
V00060265210	MG	5/7/2012	5/9/2012	CHARITY	CHARITY	T.BH	M.PSY	62204
V00060265233	DM	5/5/2012	5/8/2012	SELF PAY	SELF PAY	T.BH	M.PSY	62239
V00060265503	ST	5/8/2012	5/11/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	M.PSY	62206
V00060265582	JW	5/8/2012	5/16/2012	MEDICAID	ILLINOIS MEDICAID	T.BH	62278	

TRH BH Admissions
Count of ACCOUNT

BY ZIP YR 2012

ZIP	DISCHARGE DATE	FIRST, LAST INITIAL	Total
(blank)	12/14/2012 13:05	CS	1
11211	6/18/2012 11:51	DC	1
33147	8/4/2012 13:11	TR	1
34208	3/26/2012	DS	1
50161	8/9/2012 12:40	JB	1
62002	1/3/2012	DB	1
	1/18/2012	CG	1
	2/2/2012	SL	1
	3/14/2012	RM	1
	4/23/2012	AL	1
	6/20/2012 10:47	RP	1
	7/13/2012 14:30	BM	1
	7/17/2012 14:04	RS	1
	9/10/2012 16:37	JO	1
	9/17/2012 10:25	MB	1
	9/18/2012 10:27	EB	1
	10/2/2012 13:52	CD	1
	10/24/2012 12:12	KH	1
	11/6/2012 10:30	RZ	1
	12/10/2012 12:55	RM	1
62010	7/23/2012 12:27	BT	1
	11/19/2012 9:45	KB	1
62012	8/31/2012 13:33	DC	1
	10/11/2012 14:10	KM	1
	12/21/2012 12:28	MM	1
62018	2/15/2012	KA	1
	9/25/2012 14:15	JB	1
62024	5/27/2012 18:16	CY	1
	6/29/2012 16:31	DM	1
	9/4/2012 6:38	HC	1
	11/2/2012 13:24	WB	1
62026	11/16/2012 18:18	CB	1
62034	2/6/2012	KM	1
	5/29/2012 13:13	DJ	1
	12/24/2012 11:10	LC	1
62035	3/12/2012	RH	1
	5/29/2012 12:40	LW	1
62037	12/21/2012 12:31	LR	1
62040	2/13/2012	AT	1
	2/14/2012	JH	1
	2/19/2012	TA	1
	2/22/2012	CS	1
	2/29/2012	JO	1

62040	3/12/2012 RH	1
	3/15/2012 JE	1
	3/22/2012 CA	1
	3/26/2012 JB	1
	3/27/2012 GG	1
	5/10/2012 17:00 JD	1
	5/14/2012 9:45 JW	1
	6/8/2012 10:50 KH	1
	7/18/2012 10:16 AG	1
	8/17/2012 13:12 RD	1
	9/5/2012 9:54 PJ	1
	9/25/2012 12:08 MT	1
	9/27/2012 10:35 GH	1
	10/5/2012 13:57 CM	1
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	10/26/2012 15:50 TA	1
	11/13/2012 17:10 TW	1
	11/15/2012 14:42 AD	1
	11/22/2012 11:51 JC	1
	12/10/2012 10:00 JP	1
62052	2/21/2012 SM	1
62055	5/8/2012 NJ	1
62056	5/28/2012 14:36 DW	1
62059	10/29/2012 13:20 ME	1
62060	10/15/2012 12:30 KO	1
	11/7/2012 11:40 BG	1
62062	4/23/2012 DP	1
62087	9/14/2012 11:52 AG	1
62095	10/29/2012 13:50 SW	1
62201	1/4/2012 KL	1
	1/10/2012 MH	1
	1/23/2012 LJ	1
	1/30/2012 BW	1
	2/7/2012 SK	1
	2/24/2012 TW	1
	3/6/2012 BW	1
	4/20/2012 PR	1
	6/11/2012 16:16 JB	1
	6/17/2012 11:02 BW	1
	7/22/2012 13:24 HH	1
	8/16/2012 14:03 MH	1
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	8/17/2012 13:25 BR	1
	10/5/2012 16:29 BR	1
	10/15/2012 12:40 BW	1
	11/19/2012 9:47 TG	1
	12/2/2012 10:47 JJ	1

62201	12/17/2012 10:12 TG	1
62202	2/13/2012 WR	1
	3/1/2012 BM	1
	8/17/2012 12:44 BS	1
	12/12/2012 10:00 ZW	1
62203	1/1/2012 DJ	1
	1/10/2012 JW	1
	1/13/2012 GG	1
	2/21/2012 MH	1
	3/4/2012 KF	1
	3/16/2012 MY	1
	3/19/2012 PC	1
	5/7/2012 TT	1
	6/4/2012 13:50 CC	1
	6/14/2012 16:00 JH	1
	7/16/2012 13:14 LS	1
	7/27/2012 13:10 CM	1
	7/30/2012 11:05 TM	1
	8/9/2012 12:38 BB	1
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	8/24/2012 12:12 BB	1
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	3/12/2012 AA	1
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	JF	1
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	4/10/2012 JL	1
	4/12/2012 KD	1
	5/5/2012 DS	1
	5/9/2012 MG	1

62205

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6/29/2012 13:31	SH	1
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	RP	1
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2/17/2012	TG	1
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	PP	1
4/16/2012	TG	1
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SH	1
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62206

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RY	1
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9/26/2012 17:26	AM	1
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	TB	1
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62207

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	7/27/2012 13:12 LL	1
	8/13/2012 7:15 WC	1
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	12/25/2012 14:29 MR	1
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62217	9/10/2012 10:45 MN	1
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	3/5/2012 CO	1
	3/12/2012 KB	1
	4/6/2012 WN	1
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62240	5/16/2012 14:16 BP	1
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62243	1/11/2012 JN	1
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62254	12/20/2012 12:10 JM	1

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	4/30/2012 KB	1
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62278	3/22/2012 EC	1
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62285	5/14/2012 MG	1
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	10/8/2012 12:40 LR	1
62286	7/3/2012 15:50 RS	1
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62467	10/9/2012 10:10 JS	1
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63101	9/25/2012	13:25 DC	1
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63104	8/28/2012	11:23 WW	1
63107	11/21/2012	21:55 MH	1
63108	6/14/2012	14:30 GB	1
63114	12/7/2012	13:13 PD	1
63116	3/19/2012	SL	1
63118	7/22/2012	13:00 SF	1
63119	7/22/2012	13:00 ML	1
63129	9/17/2012	10:46 MS	1
63136	8/20/2012	15:49 AG	1
	10/17/2012	12:25 TW	1
63166	6/28/2012	13:49 SG	1
63379	8/30/2012	12:55 TN	1
81830	3/14/2012	MW	1
95823	6/14/2012	11:45 TG	1
99999	11/24/2012	12:52 WP	1
(blank)	5/16/2012	JW	1
	(blank)	(blank)	
Grand Total			583

Madison County

Population: 268,459 People
 Well-Being Index Score: 0 out of 8 Possible Points
 List Status: Not on a List

Social Impact Research Center at Heartland Alliance

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 Media Inquiries: alstewart@heartlandalliance.org

Well-Being Index	County Value	IL Value	County Change	IL Change
High School Graduation Rate, 2011-2012 academic year ¹	82.6%	82.3%	0.4% pts 2010-2011	-1.5% pts 2010-2011
Teen Births (live births per 1,000 women ages 15-19), 2009 ²	35.1	36.1	-7.4 pts 2008	2 pts 2008
Unemployment Rate, Sep 2012 ³	7.9%	8.1%	-1% pts Sep 2011	-1.7% pts Sep 2011
Poverty Rate, 2011 ⁴	14.0%	14.9%	-0.3% pts 2010	1.1% pts 2010

Poverty & Income	County Value	IL Value	County Change	IL Change
Number of People in Poverty, 2011 ⁴	37,085	1,871,484	-2.6% 2010	8.0% 2010
Child Poverty Rate, 2011 ⁴	19.5%	21.3%	-2.3% pts 2010	1.9% pts 2010
Median Household Income, 2011 ⁵	\$50,462	\$53,271	-5.4% 2010	-2.5% 2010
Bankruptcies per 1,000 People, 2011 ⁶	4.71	5.50	-0.88 pts 2010	0.57 pts 2010
Self-Sufficiency Wage for a One-Parent Family with a Preschooler and School-age Child, 2011 ⁷	\$44,090	\$51,731	—	—
Average Amount Poor Families' Income Falls Below the Poverty Line (i.e., mean income deficit), 2007-2011 ⁸	\$9,061	\$9,132	—	—

Employment	County Value	IL Value	County Change	IL Change
Number of Unemployed Individuals, Sep 2012 ³	10,847	536,288	-12.7% Sep 2011	-17.0% Sep 2011
Unemployment Rate, Sep 2012 ³	7.9%	8.1%	-1% pts Sep 2011	-1.7% pts Sep 2011
Rank by Unemployment Rate (1=highest, 102=lowest), Sep 2012 ³	55	—	—	—
Initial Unemployment Insurance Claims, 2011 ⁹	17,572	722,739	-4.0% 2010	-12.1% 2010
Average Quarterly Net Job Flow, 3rd Qtr 2010 to 3rd Qtr 2011 ¹⁰	203	33,574	—	—

Education	County Value	IL Value	County Change	IL Change
High School Graduation Rate for Low-Income Students, 2011-2012 academic year ¹	69.2%	72.8%	1.1% pts 2010-2011	-2.3% pts 2010-2011
Funded Head Start Enrollment, 2011 fiscal year ¹¹	706	36,908	0.0% 2010	-1.5% 2010

Percent Meeting or Exceeding Standards on the ISAT, 2011-2012 academic year ¹²	79.9%	82.5%	0.1% pts 2010-2011	0.1% pts 2010-2011
Average ACT Composite Score, 2011-2012 academic year ¹³	19.4	20.2	-0.3 pts 2010-2011	0.1 pts 2010-2011

Housing	County Value	IL Value	County Change	IL Change
Percent Severely Rent-Burdened Households, 2007-2011 ⁸	26.4%	25.1%	—	—
Renters as a Percent of Total Households, 2007-2011 ⁸	25.6%	31.3%	—	—
Estimate of Mean Renter Hourly Wage, 2012 ¹⁴	\$9.40	\$13.95	—	—
Monthly Rent Affordable at Mean Renter Wage, 2012 ¹⁴	\$489	\$726	—	—
Wage Needed to Afford 2-Bedroom Apartment at FMR, 2012 ¹⁴	\$15.23	\$16.78	—	—
2-Bedroom Housing Wage as a Percent of IL Minimum Wage, 2012 ¹⁴	185%	203%	—	—
Work Hours per Week at IL Minimum Wage to Afford 2-Bedroom at FMR, 2012 ¹⁴	74	81	—	—
Fair Market Rent (FMR) for 2-Bedroom Apartment, 2012 ¹⁴	\$792	\$873	—	—

Health & Nutrition	County Value	IL Value	County Change	IL Change
Share of Families Receiving SNAP that have 1 or more Workers in Family, 2007-2011 ⁸	73.8%	78.3%	—	—
Health Uninsured Rate, Non-Seniors, 2010 ¹⁵	11.6%	15.6%	0.2% pts 2009	0.6% pts 2009
Percentage of Babies Born Low Birth Weight, 2009 ¹⁶	8.8%	8.4%	—	—
Percent of Children Eligible for Free or Reduced-Price School Lunch, 2011-2012 academic year ¹⁷	44.5%	53.6%	2.6% pts 2010-2011	1.9% pts 2010-2011
Food Insecurity Rate, 2010 ¹⁸	13.7%	15.0%	-1% pts 2009	0.3% pts 2009
Child Food Insecurity Rate, 2010 ¹⁹	20.9%	22.2%	-3% pts 2009	-1.1% pts 2009

Assets	County Value	IL Value	County Change	IL Change
Homeownership Rate, 2007-2011 ⁸	74.4%	68.7%	—	—
Percent of Consumers with Credit Scores Below 620, Jun 2012 ²¹	22.5%	22.5%	—	—
Average Debt per Tradeline, Jun 2012 ²⁰	\$9,379	\$12,602	-1.4% Jun 2011	-6.1% Jun 2011

There are a number of different data sources available for poverty estimates. The timeliest source available for estimates for all Illinois counties is the Small Area Income and Poverty Estimates Program, which is used here. For more information on the various sources of poverty estimates used for this project and how they differ, see the FAQs page.

At the time of release, all data were the most timely and accurate available.

Data Sources

- 1 Illinois State Board of Education's 2011-2012 and 2010-2011 School Report Card Data, by County. On file with author.
- 2 Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2008 and 2009 Population Estimates and Illinois Department of Public Health, Illinois Teen Births by County 2008-2009. Available at <http://www.idph.state.il.us/health/teen/teen0809.htm>
- 3 Illinois Department of Employment Security's Local Area Unemployment Statistics (LAUS). Available at <http://lmi.ides.state.il.us/laus/lausmenu.htm> (not seasonally adjusted)
- 4 The U.S. Census Bureau's 2010 and 2011 Small Area Income and Poverty Estimates. Available at <http://www.census.gov/did/www/saie/>
- 5 The U.S. Census Bureau's 2010 and 2011 Small Area Income and Poverty Estimates. Available at <http://www.census.gov/did/www/saie/> (2010 data updated to 2011 dollars with the Consumer Price Index)
- 6 FDIC's Regional Economic Conditions, Personal Bankruptcy Filing Rate (per 1,000 population) Illinois. Available at http://www2.fdic.gov/recon/ovrpt.asp?CPT_CODE=NBR&ST_CODE=17&RPT_TYPE=Tables
- 7 Social IMPACT Research Center & Center for Women's Welfare, University of Washington School of Social Work's 2009 Illinois Self-Sufficiency Standard. Available at <http://www.heartlandalliance.org/research/research-illinois-self-sufficiency-standard/> (updated to 2011 dollars with the Consumer Price Index)
- 8 Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2007-2011 American Community Survey 5-Year Estimates Program. Available at <http://factfinder2.census.gov/>
- 9 Illinois Department of Employment Security's Unemployment Insurance (UI) Program Data. Available at <http://www.ides.illinois.gov/page.aspx?item=917>
- 10 Social IMPACT Research Center's analysis of Illinois Department of Employment Security's Local Employment Dynamics, LEHD State of Illinois County Reports - Quarterly Workforce Indicators. Available at <http://www.ides.illinois.gov/page.aspx?item=919>
- 11 Illinois Early Childhood Asset Map's Search the IECAM Data Collection. Available at <http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp>
- 12 Social IMPACT Research Center's analysis of Illinois State Board of Education's 2011-2012 and 2010-2011 ISAT/PSAE/ACT Performance Results. Available at http://www.isbe.net/assessment/report_card.htm
- 13 Social IMPACT Research Center's analysis of Illinois State Board of Education's 2011-2012 and 2010-2011 ISAT/PSAE/ACT Performance Results. Available at http://www.isbe.net/assessment/report_card.htm (ACT scores are calculated out of possible 36 points)
- 14 National Low Income Housing Coalition's Out of Reach 2012. Available at <http://nlihc.org/oor/2012>
- 15 The U.S. Census Bureau's 2010 and 2009 Small Area Health Insurance Estimates. Available at <http://www.census.gov/did/www/sahie/>
- 16 Social IMPACT Research Center's analysis of Illinois Department of Public Health's Birth Characteristics by Resident County 2009. Available at http://www.idph.state.il.us/health/bdmd/birthchar_09.htm
- 17 Social IMPACT Research Center's analysis of Illinois State Board of Education's Free and Reduced Price Meal Eligibility Data. Available at http://isbe.net/nutrition/htmls/eligibility_listings.htm
- 18 Feeding America's Map the Meal Gap 2012: Food Insecurity Estimates at the County Level, by Gundersen, C., Waxman, E., Engelhard, E., Del Vecchio, T., Satoh, A., & Lopez-Betanzos, A. Available at <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>
- 19 Feeding America's Map the Meal Gap 2012: Child Food Insecurity Estimates at the County Level, by Gundersen, C., Waxman, E., Engelhard, E., Del Vecchio, T., Satoh, A., & Lopez-Betanzos, A. Available at <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>
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We gratefully acknowledge The Chicago Community Trust, Grand Victoria Foundation, and The Libra Foundation for their support of our poverty research, communications, and education efforts.



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HPSA & MUA/P by Address

HPSA Eligible for the Medicare Physician Bonus Payment

MUA/P by State & County

Criteria:

State: Illinois
County: Madison County
ID: All

Date of Last Update: All Dates
HPSA Score (lower limit): 0

Results: 3 records found.

(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
119 - Madison County Catchment Area 04-01-01 Madison	7179991746	Geographical Area Single County	8	1	14
Big Muddy River Correctional Center	71799917F5	Correctional Facility	0	0	6

Data as of: 6/17/2013

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MUA/P by State & County

Criteria:

State: Illinois
County: Madison County
ID: All
Date of Last Update: All Dates
HPSA Score (lower limit): 0
Discipline: Primary Medical Care
Metro: All
Status: Designated
Type: All

Results: 38 records found.

(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
119 - Madison County					
Low Income - Alton/Wood River/Godfrey	1179991781	Population Group	2	9	13
C.T. 4010.00		Census Tract			
C.T. 4011.00		Census Tract			
C.T. 4012.00		Census Tract			
C.T. 4013.00		Census Tract			
C.T. 4014.00		Census Tract			
C.T. 4015.00		Census Tract			
C.T. 4017.01		Census Tract			
C.T. 4017.21		Census Tract			
C.T. 4017.22		Census Tract			
C.T. 4018.00		Census Tract			
C.T. 4019.01		Census Tract			
C.T. 4020.00		Census Tract			
C.T. 4021.00		Census Tract			
C.T. 4022.00		Census Tract			
C.T. 4023.00		Census Tract			
C.T. 4024.00		Census Tract			
C.T. 4025.00		Census Tract			
C.T. 4026.00		Census Tract			
C.T. 4027.01		Census Tract			
C.T. 4027.21		Census Tract			
C.T. 4027.22		Census Tract			

Find Shortage Areas: HPSA by State & County

C.T. #	State	County	Shortage Area	Population	Year	Category
C.T. 4028.01			Census Tract			
C.T. 4028.02			Census Tract			
C.T. 4028.03			Census Tract			
Highland Service Area						
Alhambra Township			117999179S	9	3	8
Hamel Township						
Helvetia Township						
Jarvis Township						
Leef Township						
Marine Township						
New Douglas Township						
Olive Township						
Omphgent Township						
Pin Oak Township						
Saline Township						
St. Jacob Township						

Data as of: 6/17/2013

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HPSA Score High to Low

HPSA NAME	COUNTY NAME	STATE NAME	DISCIPLINE CLASS DESCRIPTION	HPSA TYPE	HPSA STATUS	DEGREE OF SHORTAGE IN FTE'S	HPSA SHORTAGE	HPSA PERCENT OF POPULATION BELOW POVERTY LEVEL
<input type="checkbox"/> COMPARE SEE DETAILS > Low Income - Alton/Wood River	Madison	Illinois	14 <input type="text"/>	Population Group	Designated	1 FTE'S	3.9	16.6%
<input type="checkbox"/> COMPARE SEE DETAILS > Low Income - Alton/Wood River	Madison	Illinois	14 <input type="text"/>	Population Group	Designated	1 FTE'S	3.9	16.6%
<input type="checkbox"/> COMPARE SEE DETAILS > Low Income - Alton/Wood River	Madison	Illinois	14 <input type="text"/>	Population Group	Designated	1 FTE'S	3.9	16.6%
<input type="checkbox"/> COMPARE SEE DETAILS > Low Income - Alton/Wood River	Madison	Illinois	14 <input type="text"/>	Population Group	Designated	1 FTE'S	3.9	16.6%

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Illinois Health Professional Shortage Areas

<p>Low Income - Alton/Wood River <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison Illinois</p>	<p>14 </p>	<p>Primary Care</p>	<p>Population Group</p>	<p>Designated</p>	<p>1 <small>FTEs</small></p>	<p>3.9 </p>
<p>Low Income - Alton/Wood River <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison Illinois</p>	<p>14 </p>	<p>Primary Care</p>	<p>Population Group</p>	<p>Designated</p>	<p>1 <small>FTEs</small></p>	<p>3.9 </p>
<p>Low Income - Alton/Wood River <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison Illinois</p>	<p>14 </p>	<p>Primary Care</p>	<p>Population Group</p>	<p>Designated</p>	<p>1 <small>FTEs</small></p>	<p>3.9 </p>
<p>Low Income - Alton/Wood River <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison Illinois</p>	<p>14 </p>	<p>Primary Care</p>	<p>Population Group</p>	<p>Designated</p>	<p>1 <small>FTEs</small></p>	<p>3.9 </p>
<p>Low Income - Alton/Wood River <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison Illinois</p>	<p>14 </p>	<p>Primary Care</p>	<p>Population Group</p>	<p>Designated</p>	<p>1 <small>FTEs</small></p>	<p>3.9 </p>
<p>Low Income - Alton/Wood River <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison Illinois</p>	<p>14 </p>	<p>Primary Care</p>	<p>Population Group</p>	<p>Designated</p>	<p>1 <small>FTEs</small></p>	<p>3.9 </p>

Illinois Health Professional Shortage Areas									
<p>Low Income - Alton/Wood River</p> <p><input type="checkbox"/> COMPARE SEE DETAILS ></p>	Madison	Illinois	14	Primary Care	Population Group	Designated	1	3.9	<p>16.6%</p>
<p>Low Income - Alton/Wood River</p> <p><input type="checkbox"/> COMPARE SEE DETAILS ></p>	Madison	Illinois	14	Primary Care	Population Group	Designated	1	3.9	<p>16.6%</p>
<p>Low Income - Alton/Wood River</p> <p><input type="checkbox"/> COMPARE SEE DETAILS ></p>	Madison	Illinois	14	Primary Care	Population Group	Designated	1	3.9	<p>16.6%</p>
<p>Low Income - Alton/Wood River</p> <p><input type="checkbox"/> COMPARE SEE DETAILS ></p>	Madison	Illinois	14	Primary Care	Population Group	Designated	1	3.9	<p>16.6%</p>
<p>Highland Service Area</p> <p><input type="checkbox"/> COMPARE SEE DETAILS ></p>	Madison	Illinois	11	Primary Care	Geographical Area	Designated	1	5.7	<p>4.8%</p>
<p>Highland Service Area</p> <p><input type="checkbox"/> COMPARE SEE DETAILS ></p>	Madison	Illinois	11	Primary Care	Geographical Area	Designated	1	5.7	<p>4.8%</p>
<p>Highland Service Area</p> <p><input type="checkbox"/> COMPARE SEE DETAILS ></p>	Madison	Illinois	11	Primary Care	Geographical Area	Designated	1	5.7	<p>4.8%</p>

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<p>Highland Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison</p>	<p>Illinois</p>	<p>11 </p>	<p>Primary Care</p>	<p>Geographical Area</p>	<p>Designated</p> <p>1 FTEs</p> <p>5.7</p> <p> 4.8%</p>
<p>Highland Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison</p>	<p>Illinois</p>	<p>11 </p>	<p>Primary Care</p>	<p>Geographical Area</p>	<p>Designated</p> <p>1 FTEs</p> <p>5.7</p> <p> 4.8%</p>
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<p>Highland Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>Madison</p>	<p>Illinois</p>	<p>11 </p>	<p>Primary Care</p>	<p>Geographical Area</p>	<p>Designated</p> <p>1 FTEs</p> <p>5.7</p> <p> 4.8%</p>

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Source: Health Resources and Services Administration (HRSA). US Department of Health and Human Services (HHS) June, 2010

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UNITED STATES

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Monroe County

Population: 33,306 People
 Well-Being Index Score: 2 out of 8 Possible Points
 List Status: Not on a List

Social Impact Research Center at Heartland Alliance

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 T: 312-870-4949 | F: 312-870-4950
 Media Inquiries: alstewart@heartlandalliance.org

Well-Being Index

	County Value	IL Value	County Change	IL Change
High School Graduation Rate, 2011-2012 academic year ¹	93.4%	82.3%	2.8% pts 2010-2011	-1.5% pts 2010-2011
Teen Births (live births per 1,000 women ages 15-19), 2009 ²	17.4	36.1	3.2 pts 2008	2 pts 2008
Unemployment Rate, Sep 2012 ³	6.2%	8.1%	-0.7% pts Sep 2011	-1.7% pts Sep 2011
Poverty Rate, 2011 ⁴	5.2%	14.9%	0.3% pts 2010	1.1% pts 2010

Poverty & Income

	County Value	IL Value	County Change	IL Change
Number of People in Poverty, 2011 ⁴	1,701	1,871,484	7.1% 2010	8.0% 2010
Child Poverty Rate, 2011 ⁴	6.3%	21.3%	0.5% pts 2010	1.9% pts 2010
Median Household Income, 2011 ⁵	\$71,766	\$53,271	-0.2% 2010	-2.5% 2010
Bankruptcies per 1,000 People, 2011 ⁶	3.34	5.50	-0.62 pts 2010	0.57 pts 2010
Self-Sufficiency Wage for a One-Parent Family with a Preschooler and School-age Child, 2011 ⁷	\$44,686	\$51,731	—	—
Average Amount Poor Families' Income Falls Below the Poverty Line (i.e., mean income deficit), 2007-2011 ⁸	\$6,082	\$9,132	—	—

Employment

	County Value	IL Value	County Change	IL Change
Unemployment Rate, Sep 2012 ³	6.2%	8.1%	-0.7% pts Sep 2011	-1.7% pts Sep 2011
Rank by Unemployment Rate (1=highest, 102=lowest), Sep 2012 ³	98	—	—	—
Number of Unemployed Individuals, Sep 2012 ³	1,124	536,288	-11.9% Sep 2011	-17.0% Sep 2011
Initial Unemployment Insurance Claims, 2011 ⁹	1,766	722,739	0.7% 2010	-12.1% 2010
Average Quarterly Net Job Flow, 3rd Qtr 2010 to 3rd Qtr 2011 ¹⁰	54	33,574	—	—

Education

	County Value	IL Value	County Change	IL Change
High School Graduation Rate for Low-Income Students, 2011-2012 academic year ¹	86.5%	72.8%	11.5% pts 2010-2011	-2.3% pts 2010-2011
Funded Head Start Enrollment, 2011 fiscal year ¹¹	20	36,908	0.0% 2010	-1.5% 2010

Percent Meeting or Exceeding Standards on the ISAT, 2011-2012 academic year ¹²	92.2%	82.5%	-0.3 pts 2010-2011	0.1 pts 2010-2011
Average ACT Composite Score, 2011-2012 academic year ¹³	21.4	20.2	-0.1 pts 2010-2011	0.1 pts 2010-2011

Housing	County Value	IL Value	County Change	IL Change
Renters as a Percent of Total Households, 2007-2011 ⁸	18.9%	31.3%	—	—
Percent Severely Rent-Burdened Households, 2007-2011 ⁸	7.9%	25.1%	—	—
Fair Market Rent (FMR) for 2-Bedroom Apartment, 2012 ¹⁴	\$792	\$873	—	—
Estimate of Mean Renter Hourly Wage, 2012 ¹⁴	\$9.32	\$13.95	—	—
Monthly Rent Affordable at Mean Renter Wage, 2012 ¹⁴	\$484	\$726	—	—
Wage Needed to Afford 2-Bedroom Apartment at FMR, 2012 ¹⁴	\$15.23	\$16.78	—	—
2-Bedroom Housing Wage as a Percent of IL Minimum Wage, 2012 ¹⁴	185%	203%	—	—
Work Hours per Week at IL Minimum Wage to Afford 2-Bedroom at FMR, 2012 ¹⁴	74	81	—	—

Health & Nutrition	County Value	IL Value	County Change	IL Change
Share of Families Receiving SNAP that have 1 or more Workers in Family, 2007-2011 ⁸	96.6%	78.3%	—	—
Health Uninsured Rate, Non-Seniors, 2010 ¹⁵	9.2%	15.6%	1% pts 2009	0.6% pts 2009
Percentage of Babies Born Low Birth Weight, 2009 ¹⁶	6.6%	8.4%	—	—
Percent of Children Eligible for Free or Reduced-Price School Lunch, 2011-2012 academic year ¹⁷	17.0%	53.6%	2.2% pts 2010-2011	1.9% pts 2010-2011
Food Insecurity Rate, 2010 ¹⁸	9.2%	15.0%	-0.5% pts 2009	0.3% pts 2009
Child Food Insecurity Rate, 2010 ¹⁹	15.5%	22.2%	-2.9% pts 2009	-1.1% pts 2009

Assets	County Value	IL Value	County Change	IL Change
Average Debt per Tradeline, Jun 2012 ²⁰	\$10,021	\$12,602	-3.4% Jun 2011	-6.1% Jun 2011
Percent of Consumers with Credit Scores Below 620, Jun 2012 ²¹	12.8%	22.5%	—	—
Homeownership Rate, 2007-2011 ⁸	81.1%	68.7%	—	—

There are a number of different data sources available for poverty estimates. The timeliest source available for estimates for all Illinois counties is the Small Area Income and Poverty Estimates Program, which is used here. For more information on the various sources of poverty estimates used for this project and how they differ, see the FAQs page.

At the time of release, all data were the most timely and accurate available.

Data Sources

- 1 Illinois State Board of Education's 2011-2012 and 2010-2011 School Report Card Data, by County. On file with author.
- 2 Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2008 and 2009 Population Estimates and Illinois Department of Public Health, Illinois Teen Births by County 2008-2009. Available at <http://www.idph.state.il.us/health/teen/teen0809.htm>
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- 6 FDIC's Regional Economic Conditions, Personal Bankruptcy Filing Rate (per 1,000 population) Illinois. Available at http://www2.fdic.gov/recon/ovrpt.asp?CPT_CODE=NBR&ST_CODE=17&RPT_TYPE=Tables
- 7 Social IMPACT Research Center & Center for Women's Welfare, University of Washington School of Social Work's 2009 Illinois Self-Sufficiency Standard. Available at <http://www.heartlandalliance.org/research/research-illinois-self-sufficiency-standard/> (updated to 2011 dollars with the Consumer Price Index)
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Find Shortage Areas
HPSA & MUA/P by Address
HPSA Eligible for the Medicare Physician Bonus Payment
MUA/P by State & County

Criteria:

State: Illinois
 County: Monroe County
 ID: All
 Discipline: Mental Health
 Metro: All
 Status: Designated
 Type: All

Date of Last Update: All Dates
 HPSA Score (lower limit): 0

Results: 1 records found.
 (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
133 - Monroe County Monroe County	717133	Single County	1	0	9

Data as of: 6/17/2013

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Shortage Designation Home
 Find Shortage Areas
 HPSA & MUA/P by Address
 HPSA Eligible for the Medicare Physician Bonus Payment
 MUA/P by State & County

Criteria:
 State: Illinois
 County: Monroe County
 ID: All
 Date of Last Update: All Dates
 HPSA Score (lower limit): 0
Results: 6 records found.
 (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
133 - Monroe County					
Chester/Red Bud Service Area	11799917PN	Geographical Area	4	1	12
Precinct 13		Minor Civil Division			
Precinct 23		Minor Civil Division			
Precinct 6		Minor Civil Division			
Precinct 8		Minor Civil Division			
Precinct 9		Minor Civil Division			

Data as of: 6/17/2013

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COMPARE MONROE COUNTY, ILLINOIS HEALTH PROFESSIONAL SHORTAGE AREAS

SORT BY:

HPSA NAME	COUNTY NAME	STATE NAME	HPSA SCORE	DISCIPLINE CLASS DESCRIPTION	HPSA TYPE	HPSA STATUS	DEGREE OF SHORTAGE IN FTE'S	HPSA SHORTAGE	HPSA PERCENT OF POPULATION BELOW POVERTY LEVEL
<input checked="" type="checkbox"/> Monroe COMPARE NOW SEE DETAILS >	Monroe	Illinois	15	Mental Health	Single County	Designated	3 FTE'S	0.5	3%
<input checked="" type="checkbox"/> Chester/Red Bud Service Area COMPARE NOW SEE DETAILS >	Monroe	Illinois	12	Primary Care	Geographical Area	Designated	3 FTE'S	1.4	7.2%
<input checked="" type="checkbox"/> Chester/Red Bud Service Area COMPARE NOW SEE DETAILS >	Monroe	Illinois	12	Primary Care	Geographical Area	Designated	3 FTE'S	1.4	7.2%
<input checked="" type="checkbox"/> Chester/Red Bud Service Area COMPARE NOW SEE DETAILS >	Monroe	Illinois	12	Primary Care	Geographical Area	Designated	3 FTE'S	1.4	7.2%

12

Area	Monroe	Illinois	Primary Care	Geographical Area	FTEs	7.2%
Chester/Red Bud Service Area <input checked="" type="checkbox"/> COMPARE NOW SEE DETAILS >	12	12	Designated	3	1.4	7.2%
Chester/Red Bud Service Area <input checked="" type="checkbox"/> COMPARE NOW SEE DETAILS >	12	12	Designated	3	1.4	7.2%

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Source: Health Resources and Services Administration (HRSA), US Department of Health and Human Services (HHS) June, 2010

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Health Professional Shortage Areas (HPSA) Directories

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UNITED STATES ▾

St. Clair County

Population: 270,259 People
 Well-Being Index Score: 6 out of 8 Possible Points
 List Status: Warning List

Social Impact Research Center at Heartland Alliance

33 W. Grand Ave., Suite 500 | Chicago, IL 60654
 T: 312-870-4949 | F: 312-870-4950
 Media Inquiries: alstewart@heartlandalliance.org

Well-Being Index	County Value	IL Value	County Change	IL Change
High School Graduation Rate, 2011-2012 academic year ¹	80.4%	82.3%	1.1% pts 2010-2011	-1.5% pts 2010-2011
Teen Births (live births per 1,000 women ages 15-19), 2009 ²	56.0	36.1	3.2 pts 2008	2 pts 2008
Unemployment Rate, Sep 2012 ³	9.1%	8.1%	-1.6% pts Sep 2011	-1.7% pts Sep 2011
Poverty Rate, 2011 ⁴	19.1%	14.9%	3.2% pts 2010	1.1% pts 2010

Poverty & Income	County Value	IL Value	County Change	IL Change
Number of People in Poverty, 2011 ⁴	50,598	1,871,484	19.8% 2010	8.0% 2010
Child Poverty Rate, 2011 ⁴	30.5%	21.3%	7.8% pts 2010	1.9% pts 2010
Median Household Income, 2011 ⁵	\$49,634	\$53,271	2.3% 2010	-2.5% 2010
Bankruptcies per 1,000 People, 2011 ⁶	4.92	5.50	-0.83 pts 2010	0.57 pts 2010
Self-Sufficiency Wage for a One-Parent Family with a Preschooler and School-age Child, 2011 ⁷	\$44,949	\$51,731	—	—
Average Amount Poor Families' Income Falls Below the Poverty Line (i.e., mean income deficit), 2007-2011 ⁸	\$9,417	\$9,132	—	—

Employment	County Value	IL Value	County Change	IL Change
Number of Unemployed Individuals, Sep 2012 ³	11,477	536,288	-16.4% Sep 2011	-17.0% Sep 2011
Unemployment Rate, Sep 2012 ³	9.1%	8.1%	-1.6% pts Sep 2011	-1.7% pts Sep 2011
Rank by Unemployment Rate (1=highest, 102=lowest), Sep 2012 ³	25	—	—	—
Initial Unemployment Insurance Claims, 2011 ⁹	16,244	722,739	-3.7% 2010	-12.1% 2010
Average Quarterly Net Job Flow, 3rd Qtr 2010 to 3rd Qtr 2011 ¹⁰	216	33,574	—	—

Education	County Value	IL Value	County Change	IL Change
High School Graduation Rate for Low-Income Students, 2011-2012 academic year ¹	73.1%	72.8%	-3.7% pts 2010-2011	-2.3% pts 2010-2011
Funded Head Start Enrollment, 2011 fiscal year ¹¹	1,239	36,908	0.0% 2010	-1.5% 2010

Percent Meeting or Exceeding Standards on the ISAT, 2011-2012 academic year ¹²	80.9%	82.5%	-0.9% pts 2010-2011	0.1% pts 2010-2011
Average ACT Composite Score, 2011-2012 academic year ¹³	19	20.2	0.6 pts 2010-2011	0.1 pts 2010-2011

Housing

	County Value	IL Value	County Change	IL Change
Percent Severely Rent-Burdened Households, 2007-2011 ⁸	24.0%	25.1%	—	—
Renters as a Percent of Total Households, 2007-2011 ⁸	32.6%	31.3%	—	—
Estimate of Mean Renter Hourly Wage, 2012 ¹⁴	\$9.84	\$13.95	—	—
Monthly Rent Affordable at Mean Renter Wage, 2012 ¹⁴	\$512	\$726	—	—
Wage Needed to Afford 2-Bedroom Apartment at FMR, 2012 ¹⁴	\$15.23	\$16.78	—	—
2-Bedroom Housing Wage as a Percent of IL Minimum Wage, 2012 ¹⁴	185%	203%	—	—
Work Hours per Week at IL Minimum Wage to Afford 2-Bedroom at FMR, 2012 ¹⁴	74	81	—	—
Fair Market Rent (FMR) for 2-Bedroom Apartment, 2012 ¹⁴	\$792	\$873	—	—

Health & Nutrition

	County Value	IL Value	County Change	IL Change
Share of Families Receiving SNAP that have 1 or more Workers in Family, 2007-2011 ⁸	72.0%	78.3%	—	—
Health Uninsured Rate, Non-Seniors, 2010 ¹⁵	12.3%	15.6%	-0.5% pts 2009	0.6% pts 2009
Percentage of Babies Born Low Birth Weight, 2009 ¹⁶	9.2%	8.4%	—	—
Percent of Children Eligible for Free or Reduced-Price School Lunch, 2011-2012 academic year ¹⁷	51.3%	53.6%	4.1% pts 2010-2011	1.9% pts 2010-2011
Food Insecurity Rate, 2010 ¹⁸	17.7%	15.0%	0.3% pts 2009	0.3% pts 2009
Child Food Insecurity Rate, 2010 ¹⁹	20.1%	22.2%	-2.7% pts 2009	-1.1% pts 2009

Assets

	County Value	IL Value	County Change	IL Change
Homeownership Rate, 2007-2011 ⁸	67.4%	68.7%	—	—
Average Debt per Tradeline, Jun 2012 ²⁰	\$9,490	\$12,602	-3.6% Jun 2011	-6.1% Jun 2011
Percent of Consumers with Credit Scores Below 620, Jun 2012 ²¹	28.7%	22.5%	—	—

There are a number of different data sources available for poverty estimates. The timeliest source available for estimates for all Illinois counties is the Small Area Income and Poverty Estimates Program, which is used here. For more information on the various sources of poverty estimates used for this project and how they differ, see the FAQs page.

At the time of release, all data were the most timely and accurate available.

Data Sources

- 1 Illinois State Board of Education's 2011-2012 and 2010-2011 School Report Card Data, by County. On file with author.
- 2 Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2008 and 2009 Population Estimates and Illinois Department of Public Health, Illinois Teen Births by County 2008-2009. Available at <http://www.idph.state.il.us/health/teen/teen0809.htm>
- 3 Illinois Department of Employment Security's Local Area Unemployment Statistics (LAUS). Available at <http://lmi.ides.state.il.us/laus/lausmenu.htm> (not seasonally adjusted)
- 4 The U.S. Census Bureau's 2010 and 2011 Small Area Income and Poverty Estimates. Available at <http://www.census.gov/did/www/saie/>
- 5 The U.S. Census Bureau's 2010 and 2011 Small Area Income and Poverty Estimates. Available at <http://www.census.gov/did/www/saie/> (2010 data updated to 2011 dollars with the Consumer Price Index)
- 6 FDIC's Regional Economic Conditions, Personal Bankruptcy Filing Rate (per 1,000 population) Illinois. Available at http://www2.fdic.gov/recon/ovrpt.asp?CPT_CODE=NBR&ST_CODE=17&RPT_TYPE=Tables
- 7 Social IMPACT Research Center & Center for Women's Welfare, University of Washington School of Social Work's 2009 Illinois Self-Sufficiency Standard. Available at <http://www.heartlandalliance.org/research/research-illinois-self-sufficiency-standard/> (updated to 2011 dollars with the Consumer Price Index)
- 8 Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2007-2011 American Community Survey 5-Year Estimates Program. Available at <http://factfinder2.census.gov/>
- 9 Illinois Department of Employment Security's Unemployment Insurance (UI) Program Data. Available at <http://www.ides.illinois.gov/page.aspx?item=917>
- 10 Social IMPACT Research Center's analysis of Illinois Department of Employment Security's Local Employment Dynamics, LEHD State of Illinois County Reports - Quarterly Workforce Indicators. Available at <http://www.ides.illinois.gov/page.aspx?item=919>
- 11 Illinois Early Childhood Asset Map's Search the IECAM Data Collection. Available at <http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp>
- 12 Social IMPACT Research Center's analysis of Illinois State Board of Education's 2011-2012 and 2010-2011 ISAT/PSAE/ACT Performance Results. Available at http://www.isbe.net/assessment/report_card.htm
- 13 Social IMPACT Research Center's analysis of Illinois State Board of Education's 2011-2012 and 2010-2011 ISAT/PSAE/ACT Performance Results. Available at http://www.isbe.net/assessment/report_card.htm (ACT scores are calculated out of possible 36 points)
- 14 National Low Income Housing Coalition's Out of Reach 2012. Available at <http://nlihc.org/oor/2012>
- 15 The U.S. Census Bureau's 2010 and 2009 Small Area Health Insurance Estimates. Available at <http://www.census.gov/did/www/sahie/>
- 16 Social IMPACT Research Center's analysis of Illinois Department of Public Health's Birth Characteristics by Resident County 2009. Available at http://www.idph.state.il.us/health/bdmd/birthchar_09.htm
- 17 Social IMPACT Research Center's analysis of Illinois State Board of Education's Free and Reduced Price Meal Eligibility Data. Available at http://isbe.net/nutrition/htmls/eligibility_listings.htm
- 18 Feeding America's Map the Meal Gap 2012: Food Insecurity Estimates at the County Level, by Gundersen, C., Waxman, E., Engelhard, E., Del Vecchio, T., Satoh, A., & Lopez-Betanzos, A. Available at <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>
- 19 Feeding America's Map the Meal Gap 2012: Child Food Insecurity Estimates at the County Level, by Gundersen, C., Waxman, E., Engelhard, E., Del Vecchio, T., Satoh, A., & Lopez-Betanzos, A. Available at <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>
- 20 Social IMPACT Research Center's analysis of aggregate data provided by a large national credit bureau for a snapshot of credit and debt by region, dated June 2012 and June 2011. No individual or customer data were provided.
- 21 Social IMPACT Research Center's analysis of aggregate data provided by a large national credit bureau for a snapshot of credit and debt by region, dated June 2012. No individual or customer data were provided.

We gratefully acknowledge The Chicago Community Trust, Grand Victoria Foundation, and The Libra Foundation for their support of our poverty research, communications, and education efforts.



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- MUA/P by State & County

Criteria:

State: Illinois
County: St. Clair County
ID: All

Date of Last Update: All Dates
HPSA Score (lower limit): 0

Results: 7 records found.

(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
163 - St. Clair County	7179991714	Geographical Area	3	0	15
East St. Louis Canteen Township		Minor Civil Division			
Centreville Township		Minor Civil Division			
East St. Louis Township		Minor Civil Division			
.Sites Township		Minor Civil Division			
Southern Illinois Healthcare Foundation	7179991770	Comprehensive Health Center			10
Southern IL Regional Wellness Center	71799917G5	Federally Qualified Health Center Look A Like			0

Data as of: 6/17/2013

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Find Shortage Areas: HPSA by State & County

Shortage Designation Home
 Find Shortage Areas
 HPSA & MUA/P by Address
 HPSA Eligible for the Medicare Physician Bonus Payment
 MUA/P by State & County

Criteria:		ID	Type	FTE	# Short	Score
State: Illinois	Discipline: Primary Medical Care					
County: St. Clair County	Metro: All					
ID: All	Status: Designated					
Date of Last Update: All Dates	Type: All					
HPSA Score (lower limit): 0						
Results: 13 records found.						
(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)						
HPSA Name	ID	Type	FTE	# Short	Score	
163 - St. Clair County						
East St. Louis	1179991711	Geographical Area	16	3	17	
Canteen Township		Minor Civil Division				
Centreville Township		Minor Civil Division				
East St. Louis Township		Minor Civil Division				
Stites Township		Minor Civil Division				
Low Income - Sparta	117999172X	Population Group	1	1	17	
Fayetteville Township		Minor Civil Division				
Lenzburg Township		Minor Civil Division				
Manissa Township		Minor Civil Division				
New Athens Township		Minor Civil Division				
Southern Illinois Healthcare Foundation	117999175G	Comprehensive Health Center	1	0	8	
Southern Illinois Regional Wellness Center	117999176X	Federally Qualified Health Center Look A Like		0	0	
Southwestern Illinois Correctional Center	117999178V	Correctional Facility	1	0	12	
Data as of: 6/17/2013						

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COMPARE ST. CLAIR COUNTY, ILLINOIS HEALTH PROFESSIONAL SHORTAGE AREAS

SORT BY: HPSA Score High to Low

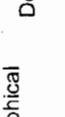
HPSA NAME	COUNTY NAME	STATE NAME	DISCIPLINE CLASS DESCRIPTION	HPSA TYPE	HPSA STATUS	DEGREE OF SHORTAGE IN FTE'S	HPSA SHORTAGE	HPSA PERCENT OF POPULATION BELOW POVERTY LEVEL
<input type="checkbox"/> COMPARE SEE DETAILS > East St. Louis	St. Clair	Illinois	<input type="button" value="HPSA SCORE"/> <input type="button" value="v"/> 21 <input type="text"/>	Geographical Area	Designated	1 FTE'S	2.4	31.3%
<input type="checkbox"/> COMPARE SEE DETAILS > East St. Louis	St. Clair	Illinois	21 <input type="text"/>	Geographical Area	Designated	1 FTE'S	2.4	31.3%
NOW COMPARING (6) <input type="button" value="Compare Selected Items"/> <input type="button" value="CLEAR ALL"/> <input type="button" value="v"/>								
<input type="checkbox"/> COMPARE SEE DETAILS > East St. Louis	St. Clair	Illinois	21 <input type="text"/>	Geographical Area	Designated	1 FTE'S	2.4	31.3%
<input type="checkbox"/> COMPARE SEE DETAILS > East St. Louis	St. Clair	Illinois	21 <input type="text"/>	Geographical Area	Designated	1 FTE'S	2.4	31.3%

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St. Clair County, Illinois Health Professional Shortage Areas

<p>East St. Louis <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>18 </p>	<p>Primary Care</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>2 FTES</p>	<p>8.9</p>	
<p>East St. Louis <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>18 </p>	<p>Primary Care</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>2 FTES</p>	<p>8.9</p>	
<p>East St. Louis <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>18 </p>	<p>Primary Care</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>2 FTES</p>	<p>8.9</p>	
<p>East St. Louis <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>18 </p>	<p>Primary Care</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>2 FTES</p>	<p>8.9</p>	
<p>Southwestern Illinois Correctional Center <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>15 </p>	<p>Primary Care</p>	<p>Correctional Facility</p>	<p>Designated</p>	<p>2 FTES</p>	<p>0.7</p>	
<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	
<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	

St. Clair County, Illinois Health Professional Shortage Areas

<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	<p>7.6% </p>
<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	<p>7.6% </p>
<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	<p>7.6% </p>
<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	<p>7.6% </p>
<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	<p>7.6% </p>
<p>Belleville Service Area <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>12 </p>	<p>Mental Health</p>	<p>Geographical Area</p>	<p>Designated</p>	<p>3 FTES</p>	<p>3.8</p>	<p>7.6% </p>

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St. Clair County, Illinois Health Professional Shortage Areas

<input type="checkbox"/> COMPARE SEE DETAILS >													
<input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	12	Mental Health	Geographical Area	Designated	3	3.8	7.6%	FTEs			
<input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	12	Mental Health	Geographical Area	Designated	3	3.8	7.6%	FTEs			
<input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	12	Mental Health	Geographical Area	Designated	3	3.8	7.6%	FTEs			
<input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	11	Primary Care	Geographical Area	Designated	3	0.4	7.7%	FTEs			
<input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	11	Primary Care	Geographical Area	Designated	3	0.4	7.7%	FTEs			
<input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	11	Primary Care	Geographical Area	Designated	3	0.4	7.7%	FTEs			

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Area	County	State	Primary Care	Geographical Area	Designated	FTEs	0.4	7.7%
Marissa Service Area <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Primary Care	Geographical Area	Designated	5	0.4	7.7%
Southern Illinois Healthcare Foundation <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Mental Health	Comprehensive Health Center	Designated	4		14.5%
Southern Illinois Healthcare Foundation <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Comprehensive Health Center	Designated	4		14.5%
Southern Illinois Healthcare Foundation <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Primary Care	Comprehensive Health Center	Designated	4		14.5%
Southern IL Regional Wellness Center <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Mental Health	Federally Qualified Health Center Look A Like	Designated	4		
Southern Illinois Regional Wellness Center <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Primary Care	Federally Qualified Health Center Look A Like	Designated	4		
Southern IL Regional Wellness Center <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Federally Qualified Health Center Look A Like	Designated	4		

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<p>East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>Dental Care</p>	<p>Geographical Area</p>	<p>Withdrawn</p>	
<p>East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>Dental Care</p>	<p>Geographical Area</p>	<p>Withdrawn</p>	
<p>East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>Dental Care</p>	<p>Geographical Area</p>	<p>Withdrawn</p>	
<p>East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>Dental Care</p>	<p>Geographical Area</p>	<p>Withdrawn</p>	
<p>East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS ></p>	<p>St. Clair</p>	<p>Illinois</p>	<p>Dental Care</p>	<p>Geographical Area</p>	<p>Withdrawn</p>	

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<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%
<input type="checkbox"/> COMPARE SEE DETAILS > East Side Health District	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn	32%

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<input type="checkbox"/> COMPARE SEE DETAILS >		AREA						
Medicaid Eligible - St. Clair County <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Population Group	Proposed Withdrawal	1	0	18.4%
FTES								
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%
East Side Health District <input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Dental Care	Geographical Area	Withdrawn			32%

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COMPARE SEE DETAILS >	St. Clair	Illinois	Area	52%
<input type="checkbox"/> COMPARE SEE DETAILS >	St. Clair	Illinois	Population Group	11.9%
			Withdrawn	

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Source: Health Resources and Services Administration (HRSA), US Department of Health and Human Services (HHS) June, 2010

Related Comparisons

> Negligence Medical Malpractice

Health Professional Shortage Areas (HPSA) Directories

East Side Health District Health Professional Shortage in St. Clair County, Illinois, East Side Health District Health Professional Shortage in St. Clair County, Illinois, East Side Health District Health Professional Shortage in St. Clair County, Illinois, East Side Health District Health Professional Shortage in St. Clair County, Illinois, Show more

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UNITED STATES

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Purpose

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The problem to be addressed is the impending lack of access to inpatient behavioral health services in the Belleville and Touchette service area, given the proposed discontinuation of the 35 beds at St. Elizabeth in Belleville, IL (see attached). This shortage is further complicated by the fact Kenneth Hall Regional Hospital in East St. Louis discontinued its 36 AMI beds approximately two (2) years ago. To address this problem Touchette and St. Elizabeth's have collaborated in an exemplary way to work together to serve this vulnerable patient population. St. Elizabeth's has agreed to a discontinuation date that will coordinate with the opening of the Touchette expanded unit. It also has agreed to guaranty debt that Touchette will incur to construct its expanded unit (attached to the financial feasibility section of this application is a guaranty commitment). Touchette has agreed to dedicate its scarce financial resources to expand its unit. Both Touchette and St. Elizabeth's have concluded the population is best served by one central unit rather than two, and that Touchette's location is best from a geographic standpoint given the closure of the Kenneth Hall unit in East St. Louis (approved by HFSRB). The purpose of maintaining access to inpatient behavioral health services is served by this project.

4. Cite the sources of the information provided as documentation.

The sources of information are federal statistics on mental health professional shortage area and the utilization data of St. Elizabeth's regarding its AMI unit in 2012 (as attached previously to this section on purpose). This information indicates there is a need in the area for this service.

NOTE: Attached hereto is data from the Touchette and St. Elizabeth's responses to AHQ that reflects the need for the Touchette expansion in light of the proposed discontinuation at St. Elizabeth's. Also attached is Touchette's response to St. Elizabeth's request for impact letter.

2012 Data

	<u>Touchette</u>	<u>St. Elizabeth's</u>	<u>Combined</u>
Inpatient Admissions	582	1,787	2,369
Inpatient Days	2,808	6,990	9,798
Average Census	7.7	19.2	26.8

If the St. Elizabeth's unit closes without expansion at Touchette, the patients will have to go to Alton or Gateway, which are both further away, and may or may not have capacity. Also, the St. Elizabeth's staff and medical staff members plan to join Touchette and the collaboration between the two hospitals will provide for better quality of care.

June 20, 2013

Ms. Maryann Reese, President & CEO
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220-1998

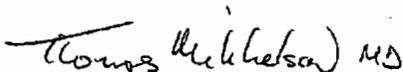
RE: Request from St. Elizabeth's for Impact Statement

Dear Ms. Reese:

Thank you for your request for impact letter. As both St. Elizabeth's Hospital and Touchette Regional Hospital have been planning together to address the inpatient and behavioral health needs of our community, I am able to state that the discontinuation of St. Elizabeth's inpatient behavioral health, or acute mental illness unit will have no impact upon Touchette. I say this with optimism that if the St. Elizabeth's request to discontinue its service is approved by the Illinois Health Facilities and Services Review Board ("HFSRB"), the Touchette request to expand its unit will also be approved by the Board. If it is not, our twelve bed unit will not have the capacity to accept the current volume of patients seen at St. Elizabeth's.

We have enjoyed our collaboration with St. Elizabeth's on behalf of this community. We understand St. Elizabeth's intends to continue to operate its unit until such time as Touchette's expansion is certified occupancy (again, if HFSRB approves both projects). The commitment demonstrated by St. Elizabeth's administration and sponsorship is rewarding to see, in an era when so many circumstances are combining to make it difficult for health care providers to navigate the financial and clinical environment we operate in. Under the latter circumstances, Touchette will be able to and agrees to take patients formerly seen at St. Elizabeth's, without regard to ability to pay and in a non-discriminatory manner.

Thank you,



Thomas Mikkelson, Chief Operating Officer
Touchette Regional Hospital

Purpose

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The expansion of Touchette's behavioral health unit will address the lack of access to inpatient behavioral health services that will occur if St. Elizabeth's discontinues its inpatient unit as proposed in a separate application. If St. Elizabeth's is not allowed to discontinue Touchette will not expand. However, St. Elizabeth's does not rely on AMI as a core service area whereas Touchette does. It will be more efficient and geographically advantageous for there to be one service at Touchette, expanded appropriately to address the community need.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The goal is to provide access to inpatient mental health service and it will be achieved upon certification of the expanded unit (if expansion is approved by HFSRB).

With respect to modernization of the existing hospital space the goal is to achieve efficiencies, since construction of an expansion will take place. The modernization of space will relocate and expand the registration area of the hospital, and the vacated registration area will be modernized and become part of the inpatient and outpatient behavioral health service areas.

Alternatives

Five alternatives were considered.

1. Do not expand. This alternative was not adequate, as it failed to address the needs of the communities served by Touchette and St. Elizabeth if the St. Elizabeth unit closes. It also failed to address the inefficiencies of two separate inpatient units twenty minutes apart from one another. The cost was zero.
2. Touchette considered working with HSHS to create a new psychiatric facility. This alternative was quickly rejected as unnecessary and too costly. The estimated cost was approximately 40M.
3. Expand to 40 beds. This alternative was rejected as the utilization would not support that number of beds. The cost was only slightly higher than the current project cost.
4. Add 12 beds to the existing Touchette AMI unit. Under the Illinois Health Facilities Planning Act, this would not require a CON. The alternative was rejected. The addition of 12 beds would not be sufficient to address the need for behavioral health services in the region upon the discontinuation of St. Elizabeth's 35 bed unit, given its historical admissions. The cost was estimated to be 7.5M.
5. Operate a behavioral health unit at St. Elizabeth's under Touchette's license. This alternative was rejected due to the difficulties from a practical and personnel standpoint. It also was rejected because the areas with the most significant behavioral health treatment shortage are closer (contiguous to) Centreville, where Touchette is located.

Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Clinical AMI	15,847 GSF	440/560 SF		Yes*
Clinical OP BH	5,221	N/A		N/A
Non Clinical**	1,989 SF	N/A		N/A

The new construction including 8,313 GSF and modernization is necessary to expand to accommodate 18 additional beds. The unit meets the State Board standards, as the thirty bed inpatient unit results in 528 GSF per bed.

*A 30 bed unit in 15,847 GSF equals 528 GSF per bed.

**Registration

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	AMI	9,798*	9,604**	85%	Yes
YEAR 2	AMI	9,798	9,604	85%	Yes

See attached for calculation on project services utilization. It seemed logical to project utilization based on St. Elizabeth historical data and Touchette data for 2012 (its unit opened in November, 2011). The applicants believe the area need will increase or at a minimum remain stable.

*for St. Elizabeth's and Touchette based on 2012 inpatient days

**assumes no growth, and even a decline, which is unlikely, but accommodates some of the St. Elizabeth volume going to other providers - assumes an average ALOS of 4.4

Combined (St. Elizabeth and Touchette) Behavioral Health Inpatient Volume for 2012

Payer	Actual Combined Totals			
	Cases	Days	ALOS	% Cases
Medicaid	699	3,008	4.3	29.5%
Medicare	456	2,307	5.1	19.2%
Self Pay	735	2,745	3.7	31.1%
Oth Gov	91	351	3.9	3.8%
Ins/Com	388	1,387	3.6	16.4%
	<u>2,369</u>	<u>9,798</u>	<u>4.1</u>	<u>100.0%</u>
ADC		28.1		

Projected Two Year Stats

Case Activity Change	Projected Cases (rounded)	ALOS	Projected Days (rounded)
5%	852	3.5	2,948
5%	440	5.1	2,261
5%	530	5.1	2,691
5%	87	4.0	344
5%	<u>274</u>	<u>5.0</u>	<u>1,360</u>
	2,183	4.4	9,604
ADC	26.8		

30.96 Unit Size Needed for Proj Volm @ 85% Occup

Behavioral Health Expansion Program Key Indicators

	<u>Jan 12 – Dec 12</u> <u>Touchette</u>	<u>CY 2012</u> <u>St Elizabeth's</u>	<u>Combined</u>	<u>Pro Forma*</u>
Inpatient Admissions	582	1,787	2,369	2,183
Inpatient Days	2,808	6,990	9,798	9,604
Length Of Stay (LOS)	4.8	3.9	4.1	4.4
Average Census	7.7	19.2	26.8	26.3
Inpatient Payor Mix (Cases):				
Medicaid	39.7%	26.2%	29.5%	
Medicare	22.7%	18.1%	19.2%	
Other Government	0.3%	5.0%	3.8%	
Ins/Commercial	9.1 %	18.7%	16.4%	
Self Pay	<u>28.2%</u>	<u>32.0%</u>	<u>31.1%</u>	
	100.0%	100.0%	100.0%	

*Conservative Projections

Acute Mental Illness

1110 730(b)(2)

There is currently an excess of 27 AMI beds in the planning area. However, St. Elizabeth's is discontinuing (with HFSRB approval) its 35 bed AMI service. St. Elizabeth's historical utilization over the past three years ranged from 18-22 ADC. As a result it is necessary to maintain AMI beds in the region served by Touchette and St. Elizabeth.

Touchette operates a 12 bed unit with an ADC of 5 in 2011 and 8 in 2012 (Note: the unit did not start admitting patients until November of 2011.) In proposing to add 18 beds, Touchette is being conservative in its approach to the area need for AMI beds.

The primary purpose of the project is to serve planning area residents. The patient by zip code origin information provided previously in this application in the purpose section confirms 50% or more of Touchette's patients over the last 12 month period were from the planning area. The same is true for those patients seen at St. Elizabeth, all of whom will be able to maintain access to service through Touchette (see attached). The other treatment options for patients previously seen at Touchette would be Gateway Regional and Alton Memorial. However, Touchette is more accessible to patients residing in the Belleville area. Nonetheless, some of the patients seen at St. Elizabeth's may seek care at these two facilities, which is why Touchette is being conservative in adding only 18 AMI beds.

The occupancy rate at St. Elizabeth's and Touchette have not, over the past two years, met target occupancy of 85%. However, the discontinuation of 35 beds at St. Elizabeth's and addition of 18 beds at Touchette will reduce the total number of beds between these two facilities by 17 beds, thus making the target occupancy more achievable (based on ADC at St. Elizabeth's and Touchette combined and applied to a total of 30 beds).

Combined (St. Elizabeth and Touchette) Behavioral Health Inpatient Volume for 2012

Payer	Actual Combined Totals			
	Cases	Days	ALOS	% Cases
Medicaid	699	3,008	4.3	29.5%
Medicare	456	2,307	5.1	19.2%
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Ins/Commercial	9.1 %	18.7%	16.4%	
Self Pay	<u>28.2%</u>	<u>32.0%</u>	<u>31.1%</u>	
	100.0%	100.0%	100.0%	

*Conservative Projections

See previously patient by zip code origin for 2012 for St. Elizabeth's and Touchette – AMI admissions only

Acute Mental Illness

1130(b)(4)

See attached referral letters to support expanding the Touchette AMI unit (given the discontinuation of the St. Elizabeth AMI unit).

June 25, 2013

5900 Bond Avenue Centreville, Illinois 62207
p | 618.332.3060 f | 618.332.5256

Illinois Health Facilities and Service Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

CON Board Members

Re: Touchette Regional Hospital Certificate of Need (CON) Request

I am James Probst, D.O., a Board Certified emergency physician and Medical Director of Touchette Regional Hospital's Emergency Service in Centreville. I am writing in support of approval of the Certificate of Need (CON) for an 18 bed inpatient psychiatry expansion at Touchette Regional Hospital. I have been on staff at Touchette and Kenneth Hall since November 2003, providing emergency service at both facilities. Since Kenneth Hall's closure I have continued at Touchette.

My Emergency Department experience at TRH supports the need for continued psychiatric services to the area. We provide emergent care for acute psychiatric patients from all over the region. Our ED team is experienced and excellent; most have been with us many years and are thoroughly familiar and skilled in working with BH patients with acute exacerbations or situational needs. A key element to our success in the Emergency Department is the Behavioral Health team working here. They have developed a methodology of on-call support helping us by evaluating and expediting the decision process of admission versus follow up acute outpatient visits. This approach optimizes our ability to support our patients effectively and efficiently and reduces disruption of emergent care of non-psychiatric patients. The ER providers are thrilled with this service.

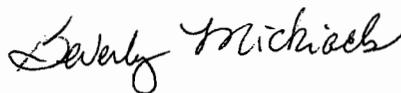
We transferred 4 patients in 2012 to outside facilities for psychiatric inpatient treatment, Christian NE 1, Gateway Regional 2, St Elizabeth's 1, either for capacity issues or adolescent treatment. I have not used these referral patients to support any other pending or approved CON application for the subject services. The ED admitted 379 to Touchette's inpatient BH service. We also received transferred BH patients: 1 from Alton Memorial; 3 from Anderson; 26 from Belleville Memorial; 44 from Gateway; 4 from Sparta; 19 from St Anthony's and 18 from St Elizabeth's. I firmly believe the admissions through the ED will remain at least the same but probably higher through the next two years.

The added beds proposed in the CON would be a good investment for the region. Availability of these beds will help relieve pressures on other local emergency rooms and will get the patients in need to an experienced psychiatric team dedicated to providing excellent psychiatric stabilization and access to follow on support. Please approve this CON.

Sincerely, James Probst, D.O.



Emergency Department Medical Director
Touchette Regional Hospital



TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account REFERRAL GROUP	FACILITY	Zip	PT IDENTIFIER	Total	
ED Admits	ALTON MEMORIAL	62002	501	1	
		62002 Total		1	
	ALTON MEMORIAL Total				1
	ANDERSON	62034	437	1	
		62034 Total		1	
		62040	548	1	
		62040 Total		1	
		62234	538	1	
		62234 Total		1	
	ANDERSON Total				3
	BELLEVILLE MEMORIAL	62060	563	1	
		62060 Total		1	
		62204	512	1	
		62204 Total		1	
		62205	540	1	
			562	1	
		62205 Total		2	
		62206	527	1	
		62206 Total		1	
		62208	468	1	
			554	1	
			576	1	
		62208 Total		3	
		62220	553	1	
			577	1	
		62220 Total		2	
		62221	435	1	
			543	1	
		62221 Total		2	
		62223	488	1	
		62223 Total		1	
		62226	542	1	
			544	1	
			551	1	
			581	1	
		62226 Total		4	
		62232	483	1	
			532	1	
			549	1	
		62232 Total		3	
		62234	460	1	
		517	1		
		524	1		
	62234 Total		3		
	62255	474	1		
	62255 Total		1		
	62269	480	1		
	62269 Total		1		
	63129	534	1		
	63129 Total		1		
	BELLEVILLE MEMORIAL Total				26
	GATEWAY	(blank)	580	1	
		(blank) Total		1	
		62002	438	1	
			494	1	
			505	1	
			529	1	
			555	1	
			560	1	
		62002 Total		6	
		62012	522	1	
	62012 Total		1		

TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account		
ED Admits	GATEWAY	
	62018	451
		536
	62018 Total	2
	62026	566
	62026 Total	1
	62035	457
		485
	62035 Total	2
	62040	448
		450
		456
		478
		481
		504
		520
		535
		537
		547
		564
		565
		568
		579
		582
	62040 Total	15
	62056	490
	62056 Total	1
	62087	528
	62087 Total	1
	62205	561
	62205 Total	1
	62206	467
		477
	62206 Total	2
	62221	447
		454
		557
	62221 Total	3
	62234	458
		466
		475
		516
		572
	62234 Total	5
	62294	455
	62294 Total	1
	63104	519
	63104 Total	1
	63114	571
	63114 Total	1
	GATEWAY Total	44
	RED BUD HOSPITAL	
	62278	518
	62278 Total	1
	RED BUD HOSPITAL Total	1
	SPARTA HOSPITAL	
	62286	498
		502
		531
	62286 Total	3
	62288	552
	62288 Total	1
	SPARTA HOSPITAL Total	4
	ST ANTHONY	
	62002	459
		471
		533

← omitted from response letter.
Tomikela COO

TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account						
ED Admits	ST ANTHONY	62002	539	1		
			545	1		
			578	1		
		62002 Total		6		
		62010	569	1		
		62010 Total		1		
		62012	550	1		
			574	1		
		62012 Total		2		
		62024	521	1		
			559	1		
		62024 Total		2		
		62037	573	1		
		62037 Total		1		
		62052	446	1		
		62052 Total		1		
		62095	558	1		
		62095 Total		1		
		62202	570	1		
		62202 Total		1		
		62278	484	1		
		62278 Total		1		
		63050	515	1		
		63050 Total		1		
		63118	510	1		
		63118 Total		1		
		63119	509	1		
		63119 Total		1		
		ST ANTHONY Total		19		
			ST ELIZABETH	50161	523	1
				50161 Total		1
				62034	575	1
				62034 Total		1
				62206	503	1
				62206 Total		1
				62220	461	1
					546	1
					567	1
				62220 Total		3
				62223	541	1
				62223 Total		1
				62226	492	1
					506	1
					514	1
					530	1
				62226 Total		4
				62232	556	1
		62232 Total		1		
		62234	511	1		
			525	1		
		62234 Total		2		
		62236	491	1		
		62236 Total		1		
		62257	432	1		
		62257 Total		1		
		62269	449	1		
		62269 Total		1		
		62292	526	1		
		62292 Total		1		
	ST ELIZABETH Total			18		
	TOUCHETTE ED	11211	493	1		
		11211 Total		1		
		33147	513	1		

TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account		
ED Admits	TOUCHETTE ED	
33147 Total		
34208	463	1
34208 Total		
62002	302	1
	321	1
62002 Total		
62024	300	1
	486	1
62024 Total		
62034	487	1
62034 Total		
62040	203	1
	350	1
	371	1
	390	1
	395	1
	396	1
62040 Total		
62059	235	1
62059 Total		
62060	224	1
62060 Total		
62062	421	1
62062 Total		
62201	89	1
	95	1
	125	1
	143	1
	145	1
	153	1
	207	1
	228	1
	258	1
	273	1
	287	1
	303	1
	310	1
	316	1
	335	1
	337	1
	369	1
62201 Total		
62202	158	1
	342	1
62202 Total		
62203	80	1
	92	1
	115	1
	137	1
	144	1
	146	1
	164	1
	189	1
	244	1
	250	1
	257	1
	263	1
	312	1
	351	1
	378	1
	381	1
	440	1
62203 Total		

TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account		
ED Admits	TOUCHETTE ED	
	62204	73 1
		75 1
		76 1
		88 1
		97 1
		99 1
		121 1
		127 1
		132 1
		135 1
		159 1
		178 1
		184 1
		233 1
		242 1
		259 1
		268 1
		274 1
		282 1
		295 1
		306 1
		318 1
		326 1
		331 1
		332 1
		334 1
		349 1
		363 1
		365 1
		373 1
		379 1
		392 1
		404 1
		410 1
		464 1
	62204 Total	35
	62205	81 1
		82 1
		84 1
		94 1
		105 1
		106 1
		116 1
		147 1
		149 1
		175 1
		187 1
		190 1
		199 1
		212 1
		215 1
		220 1
		232 1
		247 1
		266 1
		267 1
		305 1
		309 1
		317 1
		327 1
		347 1
		358 1
		366 1

TOUCHETTE REGIONAL HOSPITAL
 EMERGENCY ROOM ADMITS
 2012

Count of Account				
ED Admits	TOUCHETTE ED	62205	375	1
			380	1
			384	1
			389	1
			409	1
			414	1
			415	1
			424	1
			431	1
			439	1
			441	1
			452	1
			479	1
		62205 Total		40
		62206	77	1
			79	1
			83	1
			85	1
			86	1
			93	1
			96	1
			98	1
			102	1
			103	1
			107	1
			118	1
			126	1
			129	1
			131	1
			134	1
			136	1
			140	1
			157	1
			165	1
			168	1
			170	1
			176	1
			179	1
			188	1
			195	1
			201	1
			205	1
			210	1
			211	1
			225	1
			234	1
			239	1
			245	1
			246	1
			253	1
			260	1
			262	1
			271	1
			277	1
			283	1
			288	1
			293	1
			298	1
			308	1
			322	1
			324	1
			325	1
			329	1

TOUCHETTE REGIONAL HOSPITAL
 EMERGENCY ROOM ADMITS
 2012

Count of Account		
ED Admits	TOUCHETTE ED	
	62206	330 1
		338 1
		340 1
		352 1
		362 1
		364 1
		377 1
		382 1
		383 1
		387 1
		398 1
		405 1
		406 1
		411 1
		412 1
		417 1
		418 1
		420 1
		425 1
		428 1
		430 1
		443 1
		444 1
	62206 Total	72
	62207	90 1
		110 1
		122 1
		124 1
		152 1
		155 1
		182 1
		196 1
		214 1
		219 1
		229 1
		238 1
		251 1
		252 1
		261 1
		265 1
		270 1
		280 1
		304 1
		314 1
		319 1
		323 1
		328 1
		344 1
		361 1
		385 1
		401 1
		403 1
		422 1
		426 1
	62207 Total	30
	62208	123 1
		128 1
		139 1
		151 1
		163 1
		183 1
		272 1
		276 1

TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account		
ED Admits	TOUCHETTE ED	
	62208	285 1
		299 1
		333 1
		353 1
		355 1
		360 1
		397 1
	62208 Total	15
	62220	78 1
		209 1
		217 1
		275 1
		286 1
		368 1
		374 1
		429 1
	62220 Total	8
	62221	111 1
		148 1
		156 1
		162 1
		204 1
		248 1
		281 1
		284 1
		297 1
		315 1
		339 1
		346 1
		386 1
		402 1
		407 1
		445 1
	62221 Total	16
	62223	108 1
		112 1
		138 1
		154 1
		169 1
		172 1
		173 1
		191 1
		236 1
		289 1
		341 1
	62223 Total	11
	62226	101 1
		114 1
		119 1
		141 1
		142 1
		160 1
		167 1
		174 1
		185 1
		206 1
		208 1
		218 1
		223 1
		227 1
		230 1
		237 1
		255 1

TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account		
ED Admits	TOUCHETTE ED	
	62226	278 1
		279 1
		294 1
		301 1
		307 1
		311 1
		320 1
		357 1
		393 1
		394 1
		416 1
		453 1
		482 1
		499 1
	62226 Total	31
	62232	104 1
		243 1
		264 1
	62232 Total	3
	62234	117 1
		150 1
		198 1
		226 1
		241 1
		399 1
	62234 Total	6
	62236	74 1
		291 1
		476 1
	62236 Total	3
	62239	109 1
		113 1
		120 1
		133 1
		192 1
		200 1
		213 1
		313 1
		359 1
		372 1
		400 1
	62239 Total	11
	62240	181 1
	62240 Total	1
	62243	433 1
	62243 Total	1
	62249	495 1
	62249 Total	1
	62254	292 1
	62254 Total	1
	62255	166 1
	62255 Total	1
	62258	130 1
		186 1
		345 1
	62258 Total	3
	62269	87 1
		177 1
		194 1
		249 1
		354 1
		370 1
		388 1

ER ADMITS

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TOUCHETTE REGIONAL HOSPITAL
EMERGENCY ROOM ADMITS
2012

Count of Account		
ED Admits	TOUCHETTE ED	
	62269	408
		419
	62269 Total	9
	62278	391
	62278 Total	1
	62285	193
		216
		222
	62285 Total	3
	62286	202
	62286 Total	1
	62294	240
		254
		343
	62294 Total	3
	62295	423
	62295 Total	1
	62467	221
	62467 Total	1
	62801	180
	62801 Total	1
	62959	413
	62959 Total	1
	63026	290
	63026 Total	1
	63034	367
	63034 Total	1
	63101	197
	63101 Total	1
	63102	336
		348
	63102 Total	2
	63103	296
		356
	63103 Total	2
	63107	256
	63107 Total	1
	63108	500
	63108 Total	1
	63136	161
		231
	63136 Total	2
	63166	100
	63166 Total	1
	63379	171
	63379 Total	1
	81830	376
	81830 Total	1
	95823	91
	95823 Total	1
	99999	269
	99999 Total	1
	TOUCHETTE ED Total	379
Grand Total		495

June 24, 2013

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

RE: Touchette Regional Hospital Certificate of Need (CON) Application

My name is Theodore Ross, M.D., and I am an Internal Medicine physician and Chief Medical Officer for Southern Illinois Healthcare Foundation, Inc. (SIHF), with its corporate offices located at 2041 Goose Lake Road, Sauget, IL 62206. The following providers are employed by SIHF and referred the following number of patients, by zip code, to Touchette Regional Hospital for adult inpatient psychiatric care in 2012.

Southern Illinois Healthcare Foundation 2012 Adult Psych inpatient referrals to Touchette Regional Hospital:

<u>Provider</u>	<u># of Referrals to TRH 2012 (by zip code)</u>
Bassam Albarcha, M.D. Internal Medicine	1 (62220)
Charles Ampadu, M.D. Internal Medicine	1 (62204)
Christopher Johnson, M.D. Psychiatry	21 (62206,62201,62204,62207,62258,62260,62055,62040,62226,62203,62223,62220,62217,62205)
Christopher Loynd, D.O. Psychiatry	33 (62234,62207,62202,62040,62203,62223,62201,62226,62206,62269,62204,62205,62239,62220,62294,62010,62221)
Narsimha Muddasani, M.D. Psychiatry	14 (62205,62240,62207,62258,62204,62220,62206,62269,62208,62884,62226)
Destiny Kharsy, Licensed Clinical Social Worker	1 (62206)
Debbie Kelly, Certified Nurse Practitioner	1 (62040)
	72

These referred patients have not been utilized to support any other pending or approved CON application for the subject services. I anticipate over the next two years an equal amount or more of patients will be referred to Touchette annually as a result of continued and increasing need for behavioral health services. Approving Touchette's CON application will support the improvement and expansion of the facilities dedicated to the care of these patients.

I urge you to approve the Touchette Regional Hospital CON application.

Theodore Ross, M.D., Chief Medical Officer
Southern Illinois Healthcare Foundation, Inc.

Notary:



TOUCHETTE REGIONAL HOSPITAL
SIHF-PHYSICIAN REFERRALS
2012

Attend Phys

(All)

Count of Account REFERRAL GROUP	REFERRING PHYSICIAN	Zip	PT IDENTIFIER	Total
SIHF-REFERRALS	ALBARCHA	62220	1	1
		62220 Total		1
ALBARCHA Total				1
	AMPADU	62204	2	1
		62204 Total		1
AMPADU Total				1
	CJOHNSON	62040	13	1
		62040 Total		1
		62055	11	1
		62055 Total		1
		62201	4	1
		62201 Total		1
		62203	15	1
		62203 Total		1
		62204	5	1
			20	1
62204 Total				2
		62205	21	1
		62205 Total		1
		62206	3	1
			9	1
			10	1
			12	1
			18	1
			22	1
			23	1
		62206 Total		7
		62207	6	1
		62207 Total		1
		62217	19	1
		62217 Total		1
		62220	17	1
		62220 Total		1
		62223	16	1
		62223 Total		1
		62226	14	1
		62226 Total		1
		62258	7	1
		62258 Total		1
		62260	8	1

SIHF-REFERALS

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TOUCHETTE REGIONAL HOSPITAL
SIHF-PHYSICIAN REFERRALS
2012

REFERRAL GROUP	REFERRING PHYSICIAN	Zip	PT IDENTIFIER	Total	
SIHF-REFERRALS	CJOHNSON	62260 Total		1	
		CJOHNSON Total			21
	CLOYND	62010		50	1
		62010 Total			1
		62040		27	1
					54
		62040 Total			2
		62201		32	1
		62201 Total			1
		62202		26	1
		62202 Total			1
		62203		28	1
					41
					51
		62203 Total			3
		62204		39	1
					45
		62204 Total			2
		62205		44	1
					49
					56
		62205 Total			3
		62206		35	1
					38
					40
					53
		62206 Total			4
		62207		25	1
					34
					36
					43
					55
		62207 Total			5
		62220		47	1
		62220 Total			1
	62221		52	1	
	62221 Total			1	
	62223		29	1	
	62223 Total			1	
	62226		33	1	
				42	
62226 Total			2		
62233		30	1		
62233 Total			1		

SIHF-REFERRALS

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TOUCHETTE REGIONAL HOSPITAL
SIHF-PHYSICIAN REFERRALS
2012

REFERRAL GROUP	REFERRING PHYSIC	Zip	PT IDENTIFIER	Total	
SIHF-REFERRALS	CLOYND	62234	24	1	
			31	1	
		62234 Total			2
		62239	46	1	
		62239 Total			1
		62269	37	1	
		62269 Total			1
		62294	48	1	
	62294 Total			1	
	CLOYND Total				33
	DEBBIE KELLYS	62040	57	1	
		62040 Total			1
	DEBBIE KELLYS Total				1
	DESTINY KARSEY	62206	58	1	
		62206 Total			1
	DESTINY KARSEY Total				1
	MUDDISANI	62204	63	1	
		62204 Total			1
		62205	59	1	
			65	1	
		62205 Total			2
		62206	66	1	
			67	1	
			69	1	
62206 Total			3		
62207		61	1		
62207 Total			1		
62208		70	1		
62208 Total			1		
62220		64	1		
62220 Total			1		
62226		72	1		
62226 Total			1		
62240		60	1		
62240 Total			1		
62258		62	1		
62258 Total			1		
62269		68	1		
62269 Total			1		
62884		71	1		
62884 Total			1		
MUDDISANI Total				14	
Grand Total				72	

June 26, 2013

Illinois Health Facilities and Service Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

CON Board Members

Re: Touchette Regional Hospital Certificate of Need Request

I am Bassam Albarcha, M.D., a Board Certified Internist and I am communicating regarding admission sources to the Inpatient Behavioral Health unit at Touchette Regional Hospital as the Director of the Hospitalist Program.

In 2012, nine (9) patients were initially admitted for acute medical conditions to med/surg or ICU for reasons such as: acute overdose of medications; drugs or medical conditions requiring acute stabilization, including one in our New Vision medical detox program. Subsequently, they required transfer to behavioral health for treatment for acute psychiatric symptoms they were experiencing.

I have attached a zip code file of these patients. Though not clearly an external referral they are included in the total admission count for the Touchette Regional Hospital Behavioral Health Certificate of Need (CON). I have not used these patient referrals to support any other pending or approved CON application for the subject services. I expect that these events will continue at this or a higher rate during the next two years.

I am highly supportive of our outstanding behavioral health team and I enthusiastically endorse the Certificate of Need for expansion.

Sincerely,



Bassam Albarcha, M.D.
President Medical Staff/Director Hospitalist Program



6/26/13

Pt Zip Code Attachment

TOUCHETTE REGIONAL HOSPITAL
INTERNAL TRANSFERS
2012

Count of Account					
REFERRAL GROUP	REFERRING PHYSICIAN	Zip	PT IDENTIFIER	Total	
TRH-INTERNAL TRANSFER	HOSPITALIST GROUP	62206	442	1	
			462	1	
		62206 Total			2
		62207	434	1	
		62207 Total			1
		62226	470	1	
		62226 Total			1
		62239	436	1	
			469	1	
		62239 Total			2
		62243	497	1	
		62243 Total			1
		62918	472	1	
		62918 Total			1
		63116	465	1	
		63116 Total			1
		Grand Total			

June 26, 2013

Illinois Health Facilities and Service Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

CON Board Members

RE: Touchette Regional Hospital Certificate of Need (CON) Request

I am Christopher Loynd, D.O., Board Certified Psychiatrist and Medical Director of the Intensive Outpatient Program (IOP), respectfully submitting the following information on patient sources.

Five of the patients referred for inpatient treatment originated from the Intensive Outpatient Program (IOP). All were advised but not formally referred to the program as follows:

One (1) was advised to seek outpatient treatment by a nursing home.

Three (3) patients were advised by counselors if they needed additional help that the Touchette IOP was a good venue for that help on an as needed basis.

All four (4) of these patients during initial screening assessments were found to be having symptoms beyond scope of IOP, e.g. off medications with suicidal ideations, hallucinations, danger to others, paranoid delusions and voluntarily were admitted for inpatient treatment.

The fifth patient was in the IOP for treatment and decompensated requiring admission.

Although not official "referrals" we are including as they are in the admission totals with IOP as the source. I have not used these patient referrals to support any other pending or approved CON application for the subject services. I expect as we are increasing our IOP programs and thereby the number of patients we treat, we will continue to see related admissions for patients with significant history of major psychiatric disorders greater than in 2012.

Cordially,



Christopher Loynd, D.O.
Medical Director, Intensive Outpatient Program
Touchette Regional Hospital



6/26/13

Pt Zip Code attachment

TOUCHETTE REGIONAL HOSPITAL

IOP TRANSFERS

2012

Count of Account				
REFERRAL GROUP	REFERRING PHYSICIAN	Zip	PT IDENTIFIER	Total
IOP TRANSFERS	IOP PROGRAM	62024	496	1
		62204	508	1
		62220	507	1
		62269	473	1
		62285	427	1
Grand Total				5

IOP TRANSFERS

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June 25, 2013

Illinois Health Facilities and Services Review Board
575 West Jefferson, Second Floor
Springfield, Illinois 62761

CON Board Members

I have contacted the remaining referring physician by phone today. He practices mainly in Missouri, but also provides psychiatric service support to skilled nursing facilities in Illinois. He did not recall the individual patient, but he did state that he utilizes Touchette Regional Hospital and it was likely a nursing home patient of his.

He also stated that he believes his current utilization is higher as he now supports a skilled nursing home "Atrium " very near Touchette Regional Hospital. He also stated other facilities are utilized as well by patient preference, location and facility near to their long term care, etc.

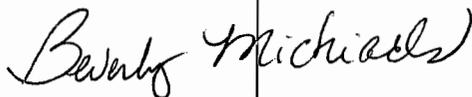
Asif Habib M.D., Psychiatry; 755 S. New Ballas Road, Suite 120, St Louis MO 1-314-960-9579

Cordially,



Thomas Mikkelson MD
VPMA Touchette Regional Hospital

Patient zip code attached



TOUCHETTE REGIONAL HOSPITAL
DR. HABIB
2012

Count of Account			
REFERRAL GROUP	Zip	PT IDENTIFIER	Total
HABIB	62206	489	1
	62206 Total		1
Grand Total			1

HABIB



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 20, 2013

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

Re: **Application of Touchette Regional Medical Center to Expand its Behavioral Health Unit**

Dear Ms. Avery:

My name is Len Glover, MD, and I am board certified in emergency medicine. I am the Chief Medical Officer at MEDS (Medical Emergency Department Services) in St. Clair County, IL.

Based on data collected for the calendar year 2012, we have admitted or referred 1915 patients for inpatient behavioral health. Of these patients, 1836 have been admitted at St. Elizabeth's directly from the ED, no patients have been transferred to Alton Memorial, 20 patients have been transferred to Touchette Regional Hospital, and 31 patients have been transferred to Gateway Regional.

If the St. Elizabeth's Hospital inpatient behavioral health unit closes, we would work with the emergency services coordinator for our region and anticipate that all patients admitted to St. Elizabeth's Hospital would go to Touchette Regional Hospital. While it is possible some may go to Alton or Gateway, it is our intent these patients would be transferred to Touchette Regional Hospital. Attached is the zip code by patient origin seen in the ED at St. Elizabeth's Hospital during calendar year 2012.

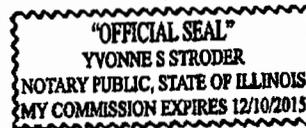
There is a definite need, in my opinion, for the expansion of the Touchette inpatient behavioral health service if in fact the St. Elizabeth's Hospital unit is closed.

I have not used these patient referrals to support any other pending or approved CON application for the subject services.

Thank you. I am glad to see that St. Elizabeth's Hospital and Touchette are working together to address the behavioral health needs of the region.

Sincerely,

Len Glover, MD
Chief Medical Officer
Midwest Emergency Department Services (MEDS)
320 East Highway 50
O'Fallon, IL 62269-2704



Yvonne S Stroder
6-20-13

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

9/27/2012 DI	62025	7/27/2012 DI	62226
9/28/2012 DI	62025	8/1/2012 DI	62226
10/1/2012 DI	62025	8/1/2012 DI	62226
10/4/2012 DI	62025	8/4/2012 DI	62226
10/16/2012 DI	62025	8/6/2012 DI	62226
10/17/2012 DI	62025	8/8/2012 DI	62226
10/24/2012 DI	62025	8/9/2012 DI	62226
10/25/2012 DI	62025	8/12/2012 DI	62226
10/27/2012 DI	62025	8/16/2012 DI	62226
10/28/2012 DI	62025	8/17/2012 DI	62226
11/3/2012 DI	62025	8/19/2012 DI	62226
11/11/2012 DI	62025	8/24/2012 DI	62226
11/13/2012 DI	62025	8/24/2012 DI	62226
11/15/2012 DI	62025	8/25/2012 DI	62226
11/18/2012 DI	62025	8/26/2012 DI	62226
11/26/2012 DI	62025	9/4/2012 DI	62226
11/29/2012 DI	62025	9/4/2012 DI	62226
12/1/2012 DI	62025	9/9/2012 DI	62226
12/3/2012 DI	62025	9/10/2012 DI	62226
12/5/2012 DI	62025	9/14/2012 DI	62226
12/6/2012 DI	62025	9/15/2012 DI	62226
12/7/2012 DI	62025	9/19/2012 DI	62226
12/9/2012 DI	62025	9/24/2012 DI	62226
12/16/2012 DI	62025	9/25/2012 DI	62226
12/17/2012 DI	62025	9/25/2012 DI	62226
12/29/2012 DI	62025	9/27/2012 DI	62226
7/23/2012 DI	62032	9/28/2012 DI	62226
1/9/2012 DI PSY	62034	10/3/2012 DI	62226
1/13/2012 DI PSY	62034	10/3/2012 DI	62226
1/25/2012 DI PSY	62034	10/5/2012 DI	62226
1/28/2012 DI PSY	62034	10/6/2012 DI	62226
2/14/2012 DI PSY	62034	10/6/2012 DI	62226
3/11/2012 DI PSY	62034	10/8/2012 DI	62226
4/6/2012 DI PSY	62034	10/8/2012 DI	62226
4/25/2012 DI PSY	62034	10/9/2012 DI	62226
6/23/2012 DI PSY	62034	10/10/2012 DI	62226
9/15/2012 DI	62034	10/10/2012 DI	62226
10/23/2012 DI	62034	10/16/2012 DI	62226
1/14/2012 DI PSY	62035	10/26/2012 DI	62226
2/4/2012 DI PSY	62035	10/29/2012 DI	62226
2/6/2012 DI CDP	62035	10/30/2012 DI	62226
2/16/2012 DI PSY	62035	10/31/2012 DI	62226
3/9/2012 DI PSY	62035	11/6/2012 DI	62226
9/1/2012 DI	62035	11/12/2012 DI	62226
10/31/2012 DI	62035	11/16/2012 DI	62226
12/7/2012 DI	62035	11/19/2012 DI	62226
10/19/2012 DI	62037	11/23/2012 DI	62226
1/1/2012 DI PSY	62040	11/23/2012 DI	62226
1/7/2012 DI PSY	62040	11/26/2012 DI	62226
1/12/2012 DI PSY	62040	11/26/2012 DI	62226
1/17/2012 DI PSY	62040	11/28/2012 DI	62226
2/18/2012 DI PSY	62040	12/1/2012 DI	62226
3/8/2012 DI PSY	62040	12/1/2012 DI	62226
3/20/2012 DI PSY	62040	12/3/2012 DI	62226
4/13/2012 DI PSY	62040	12/8/2012 DI	62226

4/18/2012 DI PSY	62040	12/10/2012 DI	62226
5/3/2012 DI PSY	62040	12/10/2012 DI	62226
5/5/2012 DI PSY	62040	12/12/2012 DI	62226
5/9/2012 DI PSY	62040	12/13/2012 DI	62226
5/16/2012 DI PSY	62040	12/20/2012 DI	62226
5/17/2012 DI PSY	62040	12/22/2012 DI	62226
5/24/2012 DI PSY	62040	12/26/2012 DI	62226
5/25/2012 DI PSY	62040	12/31/2012 DI	62226
6/8/2012 DI PSY	62040	1/5/2012 DI CDP	62230
6/10/2012 DI PSY	62040	3/5/2012 DI CDP	62230
6/12/2012 DI CDP	62040	6/25/2012 DI PSY	62230
6/12/2012 DI PSY	62040	8/1/2012 DI	62230
6/16/2012 DI PSY	62040	8/16/2012 DI	62230
6/17/2012 DI PSY	62040	8/18/2012 DI	62230
6/28/2012 DI CDP	62040	8/18/2012 DI	62230
7/6/2012 DI	62040	12/11/2012 DI	62230
7/9/2012 DI	62040	12/18/2012 DI	62230
7/12/2012 DI	62040	1/19/2012 DI PSY	62231
7/23/2012 DI	62040	6/2/2012 DI PSY	62231
7/25/2012 DI	62040	6/10/2012 DI PSY	62231
8/3/2012 DI	62040	7/13/2012 DI	62231
8/23/2012 DI	62040	1/19/2012 DI PSY	62232
8/24/2012 DI	62040	2/8/2012 DI PSY	62232
8/25/2012 DI	62040	2/14/2012 DI PSY	62232
8/25/2012 DI	62040	2/15/2012 DI CDP	62232
8/27/2012 DI	62040	2/18/2012 DI PSY	62232
9/2/2012 DI	62040	3/5/2012 DI CDP	62232
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9/9/2012 DI	62040	3/10/2012 DI PSY	62232
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10/21/2012 DI	62040	3/17/2012 DI PSY	62232
11/2/2012 DI	62040	3/29/2012 DI PSY	62232
11/5/2012 DI	62040	4/2/2012 DI PSY	62232
11/7/2012 DI	62040	4/3/2012 DI PSY	62232
11/12/2012 DI	62040	4/14/2012 DI PSY	62232
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11/19/2012 DI	62040	4/28/2012 DI PSY	62232
11/27/2012 DI	62040	5/2/2012 DI PSY	62232
12/6/2012 DI	62040	5/2/2012 DI PSY	62232
12/22/2012 DI	62040	5/2/2012 DI PSY	62232
12/29/2012 DI	62040	5/3/2012 DI PSY	62232
12/31/2012 DI	62040	5/9/2012 DI PSY	62232
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10/19/2012 DI	62048	5/19/2012 DI PSY	62232
6/7/2012 DI PSY	62049	5/21/2012 DI CDP	62232
1/10/2012 DI PSY	62052	6/28/2012 DI PSY	62232
2/29/2012 DI PSY	62052	7/7/2012 DI	62232
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4/16/2012 DI PSY	62058	8/10/2012 DI	62232
6/4/2012 DI PSY	62058	8/17/2012 DI	62232

10/4/2012 DI	62058	8/20/2012 DI	62232
3/22/2012 DI PSY	62060	8/24/2012 DI	62232
6/17/2012 DI PSY	62060	8/25/2012 DI	62232
6/30/2012 DI CDP	62060	9/16/2012 DI	62232
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9/2/2012 DI	62060	10/4/2012 DI	62232
11/15/2012 DI	62060	10/17/2012 DI	62232
11/19/2012 DI	62060	10/19/2012 DI	62232
2/13/2012 DI CDP	62061	10/25/2012 DI	62232
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11/19/2012 DI	62061	11/19/2012 DI	62232
3/20/2012 DI PSY	62062	12/4/2012 DI	62232
4/9/2012 DI CDP	62062	1/2/2012 DI PSY	62233
6/7/2012 DI PSY	62062	1/26/2012 DI PSY	62233
8/4/2012 DI	62062	2/11/2012 DI PSY	62233
9/10/2012 DI	62067	2/14/2012 DI PSY	62233
5/15/2012 DI PSY	62086	5/21/2012 DI PSY	62233
9/29/2012 DI	62086	9/3/2012 DI	62233
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6/28/2012 DI CDP	62088	11/30/2012 DI	62233
7/22/2012 DI	62088	12/19/2012 DI	62233
10/10/2012 DI	62088	1/3/2012 DI PSY	62234
1/3/2012 DI PSY	62095	1/8/2012 DI PSY	62234
1/17/2012 DI PSY	62095	1/12/2012 DI CDP	62234
2/23/2012 DI PSY	62095	1/18/2012 DI PSY	62234
2/24/2012 DI PSY	62095	1/19/2012 DI PSY	62234
3/20/2012 DI PSY	62095	2/10/2012 DI PSY	62234
5/5/2012 DI PSY	62095	2/24/2012 DI PSY	62234
5/17/2012 DI PSY	62095	2/29/2012 DI PSY	62234
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6/4/2012 DI PSY	62095	3/4/2012 DI PSY	62234
6/10/2012 DI PSY	62095	3/5/2012 DI PSY	62234
7/15/2012 DI	62095	3/14/2012 DI PSY	62234
8/16/2012 DI	62095	3/17/2012 DI PSY	62234
8/19/2012 DI	62095	3/17/2012 DI PSY	62234
8/27/2012 DI	62095	3/19/2012 DI PSY	62234
9/18/2012 DI	62095	3/23/2012 DI PSY	62234
10/17/2012 DI	62095	3/30/2012 DI PSY	62234
10/25/2012 DI	62095	3/31/2012 DI PSY	62234
10/27/2012 DI	62095	4/2/2012 DI PSY	62234
11/26/2012 DI	62095	4/4/2012 DI PSY	62234
1/18/2012 DI PSY	62201	4/6/2012 DI PSY	62234
1/26/2012 DI PSY	62201	4/10/2012 DI PSY	62234
3/18/2012 DI PSY	62201	5/4/2012 DI PSY	62234
3/28/2012 DI PSY	62201	5/7/2012 DI PSY	62234
4/9/2012 DI PSY	62201	5/15/2012 DI CDP	62234
4/15/2012 DI PSY	62201	5/15/2012 DI PSY	62234
4/18/2012 DI PSY	62201	5/23/2012 DI CDP	62234
5/1/2012 DI PSY	62201	5/25/2012 DI PSY	62234
5/15/2012 DI PSY	62201	5/28/2012 DI PSY	62234
5/24/2012 DI PSY	62201	7/2/2012 DI	62234
7/24/2012 DI	62201	7/5/2012 DI	62234
8/5/2012 DI	62201	7/9/2012 DI	62234

1/1/2012 DI PSY	62220	7/7/2012 DI	62263
1/1/2012 DI PSY	62220	8/5/2012 DI	62263
1/2/2012 DI PSY	62220	9/2/2012 DI	62263
1/5/2012 DI PSY	62220	9/5/2012 DI	62263
1/8/2012 DI PSY	62220	10/26/2012 DI	62263
1/8/2012 DI PSY	62220	1/26/2012 DI CDP	62264
1/9/2012 DI PSY	62220	4/26/2012 DI PSY	62264
1/10/2012 DI PSY	62220	5/5/2012 DI PSY	62264
1/11/2012 DI PSY	62220	5/13/2012 DI PSY	62264
1/11/2012 DI PSY	62220	7/12/2012 DI	62264
1/12/2012 DI PSY	62220	7/19/2012 DI	62264
1/12/2012 DI PSY	62220	7/30/2012 DI	62264
1/15/2012 DI PSY	62220	8/15/2012 DI	62264
1/20/2012 DI PSY	62220	1/7/2012 DI PSY	62265
1/20/2012 DI PSY	62220	1/20/2012 DI PSY	62265
1/23/2012 DI PSY	62220	2/27/2012 DI PSY	62265
1/24/2012 DI PSY	62220	3/2/2012 DI PSY	62265
1/28/2012 DI PSY	62220	3/7/2012 DI PSY	62265
1/30/2012 DI PSY	62220	4/20/2012 DI PSY	62265
1/31/2012 DI PSY	62220	7/8/2012 DI	62265
2/1/2012 DI PSY	62220	7/12/2012 DI	62265
2/2/2012 DI PSY	62220	8/19/2012 DI	62265
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2/10/2012 DI PSY	62220	10/5/2012 DI	62265
2/15/2012 DI PSY	62220	11/2/2012 DI	62265
2/17/2012 DI PSY	62220	11/10/2012 DI	62265
2/20/2012 DI PSY	62220	12/8/2012 DI	62265
2/24/2012 DI PSY	62220	11/2/2012 DI	62266
2/24/2012 DI PSY	62220	8/4/2012 DI	62268
2/26/2012 DI CDP	62220	1/5/2012 DI PSY	62269
2/27/2012 DI PSY	62220	1/7/2012 DI PSY	62269
2/29/2012 DI PSY	62220	1/10/2012 DI PSY	62269
3/3/2012 DI PSY	62220	1/12/2012 DI PSY	62269
3/5/2012 DI PSY	62220	1/17/2012 DI PSY	62269
3/7/2012 DI PSY	62220	1/20/2012 DI PSY	62269
3/9/2012 DI PSY	62220	1/25/2012 DI PSY	62269
3/12/2012 DI PSY	62220	2/6/2012 DI CDP	62269
3/15/2012 DI PSY	62220	2/10/2012 DI PSY	62269
3/16/2012 DI PSY	62220	2/12/2012 DI PSY	62269
3/17/2012 DI PSY	62220	2/13/2012 DI PSY	62269
3/19/2012 DI PSY	62220	2/13/2012 DI PSY	62269
3/21/2012 DI PSY	62220	2/14/2012 DI CDP	62269
3/21/2012 DI PSY	62220	2/18/2012 DI PSY	62269
3/25/2012 DI CDP	62220	2/24/2012 DI PSY	62269
3/28/2012 DI PSY	62220	2/24/2012 DI PSY	62269
3/29/2012 DI PSY	62220	3/3/2012 DI PSY	62269
3/31/2012 DI PSY	62220	3/16/2012 DI PSY	62269
3/31/2012 DI PSY	62220	3/26/2012 DI PSY	62269
3/31/2012 DI PSY	62220	3/26/2012 DI PSY	62269
4/1/2012 DI PSY	62220	4/3/2012 DI PSY	62269
4/3/2012 DI PSY	62220	4/3/2012 DI PSY	62269
4/4/2012 DI PSY	62220	4/5/2012 DI CDP	62269
4/4/2012 DI PSY	62220	4/10/2012 DI PSY	62269
4/4/2012 DI PSY	62220	4/12/2012 DI PSY	62269
4/4/2012 DI PSY	62220	4/14/2012 DI PSY	62269



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 20, 2013

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

Re: Application of Touchette Regional Medical Center to Expand its Behavioral Health Unit

Dear Ms. Avery:

My name is Randy Jung, MD, and I am a board certified psychiatrist on staff at St. Elizabeth's Hospital (SEB) in Belleville, Illinois.

In calendar year 2012, I admitted 838 patients to St. Elizabeth's Hospital for inpatient mental health services. Attached is the zip code by patient origin seen by me at SEB.

I anticipate that these admissions will be referred to Touchette Regional Medical Center on an annual basis, if the discontinuation of the behavioral health unit at St. Elizabeth is approved.

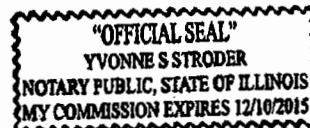
I have not used these patient referrals to support any other pending or approved CON application for the subject services.

Thank you and I urge you to approve the expansion of the Touchette unit, in light of the discontinuation of the St. Elizabeth's Hospital unit, to preserve access to behavioral health services in this region of Illinois.

Sincerely,

Randy J. Jung, MD

Randy Jung, MD
Medical Director and Department Chairperson, Psychiatry
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220



Yvonne S Stroder
6-20-13

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

Psych Admits Zip Code	Physician CHAREPOO,MINA MD	JUNG,RANDY MD	VOELLER,ANNA MD	Grand Total
15537		1		1
17702		1		1
25301		1		1
31088		1		1
34746		1		1
37683		1		1
38301		1		1
38821		1		1
42039		1		1
52141	1			1
52405		1		1
55056	1			1
60040		1		1
60439		1		1
61607	1			1
61616		1		1
61701		1		1
61820		1		1
61822			1	1
61866		1		1
62001	1			1
62002	14	13	7	34
62010	4	2	3	9
62012	2	1	1	4
62017		1		1
62018		1	2	3
62024	7	6	2	15
62025	6	9	4	19
62032		1		1
62034	5	5	1	11
62035	1	3	1	5
62037	1			1
62040	19	23	8	50
62047			1	1
62048		1		1
62049			1	1
62052			2	2
62056		1		1
62058		2	2	4
62060	2	2		4
62061	2	1		3
62062	1	2	1	4
62067	1			1
62086	3	1		4
62088	2	1		3

62095	6	7	2	15
62201	7	12	4	23
62202		2		2
62203	10	13	7	30
62204	9	11	4	24
62205	6	9	4	19
62206	12	11	8	31
62207	4	7	3	14
62208	21	37	8	66
62218		1		1
62219		1		1
62220	30	81	30	141
62221	46	68	25	139
62222		2		2
62223	30	28	24	82
62225	10	11	6	27
62226	32	87	26	145
62230		6	3	9
62231		3		3
62232	14	19	10	43
62233	3	5	1	9
62234	26	34	12	72
62236	1	4		5
62237	1	6	2	9
62238			1	1
62239	5	5	1	11
62240	1	2		3
62241	1			1
62242		1	1	2
62243	6	4	3	13
62245		1		1
62246	1	3		4
62248		1		1
62249	9	9	6	24
62253		1		1
62254	3	9	3	15
62255	3	1	1	5
62257	1	8	2	11
62258	6	9	5	20
62260	6	19	4	29
62263	2	3		5
62264	2	3		5
62265	2	13	1	16
62266		1		1
62268	1			1
62269	20	51	15	86
62271	1	4	2	7

62272	2	2		4
62273		1	1	2
62274		3		3
62275	1	1		2
62277		2		2
62278	3	6	2	11
62279		2		2
62282	2			2
62285	3	5	3	11
62286	5	6	3	14
62288	1	3		4
62292		4	1	5
62293	1	2	1	4
62294	6	7	2	15
62295		1		1
62297		1		1
62298	3	11	1	15
62420		1		1
62458	1			1
62471	1	2		3
62526	1			1
62613	3	1		4
62625	1			1
62685	1	1		2
62703	1	1		2
62801	3	3	2	8
62808		1		1
62812	1	2		3
62832			2	2
62849	1			1
62859		1		1
62864	1	2		3
62881	1	4	1	6
62882			1	1
62884	1			1
62885			1	1
62888		1		1
62890			1	1
62894	1			1
62896	1			1
62901	2	3		5
62902			1	1
62906	2			2
62948	1			1
62951		1		1
62959	1	2	1	4
62966			1	1

62997			1	1
62999	1			1
63010	1	1		2
63017		1		1
63020		1		1
63021	1		1	2
63026	2	1		3
63030		1		1
63031	1	1	1	3
63033	1		1	2
63043			1	1
63044		2		2
63052			1	1
63101	1			1
63102	2			2
63103		3	2	5
63104		1	2	3
63106		1	1	2
63107		1		1
63108		2	1	3
63110	1	1		2
63111		2		2
63114		3	1	4
63115	1		1	2
63116		1	1	2
63119	1	2		3
63122	1			1
63125		2		2
63128		1		1
63129	1	1		2
63130		1		1
63132			1	1
63137		1		1
63139			1	1
63141		3		3
63144	1			1
63147			1	1
63166		2	1	3
63304		1		1
63376	1			1
63379	3	1		4
63764	1			1
63775	1			1
63801		1		1
63830		1		1
63966	1			1
64772		1		1

65270	1			1
65801		1		1
65807	1			1
68521	1			1
72543	1			1
74010	1	1		2
74132	1			1
75488	1	3		4
76210	1			1
78613		1		1
83847		1		1
97527			1	1
99202	1			1
99220	1		1	2
63028		1		1
62858			1	1
60424			1	1
71106		1		1
Grand Total	497	838	309	1644

Transfer Patients	Physician			Grand Total
Zip Code	CHAREPOO,MINA MD	JUNG,RANDY MD	VOELLER,ANNA MD	Grand Total
62058			1	1
62201			2	2
62203	1			1
62206	1			1
62208	1	1		2
62220	2	2		4
62221		1		1
62223	2			2
62226	1	1		2
62234		1		1
62243		1		1
62265		1		1
62285		1		1
62294		1		1
62613	1			1
62863	1			1
77384			1	1
Grand Total	10	13	1	24

Acute Mental Illness

1110.730(e)(i)

Staffing for the additional 18 beds will be accomplished by asking current St. Elizabeth's staff in its AMI unit to apply to Touchette publishing notices in local newspapers, posting available positions on the Touchette website and general recruitment initiatives. Touchette does not anticipate staffing issues.

Acute Mental Illness

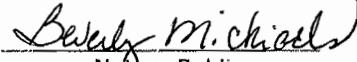
1110.730(f)

With the addition of 18 AMI beds Touchette will meet performance requirements of 20 beds for an AMI service offered within a MSA.

I, Tom Mikkelson, M.D., attest that the proposed expansion of the AMI bed category will meet the occupancy standards required of it within 24 months of its operation.


Tom Mikkelson, M.D., COO
Touchette Regional Medical Center

Subscribed and sworn to before me this
^{25th} day of June, 2013.


Notary Public



June 21, 2013

Dave Braasch, President/CEO
Alton Memorial Hospital
One Memorial Drive
Alton, IL 62002-6755

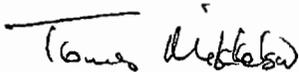
VIA CERTIFIED MAIL

Dear Mr. Braasch:

We are sending this to you, as we know Alton Memorial Hospital operates a 20 bed inpatient psychiatric unit. Touchette Regional Hospital currently operates a 12 bed adult inpatient psychiatric unit. We are intending to expand our unit to 30 beds. We are doing so in light of the plan of St. Elizabeth's Hospital to discontinue its 36 bed unit. We have been working for some time with St. Elizabeth's to address the shortage of treatment options for patients in need of acute behavioral health treatment. It is the joint goal of both St. Elizabeth's Hospital and Touchette Regional Hospital to seek approval from the Illinois Health Facilities and Services Review Board at the same meeting regarding the separate behavioral health projects. This will allow for, to the extent possible, a rather seamless transition of services so that the discontinuation of service in Belleville will be ameliorated by the addition of 18 beds at Touchette. We carefully analyzed the number of beds Touchette should add to address the need for acute behavioral health care services in the area and determined a 30 bed unit was appropriate.

Kindly advise us if you believe this project will have any impact on your facility. If you do not respond, we will assume that the project will have no impact. Of course, feel free to contact me with any question and/or concerns.

Sincerely,



Thomas Mikkelsen, M.D., Chief Operating Officer
Touchette Regional Hospital

TM: bam

Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS AND AT CUTTING LINE

CERTIFIED MAIL



7009 2620 0002 8583 1832

U.S. POSTAGE PITNEY BOWES



ZIP 62207 \$006.11⁰
02 1W
0001372237 JUN 21 2013



Dave Braasch, President/CEO
Alton Memorial Hospital
One Memorial Drive
Alton, IL 62002-6755

June 21, 2013

Robin Anderson, COO
Gateway Regional Medical Center
2100 Madison Avenue
Granite City, IL 62040-4799

VIA CERTIFIED MAIL

Dear Ms. Anderson:

We are sending this to you, as we know Gateway Regional Medical Center operates a 100 bed inpatient psychiatric unit. Touchette Regional Hospital currently operates a 12 bed adult inpatient psychiatric unit. We are intending to expand our unit to 30 beds. We are doing so in light of the plan of St. Elizabeth's Hospital to discontinue its 36 bed unit. We have been working for some time with St. Elizabeth's to address the shortage of treatment options for patients in need of acute behavioral health treatment. It is the joint goal of both St. Elizabeth's Hospital and Touchette Regional Hospital to seek approval from the Illinois Health Facilities and Services Review Board at the same meeting regarding the separate behavioral health projects. This will allow for, to the extent possible, a rather seamless transition of services so that the discontinuation of service in Belleville will be ameliorated by the addition of 18 beds at Touchette. We carefully analyzed the number of beds Touchette should add to address the need for acute behavioral health care services in the area and determined a 30 bed unit was appropriate.

Kindly advise us if you believe this project will have any impact on your facility. If you do not respond, we will assume that the project will have no impact. Of course, feel free to contact me with any question and/or concerns.

Sincerely,



Thomas Mikkelsen, M.D., Chief Operating Officer
Touchette Regional Hospital

TM: bam

Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207



7009 2820 0002 4583 1825

Robin Anderson, COO
Gateway Regional Medical Center
2100 Madison Avenue
Granite City, IL 62040-4799



U.S. POSTAGE PITNEY BOWES
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0001372237 JUN 21 2013



St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

June 24, 2013

Thomas Mikkelson
Chief Operating Officer
Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207

Dear Mr. Mikkelson:

I am in receipt of your letter dated June 20, 2013 regarding the impact of the discontinuation of St. Elizabeth's inpatient behavioral health unit and the expansion of behavioral health services at Touchette Regional Hospital. Thank you for your support of our discontinuation of services. We likewise are in support of the expansion of said services at Touchette and upon approval of both certificates of need by the Illinois Health Facilities and Services Review Board, we intend to send behavioral health patients to Touchette.

We look forward to a successful collaboration with you.

Sincerely,

Maryann Reese
President and CEO

June 20, 2013

Ms. Maryann Reese, President & CEO
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220-1998

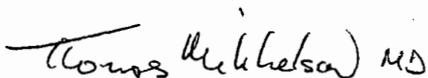
RE: Request from St. Elizabeth's for Impact Statement

Dear Ms. Reese:

Thank you for your request for impact letter. As both St. Elizabeth's Hospital and Touchette Regional Hospital have been planning together to address the inpatient and behavioral health needs of our community, I am able to state that the discontinuation of St. Elizabeth's inpatient behavioral health, or acute mental illness unit will have no impact upon Touchette. I say this with optimism that if the St. Elizabeth's request to discontinue its service is approved by the Illinois Health Facilities and Services Review Board ("HFSRB"), the Touchette request to expand its unit will also be approved by the Board. If it is not, our twelve bed unit will not have the capacity to accept the current volume of patients seen at St. Elizabeth's.

We have enjoyed our collaboration with St. Elizabeth's on behalf of this community. We understand St. Elizabeth's intends to continue to operate its unit until such time as Touchette's expansion is certified occupancy (again, if HFSRB approves both projects). The commitment demonstrated by St. Elizabeth's administration and sponsorship is rewarding to see, in an era when so many circumstances are combining to make it difficult for health care providers to navigate the financial and clinical environment we operate in. Under the latter circumstances, Touchette will be able to and agrees to take patients formerly seen at St. Elizabeth's, without regard to ability to pay and in a non-discriminatory manner.

Thank you,



Thomas Mikkelson, Chief Operating Officer
Touchette Regional Hospital

Availability of Funds

Touchette intends to obtain financing from JP Morgan Chase Bank, N.A. pursuant to terms reflected in the attached guaranty commitment from HSS, Inc., which has a bond rating of A or better (see attached).

Also appended to the application are the audited financials of Touchette, for the most recent three years for which they are available.

Maturity Date	Issuer	Security Type	Ultimate Parent	Offer Date	S&P Rating	S&P Rating Date	S&P CreditWatch/Outlook	Issued Currency
Aug-15-2013	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Oct-01-2013	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Dec-01-2013	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-20-2011	-	-	-	USD
May-15-2014	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-30-2012	-	-	-	USD
Aug-15-2014	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Dec-01-2014	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-25-2011	-	-	-	USD
Aug-15-2015	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Aug-15-2016	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Aug-15-2017	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Oct-01-2017	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Dec-01-2017	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-25-2011	-	-	-	USD
Dec-01-2017	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-20-2011	-	-	-	USD
Aug-15-2018	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Oct-01-2018	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Feb-15-2019	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-26-2011	-	-	-	USD
Aug-15-2019	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-19-2011	-	-	-	USD
Aug-15-2019	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Oct-01-2019	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Apr-01-2020	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Sep-21-2011	-	-	-	USD
Aug-15-2020	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD

Dec-01-2020	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-20-2011	-	-	-	USD
Apr-01-2021	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Sep-21-2011	-	-	-	USD
Aug-15-2021	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-01-2012	AA-	Aug-17-2012	Stable	USD
Dec-01-2021	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-25-2011	-	-	-	USD
Dec-01-2021	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-20-2011	-	-	-	USD
Oct-01-2022	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Nov-15-2023	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-10-2012	-	-	-	USD
Dec-01-2023	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Oct-20-2011	-	-	-	USD
Oct-01-2026	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Nov-15-2026	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-10-2012	-	-	-	USD
Oct-01-2029	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Aug-15-2031	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-19-2011	-	-	-	USD
Aug-15-2031	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-19-2011	-	-	-	USD
Oct-01-2033	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD
Sep-01-2038	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Nov-20-2012	-	-	-	USD
Apr-01-2041	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Sep-21-2011	-	-	-	USD
Nov-15-2041	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-12-2011	-	-	-	USD
Nov-15-2042	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-10-2012	-	-	-	USD
Nov-15-2042	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	May-30-2013	-	-	-	USD
Mar-01-2043	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-28-2013	-	-	-	USD
Dec-01-2046	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Jun-25-2008	-	-	-	USD
Oct-01-2051	Hospital Sisters Services, Inc.	Municipal	Hospital Sisters Services, Inc.	Feb-02-2012	-	-	-	USD



S&P Credit Ratings and Research provided by

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Hospital Sisters Services, Inc.

An Affiliate of Hospital Sisters Health System

June 25, 2013

Touchette Regional Hospital
5900 Bond Ave.
Centreville, Illinois 62207
Attention: John Majchrzak

Dear John:

Hospital Sisters Services Inc. (the "Guarantor") has agreed, subject to the conditions described herein, to provide a guaranty on the loan facility described herein between Touchette Regional Hospital (the "Borrower") and JPMorgan Chase Bank, N.A. (the "Bank"). The details of the Guarantor's commitment are as follows:

LOAN FACILITY:	Up to \$10 million taxable term loan (the "Term Loan") to be provided by the Bank. Term Loan will have a seven-year term and bear interest at a fixed interest rate. The Term Loan will be payable interest-only the first two years, with level debt service payments due thereafter based on a 15-year amortization schedule. Payment in full due on the maturity date. The Guarantor will work with the Borrower to find a refinancing option for the Term Loan at the end of the 7 year term on terms mutually acceptable to both the Guarantor and the Borrower.
PURPOSES:	The proceeds of the Term Loan will be used to construct and expand the Borrower's current twelve-bed behavioral health capacity (the "Behavioral Health Unit") to 30 beds.
GUARANTY:	Guarantor to provide to the Bank a guaranty on the Term Loan (the "Guaranty"), which will be secured by an Obligation issued under the Guarantor's Master Trust Indenture (the "Guarantor Obligation").
COVENANT AND REPAYMENT AGREEMENT:	Guarantor and Borrower will enter into a Covenant and Repayment Agreement which shall contain the covenants described herein and an agreement of the Borrower to reimburse the Guarantor any amounts paid by the Guarantor to the Bank pursuant to the Term Loan or Guaranty documentation. Mutually acceptable market repayment terms and rates to be negotiated by the parties.
FEES:	Borrower shall pay Guarantor a non-refundable fee, payable on the closing date of the Term Loan and annually in advance thereafter. The Borrower will pay all reasonable costs and expenses associated with the preparation, due diligence, administration and closing of all loan documentation including, without limitation, the legal fees of counsel to the Guarantor and Borrower, regardless of whether or not the Term Loan is closed.

P.O. Box 19456 - Springfield, Illinois 62794-9456
(217) 523-4747 - Fax (217) 523-0542

	<p>thereafter. The Borrower will pay all reasonable costs and expenses associated with the preparation, due diligence, administration and closing of all loan documentation including, without limitation, the legal fees of counsel to the Guarantor and Borrower, regardless of whether or not the Term Loan is closed.</p>
<p>COLLATERAL SUMMARY:</p>	<p>The obligations of the Borrower to the Guarantor under the Covenant and Repayment Agreement will be secured by mortgage and standard related documentation on 47-acres of unimproved land owned by the Borrower and a second mortgage on the Borrower's existing hospital facilities and the land and improvements on which the Behavioral Health Unit will be constructed (the "Mortgage").</p>
<p>MANDATORY PREPAYMENT:</p>	<p>The Borrower will prepay the Term Loan in full upon the occurrence of the following events: (a) a sale or disposition of substantially all the Borrower's assets or (b) an event of default under the Covenant and Repayment Agreement.</p> <p>Upon the sale of the Borrower's Kenneth Hall Regional Hospital facilities, if the proceeds of the sale are \$500,000 or more, the Borrower will utilize at least 50% of the proceeds to prepay all or a portion of the Term Loan. In addition, if the Borrower receives a grant, Enterprise Zone funds or other funds from a third party (exclusive of any CMS payments) for some or all of the costs of the Behavioral Health Unit, and such funds are in the aggregate \$200,000 or more, the Borrower will utilize at least 50% of such funds to prepay all or a portion of the Term Loan.</p>
<p>REPRESENTATIONS:</p>	<p>The Covenant and Repayment Agreement shall contain standard representations and warranties.</p>
<p>COVENANTS:</p>	<p>At all times the Term Loan remains outstanding, the Borrower shall comply with standard covenants, including but not limited to the following:</p> <ul style="list-style-type: none"> • Delivery to the Guarantor of (a) copies of the reports and related compliance certificates required by the Bank pursuant to the Term Loan agreement and (b) monthly unaudited financial statements of the Borrower within 30 days of the applicable month end which shall include a balance sheet, statement of

	<p>operations and a cash flow statement.</p> <ul style="list-style-type: none"> • Not issue, incur or have outstanding at any time additional indebtedness in excess of \$1 million (excluding (i) financing of annual malpractice and property insurance premiums and (ii) capital and operating leases in the normal course of business) without the prior written consent of the Guarantor. Limit on debt will increase by \$1,000,000 if days cash on hand are more than 45 days. • Negative pledge on all assets. • No portion of the loan proceeds shall be utilized for the performance of services that are prohibited under the Ethical and Religious Directives, e.g., abortion, euthanasia or sterilization. • Notification to the Guarantor at least 7 days prior to any Term Loan principal or interest payment date, if Borrower is unable to fund all or a portion of such payment. The Guarantor shall have the right, but not the obligation, in its sole discretion to arrange for the funding of any such payment prior to the default. • Deliver of quarterly construction progress reports within 45 days of the end of each calendar quarter in the form attached to the Covenant and Repayment Agreement.
EVENT OF DEFAULT:	<p>The Covenant and Repayment Agreement shall contain standard events of default. If there is an event of default under the loan agreement, the Guarantor shall have the same rights and remedies as the Bank has under the loan agreement.</p>
MATERIAL ADVERSE CHANGE:	<p>This proposal is subject to no material adverse change in the financial condition, reimbursement or operations of the Borrower and the absence of any default, event of default or unmatured default having occurred prior to or upon closing.</p>

<p>CONDITIONS PRECEDENT:</p>	<p>The following items shall be conditions precedent to the delivery of the Guaranty and the Guarantor Obligation to the Bank:</p> <ul style="list-style-type: none"> • Delivery to the Guarantor of satisfactory documentation regarding the necessary approvals, orders, authorizations, consents, licenses, certificates, and material permits for construction of the Behavioral Health Unit from all applicable governmental authorities, including any Certificate of Need from the Illinois Health Facilities and Services Review Board. • Approval by the Illinois Health Facilities and Services Review Board of a Certificate of Need application for St. Elizabeth's Hospital, Belleville to discontinue acute mental illness services. • Approval by the Bank and the Guarantor of the Term Loan and related loan documentation. • Delivery in a form acceptable to the Guarantor of customary real estate closing documentation related to the Mortgage, including title policies, and delivery in form acceptable to the Guarantor of the Covenant and Repayment Agreement.
<p>DOCUMENTATION:</p>	<p>The Guarantor's commitment is subject to execution and delivery of legal documentation prepared by the Bank's or Guarantor's legal counsel, including but not limited to a loan agreement, covenant and repayment agreement, guaranty agreement, mortgage, opinions of counsel, closing certificates and other documentation satisfactory in all respects to the Guarantor and its legal counsel. All documents will be subject to Illinois law.</p>
<p>LEGAL COUNSEL:</p>	<p>The law firm Dentons US LLP has been retained by the Guarantor to act as legal counsel. Payment of the Guarantor's reasonable legal counsel fees shall be the sole responsibility of the Borrower.</p>

The terms of this commitment may not be waived or modified unless such waiver or modification is expressly stated and specifically agreed to by the parties hereto in writing. This commitment is personal as to the party to whom it is addressed and/or the Borrower named

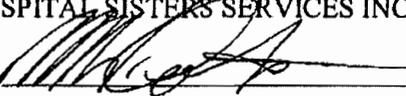
Touchette Regional Hospital
June 25, 2013
Page 5

herein. The commitment may not be assigned to or relied upon by any third party. The commitment supersedes any statements, whether written or oral made by Guarantor or anyone acting on its behalf and represents the entire agreement between the parties.

Touchette Regional Hospital
June 25, 2013
Page 6

Please indicate your approval by signing, dating, and returning the original copy of this letter to me no later than June 25, 2013. This commitment will expire if not accepted in writing by that date and will expire if the Term Loan is not closed by September 30, 2013.

HOSPITAL SISTERS SERVICES INC.

By: 

Name: Michael W. Cottrell

Title: Chief Financial Officer

Acknowledged and Agreed to:

TOUCHETTE REGIONAL HOSPITAL

By: 

Name: John W. Majchrzak

Title: Chief Financial Officer

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year 2010	Year 2011	Year 2012
Inpatient	386	174	196
Outpatient	5,989	4,080	3,676
Total	6,375	4,254	3,872
Charity (cost in dollars)			
Inpatient	1,658,487	1,225,293	816,118
Outpatient	3,122,862	3,109,851	2,825,007
Total	4,781,349	4,335,144	3,641,125
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient	2,167	1,676	1,502
Outpatient	20,731	18,323	23,500
Total	22,898	19,999	25,008
Medicaid (revenue)			
Inpatient	16,026,802	13,439,148	9,860,509
Outpatient	31,424,865	29,715,024	18,782,813
Total	47,451,667	43,174,519	28,643,322

Financial Viability Waiver for HSS, Inc.

See previously attached confirmation of bond rating for HSS, Inc.

Viability Ratios For Touchette

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:	2010	2011	2012	2016
Current Ratio	1.24	1.04	1.12	2.08
Net Margin Percentage	-2.73%	-7.91%	-2.72%	1.10%
Percent Debt to Total Capitalization	7.09%	23.25%	22.67%	42.55%
Projected Debt Service Coverage	0.69	-1.81	0.51	4.18
Days Cash on Hand	81.5	23.6	12.8	36.1
Cushion Ratio	17.22	2.96	2.03	6.86

While Touchette does not meet the Board's criteria on viability ratios, the debt it is assuming will be guaranteed by HSS, Inc., which has a bond rating of A or better.

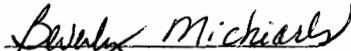
Borrowing is the only alternative for paying for the expansion, and is less costly than liquidating existing current investments.

The selected form of debt financing is at the lowest cost available.



John Majchrzak, CFO
Touchette Regional Medical Center

Subscribed and sworn to before me this
25th day of June, 2013.



Notary Public



See below chart reflecting the reasonableness of the costs per the State Board standards.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
AMI (Inpatient)	\$589.55	\$143.09**	8,313sf	15%	7,534sf	20%	\$4,900,952	\$1,078,004		\$5,978,956	
Contingency							\$361,522	\$79,533		\$441,055	
TOTALS							\$5,262,474	\$1,157,537		\$6,420,011	

* Include the percentage (%) of space for circulation

**Modernized cost per square foot is blended cost between minor and major renovation.

Economic Feasibility

The direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion: \$365.58 per equivalent patient day.

Safety Net Impact

To the applicants knowledge the impact on safety net services will be positive in that this project will maintain them.

The applicants do not have knowledge regarding cross subsidization of services.

Attached is a chart reflecting the prior three years charity and Medicaid care. I hereby certify it is accurate. I also certify that the Touchette Charity Care policy is as generous as St. Elizabeth's and that no patient will be turned away due to inability to pay, or any other discriminatory reason.



John Majchrzak, CFO
Touchette Regional Hospital

Subscribed and sworn to before me this
25th day of June, 2013.


Notary Public

Safety Net Information per PA 96-0031			
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Total	47,451,667	43,174,519	28,643,322

Charity Care

See below charity care information for Touchette for the last three audited fiscal years. St. Elizabeth's is also provided for reference.

Touchette

CHARITY CARE			
	Year 2010	Year 2011	Year 2012
Net Patient Revenue	64,286,367	55,917,374	51,263,447
Amount of Charity Care (charges)	12,155,601	8,502,897	6,322,392
Cost of Charity Care	4,781,349	4,335,144	3,641,125

St. Elizabeth's

CHARITY CARE			
	Year 2010	Year 2011	Year 2012
Net Patient Revenue	183,292,815	171,185,007	165,857,300
Amount of Charity Care (charges)	17,565,475	14,788,672	15,749,939
Cost of Charity Care	5,383,601	4,761,952	4,559,607

**FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT**

TOUCHETTE REGIONAL HOSPITAL, INC.

December 31, 2009 and 2008

TOUCHETTE REGIONAL HOSPITAL, INC.

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CPAs and
Management Consultants
One South Memorial Drive, Ste. 950
St. Louis, MO 63102-2439
ph 314.231.6232
fax 314.231.0079
www.kebcpa.com

Independent Auditors' Report

Board of Directors
Touchette Regional Hospital, Inc.

We have audited the accompanying combined balance sheets of Touchette Regional Hospital, Inc. (an Illinois not-for-profit corporation) and affiliates as of December 31, 2009 and 2008, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended. These combined financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these combined financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the combined financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Touchette Regional Hospital, Inc. and affiliates as of December 31, 2009 and 2008, and the results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Kerber, Eck + Braeckel LLP

St. Louis, Missouri
June 16, 2010

Other Locations

Belleville, IL • Carbondale, IL • Springfield, IL • Jacksonville, IL • Cape Girardeau, MO • Milwaukee, WI

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED BALANCE SHEETS

December 31,

ASSETS	2009	2008	LIABILITIES AND NET ASSETS	2009	2008
Current assets			Current liabilities		
Cash and cash equivalents	\$ 1,935,500	\$ 3,009,075	Current maturities of long-term obligations	\$ 730,947	\$ 2,471,528
Accounts receivable			Short-term notes	108,671	110,147
Patients, less estimated uncollectibles of			Accounts payable	1,650,703	2,467,688
\$2,255,000 in 2009 and \$5,823,000 in 2008	5,063,573	6,754,654	Deferred revenue	-	2,000,956
Other	356,129	219,607	Accrued liabilities		
Investments	500,000	-	Payroll and payroll taxes	2,026,740	1,841,107
Assets limited as to use	-	1,700,000	Provider assessment payable	-	2,094,069
Provider assessment receivable	2,005,993	5,536,428	Other	655,840	691,833
Third-party payor settlements	549,664	1,952,919	Third-party payor settlements	14,964	144,262
Inventories, prepaid and other	1,057,641	914,148	Total current liabilities	5,187,865	11,821,590
Total current assets	11,468,500	20,086,831	Long-term obligations, less current maturities	1,208,621	717,669
Assets limited as to use			Other liabilities		
By board for capital improvements	9,387	5,801	Asset retirement obligations	1,935,880	1,841,555
Held by bank for collateral	-	1,700,000	Estimated liability claims payable, less current portion	2,617,000	3,010,000
Held by bank for insurance guarantee	2,156,000	2,175,000	Total other liabilities	4,552,880	4,851,555
Less amount required to meet current obligations	2,165,387	3,880,801	Total liabilities	10,949,366	17,390,814
			Net assets		
Property and equipment - net	14,579,141	15,244,104	Unrestricted	17,212,574	20,069,834
			Temporarily restricted	51,088	51,088
			Permanently restricted	423,848	568,409
Other assets			Total net assets	17,687,510	20,689,331
Beneficial interest in charitable trust	423,848	568,409	Total liabilities and net assets	\$ 28,636,876	\$ 38,080,145
Total assets	\$ 28,636,876	\$ 38,080,145			

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF OPERATIONS

Year ended December 31,

	<u>2009</u>	<u>2008</u>
Unrestricted revenues, gains and other support		
Net patient service revenue	\$ 66,663,261	\$ 67,874,415
Other operating revenue	<u>1,281,729</u>	<u>2,769,937</u>
Total unrestricted revenues, gains and other support	67,944,990	70,644,352
Operating expense		
Salaries	30,395,452	30,842,249
Employee benefits	5,948,437	6,452,441
Physician fees	5,472,538	4,536,923
Supplies and other	17,466,768	18,275,040
Insurance and liability claims	1,177,989	1,729,437
Provision for bad debts	4,998,126	7,909,122
Depreciation and amortization	2,345,124	2,166,534
Hospital provider assessment	3,132,261	2,964,235
Interest	<u>187,663</u>	<u>306,052</u>
Total operating expense	71,124,358	75,182,033
Loss from operations	(3,179,368)	(4,537,681)
Other income	<u>322,108</u>	<u>316,427</u>
DEFICIENCY OF REVENUES OVER EXPENSES	<u>\$ (2,857,260)</u>	<u>\$ (4,221,254)</u>

The accompanying notes are an integral part of these statements.

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF CHANGES IN NET ASSETS Year ended December 31,

	<u>2009</u>	<u>2008</u>
Unrestricted net assets		
Deficiency of revenues over expenses	\$ (2,857,260)	\$ (4,221,254)
Decrease in unrestricted net assets	(2,857,260)	(4,221,254)
Permanently restricted net assets		
Increase (decrease) in value of beneficial interest in charitable trust	(144,561)	232,531
Increase (decrease) in permanently restricted net assets	(144,561)	232,531
Decrease in net assets	(3,001,821)	(3,988,723)
Net assets, beginning of year	20,689,331	24,678,054
Net assets, end of year	<u>\$ 17,687,510</u>	<u>\$ 20,689,331</u>

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF CASH FLOWS
Year ended December 31,

	<u>2009</u>	<u>2008</u>
Cash flows from operating activities and gains		
Change in net assets	\$ (3,001,821)	\$ (3,988,723)
Adjustments to reconcile change in net assets to net cash provided by operating activities and gains		
Depreciation and amortization	2,345,124	2,166,534
Provision for bad debts	4,998,126	7,909,122
Loss (gain) on disposal of assets	-	(7,000)
(Increase) decrease in assets		
Accounts receivable	(3,443,567)	(6,420,627)
Provider assessment receivable	3,530,435	341,226
Other assets	1,404,323	(1,040,429)
Increase (decrease) in liabilities		
Accounts payable, accrued and other liabilities	(796,644)	(1,311,600)
Deferred revenue	(2,000,956)	2,000,956
Provider assessment liability	(2,094,069)	1,175,511
Estimated liability claims payable	(393,000)	211,667
Total adjustments	<u>3,549,772</u>	<u>5,025,360</u>
Net cash provided by operating activities and gains	547,951	1,036,637
Cash flows from investing activities		
Proceeds from sale of property and equipment	-	7,000
Capital expenditures	(384,064)	(3,090,572)
Purchase of investments	(500,000)	-
Net (deposits) withdrawals of funds whose use is limited	<u>1,715,414</u>	<u>(1,778,129)</u>
Net cash provided by (used in) investing activities	831,350	(4,861,701)
Cash flows from financing activities		
Net short-term borrowings	(1,476)	110,147
Principal payments on long-term obligations	<u>(2,451,400)</u>	<u>(985,463)</u>
Net cash used in financing activities	(2,452,876)	(875,316)
Net decrease in cash and cash equivalents	(1,073,575)	(4,700,380)
Cash and cash equivalents, beginning of year	<u>3,009,075</u>	<u>7,709,455</u>
Cash and cash equivalents, end of year	<u>\$ 1,935,500</u>	<u>\$ 3,009,075</u>
Non-cash investing and financing activities:		
Capital lease obligations entered into in exchange for equipment	<u>\$ 1,201,771</u>	<u>\$ 721,000</u>

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES

The combined financial statements of Touchette Regional Hospital, Inc. (Hospital) include the accounts of Touchette Regional Hospital, Inc., Centreville, Illinois (TRH), Kenneth Hall Regional Hospital (KHRH) (through June 30, 2009), and Archview Health Support, Inc., East St. Louis, Illinois (Archview). All significant intercompany transactions and accounts are eliminated.

A summary of the significant accounting policies of the Hospital consistently applied in the preparation of the accompanying combined financial statements follows.

1. Nature of Entity

The Hospital was organized to provide comprehensive healthcare and health-related services to residents of the Hospital's service area within its two campuses (TRH and KHRH). This area includes East St. Louis, Centreville Township, as well as the surrounding communities. The Hospital is a 154 bed acute care service provider.

Effective July 1, 2009, Articles of Merger between TRH and KHRH were adopted by the Board of Directors of TRH and by written consent of KHRH. The plan of merger was approved by resolutions adopted by the Board of Directors of TRH in which TRH was the surviving Organization.

The Hospital is a controlled affiliate of Southern Illinois Healthcare Foundation, Inc. (SIHF). SIHF is an Illinois not-for-profit corporation organized under Section 501(c)(3) of the Internal Revenue Code. Membership of the Hospital consists of the Board of Directors for SIHF, which appoints the Hospital's Board of Directors.

Archview was organized to be operated for charitable purposes exclusively for the benefit of the Hospital. Archview is a controlled affiliate of the Hospital.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

3. Cash, Cash Equivalents and Investments

The Hospital considers all highly liquid debt instruments with maturities of three months or less at the date of acquisition and not limited as to their use to be cash equivalents. Investments, consisting of certificates of deposit, are recorded at cost which approximates fair value.

4. Assets Limited as to Use

Resources which are set aside for board-designated or other restricted purposes are considered to be assets limited as to use. Assets limited as to use that are required for obligations classified as current liabilities are reported as current assets. Such assets are reported at fair value.

5. Inventories

Inventories are stated at the lower of cost or market. Cost is determined using the first-in, first-out method.

6. Property and Equipment

Property and equipment is stated at cost. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives, on a straight-line basis. Leased property under capital leases is amortized over the lives of the respective leases, or over the service lives of the assets for those leases which substantially transfer ownership.

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific purpose or time period. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

8. Net Patient Service Revenue and Receivables

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors and others for services rendered. Also included in net patient service revenue are estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Net patient receivables are recorded net of an allowance for uncollectible accounts based on various factors including historical performance, the aging of receivables and existing economic conditions.

9. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

10. Excess of Revenues Over Expenses

The statement of operations includes excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for purposes of acquiring such assets).

11. Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value when received. Unrestricted contributions and donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements. Donor-restricted contributions whose restrictions are not met at year end are reported as either temporarily or permanently restricted support until such assets are released from restrictions.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

12. Income Taxes

The Hospital is a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code and is exempt from income taxes on related income under Section 501(a) of the Code.

Effective January 1, 2009, the Hospital adopted the standards for accounting for uncertainty in income taxes. These standards prescribe a comprehensive model for financial statement recognition, measurement, classification and disclosure of uncertain tax positions. The implementation of the standards had no effect on net assets as of January 1, 2009.

The Hospital continually evaluates the effects of all tax positions taken including expiring statutes of limitations, tax examinations, unrelated business income and new authoritative rulings. The Hospital files federal information returns. The statute of limitations for information returns filed for the years ended December 31, 2006 through 2009 have not expired and therefore are subject to examination.

13. Asset Retirement Obligation

Under the provisions of the standard for accounting for conditional asset retirement obligations, the Hospital records a liability and capitalizes costs for the fair value of conditional asset retirement obligations when incurred if the fair value of the liability can be reasonably estimated.

NOTE B – NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare – Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of an annual cost report by the Hospital and audit thereof by the Medicare fiscal intermediary.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE B – NET PATIENT SERVICE REVENUE - Continued

Medicaid – Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively determined fee schedules. The Hospital is also eligible for additional payments based on the volume of services provided to Medicaid program beneficiaries.

In December 2006, the State of Illinois Hospital Assessment Program (Program) was approved for the period July 2005 through June 2008. In December 2008, the Centers for Medicare and Medicaid Services (CMS) approved the Program through June 2013. This Program increases the amount of federal funding for the Illinois Medicaid program by \$640 million per year. For the years ended December 31, 2009 and 2008, respectively, the Hospital recorded a receivable from the Program of \$2,005,993 and \$5,536,428 and an assessment payable in connection with the Program of \$0 and \$2,094,069.

Approximately 73% and 68% of net patient service revenues are from participation in the Medicare and state sponsored Medicaid programs for the years ended December 31, 2009 and 2008, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that actual results may differ from recorded estimates.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payments to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

NOTE C – CONCENTRATION OF CREDIT RISK

The Hospital maintains its cash and investments in various financial institutions. Certain such cash and investments are either not insured or the balances may, at times, exceed the federally insured limits. The Hospital has not experienced any losses in such accounts and believes they are not exposed to any significant credit risk on its cash and investments.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE C – CONCENTRATION OF CREDIT RISK - Continued

The Hospital grants credit without collateral to its patients most of whom are local residents and some of which are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows at December 31,:

	<u>2009</u>	<u>2008</u>
Medicaid	25 %	22 %
Medicare	13	13
Other third-party payors	28	18
Self-pay	<u>34</u>	<u>47</u>
	<u>100 %</u>	<u>100 %</u>

NOTE D – FAIR VALUE MEASUREMENT

The Hospital uses generally accepted accounting principles to determine fair value. The definition of fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Generally accepted accounting principles establish a three-level hierarchy for fair value measurements based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is categorized in one of the three levels based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described below.

Level 1 – Valuation is based on quoted prices in active markets for identical assets and liabilities.

Level 2 – Valuation is determined from quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar instruments in markets that are not active or by model-based techniques whose significant inputs are observable in the market.

Level 3 – Valuation is derived from model-based techniques in which at least one significant input is unobservable and based on the Organization's own estimates about the assumptions that market participants would use to value the asset or liability.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE D – FAIR VALUE MEASUREMENT - Continued

Repurchase agreements, invested in mortgage-backed securities, are valued using quotes from independent pricing vendors based on recent trading activity and other relevant trading information including market interest rate curves, dealer quotes, the U.S. treasury yield curve and bond terms and conditions. These agreements are included in Level 2.

The beneficial interest in a perpetual trust is valued using present value techniques based on observable inputs. Inputs include the applicable federal interest rate and the estimated annual income distribution. This asset is included in Level 2.

Certificates of deposit are valued at cost which approximates fair value and are included in Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain assets could result in a different fair value measurement at the reporting date.

A summary of assets at December 31, 2009 measured at estimated fair value on a recurring basis are as follows:

	Assets at Fair Value	Level 1	Level 2	Level 3
Cash and cash equivalents				
Repurchase agreements	\$ 1,608,560	\$ -	\$ 1,608,560	\$ -
Investments				
Certificates of deposit	500,000	-	500,000	-
Assets limited as to use				
Certificates of deposit	2,156,000	-	2,156,000	-
Other assets				
Beneficial interest in perpetual trust	423,848	-	423,848	-
	<u>\$ 4,688,408</u>	<u>\$ -</u>	<u>\$ 4,688,408</u>	<u>\$ -</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE D – FAIR VALUE MEASUREMENT - Continued

A summary of assets at December 31, 2008 measured at estimated fair value on a recurring basis are as follows:

	Assets at Fair Value	Level 1	Level 2	Level 3
Cash and cash equivalents				
Repurchase agreements	\$ 2,798,393	\$ -	\$ 2,798,393	\$ -
Assets limited as to use				
Certificates of deposit	3,875,000	-	3,875,000	-
Other assets				
Beneficial interest in perpetual trust	568,409	-	568,409	-
	<u>\$ 7,241,802</u>	<u>\$ -</u>	<u>\$ 7,241,802</u>	<u>\$ -</u>

NOTE E – ASSETS LIMITED AS TO USE

Assets limited as to use consist of amounts designated by the Board of Directors to be used for plant expansion or equipment acquisition. Also included are amounts that are being held by a bank to guarantee certain obligations under letters of credit and amounts pledged as collateral for a mortgage loan payable.

Assets limited as to use consist of the following at December 31,:

	2009	2008
By board for capital improvements		
Deposits	\$ 3,575	\$ -
Money market	5,812	5,801
Held by bank for collateral		
Certificate of deposit	-	1,700,000
Held by bank for insurance guarantee		
Certificates of deposit	2,156,000	2,175,000
	<u>\$ 2,165,387</u>	<u>\$ 3,880,801</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE F – ENDOWMENT

Effective January 1, 2009, the Hospital adopted standards for the reporting of endowments. These standards provide guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) and improves disclosures about an organization's endowed funds (both donor-restricted endowment funds and board designated endowment funds). The State of Illinois enacted UPMIFA effective June 30, 2009, the provisions of which apply to endowment funds existing on or established after that date.

The Hospital has interpreted UPMIFA as requiring the preservation of the fair value of the beneficial interest in the perpetual trust absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) the net appreciation of the beneficial interest in the perpetual trust. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital.

Endowment Investment and Spending Policies

The Hospital's endowment fund investments are managed by a third party trustee in accordance with the trust agreement. The Hospital receives annual distributions from the trust equal to 75% of annual trust earnings. When received, this amount is considered temporarily restricted until appropriated by the Board for expenditure.

Endowment net asset composition by type of fund as of December 31, 2009 is as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total Endowment Assets</u>
Donor-restricted endowment funds	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 423,848</u>	<u>\$ 423,848</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE F – ENDOWMENT - Continued

Changes in endowment net assets as of December 31, 2009 are as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total Endowment Assets</u>
Endowment net assets, beginning of year	\$ -	\$ -	\$ 568,409	\$ 568,409
Investment income	-	26,188	-	26,188
Net depreciation	-	-	(144,561)	(144,561)
Amounts appropriated for expenditure	-	(26,188)	-	(26,188)
	<u>-</u>	<u>(26,188)</u>	<u>-</u>	<u>(26,188)</u>
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 423,848</u>	<u>\$ 423,848</u>

NOTE G – PROPERTY AND EQUIPMENT

Property and equipment consists of the following at December 31,:

	<u>2009</u>	<u>2008</u>
Land improvements	\$ 1,122,806	\$ 1,122,806
Buildings and permanent fixtures	36,754,209	36,685,815
Furniture and equipment	25,904,397	24,839,019
	<u>63,781,412</u>	<u>62,647,640</u>
Less accumulated depreciation and amortization	52,072,571	50,306,240
	<u>11,708,841</u>	<u>12,341,400</u>
Construction in progress	677,653	710,056
Land	2,192,647	2,192,648
	<u>\$ 14,579,141</u>	<u>\$ 15,244,104</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE H – SELF INSURANCE

The Hospital and SIHF maintain one self-administered health benefits program for employees and their dependents. The Hospital self-insures amounts up to a lifetime maximum of \$1,000,000 per individual with certain exceptions. Claim amounts exceeding \$150,000 per covered participant are covered under a stop-loss policy. Claims expense for the Hospital for 2009 and 2008 were \$2,191,898 and \$2,905,632, respectively.

NOTE I – OPERATING LEASES

The Hospital has entered into noncancelable operating leases for various equipment items and office space. These operating leases range from two to ten years in length. Some of the leases provide that the Hospital pay for property insurance and maintenance. Total rent and other operating leases expense for 2009 and 2008 was \$561,296 and \$590,411, respectively.

The minimum commitments under the operating leases are as follows at December 31,:

2010	\$ 364,511
2011	198,839
2012	123,438
2013	125,907
2014	128,425
Thereafter	<u>130,993</u>
Total minimum payments required	<u>\$ 1,072,113</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE J – LONG-TERM OBLIGATIONS

A summary of long-term debt and capital lease obligations are as follows at December 31,:

	<u>2009</u>	<u>2008</u>
Mortgage loan payable to Bank of America, N.A., principal maturing June 30, 2009, interest at British Bankers Association LIBOR rate plus 1.5 percent, collateralized by a \$1.7 million certificate of deposit	\$ -	\$ 1,700,000
Capital lease obligations for purchase and installation of financial and clinical information systems and other equipment, payable at varying monthly amounts and at varying rates of imputed interest from 4.2% to 9.6%, collateralized by leased equipment	<u>1,939,568</u>	<u>1,489,197</u>
Less current portion	<u>1,939,568</u> <u>(730,947)</u>	<u>3,189,197</u> <u>(2,471,528)</u>
Long-term portion	<u>\$ 1,208,621</u>	<u>\$ 717,669</u>

The cost of equipment under capital leases included in the Combined Balance Sheets was \$3,315,419 and \$5,994,573 and accumulated depreciation was \$1,128,601 and \$2,333,132 at December 31, 2009 and 2008, respectively.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE J – LONG-TERM OBLIGATIONS - Continued

Scheduled principal repayments on capital lease obligations are as follows:

Year ended December 31,	
2010	\$ 820,355
2011	719,361
2012	365,088
2013	<u>225,922</u>
Total	2,130,726
Amount representing interest	<u>(191,158)</u>
Long-term obligations	<u>\$ 1,939,568</u>

Total interest expense incurred was \$187,663 and \$306,052 for the years ended December 31, 2009 and 2008, respectively. Cash paid for interest was \$187,663 and \$306,052 for the years ended December 31, 2009 and 2008, respectively. No interest was capitalized in 2009 or 2008.

NOTE K – ESTIMATED LIABILITY CLAIMS PAYABLE

Through March 2, 2008, the Hospital was insured for medical professional liability under a combined insurance policy which was purchased from a commercial insurance carrier on a claims-made basis. General liability insurance was also purchased on an occurrence basis. The Hospital has paid the minimum premium due under the policy. Additional premiums of \$2,500,000 may be required based on claims experience. See Note Q. Prior to the effective dates of the commercial insurance coverage, the Hospital was insured by a commercial insurance carrier that subsequently became insolvent. Potential claims incurred during this period of insurance are covered by the Illinois Insurance Guaranty Fund with limits of \$300,000 per occurrence.

Effective March 3, 2008, the Hospital purchased medical professional liability and general liability insurance from a commercial carrier on a claims made basis. The primary insurance coverage is subject to per occurrence and aggregate limits. Excess liability coverage insures against losses in excess of the primary coverage.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE K – ESTIMATED LIABILITY CLAIMS PAYABLE - Continued

The Hospital is involved in litigation arising in the ordinary course of business. Medical professional and general liability claims have been asserted against the Hospital and are currently in various stages of litigation.

The accrual for professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. Estimated liability claims payable at December 31, 2009 and 2008 were approximately \$2,887,000 and \$3,280,000, respectively.

NOTE L – UNCOMPENSATED CARE

In line with its mission, the Hospital is designated as a Disproportionate Share Hospital which provides a safety net for the communities served to access much needed health care by offering some services to patients without regard to their ability to pay for those services. For some of their patient services, the Hospital receives no payment or payment that is less than the full cost of providing the services.

The Hospital voluntarily provides free care to patients who are unable to pay for all or part of their health care expenses as determined by the Hospital's criteria for financial assistance.

In some cases, the Hospital does not receive the amount billed for patient services even though it did not receive information necessary to determine if the patients met the criteria for financial assistance. Bad debts expense is the estimated amount of patient revenue that the Hospital will not collect.

The estimated cost of charity care and the cost of bad debts for 2009 and 2008 are as follows. Costs are calculated using the ratio of the Hospital's costs of providing patient care to its charges.

	<u>2009</u>	<u>2008</u>
Cost of charity care	\$ 6,627,424	\$ 5,138,006
Cost of bad debts	<u>3,097,542</u>	<u>4,946,331</u>
	<u>\$ 9,724,966</u>	<u>\$ 10,084,337</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE L – UNCOMPENSATED CARE - Continued

The Hospital also participates in government sponsored healthcare programs such as Medicaid, Medicare, Champus and Tricare. Payment from such programs for services provided may not cover costs.

The Hospital also commits significant time and resources to activities and services that meet unmet community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screenings and assessments, prenatal education and care, support for vital community services, trauma care, specialty physicians, community educational services and various support groups.

NOTE M – PENSION

The Hospital and SIHF maintain a defined contribution 401(k) plan for the benefit of their employees. The Hospital matches participants' contributions to the Plan up to 4% of the employee's salary. Effective January 1, 2009, the plan was amended to cover substantially all employees after six months of service and to provide for immediate vesting of employer contributions on or after January 1, 2009. Prior to the amendment, employees covered under the plan were eligible for employee deferrals after six months of service and matching contributions after one year of service. Plan participants will be 100% vested in employer contributions prior to January 1, 2009 after six years of credited service.

Pension expense was \$704,901 and \$777,918 for the years ended December 31, 2009 and 2008, respectively.

NOTE N – RELATED-PARTY TRANSACTIONS

During 2009, the Hospital earned \$150,068 in operating revenue from SIHF. During 2009 and 2008, respectively, the Hospital had \$274,452 and \$789,897 in other operating revenue from SIHF. These transactions were primarily for management and marketing services, security, maintenance, housekeeping and rent. The Hospital incurred \$392,905 and \$660,925 in operating expenses to SIHF during 2009 and 2008, respectively. Amounts due from SIHF reflected in the accompanying Combined Balance Sheets were \$188,165 and \$2,262 at December 31, 2009 and 2008, respectively.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE O – FUNCTIONAL EXPENSES

The Hospital provides general inpatient and outpatient health care services within its geographic locations. Expenses related to providing these services are as follows at December 31,:

	<u>2009</u>	<u>2008</u>
Health care services	\$ 61,991,443	\$ 65,981,501
General and administrative	<u>9,132,915</u>	<u>9,200,532</u>
	<u>\$ 71,124,358</u>	<u>\$ 75,182,033</u>

NOTE P – PERPETUAL TRUST

A donor established an irrevocable perpetual trust naming TRH as a beneficiary. Under terms of the trust, TRH will receive 75% of the trust's annual taxable income. Based upon an estimated return on assets of 3.2% and 3.4%, the present value of future benefits expected to be received by TRH was estimated to be \$423,848 and \$568,409 at December 31, 2009 and 2008, respectively.

NOTE Q – LETTERS OF CREDIT

At December 31, 2009 and 2008, the Hospital had outstanding letters of credit in the amount of \$2,156,000 and \$2,175,000, respectively. The letters of credit act as a guarantee of payment to certain third parties providing professional, general liability and worker's compensation insurance coverage in accordance with specified terms and conditions. The letters of credit are secured by the assignment of \$2,156,000 and \$2,175,000 in certificates of deposit at December 31, 2009 and 2008, respectively.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

NOTE R – ASSET RETIREMENT OBLIGATIONS

The Hospital has recorded conditional asset retirement obligations and capitalized costs related to the estimated cost of removing asbestos from its facilities. Federal and state regulations require the removal of asbestos when a building is demolished or, at a minimum, encapsulation of the asbestos when it would be exposed during renovation. The obligation is included in other liabilities, and the capitalized costs are included in property and equipment. The following summarizes the asset retirement obligations.

	<u>2009</u>	<u>2008</u>
Balance at January 1,	\$ 1,841,555	\$ 1,751,826
Accretion expense	<u>94,325</u>	<u>89,729</u>
Balance at December 31,	<u>\$ 1,935,880</u>	<u>\$ 1,841,555</u>

NOTE S – RECLASSIFICATIONS

Certain amounts in the 2008 financial statements have been reclassified for comparative purposes to conform to the presentation in the 2009 financial statements.

NOTE T – SUBSEQUENT EVENTS

In preparing these financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through June 16, 2010, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION



Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants
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**Independent Auditors' Report
on Supplementary Information**

Board of Directors
Touchette Regional Hospital, Inc.

Our audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole of Touchette Regional Hospital, Inc. and affiliates as of and for the years ended December 31, 2009 and 2008, which are presented in the preceding section of this report. The combining information presented hereinafter is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position, results of operations, and cash flows of the individual entities. The combining information has been subjected to the auditing procedures applied in the audits of the combined financial statements and, in our opinion, is fairly stated in all material respects in relation to the combined financial statements taken as a whole.

Kerber, Eck & Braeckel LLP

St. Louis, Missouri
June 16, 2010

Other Locations

Belleville, IL • Carbondale, IL • Springfield, IL • Jacksonville, IL • Cape Girardeau, MO • Milwaukee, WI

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS

December 31, 2009

ASSETS	Combining Information					Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations		
Current assets						
Cash and cash equivalents	\$ -	\$ 1,869,823	\$ 65,677	\$ -	\$ -	\$ 1,935,500
Accounts receivable	-	-	-	-	-	-
Patients, less estimated uncollectibles of \$2,255,000	-	5,063,573	-	-	-	5,063,573
Other	-	356,129	-	-	-	356,129
Investments	-	500,000	-	-	-	500,000
Provider assessment receivable	-	2,005,993	-	-	-	2,005,993
Third-party payor settlements	-	549,664	-	-	-	549,664
Inventories, prepaid and other	-	1,057,641	-	-	-	1,057,641
Total current assets	-	11,402,823	65,677	-	-	11,468,500
Assets limited as to use						
By board for capital improvements	-	9,387	-	-	-	9,387
Held by bank for insurance guarantee	-	2,156,000	-	-	-	2,156,000
	-	2,165,387	-	-	-	2,165,387
Property and equipment - net	-	14,579,141	-	-	-	14,579,141
Other assets						
Beneficial interest in charitable trust	-	423,848	-	-	-	423,848
Total assets	\$ -	\$ 28,571,199	\$ 65,677	\$ -	\$ -	\$ 28,636,876

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TOUCHEFFE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2009

LIABILITIES AND NET ASSETS	Combining Information					Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations		
Current liabilities						
Current maturities of long-term obligations	\$ -	\$ 730,947	\$ -	\$ -	\$ -	\$ 730,947
Short-term notes	-	108,671	-	-	-	108,671
Accounts payable	-	1,650,703	-	-	-	1,650,703
Accrued liabilities						
Payroll and payroll taxes	-	2,026,740	-	-	-	2,026,740
Other	-	655,840	-	-	-	655,840
Third-party payor settlements	-	14,964	-	-	-	14,964
Total current liabilities	-	5,187,865	-	-	-	5,187,865
Long-term obligations, less current maturities	-	1,208,621	-	-	-	1,208,621
Other liabilities						
Asset retirement obligations	-	1,935,880	-	-	-	1,935,880
Estimated liability claims payable, less current portion	-	2,617,000	-	-	-	2,617,000
Total other liabilities	-	4,552,880	-	-	-	4,552,880
Total liabilities	-	10,949,366	-	-	-	10,949,366
Net assets						
Unrestricted	-	17,146,897	65,677	-	-	17,212,574
Temporarily restricted	-	51,088	-	-	-	51,088
Permanently restricted	-	423,848	-	-	-	423,848
Total net assets	-	17,621,833	65,677	-	-	17,687,510
Total liabilities and net assets	\$ -	\$ 28,571,199	\$ 65,677	\$ -	\$ -	\$ 28,636,876

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2008

ASSETS	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Current assets					
Cash and cash equivalents	\$ 774,518	\$ 2,163,157	\$ 71,400	\$ -	\$ 3,009,075
Accounts receivable					
Patients, less estimated uncollectibles of \$5,823,000	1,772,279	4,982,375	-	-	6,754,654
Other	56,158	3,259,315	-	(3,095,866)	219,607
Assets limited as to use	-	1,700,000	-	-	1,700,000
Provider assessment receivable	3,062,070	2,474,358	-	-	5,536,428
Third-party payor settlements	769,359	1,183,560	-	-	1,952,919
Inventories, prepaid and other	266,536	647,612	-	-	914,148
Total current assets	6,700,920	16,410,377	71,400	(3,095,866)	20,086,831
Assets limited as to use					
By board for capital improvements	-	5,801	-	-	5,801
Held by bank for collateral	-	1,700,000	-	-	1,700,000
Held by bank for insurance guarantee	-	2,175,000	-	-	2,175,000
Less amount required to meet current obligations	-	3,880,801	-	-	3,880,801
	-	(1,700,000)	-	-	(1,700,000)
	-	2,180,801	-	-	2,180,801
Property and equipment - net	5,754,271	9,489,833	-	-	15,244,104
Other assets					
Beneficial interest in charitable trust	-	568,409	-	-	568,409
Total assets	\$ 12,455,191	\$ 28,649,420	\$ 71,400	\$ (3,095,866)	\$ 38,080,145

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2008

LIABILITIES AND NET ASSETS	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Current liabilities					
Current maturities of long-term obligations	\$ 212,447	\$ 2,259,081	\$ -	\$ -	\$ 2,471,528
Short-term notes	54,366	55,781	-	-	110,147
Accounts payable	4,022,282	1,541,272	-	(3,095,866)	2,467,688
Deferred revenue	-	2,000,956	-	-	2,000,956
Accrued liabilities					
Payroll and payroll taxes	891,466	949,641	-	-	1,841,107
Provider assessment payable	1,055,978	1,038,091	-	-	2,094,069
Other	321,271	370,562	-	-	691,833
Third-party payor settlements	-	144,262	-	-	144,262
Total current liabilities	6,557,810	8,359,646	-	(3,095,866)	11,821,590
Long-term obligations, less current maturities	32,832	684,837	-	-	717,669
Other liabilities					
Asset retirement obligations	1,010,865	830,690	-	-	1,841,555
Estimated liability claims payable, less current portion	525,000	2,485,000	-	-	3,010,000
Total other liabilities	1,535,865	3,315,690	-	-	4,851,555
Total liabilities	8,126,507	12,360,173	-	(3,095,866)	17,390,814
Net assets					
Unrestricted	4,277,596	15,720,838	71,400	-	20,069,834
Temporarily restricted	51,088	-	-	-	51,088
Permanently restricted	-	568,409	-	-	568,409
Total net assets	4,328,684	16,289,247	71,400	-	20,689,331
Total liabilities and net assets	\$ 12,455,191	\$ 28,649,420	\$ 71,400	\$ (3,095,866)	\$ 38,080,145

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TOUCLETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF OPERATIONS
Year ended December 31, 2009

	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted revenues, gains and other support					
Net patient service revenue	\$ 7,545,534	\$ 59,117,727	\$ -	\$ -	\$ 66,663,261
Other operating revenue	403,804	877,925	-	-	1,281,729
Total unrestricted revenues, gains, and other support	7,949,338	59,995,652	-	-	67,944,990
Operating expense					
Salaries	4,693,709	25,701,743	-	-	30,395,452
Employee benefits	981,100	4,967,337	-	-	5,948,437
Physician fees	746,940	4,725,598	-	-	5,472,538
Supplies and other	1,845,224	15,615,789	5,755	-	17,466,768
Insurance and liability claims	153,627	1,024,362	-	-	1,177,989
Provision for bad debts	1,317,394	3,680,732	-	-	4,998,126
Depreciation and amortization	456,047	1,889,077	-	-	2,345,124
Hospital provider assessment	411,488	2,720,773	-	-	3,132,261
Interest	7,380	180,283	-	-	187,663
Total operating expense	10,612,909	60,505,694	5,755	-	71,124,358
Loss from operations	(2,663,571)	(510,042)	(5,755)	-	(3,179,368)
Other income	1,145	320,931	32	-	322,108
Deficiency of revenues over expenses	(2,662,426)	(189,111)	(5,723)	-	(2,857,260)
Other changes					
Transfer (to) from affiliate	(1,666,258)	1,666,258	-	-	-
INCREASE (DECREASE) IN NET ASSETS	\$ (4,328,684)	\$ 1,477,147	\$ (5,723)	\$ -	\$ (2,857,260)

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF OPERATIONS - Continued
Year ended December 31, 2008

	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted revenues, gains and other support					
Net patient service revenue	\$ 29,870,592	\$ 38,003,823	\$ -	\$ -	\$ 67,874,415
Other operating revenue	1,531,300	1,238,637	-	-	2,769,937
Total unrestricted revenues, gains, and other support	31,401,892	39,242,460	-	-	70,644,352
Operating expense					
Salaries	14,384,706	16,457,543	-	-	30,842,249
Employee benefits	3,192,903	3,259,538	-	-	6,452,441
Physician fees	2,181,358	2,355,565	-	-	4,536,923
Supplies and other	8,093,667	10,179,305	2,068	-	18,275,040
Insurance and liability claims	858,446	870,991	-	-	1,729,437
Provision for bad debts	4,166,097	3,743,025	-	-	7,909,122
Depreciation and amortization	1,047,786	1,118,748	-	-	2,166,534
Hospital provider assessment	1,487,940	1,476,295	-	-	2,964,235
Interest	43,850	262,202	-	-	306,052
Total operating expense	35,456,753	39,723,212	2,068	-	75,182,033
Loss from operations	(4,054,861)	(480,752)	(2,068)	-	(4,537,681)
Other income	33,732	282,667	28	-	316,427
Deficiency of revenues over expenses	(4,021,129)	(198,085)	(2,040)	-	(4,221,254)
Other changes					
Transfer (to) from affiliate	862,860	(936,300)	73,440	-	-
INCREASE (DECREASE) IN NET ASSETS	\$ (3,158,269)	\$ (1,134,385)	\$ 71,400	\$ -	\$ (4,221,254)

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CHANGES IN NET ASSETS

Year ended December 31, 2009

	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted net assets					
Deficiency of revenues over expenses	\$ (2,662,426)	\$ (189,111)	\$ (5,723)	\$ -	\$ (2,857,260)
Other changes	(1,666,258)	1,666,258	-	-	-
Increase (decrease) in unrestricted net assets	(4,328,684)	1,477,147	(5,723)	-	(2,857,260)
Permanently restricted net assets					
Change in value of beneficial interest in charitable trust	-	(144,561)	-	-	(144,561)
Decrease in permanently restricted net assets	-	(144,561)	-	-	(144,561)
Increase (decrease) in net assets	(4,328,684)	1,332,586	(5,723)	-	(3,001,821)
Net assets, January 1, 2009	4,328,684	16,289,247	71,400	-	20,689,331
Net assets, December 31, 2009	\$ -	\$ 17,621,833	\$ 65,677	\$ -	\$ 17,687,510

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CHANGES IN NET ASSETS - Continued
 Year ended December 31, 2008

	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted net assets					
Deficiency of revenues over expenses	\$ (4,021,129)	\$ (198,085)	\$ (2,040)	\$ -	\$ (4,221,254)
Other changes	862,860	(936,300)	73,440	-	-
Increase (decrease) in unrestricted net assets	(3,158,269)	(1,134,385)	71,400	-	(4,221,254)
Permanently restricted net assets					
Change in value of beneficial interest in charitable trust	-	232,531	-	-	232,531
Increase in permanently restricted net assets	-	232,531	-	-	232,531
Increase (decrease) in net assets	(3,158,269)	(901,854)	71,400	-	(3,988,723)
Net assets, January 1, 2008	7,486,953	17,191,101	-	-	24,678,054
Net assets, December 31, 2008	\$ 4,328,684	\$ 16,289,247	\$ 71,400	\$ -	\$ 20,689,331

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TOUCETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CASH FLOWS

Year ended December 31, 2009

	Combining Information				Combined Total
	Kenneth Hail Regional Hospital, Inc.	Touquette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Cash flows from operating activities and gains					
Change in net assets	\$ (4,328,684)	\$ 1,332,586	\$ (5,723)	\$ -	\$ (3,001,821)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities and gains					
Depreciation and amortization	456,047	1,889,077	-	-	2,345,124
Provision for bad debts	1,317,394	3,680,732	-	-	4,998,126
(Increase) decrease in assets					
Accounts receivable	(987,696)	(2,455,871)	-	-	(3,443,567)
Provider assessment receivable	3,062,070	468,365	-	-	3,530,435
Other assets	835,755	568,568	-	-	1,404,323
Increase (decrease) in liabilities					
Accounts payable, accrued and other liabilities	(838,259)	41,615	-	-	(796,644)
Deferred revenue	-	(2,000,956)	-	-	(2,000,956)
Provider assessment liability	(1,055,978)	(1,038,091)	-	-	(2,094,069)
Estimated liability claims payable	-	(393,000)	-	-	(393,000)
Total adjustments	2,789,333	760,439	-	-	3,549,772
Net cash provided by (used in) operating activities and gains	(1,539,351)	2,093,025	(5,723)	-	547,951
Cash flows from investing activities					
Capital expenditures	-	(384,064)	-	-	(384,064)
Net transfers to/(from)	1,012,324	(1,012,324)	-	-	-
Net withdrawal of funds limited as to use	-	1,715,414	-	-	1,715,414
Purchase of investments	-	(500,000)	-	-	(500,000)
Net cash provided by (used in) investing activities	1,012,324	(180,974)	-	-	831,350
Cash flows from financing activities					
Net short-term borrowings	(54,366)	52,890	-	-	(1,476)
Principal payments on long-term obligations	(193,125)	(2,258,275)	-	-	(2,451,400)
Net cash used in financing activities	(247,491)	(2,205,385)	-	-	(2,452,876)
Net decrease in cash and cash equivalents	(774,518)	(293,334)	(5,723)	-	(1,073,575)
Cash and cash equivalents, January 1, 2009	774,518	2,163,157	71,400	-	3,009,075
Cash and cash equivalents, December 31, 2009	\$ -	\$ 1,869,823	\$ 65,677	\$ -	\$ 1,935,500
Non-cash investing and financing activities:					
Capital lease obligations entered into in exchange for equipment	\$ -	\$ 1,201,771	\$ -	\$ -	\$ 1,201,771

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TOUCHEITE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CASH FLOWS - Continued
 Year ended December 31, 2008

	Combining Information					Combined Total
	Kenneth Hill Regional Hospital, Inc.	Toucheite Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations		
Cash flows from operating activities and gains						
Change in net assets	\$ (3,158,269)	\$ (901,854)	\$ 71,400	\$ -	\$ -	\$ (3,988,723)
Adjustments to reconcile change in net assets to net cash provided by operating activities and gains						
Depreciation and amortization	1,047,786	1,118,748	-	-	-	2,166,534
Provision for bad debts	4,166,097	3,743,025	-	-	-	7,909,122
Gain on the disposal of assets	-	(7,000)	-	-	-	(7,000)
(Increase) decrease in assets						
Accounts receivable	(1,196,588)	(5,784,044)	-	560,005	-	(6,420,627)
Provider assessment receivable	(1,212,412)	1,553,638	-	-	-	341,226
Other assets	649,535	(1,689,964)	-	-	-	(1,040,429)
Increase (decrease) in liabilities						
Accounts payable, accrued and other liabilities	(240,700)	(510,895)	-	(560,005)	-	(1,311,600)
Deferred revenue	-	2,000,956	-	-	-	2,000,956
Provider assessment liability	624,016	551,495	-	-	-	1,175,511
Estimated liability claims payable	150,000	61,667	-	-	-	211,667
Total adjustments	3,987,734	1,037,626	71,400	-	-	5,025,360
Net cash provided by operating activities and gains	829,465	135,772	71,400	-	-	1,036,637
Cash flows from investing activities						
Proceeds from sale of property and equipment	-	7,000	-	-	-	7,000
Capital expenditures	(27,644)	(3,062,928)	-	-	-	(3,090,572)
Net deposit of funds limited as to use	-	(1,778,129)	-	-	-	(1,778,129)
Net cash used in investing activities	(27,644)	(4,834,057)	-	-	-	(4,861,701)
Cash flows from financing activities						
Net short-term borrowings	54,366	55,781	-	-	-	110,147
Principal payments on long-term obligations	(282,210)	(703,253)	-	-	-	(985,463)
Net cash provided by used in financing activities	(227,844)	(647,472)	-	-	-	(875,316)
Net increase (decrease) in cash and cash equivalents	573,977	(5,345,757)	71,400	-	-	(4,700,380)
Cash and cash equivalents, January 1, 2008	200,541	7,508,914	-	-	-	7,709,455
Cash and cash equivalents, December 31, 2008	\$ 774,518	\$ 2,163,157	\$ 71,400	\$ -	\$ -	\$ 3,009,075
Non-cash investing and financing activities:						
Capital lease obligations entered into in exchange for equipment	\$ -	\$ 721,000	\$ -	\$ -	\$ -	\$ 721,000

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**FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT**

TOUCHETTE REGIONAL HOSPITAL, INC.

December 31, 2010 and 2009

TOUCHETTE REGIONAL HOSPITAL, INC.

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Independent Auditors' Report

Board of Directors
Touchette Regional Hospital, Inc.

We have audited the accompanying combined balance sheets of Touchette Regional Hospital, Inc. (an Illinois not-for-profit corporation) and affiliates as of December 31, 2010 and 2009, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended. These combined financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these combined financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the combined financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Touchette Regional Hospital, Inc. and affiliates as of December 31, 2010 and 2009, and the results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Kerber, Eck & Braeckel LLP

St. Louis, Missouri
May 18, 2011

Chartered Accountants

Belleville, IL • Carbondale, IL • Springfield, IL • Jacksonville, IL • Cape Girardeau, MO • Milwaukee, WI

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED BALANCE SHEETS

December 31,

ASSETS	2010	2009	LIABILITIES AND NET ASSETS		2010	2009
Current assets			Current liabilities			
Cash and cash equivalents	\$ 14,082,716	\$ 1,935,500	Current maturities of long-term obligations	\$	434,874	\$ 730,947
Accounts receivable			Short-term notes		97,762	108,671
Patients, less estimated uncollectibles of \$2,260,000 in 2010 and \$2,245,000 in 2009	4,639,278	5,063,573	Accounts payable		1,174,835	1,650,703
Other	819,375	356,129	Deferred revenue		14,345,083	-
Investments	2,002,023	500,000	Accrued liabilities			
Provider assessment receivable	-	2,005,993	Payroll and payroll taxes		2,154,946	2,026,740
Third-party payor settlements	330,291	549,664	Other		997,850	655,840
Inventories, prepaid and other	1,970,994	1,057,641	Third-party payor settlements		-	14,964
Total current assets	23,844,677	11,468,500	Total current liabilities		19,205,350	5,187,865
Assets limited as to use			Long-term obligations, less current maturities		785,259	1,208,621
By board for capital improvements	9,393	9,387	Other liabilities			
Held by bank for insurance guarantee	1,808,000	2,156,000	Asset retirement obligations		2,035,036	1,935,880
	1,817,393	2,165,387	Estimated liability claims payable, less current portion		1,867,000	2,617,000
Property and equipment - net	13,647,565	14,579,141	Total other liabilities		3,902,036	4,552,880
			Total liabilities		23,892,645	10,949,366
Other assets			Net assets			
Beneficial interest in charitable trust	648,662	423,848	Unrestricted		15,416,990	17,212,574
			Temporarily restricted		-	51,088
			Permanently restricted		648,662	423,848
Total assets	\$ 39,958,297	\$ 28,636,876	Total net assets		16,065,652	17,687,510
			Total liabilities and net assets		\$ 39,958,297	\$ 28,636,876

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The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF OPERATIONS

Year ended December 31,

	<u>2010</u>	<u>2009</u>
Unrestricted revenues, gains and other support		
Net patient service revenue	\$ 64,286,367	\$ 66,663,261
Other operating revenue	1,361,053	1,281,729
Net assets released from restrictions	51,088	-
Total unrestricted revenues, gains and other support	65,698,508	67,944,990
Operating expense		
Salaries	31,076,880	30,395,452
Employee benefits	7,073,627	5,948,437
Physician fees	5,641,741	5,472,538
Supplies and other	15,648,198	17,466,768
Insurance and liability claims	1,121,617	1,177,989
Provision for bad debts	3,616,928	4,998,126
Depreciation and amortization	2,248,557	2,345,124
Hospital provider assessment	2,076,183	3,132,261
Interest	132,368	187,663
Total operating expense	68,636,099	71,124,358
Loss from operations	(2,937,591)	(3,179,368)
Other income	1,142,007	322,108
DEFICIENCY OF REVENUES OVER EXPENSES	<u>\$ (1,795,584)</u>	<u>\$ (2,857,260)</u>

The accompanying notes are an integral part of these statements.

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF CHANGES IN NET ASSETS

Year ended December 31,

	<u>2010</u>	<u>2009</u>
Unrestricted net assets		
Deficiency of revenues over expenses	<u>\$ (1,795,584)</u>	<u>\$ (2,857,260)</u>
Decrease in unrestricted net assets	(1,795,584)	(2,857,260)
Temporarily restricted net assets		
Net assets released from restrictions	<u>(51,088)</u>	<u>-</u>
Decrease in temporarily restricted net assets	(51,088)	-
Permanently restricted net assets		
Increase (decrease) in value of beneficial interest in charitable trust	<u>224,814</u>	<u>(144,561)</u>
Increase (decrease) in permanently restricted net assets	<u>224,814</u>	<u>(144,561)</u>
Decrease in net assets	(1,621,858)	(3,001,821)
Net assets, beginning of year	<u>17,687,510</u>	<u>20,689,331</u>
Net assets, end of year	<u><u>\$ 16,065,652</u></u>	<u><u>\$ 17,687,510</u></u>

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF CASH FLOWS
Year ended December 31,

	<u>2010</u>	<u>2009</u>
Cash flows from operating activities and gains		
Change in net assets	\$ (1,621,858)	\$ (3,001,821)
Adjustments to reconcile change in net assets to net cash provided by operating activities and gains		
Depreciation and amortization	2,248,557	2,345,124
Provision for bad debts	3,616,928	4,998,126
(Increase) decrease in assets		
Accounts receivable	(3,655,879)	(3,443,567)
Provider assessment receivable	2,005,993	3,530,435
Other assets	(918,794)	1,404,323
Increase (decrease) in liabilities		
Accounts payable, accrued and other liabilities	(20,616)	(796,644)
Deferred revenue	14,345,083	(2,000,956)
Provider assessment liability	-	(2,094,069)
Estimated liability claims payable	(750,000)	(393,000)
Total adjustments	<u>16,871,272</u>	<u>3,549,772</u>
Net cash provided by operating activities and gains	15,249,414	547,951
Cash flows from investing activities		
Capital expenditures	(1,217,825)	(384,064)
Purchase of investments	(1,502,023)	(500,000)
Net withdrawals of funds whose use is limited	<u>347,994</u>	<u>1,715,414</u>
Net cash provided by (used in) investing activities	(2,371,854)	831,350
Cash flows from financing activities		
Net payments on short-term notes	(10,909)	(1,476)
Principal payments on long-term obligations	<u>(719,435)</u>	<u>(2,451,400)</u>
Net cash used in financing activities	(730,344)	(2,452,876)
Net increase (decrease) in cash and cash equivalents	12,147,216	(1,073,575)
Cash and cash equivalents, beginning of year	<u>1,935,500</u>	<u>3,009,075</u>
Cash and cash equivalents, end of year	<u>\$ 14,082,716</u>	<u>\$ 1,935,500</u>
Non-cash investing and financing activities:		
Capital lease obligations entered into in exchange for equipment	<u>\$ -</u>	<u>\$ 1,201,771</u>

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES

The combined financial statements of Touchette Regional Hospital, Inc. (Hospital) include the accounts of Touchette Regional Hospital, Inc., Centreville, Illinois (TRH), Kenneth Hall Regional Hospital (KHRH) (through June 30, 2009), and Archview Health Support, Inc., East St. Louis, Illinois (Archview). All significant intercompany transactions and accounts are eliminated.

A summary of the significant accounting policies of the Hospital consistently applied in the preparation of the accompanying combined financial statements follows.

1. Nature of Entity

The Hospital was organized to provide comprehensive healthcare and health-related services to residents of the Hospital's service area within its two campuses (TRH and KHRH). This area includes East St. Louis, Centreville Township, as well as the surrounding communities. The Hospital is a 154 bed acute care service provider.

Effective July 1, 2009, Articles of Merger between TRH and KHRH were adopted by the Board of Directors of TRH and by written consent of KHRH. The plan of merger was approved by resolutions adopted by the Board of Directors of TRH in which TRH was the surviving Organization.

The Hospital is a controlled affiliate of Southern Illinois Healthcare Foundation, Inc. (SIHF). SIHF is an Illinois not-for-profit corporation organized under Section 501(c)(3) of the Internal Revenue Code. Membership of the Hospital consists of the Board of Directors for SIHF, which appoints the Hospital's Board of Directors.

Archview was organized to be operated for charitable purposes exclusively for the benefit of the Hospital. Archview is a controlled affiliate of the Hospital.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

3. Cash, Cash Equivalents and Investments

The Hospital considers all highly liquid debt instruments with maturities of three months or less at the date of acquisition and not limited as to their use to be cash equivalents. Investments, consisting of certificates of deposit, are recorded at cost which approximates fair value.

4. Assets Limited as to Use

Resources which are set aside for board-designated or other restricted purposes are considered to be assets limited as to use. Assets limited as to use that are required for obligations classified as current liabilities are reported as current assets. Such assets are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for a discussion of fair value measurement.

5. Inventories

Inventories are stated at the lower of cost or market. Cost is determined using the first-in, first-out method.

6. Property and Equipment

Property and equipment is stated at cost. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives, on a straight-line basis. Leased property under capital leases is amortized over the lives of the respective leases, or over the service lives of the assets for those leases which substantially transfer ownership.

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific purpose or time period. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

8. Net Patient Service Revenue and Receivables

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors and others for services rendered. Also included in net patient service revenue are estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Net patient receivables are recorded net of an allowance for uncollectible accounts based on various factors including historical performance, the aging of receivables and existing economic conditions.

9. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

10. Excess of Revenues Over Expenses

The statement of operations includes excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for purposes of acquiring such assets).

11. Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value when received. Unrestricted contributions and donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements. Donor-restricted contributions whose restrictions are not met at year end are reported as either temporarily or permanently restricted support until such assets are released from restrictions.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

12. Income Taxes

The Hospital qualifies as a not-for-profit organization as defined by Internal Revenue Code 501(c)(3), and, accordingly, it is exempt from Federal income taxes under Internal Revenue Code Section 501(a) and similar provisions of state law. The Hospital files federal information returns. The statutes of limitations for information returns filed for the tax years ended December 31, 2007 through 2010 have not expired and therefore are subject to examination.

The Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) Section 740-10 (formerly known as FASB Interpretation No. 48), *Accounting for Uncertainty in Income Taxes --- an Interpretation of FASB No. 109*. This interpretation clarifies the accounting for income taxes by prescribing the minimum standard a tax position is required to meet before being recognized in the financial statements. The Hospital has not taken any uncertain tax positions that should be accounted for under ASC Section 740-10.

13. Asset Retirement Obligation

Under the provisions of the standard for accounting for conditional asset retirement obligations, the Hospital records a liability and capitalizes costs for the fair value of conditional asset retirement obligations when incurred if the fair value of the liability can be reasonably estimated.

NOTE B – NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare – Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of an annual cost report by the Hospital and audit thereof by the Medicare fiscal intermediary.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE B – NET PATIENT SERVICE REVENUE - Continued

Medicaid – Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively determined fee schedules. The Hospital is also eligible for additional payments based on the volume of services provided to Medicaid program beneficiaries. Additional payments received by the Hospital pertaining to the year 2011 are recorded as deferred revenue at December 31, 2010 in the accompanying *Combined Balance Sheets*.

The State of Illinois Hospital Assessment Program (Program) was approved by the Center for Medicare and Medicaid Services (CMS) through June 2013. This Program increases the amount of federal funding for the Illinois Medicaid program. For the years ended December 31, 2010 and 2009, respectively, the Hospital received \$8,474,248 and \$8,929,014 in funding under this Program and paid an assessment under the Program of \$2,076,183 and \$3,132,261.

Approximately 75% and 73% of net patient service revenues are from participation in the Medicare and state sponsored Medicaid programs for the years ended December 31, 2010 and 2009, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that actual results may differ from recorded estimates.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payments to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

NOTE C – CONCENTRATION OF CREDIT RISK

The Hospital maintains its cash and investments in various financial institutions. Certain such cash and investments are either not insured or the balances may, at times, exceed the federally insured limits. The Hospital has not experienced any losses in such accounts and believes they are not exposed to any significant credit risk on its cash and investments.

The Hospital grants credit without collateral to its patients most of whom are local residents and some of which are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows at December 31,:

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE C -- CONCENTRATION OF CREDIT RISK -- Continued

	<u>2010</u>	<u>2009</u>
Medicaid	28 %	25 %
Medicare	18	13
Other third-party payors	18	28
Self-pay	<u>36</u>	<u>34</u>
	<u>100 %</u>	<u>100 %</u>

NOTE D -- FAIR VALUE MEASUREMENT

FASB ASC 820, *Fair Value Measurement and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Hospital has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in an inactive market;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE D – FAIR VALUE MEASUREMENT – Continued

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used by the Hospital to measure assets at estimated fair value. There have been no changes in the methodologies used at December 31, 2010 or 2009.

Repurchase agreements, invested in mortgage-backed securities, are valued using quotes from independent pricing vendors based on recent trading activity and other relevant trading information including market interest rate curves, dealer quotes, the U.S. treasury yield curve and bond terms and conditions. These agreements are included in Level 2.

The beneficial interest in a perpetual trust is valued using present value techniques based on inputs which include the applicable federal interest rate, fair value of the underlying securities and income distributions. This asset is included in Level 3.

Certificates of deposit are valued at cost which approximates fair value and are included in Level 2.

The methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain assets could result in a different fair value measurement at the reporting date.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE D – FAIR VALUE MEASUREMENT – Continued

A summary of assets at December 31, 2010 measured at estimated fair value were as follows:

	Assets at Fair Value	Level 1	Level 2	Level 3
Cash and cash equivalents				
Repurchase agreements	\$ 13,881,664	\$ -	\$ 13,881,664	\$ -
Investments				
Certificates of deposit	2,002,023	-	2,002,023	-
Assets limited as to use				
Certificates of deposit	1,808,000	-	1,808,000	-
Other assets				
Beneficial interest in perpetual trust	648,662	-	-	648,662
	<u>\$ 18,340,349</u>	<u>\$ -</u>	<u>\$ 17,691,687</u>	<u>\$ 648,662</u>

A summary of assets at December 31, 2009 measured at estimated fair value were as follows:

	Assets at Fair Value	Level 1	Level 2	Level 3
Cash and cash equivalents				
Repurchase agreements	\$ 1,608,560	\$ -	\$ 1,608,560	\$ -
Investments				
Certificates of deposit	500,000	-	500,000	-
Assets limited as to use				
Certificates of deposit	2,156,000	-	2,156,000	-
Other assets				
Beneficial interest in perpetual trust	423,848	-	423,848	-
	<u>\$ 4,688,408</u>	<u>\$ -</u>	<u>\$ 4,688,408</u>	<u>\$ -</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE D – FAIR VALUE MEASUREMENT – Continued

The table below sets forth a summary of changes in the fair value of the Hospital's Level 3 assets for the year ended December 31, 2010:

	<u>Perpetual Trust</u>
Balance, beginning of year	\$ -
Total realized and unrealized gains included in change in net assets	224,814
Transfer into level 3	<u>423,848</u>
Balance, end of year	<u>\$ 648,662</u>

NOTE E – ASSETS LIMITED AS TO USE

Assets limited as to use consist of amounts designated by the Board of Directors to be used for plant expansion or equipment acquisition. Also included are amounts that are being held by a bank to guarantee certain obligations under letters of credit.

Assets limited as to use consist of the following at December 31,:

	<u>2010</u>	<u>2009</u>
By board for capital improvements		
Deposits	\$ 3,575	\$ 3,575
Money market	5,818	5,812
Held by bank for insurance guarantee		
Certificates of deposit	<u>1,808,000</u>	<u>2,156,000</u>
	<u>\$ 1,817,393</u>	<u>\$ 2,165,387</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE F – ENDOWMENT

The Hospital's endowment consists of a beneficial interest in a perpetual trust. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Hospital has interpreted the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) as requiring the preservation of the fair value of the beneficial interest in the perpetual trust absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) the net appreciation of the beneficial interest in the perpetual trust. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital.

Endowment Investment and Spending Policies

The Hospital's endowment fund investments are managed by a third party trustee in accordance with the trust agreement. The Hospital receives annual distributions from the trust equal to 75% of annual trust earnings. When received, this amount is considered temporarily restricted until appropriated by the Board for expenditure.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE F – ENDOWMENT - Continued

During the years ended December 31, 2010 and 2009, the Hospital's donor-restricted endowment net assets had the following activity:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total Endowment Assets</u>
January 1, 2009	\$ -	\$ -	\$ 568,409	\$ 568,409
Investment income	-	26,188	-	26,188
Net depreciation	-	-	(144,561)	(144,561)
Amounts appropriated for expenditure	-	(26,188)	-	(26,188)
December 31, 2009	-	-	423,848	423,848
Investment income	-	29,245	-	29,245
Net appreciation	-	-	224,814	224,814
Amounts appropriated for expenditure	-	(29,245)	-	(29,245)
December 31, 2010	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 648,662</u>	<u>\$ 648,662</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE G – PROPERTY AND EQUIPMENT

Property and equipment consists of the following at December 31,:

	2010	2009
Land improvements	\$ 1,122,806	\$ 1,122,806
Buildings and permanent fixtures	37,325,643	36,754,209
Furniture and equipment	26,674,516	25,904,397
	<u>65,122,965</u>	<u>63,781,412</u>
Less accumulated depreciation and amortization	54,221,973	52,072,571
	<u>10,900,992</u>	<u>11,708,841</u>
Construction in progress	553,926	677,653
Land	2,192,647	2,192,647
	<u>\$ 13,647,565</u>	<u>\$ 14,579,141</u>

NOTE H – SELF INSURANCE

The Hospital and SIHF maintain one self-administered health benefits program for employees and their dependents. The Hospital self-insures amounts up to a lifetime maximum of \$1,000,000 per individual with certain exceptions. Claim amounts exceeding \$150,000 per covered participant are covered under a stop-loss policy. Claims expense for the Hospital for 2010 and 2009 were \$3,195,330 and \$2,191,898, respectively.

NOTE I – COMMITMENTS

1. Operating leases

The Hospital has entered into noncancelable operating leases for various equipment items and office space. These operating leases range from two to ten years in length. Some of the leases provide that the Hospital pay for property insurance and maintenance. Total rent and other operating leases expense for 2010 and 2009 was \$494,631 and \$561,296, respectively.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE I – COMMITMENTS - Continued

The minimum commitments under the operating leases are as follows at December 31,:

2011	\$ 232,571
2012	157,170
2013	159,639
2014	145,291
2015	<u>130,993</u>
Total minimum payments required	<u>\$ 825,664</u>

2. McKesson agreement

In October 2010, the Hospital entered into an agreement with McKesson Technologies, Inc. for the acquisition of certain equipment, software licenses and consulting and processing services in connection with the implementation of electronic medical records for the Hospital. Total costs under the agreement are \$3,115,563 of which a deposit of \$251,534 was paid in 2010 and is reported in Construction in Process at December 31, 2010. Interest is at the rate of 10.8%. Remaining payments are due as follows:

Year ended December 31,	
2011	\$ 792,426
2012	720,000
2013	1,200,000
2014	<u>846,576</u>
Total required payments	3,559,002
Amount representing interest	<u>(694,973)</u>
	<u>\$ 2,864,029</u>

The agreement also includes ongoing fees for claims processing, software maintenance and support. These fees will approximate \$345,000 annually.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE J – LONG-TERM OBLIGATIONS

A summary of long-term debt and capital lease obligations are as follows at December 31,:

	<u>2010</u>	<u>2009</u>
Capital lease obligations for purchase and installation of financial and clinical information systems and other equipment, payable at varying monthly amounts through June 2015 and at varying rates of imputed interest from 5.2% to 9.6% collateralized by leased equipment	\$ 1,220,133	\$ 1,939,568
Less current portion	<u>(434,874)</u>	<u>(730,947)</u>
Long-term portion	<u>\$ 785,259</u>	<u>\$ 1,208,621</u>

The cost of equipment under capital leases included in the Combined Balance Sheets was \$2,528,501 and \$3,315,419 and accumulated depreciation was \$1,082,710 and \$1,128,601 at December 31, 2010 and 2009, respectively.

Scheduled principal repayments on capital lease obligations are as follows:

Year ended December 31,	
2011	\$ 511,855
2012	442,710
2013	303,550
2014	77,628
2015	<u>32,345</u>
Total	1,368,088
Amount representing interest	<u>(147,955)</u>
Long-term obligations	<u>\$ 1,220,133</u>

Total interest expense incurred was \$132,368 and \$187,663 for the years ended December 31, 2010 and 2009, respectively. Cash paid for interest was \$132,368 and \$187,663 for the years ended December 31, 2010 and 2009, respectively. No interest was capitalized in 2010 or 2009.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE K – ESTIMATED LIABILITY CLAIMS PAYABLE

Through March 2, 2008, the Hospital was insured for medical professional liability under a combined insurance policy which was purchased from a commercial insurance carrier on a claims-made basis. General liability insurance was also purchased on an occurrence basis. The Hospital has paid the minimum premium due under the policy. During 2010, the Hospital paid an additional premium of \$500,000 under this policy. Additional premiums of \$2,000,000 may be required based on claims experience. See Note Q. Prior to the effective dates of the commercial insurance coverage, the Hospital was insured by a commercial insurance carrier that subsequently became insolvent. Potential claims incurred during this period of insurance are covered by the Illinois Insurance Guaranty Fund with limits of \$300,000 per occurrence.

Effective March 3, 2008, the Hospital purchased medical professional liability and general liability insurance from a commercial carrier on a claims made basis. The primary insurance coverage is subject to per occurrence and aggregate limits. Excess liability coverage insures against losses in excess of the primary coverage.

The Hospital is involved in litigation arising in the ordinary course of business. Medical professional and general liability claims have been asserted against the Hospital and are currently in various stages of litigation.

The accrual for professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. Estimated liability claims payable at December 31, 2010 and 2009 were approximately \$2,137,000 and \$2,887,000, respectively.

NOTE L – UNCOMPENSATED CARE

In line with its mission, the Hospital is designated as a Disproportionate Share Hospital which provides a safety net for the communities served to access much needed health care by offering some services to patients without regard to their ability to pay for those services. For some of their patient services, the Hospital receives no payment or payment that is less than the full cost of providing the services.

The Hospital voluntarily provides free care to patients who are unable to pay for all or part of their health care expenses as determined by the Hospital's criteria for financial assistance.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE L – UNCOMPENSATED CARE - Continued

In some cases, the Hospital does not receive the amount billed for patient services even though it did not receive information necessary to determine if the patients met the criteria for financial assistance. Bad debts expense is the estimated amount of patient revenue that the Hospital will not collect.

The estimated cost of charity care and the cost of bad debts for 2010 and 2009 are as follows. Costs are calculated using the ratio of the Hospital's costs of providing patient care to its charges.

	<u>2010</u>	<u>2009</u>
Cost of charity care	\$ 7,176,671	\$ 6,627,424
Cost of bad debts	<u>2,347,236</u>	<u>3,097,542</u>
	<u>\$ 9,523,907</u>	<u>\$ 9,724,966</u>

The Hospital also participates in government sponsored healthcare programs such as Medicaid, Medicare, Champus and Tricare. Payment from such programs for services provided may not cover costs.

The Hospital also commits significant time and resources to activities and services directed to unmet community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screenings and assessments, prenatal education and care, support for vital community services, 24 hour comprehensive emergency services, specialty physicians, community educational services and various support groups.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE M – PENSION

The Hospital and SIHF maintain a defined contribution 401(k) plan for the benefit of their employees. The Hospital matches participants' contributions to the Plan up to 4% of the employee's salary. Effective January 1, 2009, the plan was amended to cover substantially all employees after six months of service and to provide for immediate vesting of employer contributions on or after January 1, 2009. Prior to the amendment, employees covered under the plan were eligible for employee deferrals after six months of service and matching contributions after one year of service. Plan participants will be 100% vested in employer contributions prior to January 1, 2009 after six years of credited service.

Pension expense was \$724,083 and \$704,901 for the years ended December 31, 2010 and 2009, respectively.

NOTE N – RELATED-PARTY TRANSACTIONS

During 2010 and 2009, respectively, the Hospital earned \$316,813 and \$150,068 in operating revenue from SIHF. During 2010 and 2009, respectively, the Hospital had \$381,466 and \$274,452 in other operating revenue from SIHF. These transactions were primarily for management and marketing services, security, maintenance, housekeeping, transportation, lab services and rent. The Hospital incurred \$439,250 and \$392,905 in operating expenses to SIHF during 2010 and 2009, respectively. Amounts due from SIHF reflected in the accompanying Combined Balance Sheets were \$765,353 and \$188,165 at December 31, 2010 and 2009, respectively.

NOTE O – FUNCTIONAL EXPENSES

The Hospital provides general inpatient and outpatient health care services within its geographic locations. Expenses related to providing these services are as follows at December 31,:

	<u>2010</u>	<u>2009</u>
Health care services	\$ 59,766,517	\$ 61,991,443
General and administrative	<u>8,869,582</u>	<u>9,132,915</u>
	<u>\$ 68,636,099</u>	<u>\$ 71,124,358</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2010 and 2009

NOTE P – PERPETUAL TRUST

A donor established an irrevocable perpetual trust naming TRH as a beneficiary. Under terms of the trust, TRH will receive 75% of the trust's annual taxable income. Based upon an estimated return on assets of 1.8% and 3.2%, the present value of future benefits expected to be received by TRH was estimated to be \$648,662 and \$423,848 at December 31, 2010 and 2009, respectively.

NOTE Q – LETTERS OF CREDIT

At December 31, 2010 and 2009, the Hospital had outstanding letters of credit in the amount of \$1,808,000 and \$2,156,000, respectively. The letters of credit act as a guarantee of payment to certain third parties providing professional, general liability and worker's compensation insurance coverage in accordance with specified terms and conditions. The letters of credit are secured by the assignment of \$1,808,000 and \$2,156,000 in certificates of deposit at December 31, 2010 and 2009, respectively.

NOTE R – ASSET RETIREMENT OBLIGATIONS

The Hospital has recorded conditional asset retirement obligations and capitalized costs related to the estimated cost of removing asbestos from its facilities. Federal and state regulations require the removal of asbestos when a building is demolished or, at a minimum, encapsulation of the asbestos when it would be exposed during renovation. The obligation is included in other liabilities, and the capitalized costs are included in property and equipment. The following summarizes the asset retirement obligations.

	<u>2010</u>	<u>2009</u>
Balance at January 1,	\$ 1,935,880	\$ 1,841,555
Accretion expense	<u>99,156</u>	<u>94,325</u>
Balance at December 31,	<u>\$ 2,035,036</u>	<u>\$ 1,935,880</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE 5 – SUBSEQUENT EVENTS

The Board of Directors has been working on a plan to transition services currently located at Kenneth Hall Regional Hospital. On May 10, 2011, the State of Illinois Health Facilities and Services Review Board approved the closure of the Kenneth Hall Regional Hospital facility and the addition of twelve behavioral health beds to Touchette Regional Hospital's license. The transition of services remaining at Kenneth Hall Regional Hospital is expected to be completed by the fall of 2011.

In preparing these financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through May 18, 2011, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION



Kerber, Eck & Braeckel LLP

2011
Management Consultants

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**Independent Auditors' Report
on Supplementary Information**

Board of Directors
Touchette Regional Hospital, Inc.

We have audited the financial statements of Touchette Regional Hospital, Inc. as of and for the years ended December 31, 2010 and 2009, and have issued our report thereon dated May 18, 2011, which contained an unqualified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The combining information presented hereinafter is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kerber, Eck & Braeckel LLP

St. Louis, Missouri
May 18, 2011

Offices Locations

Belleville, IL • Carbondale, IL • Springfield, IL • Jacksonville, IL • Cape Girardeau, MO • Milwaukee, WI

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS

December 31, 2010

ASSETS	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Current assets				
Cash and cash equivalents	\$ 14,017,472	\$ 65,244	\$ -	\$ 14,082,716
Accounts receivable	4,639,278	-	-	4,639,278
Patients, less estimated uncollectibles of \$2,260,000	819,375	-	-	819,375
Other	2,002,023	-	-	2,002,023
Investments	330,291	-	-	330,291
Third-party payor settlements	1,970,994	-	-	1,970,994
Inventories, prepaid and other				
Total current assets	23,779,433	65,244	-	23,844,677
Assets limited as to use				
By board for capital improvements	9,393	-	-	9,393
Held by bank for insurance guarantee	1,808,000	-	-	1,808,000
	1,817,393	-	-	1,817,393
Property and equipment - net	13,647,565	-	-	13,647,565
Other assets				
Beneficial interest in charitable trust	648,662	-	-	648,662
Total assets	\$ 39,893,053	\$ 65,244	\$ -	\$ 39,958,297

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2010

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
LIABILITIES AND NET ASSETS				
Current liabilities				
Current maturities of long-term obligations	\$ 434,874	\$ -	-	\$ 434,874
Short-term notes	97,762	-	-	97,762
Accounts payable	1,174,835	-	-	1,174,835
Deferred revenue	14,345,083	-	-	14,345,083
Accrued liabilities				
Payroll and payroll taxes	2,154,946	-	-	2,154,946
Other	997,850	-	-	997,850
Total current liabilities	19,205,350	-	-	19,205,350
Long-term obligations, less current maturities	785,259	-	-	785,259
Other liabilities				
Asset retirement obligations	2,035,036	-	-	2,035,036
Estimated liability claims payable, less current portion	1,867,000	-	-	1,867,000
Total other liabilities	3,902,036	-	-	3,902,036
Total liabilities	23,892,645	-	-	23,892,645
Net assets				
Unrestricted	15,351,746	65,244	-	15,416,990
Permanently restricted	648,662	-	-	648,662
Total net assets	16,000,408	65,244	-	16,065,652
Total liabilities and net assets	\$ 39,893,053	\$ 65,244	\$ -	\$ 39,958,297

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2009

ASSETS	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Current assets					
Cash and cash equivalents	\$ -	\$ 1,869,823	\$ 65,677	\$ -	\$ 1,935,500
Accounts receivable	-	5,063,573	-	-	5,063,573
Patients, less estimated uncollectibles of \$2,245,000	-	356,129	-	-	356,129
Other	-	500,000	-	-	500,000
Investments	-	2,005,993	-	-	2,005,993
Provider assessment receivable	-	549,664	-	-	549,664
Third-party payor settlements	-	1,057,641	-	-	1,057,641
Inventories, prepaid and other	-	-	-	-	-
Total current assets	-	11,402,823	65,677	-	11,468,500
Assets limited as to use					
By board for capital improvements	-	9,387	-	-	9,387
Held by bank for insurance guarantee	-	2,156,000	-	-	2,156,000
	-	2,165,387	-	-	2,165,387
Property and equipment - net	-	14,579,141	-	-	14,579,141
Other assets					
Beneficial interest in charitable trust	-	423,848	-	-	423,848
Total assets	\$ -	\$ 28,571,199	\$ 65,677	\$ -	\$ 28,636,876

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2009

LIABILITIES AND NET ASSETS	Combining Information					Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations		
Current liabilities						
Current maturities of long-term obligations	\$ -	\$ 730,947	\$ -	\$ -	\$ -	\$ 730,947
Short-term notes	-	108,671	-	-	-	108,671
Accounts payable	-	1,650,703	-	-	-	1,650,703
Accrued liabilities						
Payroll and payroll taxes	-	2,026,740	-	-	-	2,026,740
Other	-	655,840	-	-	-	655,840
Third-party payor settlements	-	14,964	-	-	-	14,964
Total current liabilities	-	5,187,865	-	-	-	5,187,865
Long-term obligations, less current maturities	-	1,208,621	-	-	-	1,208,621
Other liabilities						
Asset retirement obligations	-	1,935,880	-	-	-	1,935,880
Estimated liability claims payable, less current portion	-	2,617,000	-	-	-	2,617,000
Total other liabilities	-	4,552,880	-	-	-	4,552,880
Total liabilities	-	10,949,366	-	-	-	10,949,366
Net assets						
Unrestricted	-	17,146,897	65,677	-	-	17,212,574
Temporarily restricted	-	51,088	-	-	-	51,088
Permanently restricted	-	423,848	-	-	-	423,848
Total net assets	-	17,621,833	65,677	-	-	17,687,510
Total liabilities and net assets	\$ -	\$ 28,571,199	\$ 65,677	\$ -	\$ -	\$ 28,636,876

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF OPERATIONS
Year ended December 31, 2010

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted revenues, gains and other support				
Net patient service revenue	\$ 64,286,367	\$ -	\$ -	\$ 64,286,367
Other operating revenue	1,361,053	-	-	1,361,053
Net assets released from restrictions	51,088	-	-	51,088
Total unrestricted revenues, gains, and other support	65,698,508	-	-	65,698,508
Operating expense				
Salaries	31,076,880	-	-	31,076,880
Employee benefits	7,073,627	-	-	7,073,627
Physician fees	5,641,741	-	-	5,641,741
Supplies and other	15,647,765	433	-	15,648,198
Insurance and liability claims	1,121,617	-	-	1,121,617
Provision for bad debts	3,616,928	-	-	3,616,928
Depreciation and amortization	2,248,557	-	-	2,248,557
Hospital provider assessment	2,076,183	-	-	2,076,183
Interest	132,368	-	-	132,368
Total operating expense	68,635,666	433	-	68,636,099
Loss from operations	(2,937,158)	(433)	-	(2,937,591)
Other income	1,142,007	-	-	1,142,007
DEFICIENCY OF REVENUES OVER EXPENSES	\$ (1,795,151)	\$ (433)	\$ -	\$ (1,795,584)

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF OPERATIONS - Continued
Year ended December 31, 2009

	Combining Information				Reclassifications and Eliminations	Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.			
Unrestricted revenues, gains and other support						
Net patient service revenue	\$ 7,545,534	\$ 59,117,727	\$ -	\$ -	\$ -	\$ 66,663,261
Other operating revenue	403,804	877,925	-	-	-	1,281,729
Total unrestricted revenues, gains, and other support	7,949,338	59,995,652	-	-	-	67,944,990
Operating expense						
Salaries	4,693,709	25,701,743	-	-	-	30,395,452
Employee benefits	981,100	4,967,337	-	-	-	5,948,437
Physician fees	746,940	4,725,598	-	-	-	5,472,538
Supplies and other	1,845,224	15,615,789	5,755	-	-	17,466,768
Insurance and liability claims	153,627	1,024,362	-	-	-	1,177,989
Provision for bad debts	1,317,394	3,680,732	-	-	-	4,998,126
Depreciation and amortization	456,047	1,889,077	-	-	-	2,345,124
Hospital provider assessment	411,488	2,720,773	-	-	-	3,132,261
Interest	7,380	180,283	-	-	-	187,663
Total operating expense	10,612,909	60,505,694	5,755	-	-	71,124,358
Loss from operations	(2,663,571)	(510,042)	(5,755)	-	-	(3,179,368)
Other income	1,145	320,931	32	-	-	322,108
Deficiency of revenues over expenses	(2,662,426)	(189,111)	(5,723)	-	-	(2,857,260)
Other changes						
Transfer (to) from affiliate	(1,666,258)	1,666,258	-	-	-	-
INCREASE (DECREASE) IN NET ASSETS	\$ (4,328,684)	\$ 1,477,147	\$ (5,723)	\$ -	\$ -	\$ (2,857,260)

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CHANGES IN NET ASSETS
Year ended December 31, 2010

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted net assets				
Deficiency of revenues over expenses	\$ (1,795,151)	\$ (433)	\$ -	\$ (1,795,584)
Decrease in unrestricted net assets	(1,795,151)	(433)	-	(1,795,584)
Temporarily restricted net assets				
Net assets released from restrictions	(51,088)	-	-	(51,088)
Decrease in temporarily restricted net assets	(51,088)	-	-	(51,088)
Permanently restricted net assets				
Change in value of beneficial interest in charitable trust	224,814	-	-	224,814
Increase in permanently restricted net assets	224,814	-	-	224,814
Decrease in net assets	(1,621,425)	(433)	-	(1,621,858)
Net assets, January 1, 2010	17,621,833	65,677	-	17,687,510
Net assets, December 31, 2010	\$ 16,000,408	\$ 65,244	\$ -	\$ 16,065,652

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CHANGES IN NET ASSETS - Continued
Year ended December 31, 2009

	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted net assets					
Deficiency of revenues over expenses	\$ (2,662,426)	\$ (189,111)	\$ (5,723)	\$ -	\$ (2,857,260)
Other changes	(1,666,258)	1,666,258	-	-	-
Increase (decrease) in unrestricted net assets	(4,328,684)	1,477,147	(5,723)	-	(2,857,260)
Permanently restricted net assets					
Change in value of beneficial interest in charitable trust	-	(144,561)	-	-	(144,561)
Decrease in permanently restricted net assets	-	(144,561)	-	-	(144,561)
Increase (decrease) in net assets	(4,328,684)	1,332,586	(5,723)	-	(3,001,821)
Net assets, January 1, 2009	4,328,684	16,289,247	71,400	-	20,689,331
Net assets, December 31, 2009	\$ -	\$ 17,621,833	\$ 65,677	\$ -	\$ 17,687,510

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CASH FLOWS
Year ended December 31, 2010

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Cash flows from operating activities and gains				
Change in net assets	\$ (1,621,425)	\$ (433)	\$ -	\$ (1,621,858)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities and gains				
Depreciation and amortization	2,248,557	-	-	2,248,557
Provision for bad debts	3,616,928	-	-	3,616,928
(Increase) decrease in assets	(3,655,879)	-	-	(3,655,879)
Accounts receivable	2,005,993	-	-	2,005,993
Provider assessment receivable	(918,794)	-	-	(918,794)
Other assets	(20,616)	-	-	(20,616)
Increase (decrease) in liabilities	14,345,083	-	-	14,345,083
Accounts payable, accrued and other liabilities	(750,000)	-	-	(750,000)
Deferred revenue	16,871,272	-	-	16,871,272
Estimated liability claims payable	15,249,847	(433)	-	15,249,414
Total adjustments				
Net cash provided by (used in) operating activities and gains				
Cash flows from investing activities				
Capital expenditures	(1,217,825)	-	-	(1,217,825)
Net withdrawal of funds limited as to use	347,994	-	-	347,994
Purchase of investments	(1,502,023)	-	-	(1,502,023)
Net cash used in investing activities	(2,371,854)	-	-	(2,371,854)
Cash flows from financing activities				
Net short-term payments	(10,909)	-	-	(10,909)
Principal payments on long-term obligations	(719,435)	-	-	(719,435)
Net cash used in financing activities	(730,344)	-	-	(730,344)
Net increase (decrease) in cash and cash equivalents	12,147,649	(433)	-	12,147,216
Cash and cash equivalents, January 1, 2010	1,869,823	65,677	-	1,935,500
Cash and cash equivalents, December 31, 2010	\$ 14,017,472	\$ 65,244	\$ -	\$ 14,082,716

TOUCETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CASH FLOWS - Continued
Year ended December 31, 2009

	Combining Information				Combined Total
	Kenneth Hall Regional Hospital, Inc.	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Cash flows from operating activities and gains					
Change in net assets	\$ (4,328,684)	\$ 1,332,586	\$ (5,723)	\$ -	\$ (3,001,821)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities and gains					
Depreciation and amortization	456,047	1,889,077	-	-	2,345,124
Provision for bad debts	1,317,394	3,680,732	-	-	4,998,126
(Increase) decrease in assets					
Accounts receivable	(987,696)	(2,455,871)	-	-	(3,443,567)
Provider assessment receivable	3,062,070	468,365	-	-	3,530,435
Other assets	835,755	568,568	-	-	1,404,323
Increase (decrease) in liabilities					
Accounts payable, accrued and other liabilities	(838,259)	41,615	-	-	(796,644)
Deferred revenue	-	(2,000,956)	-	-	(2,000,956)
Provider assessment liability	(1,055,978)	(1,038,091)	-	-	(2,094,069)
Estimated liability claims payable	-	(393,000)	-	-	(393,000)
Total adjustments	2,789,333	760,439	-	-	3,549,772
Net cash provided by (used in) operating activities and gains	(1,539,351)	2,093,025	(5,723)	-	547,951
Cash flows from investing activities					
Capital expenditures	-	(384,064)	-	-	(384,064)
Net transfers to/(from)	1,012,324	(1,012,324)	-	-	-
Net withdrawal of funds limited as to use	-	1,715,414	-	-	1,715,414
Purchase of investments	-	(500,000)	-	-	(500,000)
Net cash provided by (used in) investing activities	1,012,324	(180,974)	-	-	831,350
Cash flows from financing activities					
Net short-term borrowings	(54,366)	52,890	-	-	(1,476)
Principal payments on long-term obligations	(193,125)	(2,258,275)	-	-	(2,451,400)
Net cash used in financing activities	(247,491)	(2,205,385)	-	-	(2,452,876)
Net decrease in cash and cash equivalents	(774,518)	(293,334)	(5,723)	-	(1,073,575)
Cash and cash equivalents, January 1, 2009	774,518	2,163,157	71,400	-	3,009,075
Cash and cash equivalents, December 31, 2009	\$ -	\$ 1,869,823	\$ 65,677	\$ -	\$ 1,935,500
Non-cash investing and financing activities:					
Capital lease obligations entered into in exchange for equipment	\$ -	\$ 1,201,771	\$ -	\$ -	\$ 1,201,771

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**FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT**

TOUCHETTE REGIONAL HOSPITAL, INC.

December 31, 2011 and 2010

TOUCHETTE REGIONAL HOSPITAL, INC.

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Management Consultants

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Independent Auditors' Report

Board of Directors
Touchette Regional Hospital, Inc.

We have audited the accompanying combined balance sheets of Touchette Regional Hospital, Inc. (an Illinois not-for-profit corporation) and affiliate as of December 31, 2011 and 2010, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended. These combined financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these combined financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the combined financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Touchette Regional Hospital, Inc. and affiliates as of December 31, 2011 and 2010, and the results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Kerber, Eck & Braeckel LLP

St. Louis, Missouri
May 18, 2012

Other Locations

Belleville, IL • Carbondale, IL • Springfield, IL • Jacksonville, IL • Cape Girardeau, MO • Milwaukee, WI

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED BALANCE SHEETS

December 31,

ASSETS	2011	2010	LIABILITIES AND NET ASSETS	
	2011	2010	2011	2010
Current assets				
Cash and cash equivalents	\$ 3,814,913	\$ 14,082,716		
Accounts receivable				
Patients, less estimated uncollectibles of				
\$2,862,000 in 2011 and \$2,260,000 in 2010	3,989,416	4,639,278		
Other	1,102,827	819,375		
Investments	-	2,002,023		
Third-party payor settlements	-	330,291		
Inventories, prepaid and other	1,953,136	1,970,994		
Total current assets	10,860,292	23,844,677		
Assets limited as to use				
By board for capital improvements	9,398	9,393		
Held by bank for insurance guarantee	-	1,500,000		
Held by affiliate for insurance guarantee	308,000	308,000		
	317,398	1,817,393		
Property and equipment - net	14,121,972	13,647,565		
Other assets				
Beneficial interest in charitable trust	594,864	648,662		
Total assets	\$ 25,894,526	\$ 39,958,297		
Current liabilities				
Current maturities of long-term obligations	\$ 952,025	\$ 434,874		
Short-term notes	190,749	97,762		
Accounts payable	1,699,406	1,174,835		
Deferred revenue	4,425,665	14,345,083		
Accrued liabilities				
Payroll and payroll taxes	2,224,126	2,154,946		
Other	860,351	997,850		
Third-party payor settlements	5,104	-		
Total current liabilities	10,357,426	19,205,350		
Long-term obligations, less current maturities	2,354,572	785,259		
Other liabilities				
Asset retirement obligations	2,134,192	2,035,036		
Estimated liability claims payable, less current portion	67,000	1,867,000		
Total other liabilities	2,201,192	3,902,036		
Total liabilities	14,913,190	23,892,645		
Net assets				
Unrestricted	10,386,472	15,416,990		
Permanently restricted	594,864	648,662		
Total net assets	10,981,336	16,065,652		
Total liabilities and net assets	\$ 25,894,526	\$ 39,958,297		

The accompanying notes are an integral part of these statements.

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF OPERATIONS

Year ended December 31,

	<u>2011</u>	<u>2010</u>
Unrestricted revenues, gains and other support		
Net patient service revenue	\$ 62,524,290	\$ 64,286,367
Other operating revenue	1,053,402	1,361,053
Net assets released from restrictions	-	51,088
	<u>63,577,692</u>	<u>65,698,508</u>
Operating expense		
Salaries	28,854,698	31,076,880
Employee benefits	7,505,780	7,073,627
Physician fees	5,598,531	5,641,741
Supplies and other	13,666,517	16,769,815
Provision for bad debts	6,606,916	3,616,928
Depreciation and amortization	1,921,134	2,248,557
Hospital provider assessment	2,028,578	2,076,183
Interest	442,634	132,368
	<u>66,624,788</u>	<u>68,636,099</u>
Loss from operations	(3,047,096)	(2,937,591)
Other income (expense)		
Loss on impairment and disposal of property and equipment	(2,240,477)	-
Other income	257,055	1,142,007
	<u>(1,983,422)</u>	<u>1,142,007</u>
DEFICIENCY OF REVENUES OVER EXPENSES	<u>\$ (5,030,518)</u>	<u>\$ (1,795,584)</u>

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF CHANGES IN NET ASSETS Year ended December 31,

	<u>2011</u>	<u>2010</u>
Unrestricted net assets		
Deficiency of revenues over expenses	<u>\$ (5,030,518)</u>	<u>\$ (1,795,584)</u>
Decrease in unrestricted net assets	(5,030,518)	(1,795,584)
Temporarily restricted net assets		
Net assets released from restrictions	<u>-</u>	<u>(51,088)</u>
Decrease in temporarily restricted net assets	-	(51,088)
Permanently restricted net assets		
Increase (decrease) in value of beneficial interest in charitable trust	<u>(53,798)</u>	<u>224,814</u>
Increase (decrease) in permanently restricted net assets	<u>(53,798)</u>	<u>224,814</u>
Decrease in net assets	(5,084,316)	(1,621,858)
Net assets, beginning of year	<u>16,065,652</u>	<u>17,687,510</u>
Net assets, end of year	<u><u>\$ 10,981,336</u></u>	<u><u>\$ 16,065,652</u></u>

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINED STATEMENTS OF CASH FLOWS

Year ended December 31,

	<u>2011</u>	<u>2010</u>
Cash flows from operating activities and gains		
Change in net assets	\$ (5,084,316)	\$ (1,621,858)
Adjustments to reconcile change in net assets to net cash provided by operating activities and gains		
Depreciation and amortization	1,921,134	2,248,557
Provision for bad debts	6,606,916	3,616,928
Loss on disposal of assets	2,240,477	-
(Increase) decrease in assets		
Accounts receivable	(6,240,506)	(3,655,879)
Provider assessment receivable	-	2,005,993
Other assets	401,947	(918,794)
Increase (decrease) in liabilities		
Accounts payable, accrued and other liabilities	461,356	(20,616)
Deferred revenue	(9,919,418)	14,345,083
Estimated liability claims payable	(1,800,000)	(750,000)
Total adjustments	<u>(6,328,094)</u>	<u>16,871,272</u>
Net cash provided by (used in) operating activities and gains	(11,412,410)	15,249,414
Cash flows from investing activities		
Capital expenditures	(2,176,643)	(1,217,825)
Proceeds from sale of property and equipment	753,470	-
Sale (purchase) of investments	2,002,023	(1,502,023)
Net withdrawals of funds whose use is limited	<u>1,499,995</u>	<u>347,994</u>
Net cash provided by (used in) investing activities	2,078,845	(2,371,854)
Cash flows from financing activities		
Net proceeds (payments) on short-term notes	92,987	(10,909)
Principal payments on long-term obligations	<u>(1,027,225)</u>	<u>(719,435)</u>
Net cash used in financing activities	(934,238)	(730,344)
Net increase (decrease) in cash and cash equivalents	(10,267,803)	12,147,216
Cash and cash equivalents, beginning of year	<u>14,082,716</u>	<u>1,935,500</u>
Cash and cash equivalents, end of year	<u>\$ 3,814,913</u>	<u>\$ 14,082,716</u>
Non-cash investing and financing activities:		
Capital lease obligations entered into in exchange for equipment	<u>\$ 3,113,689</u>	<u>\$ -</u>

The accompanying notes are an integral part of these statements.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES

The combined financial statements of Touchette Regional Hospital, Inc. (Hospital) include the accounts of Touchette Regional Hospital, Inc., Centreville, Illinois (TRH) and Archview Health Support, Inc., East St. Louis, Illinois (Archview). All significant intercompany transactions and accounts are eliminated.

A summary of the significant accounting policies of the Hospital consistently applied in the preparation of the accompanying combined financial statements follows.

1. Nature of Entity

The Hospital was organized to provide comprehensive healthcare and health-related services to residents of the Hospital's service area primarily within its two campuses, Touchette Regional Hospital in Centreville, Illinois (TRH) and Kenneth Hall Regional Hospital in East St. Louis, Illinois (KHRH). In June 2011, the KHRH campus was closed and all remaining services were transferred to the TRH campus or relocated to other sites within the service area. This area includes East St. Louis, Centreville Township, as well as the surrounding communities. The Hospital is a 127 bed acute care service provider.

The Hospital is a controlled affiliate of Southern Illinois Healthcare Foundation, Inc. (SIHF). SIHF is an Illinois not-for-profit corporation organized under Section 501(c)(3) of the Internal Revenue Code. Membership of the Hospital consists of the Board of Directors for SIHF, which appoints the Hospital's Board of Directors.

Archview was organized to be operated for charitable purposes exclusively for the benefit of the Hospital. Archview is a controlled affiliate of the Hospital.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

3. Cash, Cash Equivalents and Investments

The Hospital considers all highly liquid debt instruments with maturities of three months or less at the date of acquisition and not limited as to their use to be cash equivalents.

4. Assets Limited as to Use

Resources which are set aside for board-designated or other restricted purposes are considered to be assets limited as to use. Assets limited as to use that are required for obligations classified as current liabilities are reported as current assets. The Board of Directors retains control over board-designated assets and may at its discretion subsequently use them for other purposes.

5. Investments

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for a discussion of fair value measurements.

6. Inventories

Inventories are stated at the lower of cost or market. Cost is determined using the first-in, first-out method.

7. Property and Equipment

Property and equipment is stated at cost. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives, on a straight-line basis. Leased property under capital leases is amortized over the lives of the respective leases, or over the service lives of the assets for those leases which substantially transfer ownership.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific purpose or time period. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

9. Net Patient Service Revenue and Receivables

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors and others for services rendered. Also included in net patient service revenue are estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Net patient receivables are recorded net of an allowance for uncollectible accounts based on various factors including historical performance, the aging of receivables and existing economic conditions.

10. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

11. Excess of Revenues Over Expenses

The statement of operations includes excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for purposes of acquiring such assets).

12. Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value when received. Unrestricted contributions and donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements. Donor-restricted contributions whose restrictions are not met at year end are reported as permanently restricted support until such assets are released from restrictions.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE A – NATURE OF ENTITY AND SUMMARY OF ACCOUNTING POLICIES - Continued

13. Income Taxes

The Hospital qualifies as a not-for-profit organization as defined by Internal Revenue Code 501(c)(3), and, accordingly, it is exempt from Federal income taxes under Internal Revenue Code Section 501(a) and similar provisions of state law. The Hospital files federal information returns. The statutes of limitations for information returns filed for the tax years ended December 31, 2008 through 2011 have not expired and therefore are subject to examination.

The Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) Section 740-10. ASC Section 740-10 clarifies the accounting for income taxes by prescribing the minimum standard a tax position is required to meet before being recognized in the financial statements. The Hospital has not taken any uncertain tax positions that should be accounted for under ASC Section 740-10.

14. Asset Retirement Obligation

Under the provisions of the standard for accounting for conditional asset retirement obligations, the Hospital records a liability and capitalizes costs for the fair value of conditional asset retirement obligations when incurred if the fair value of the liability can be reasonably estimated.

15. Reclassifications

Certain reclassifications have been made to the 2010 financial statements to conform to the 2011 financial statement presentation.

NOTE B – NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare – Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of an annual cost report by the Hospital and audit thereof by the Medicare fiscal intermediary.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE B – NET PATIENT SERVICE REVENUE - Continued

Medicaid – Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively determined fee schedules. The Hospital is also eligible for additional payments based on the volume of services provided to Medicaid program beneficiaries. Additional payments received by the Hospital pertaining to the year 2012 and 2011 are recorded as deferred revenue at December 31, 2011 and 2010, respectively, in the accompanying *Combined Balance Sheets*.

The State of Illinois Hospital Assessment Program (Program) was approved by the Center for Medicare and Medicaid Services (CMS) through June 2013. This Program increases the amount of federal funding for the Illinois Medicaid program. For the years ended December 31, 2011 and 2010, respectively, the Hospital received \$8,453,316 and \$8,474,248 in funding under this Program and paid an assessment under the Program of \$2,028,578 and \$2,076,183.

Approximately 74% and 75% of net patient service revenues are from participation in the Medicare and state sponsored Medicaid programs for the years ended December 31, 2011 and 2010, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that actual results may differ from recorded estimates.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payments to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

NOTE C – CONCENTRATION OF CREDIT RISK

The Hospital maintains its cash and investments in various financial institutions. Certain such cash and investments are either not insured or the balances may, at times, exceed the federally insured limits. The Hospital has not experienced any losses in such accounts and believes they are not exposed to any significant credit risk on its cash and investments.

The Hospital grants credit without collateral to its patients most of whom are local residents and some of which are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows at December 31,:

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE C – CONCENTRATION OF CREDIT RISK – Continued

	<u>2011</u>	<u>2010</u>
Medicaid	24 %	28 %
Medicare	12	18
Other third-party payors	18	18
Self-pay	<u>46</u>	<u>36</u>
	<u>100 %</u>	<u>100 %</u>

NOTE D – FAIR VALUE MEASUREMENT

FASB ASC 820, *Fair Value Measurement and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Hospital has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in an inactive market;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE D – FAIR VALUE MEASUREMENT – Continued

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used by the Hospital to measure assets at estimated fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Repurchase agreements, invested in mortgage-backed securities, are valued using quotes from independent pricing vendors based on recent trading activity and other relevant trading information including market interest rate curves, dealer quotes, the U.S. treasury yield curve and bond terms and conditions. These agreements are included in Level 2.

The beneficial interest in a perpetual trust is valued using present value techniques based on inputs which include the applicable interest rate, fair value of the underlying securities and income distributions. This asset is included in Level 3.

Certificates of deposit are valued at cost which approximates fair value and are included in Level 2.

The methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain assets could result in a different fair value measurement at the reporting date.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE D – FAIR VALUE MEASUREMENT – Continued

A summary of assets at December 31, 2011 measured at estimated fair value were as follows:

	Assets at Fair Value	Level 1	Level 2	Level 3
Beneficial interest in perpetual trust	\$ 594,864	\$ -	\$ -	\$ 594,864

A summary of assets at December 31, 2010 measured at estimated fair value were as follows:

	Assets at Fair Value	Level 1	Level 2	Level 3
Cash and cash equivalents				
Repurchase agreements	\$ 13,881,664	\$ -	\$ 13,881,664	\$ -
Investments				
Certificates of deposit	2,002,023	-	2,002,023	-
Assets limited as to use				
Certificates of deposit	1,500,000	-	1,500,000	-
Other assets				
Beneficial interest in perpetual trust	648,662	-	-	648,662
	<u>\$ 18,032,349</u>	<u>\$ -</u>	<u>\$ 17,383,687</u>	<u>\$ 648,662</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE D – FAIR VALUE MEASUREMENT – Continued

The table below sets forth a summary of changes in the fair value of the Hospital's Level 3 assets for the year ended December 31, 2011:

	<u>Perpetual Trust</u>
Balance, beginning of year	\$ 648,662
Total realized and unrealized gains included in change in net assets	<u>(53,798)</u>
Balance, end of year	<u>\$ 594,864</u>

NOTE E – ASSETS LIMITED AS TO USE

Assets limited as to use consist of amounts designated by the Board of Directors to be used for plant expansion or equipment acquisition. Also included are amounts that are being held by a bank and a affiliate to guarantee certain obligations under letters of credit.

Assets limited as to use consist of the following at December 31,:

	<u>2011</u>	<u>2010</u>
By board for capital improvements		
Deposits	\$ 3,575	\$ 3,575
Money market	5,823	5,818
Held by bank for insurance guarantee		
Certificates of deposit	-	1,500,000
Held by affiliate for insurance guarantee	<u>308,000</u>	<u>308,000</u>
	<u>\$ 317,398</u>	<u>\$ 1,817,393</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE F – PROPERTY AND EQUIPMENT

Property and equipment consists of the following at December 31,:

	<u>2011</u>	<u>2010</u>
Land improvements	\$ 640,876	\$ 1,122,806
Buildings and permanent fixtures	16,606,624	37,325,643
Furniture and equipment	15,212,038	26,674,516
	<u>32,459,538</u>	<u>65,122,965</u>
Less accumulated depreciation and amortization	24,209,780	54,221,973
	<u>8,249,758</u>	<u>10,900,992</u>
Construction in progress	3,679,567	553,926
Land	2,192,647	2,192,647
	<u>\$ 14,121,972</u>	<u>\$ 13,647,565</u>

NOTE G – ENDOWMENT

The Hospital's endowment consists of a beneficial interest in a perpetual trust. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Hospital has interpreted the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) as requiring the preservation of the fair value of the beneficial interest in the perpetual trust absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) the net appreciation of the beneficial interest in the perpetual trust. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital.

Endowment Investment and Spending Policies

The Hospital's endowment fund investments are managed by a third party trustee in accordance with the trust agreement. The Hospital receives annual distributions from the trust equal to 75% of annual trust earnings. When received, this amount is considered temporarily restricted until appropriated by the Board for expenditure.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE G – ENDOWMENT - Continued

During the years ended December 31, 2011 and 2010, the Hospital's donor-restricted endowment net assets had the following activity:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total Endowment Assets
January 1, 2010	\$ -	\$ -	\$ 423,848	\$ 423,848
Investment income	-	29,245	-	29,245
Net appreciation	-	-	224,814	224,814
Amounts appropriated for expenditure	-	(29,245)	-	(29,245)
December 31, 2010	-	-	648,662	648,662
Investment income	-	28,201	-	28,201
Net depreciation	-	-	(53,798)	(53,798)
Amounts appropriated for expenditure	-	(28,201)	-	(28,201)
December 31, 2011	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 594,864</u>	<u>\$ 594,864</u>

NOTE H – SELF INSURANCE

The Hospital and SIHF maintain one self-insured medical plan for employees and their dependents. The Plan self-insures amounts with an unlimited lifetime maximum per individual. Claim amounts exceeding \$150,000 per covered participant are covered under a stop-loss policy. The Hospital records a liability for known claims and claims incurred but not reported. Claims payable at December 31, 2011 and 2010 was \$413,000 and \$413,000, respectively. Claims expense for the Hospital for the year ended December, 31, 2011 and 2010 was \$3,267,911 and \$3,195,330, respectively.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE I – COMMITMENTS

Operating leases

The Hospital has entered into noncancelable operating leases for various equipment items and office space. These operating leases range from two to five years in length. Some of the leases provide that the Hospital pay for property insurance and maintenance. Total rent and other operating lease expense for 2011 and 2010 was \$455,076 and \$494,631, respectively.

The minimum commitments under the operating leases are as follows at December 31,:

2012	\$	196,345
2013		198,083
2014		180,080
2015		165,783
2016		<u>19,335</u>
Total minimum payments required	\$	<u>759,626</u>

NOTE J – LONG-TERM OBLIGATIONS

A summary of long-term debt and capital lease obligations are as follows at December 31,:

	<u>2011</u>	<u>2010</u>
Capital lease obligations for purchase and installation of financial and clinical information systems and other equipment, payable at varying monthly amounts through June 2015 and at varying rates of imputed interest from 5.2% to 10.8% collateralized by leased equipment	\$ 3,306,597	\$ 1,220,133
Less current portion	<u>(952,025)</u>	<u>(434,874)</u>
Long-term portion	<u>\$ 2,354,572</u>	<u>\$ 785,259</u>

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE J – LONG-TERM OBLIGATIONS - Continued

The cost of equipment under capital leases included in the *Combined Balance Sheets* was \$6,160,266 and \$2,528,501 and accumulated depreciation was \$1,632,510 and \$1,082,710 at December 31, 2011 and 2010, respectively.

Scheduled principal payments on capital lease obligations are as follows:

Year ended December 31,	
2012	\$ 1,246,643
2013	1,587,477
2014	899,174
2015	<u>32,345</u>
Total	3,765,639
Amount representing interest	<u>(459,042)</u>
Long-term obligations	<u>\$ 3,306,597</u>

Total interest expense incurred was \$442,634 and \$132,368 for the years ended December 31, 2011 and 2010, respectively. Cash paid for interest was \$442,634 and \$132,368 for the years ended December 31, 2011 and 2010, respectively. No interest was capitalized in 2011 or 2010.

NOTE K – ESTIMATED LIABILITY CLAIMS PAYABLE

Through March 2, 2008, the Hospital was insured for medical professional liability under a combined insurance policy which was purchased from a commercial insurance carrier on a claims-made basis. General liability insurance was also purchased on an occurrence basis. The Hospital has paid the minimum premium due under the policy. During 2010, the Hospital paid an additional premium of \$500,000 under this policy. The Hospital was required to maintain a letter of credit secured by certificates of deposit in the event additional claims were made under the policy. During 2011, the requirement to maintain the letter of credit was removed. See Note Q. Prior to the effective dates of the commercial insurance coverage, the Hospital was insured by a commercial insurance carrier that subsequently became insolvent. Potential claims incurred during this period of insurance are covered by the Illinois Insurance Guaranty Fund with limits of \$300,000 per occurrence.

Effective March 3, 2008, the Hospital purchased medical professional liability and general liability insurance from a commercial carrier on a claims made basis. The primary insurance

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE K – ESTIMATED LIABILITY CLAIMS PAYABLE - Continued

coverage is subject to per occurrence and aggregate limits. Excess liability coverage insures against losses in excess of the primary coverage.

The Hospital is involved in litigation arising in the ordinary course of business. Medical professional and general liability claims have been asserted against the Hospital and are currently in various stages of litigation.

The accrual for professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. Estimated liability claims payable at December 31, 2011 and 2010 were \$337,402 and \$2,137,402, respectively.

NOTE L – PENSION

The Hospital and SIHF maintain a defined contribution 401(k) plan for the benefit of their employees. The Hospital matches participants' contributions to the Plan up to 4% of the employee's salary. The plan covers substantially all employees after six months of service and provides for immediate vesting of employer contributions on or after January 1, 2009. Plan participants will be 100% vested in employer contributions prior to January 1, 2009 after six years of credited service.

Pension expense was \$685,096 and \$724,083 for the years ended December 31, 2011 and 2010, respectively.

NOTE M – RELATED-PARTY TRANSACTIONS

During 2011 and 2010, respectively, the Hospital earned \$555,838 and \$316,813 in operating revenue from SIHF. During 2011 and 2010, respectively, the Hospital had \$77,573 and \$381,466 in other operating revenue from SIHF. These transactions were primarily for management and marketing services, security, maintenance, housekeeping, transportation, lab services and rent. The Hospital incurred \$402,551 and \$439,250 in operating expenses to SIHF during 2011 and 2010, respectively. Amounts due from SIHF reflected in the accompanying *Combined Balance Sheets* were \$1,024,854 and \$765,353 at December 31, 2011 and 2010, respectively.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE N – UNCOMPENSATED CARE

In line with its mission, the Hospital is designated as a Disproportionate Share Hospital which provides a safety net for the communities served to access much needed health care by offering some services to patients without regard to their ability to pay for those services. For some of their patient services, the Hospital receives no payment or payment that is less than the full cost of providing the services.

The Hospital voluntarily provides free care to patients who are unable to pay for all or part of their health care expenses as determined by the Hospital's criteria for financial assistance.

In some cases, the Hospital does not receive the amount billed for patient services even though it did not receive information necessary to determine if the patients met the criteria for financial assistance. Bad debts expense is the estimated amount of patient revenue that the Hospital will not collect.

The estimated cost of charity care and bad debts and unreimbursed cost under the Medicare program for 2011 and 2010 are as follows. Costs are calculated using the ratio of the Hospital's costs of providing patient care to its charges, except cost for the Medicare program which is obtained from filed cost reports.

	<u>2011</u>	<u>2010</u>
Cost of charity care	\$ 5,457,942	\$ 7,176,671
Cost of bad debts	4,361,718	2,347,236
Unreimbursed cost -Medicare program	<u>529,453</u>	<u>360,249</u>
	<u>\$ 10,349,113</u>	<u>\$ 9,884,156</u>

The Hospital also participates in government sponsored healthcare programs such as Medicaid, Champus and Tricare. Payment from such programs for services provided may not cover costs.

The Hospital also commits significant time and resources to activities and services directed to unmet community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screenings and assessments, prenatal education and care, support for vital community services, staff assistance to patients in applying for Medicaid, financial assistance and charity care benefits, 24 hour comprehensive emergency services, specialty physicians, community educational services and various support groups.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE O – FUNCTIONAL EXPENSES

The Hospital provides general inpatient and outpatient health care services within its geographic locations. Expenses related to providing these services are as follows at December 31,:

	<u>2011</u>	<u>2010</u>
Health care services	\$ 57,663,927	\$ 59,766,517
General and administrative	<u>8,960,861</u>	<u>8,869,582</u>
	<u>\$ 66,624,788</u>	<u>\$ 68,636,099</u>

NOTE P – PERPETUAL TRUST

A donor established an irrevocable perpetual trust naming TRH as a beneficiary. Under terms of the trust, TRH will receive 75% of the trust's annual taxable income. Based upon an estimated return on assets of 4.0% and 1.8%, the present value of future benefits expected to be received by TRH was estimated to be \$594,864 and \$648,662 at December 31, 2011 and 2010, respectively.

NOTE Q – LETTERS OF CREDIT

At December 31, 2011 and 2010, the Hospital had outstanding letters of credit in the amount of \$-0- and \$1,500,000, respectively. In addition, the Hospital deposited funds with SIHF which were used by SIHF to obtain a letter of credit, the Hospital portion of which is \$308,000 at December 31, 2011 and 2010. The letters of credit act as a guarantee of payment to certain third parties providing professional, general liability and worker's compensation insurance coverage in accordance with specified terms and conditions. The letters of credit are secured by the assignment of certificates of deposit at December 31, 2011 and 2010, respectively.

NOTE R – ASSET RETIREMENT OBLIGATIONS

The Hospital has recorded conditional asset retirement obligations and capitalized costs related to the estimated cost of removing asbestos from its facilities. Federal and state regulations require the removal of asbestos when a building is demolished or, at a minimum, encapsulation of the asbestos when it would be exposed during renovation. The obligation is included in other liabilities, and the capitalized costs are included in property and equipment.

TOUCHETTE REGIONAL HOSPITAL, INC.

NOTES TO FINANCIAL STATEMENTS December 31, 2011 and 2010

NOTE R – ASSET RETIREMENT OBLIGATIONS - Continued

The following summarizes the asset retirement obligations.

	<u>2011</u>	<u>2010</u>
Balance at January 1,	\$ 2,035,036	\$ 1,935,880
Accretion expense	<u>99,156</u>	<u>99,156</u>
Balance at December 31,	<u>\$ 2,134,192</u>	<u>\$ 2,035,036</u>

NOTE S – SUBSEQUENT EVENTS

In March 2012, the Hospital was awarded a \$4.6 million grant through SIHF from the Illinois Department of Public Health. The Hospital Capital Investment Grant will be used to fund specified capital projects at the Hospital including renovation and expansion of the Emergency Department and other improvements to the facility to improve patient safety, quality of and access to care.

In preparing these financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through May 18, 2012, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION



Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants

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Independent Auditors' Report on Supplementary Information

Board of Directors
Touchette Regional Hospital, Inc.

We have audited the financial statements of Touchette Regional Hospital, Inc. as of and for the years ended December 31, 2011 and 2010, and have issued our report thereon dated May 18, 2012, which contained an unqualified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The combining information presented hereinafter is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kerber, Eck + Braeckel LLP

St. Louis, Missouri
May 18, 2012

Other Locations

Belleville, IL • Carbondale, IL • Springfield, IL • Jacksonville, IL • Cape Girardeau, MO • Milwaukee, WI

TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS

December 31, 2011

ASSETS	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Current assets				
Cash and cash equivalents	\$ 3,750,632	\$ 64,281	\$ -	\$ 3,814,913
Accounts receivable				
Patients, less estimated uncollectibles of \$2,862,000	3,989,416	-	-	3,989,416
Other	1,102,827	-	-	1,102,827
Inventories, prepaid and other	1,953,136	-	-	1,953,136
Total current assets	10,796,011	64,281	-	10,860,292
Assets limited as to use				
By board for capital improvements	9,398	-	-	9,398
Held by affiliate for insurance guarantee	308,000	-	-	308,000
	317,398	-	-	317,398
Property and equipment - net	14,121,972	-	-	14,121,972
Other assets				
Beneficial interest in charitable trust	594,864	-	-	594,864
Total assets	\$ 25,830,245	\$ 64,281	\$ -	\$ 25,894,526

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2011

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
LIABILITIES AND NET ASSETS				
Current liabilities				
Current maturities of long-term obligations	\$ 952,025	\$ -	\$ -	\$ 952,025
Short-term notes	190,749	-	-	190,749
Accounts payable	1,699,406	-	-	1,699,406
Deferred revenue	4,425,665	-	-	4,425,665
Accrued liabilities				
Payroll and payroll taxes	2,224,126	-	-	2,224,126
Other	860,351	-	-	860,351
Third-party payor settlements	5,104	-	-	5,104
Total current liabilities	10,357,426	-	-	10,357,426
Long-term obligations, less current maturities	2,354,572	-	-	2,354,572
Other liabilities				
Asset retirement obligations	2,134,192	-	-	2,134,192
Estimated liability claims payable, less current portion	67,000	-	-	67,000
Total other liabilities	2,201,192	-	-	2,201,192
Total liabilities	14,913,190	-	-	14,913,190
Net assets				
Unrestricted	10,322,191	64,281	-	10,386,472
Permanently restricted	594,864	-	-	594,864
Total net assets	10,917,055	64,281	-	10,981,336
Total liabilities and net assets	\$ 25,830,245	\$ 64,281	\$ -	\$ 25,894,526

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2010

ASSETS	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	Combined Total
Current assets				
Cash and cash equivalents	\$ 14,017,472	\$ 65,244	\$ -	\$ 14,082,716
Accounts receivable	4,639,278	-	-	4,639,278
Patients, less estimated uncollectibles of \$2,260,000	819,375	-	-	819,375
Other	2,002,023	-	-	2,002,023
Investments	330,291	-	-	330,291
Third-party payor settlements	1,970,994	-	-	1,970,994
Inventories, prepaid and other				
Total current assets	23,779,433	65,244	-	23,844,677
Assets limited as to use				
By board for capital improvements	9,393	-	-	9,393
Held by bank for insurance guarantee	1,500,000	-	-	1,500,000
Held by affiliate for insurance guarantee	308,000	-	-	308,000
	1,817,393	-	-	1,817,393
Property and equipment - net	13,647,565	-	-	13,647,565
Other assets				
Beneficial interest in charitable trust	648,662	-	-	648,662
Total assets	\$ 39,893,053	\$ 65,244	\$ -	\$ 39,958,297

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING BALANCE SHEETS - Continued
December 31, 2010

	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	Combined Total
LIABILITIES AND NET ASSETS				
Current liabilities				
Current maturities of long-term obligations	\$ 434,874	-	-	\$ 434,874
Short-term notes	97,762	-	-	97,762
Accounts payable	1,174,835	-	-	1,174,835
Deferred Revenue	14,345,083	-	-	14,345,083
Accrued liabilities				
Payroll and payroll taxes	2,154,946	-	-	2,154,946
Other	997,850	-	-	997,850
Total current liabilities	19,205,350	-	-	19,205,350
Long-term obligations, less current maturities	785,259	-	-	785,259
Other liabilities				
Asset retirement obligations	2,035,036	-	-	2,035,036
Estimated liability claims payable, less current portion	1,867,000	-	-	1,867,000
Total other liabilities	3,902,036	-	-	3,902,036
Total liabilities	23,892,645	-	-	23,892,645
Net assets				
Unrestricted	15,351,746	65,244	-	15,416,990
Permanently restricted	648,662	-	-	648,662
Total net assets	16,000,408	65,244	-	16,065,652
Total liabilities and net assets	\$ 39,893,053	\$ 65,244	\$ -	\$ 39,958,297

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF OPERATIONS
Year ended December 31, 2011

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted revenues, gains and other support				
Net patient service revenue	\$ 62,524,290	\$ -	\$ -	\$ 62,524,290
Other operating revenue	1,053,402	-	-	1,053,402
Total unrestricted revenues, gains, and other support	63,577,692	-	-	63,577,692
Operating expense				
Salaries	28,854,698	-	-	28,854,698
Employee benefits	7,505,780	-	-	7,505,780
Physician fees	5,598,531	-	-	5,598,531
Supplies and other	13,665,554	963	-	13,666,517
Provision for bad debts	6,606,916	-	-	6,606,916
Depreciation and amortization	1,921,134	-	-	1,921,134
Hospital provider assessment	2,028,578	-	-	2,028,578
Interest	442,634	-	-	442,634
Total operating expense	66,623,825	963	-	66,624,788
Loss from operations	(3,046,133)	(963)	-	(3,047,096)
Other income (expense)				
Impairment and disposal of property and equipment	(2,240,477)	-	-	(2,240,477)
Other revenue	257,055	-	-	257,055
Total other income (expense)	(1,983,422)	-	-	(1,983,422)
DEFICIENCY OF REVENUES OVER EXPENSES	\$ (5,029,555)	\$ (963)	\$ -	\$ (5,030,518)

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF OPERATIONS - Continued
 Year ended December 31, 2010

	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	Combined Total
Unrestricted revenues, gains and other support				
Net patient service revenue	\$ 64,286,367	\$ -	\$ -	\$ 64,286,367
Other operating revenue	1,361,053	-	-	1,361,053
Net assets released from restrictions	51,088	-	-	51,088
Total unrestricted revenues, gains, and other support	65,698,508	-	-	65,698,508
Operating expense				
Salaries	31,076,880	-	-	31,076,880
Employee benefits	7,073,627	-	-	7,073,627
Physician fees	5,641,741	-	-	5,641,741
Supplies and other	15,647,765	433	-	15,648,198
Insurance and liability claims	1,121,617	-	-	1,121,617
Provision for bad debts	3,616,928	-	-	3,616,928
Depreciation and amortization	2,248,557	-	-	2,248,557
Hospital provider assessment	2,076,183	-	-	2,076,183
Interest	132,368	-	-	132,368
Total operating expense	68,635,666	433	-	68,636,099
Loss from operations	(2,937,158)	(433)	-	(2,937,591)
Other income	1,142,007	-	-	1,142,007
DEFICIENCY OF REVENUES OVER EXPENSES	\$ (1,795,151)	\$ (433)	\$ -	\$ (1,795,584)

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CHANGES IN NET ASSETS
 Year ended December 31, 2011

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Unrestricted net assets				
Deficiency of revenues over expenses	\$ (5,029,555)	\$ (963)	\$ -	\$ (5,030,518)
Decrease in unrestricted net assets	(5,029,555)	(963)	-	(5,030,518)
Permanently restricted net assets				
Change in value of beneficial interest in charitable trust	(53,798)	-	-	(53,798)
Decrease in permanently restricted net assets	(53,798)	-	-	(53,798)
Decrease in net assets	(5,083,353)	(963)	-	(5,084,316)
Net assets, January 1, 2011	16,000,408	65,244	-	16,065,652
Net assets, December 31, 2011	\$ 10,917,055	\$ 64,281	\$ -	\$ 10,981,336

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CHANGES IN NET ASSETS - Continued
Year ended December 31, 2010

	<u>Touchette Regional Hospital, Inc.</u>	<u>Archview Health Support, Inc.</u>	<u>Reclassifications and Eliminations</u>	<u>Combined Total</u>
Unrestricted net assets				
Deficiency of revenues over expenses	\$ (1,795,151)	\$ (433)	\$ -	\$ (1,795,584)
Decrease in unrestricted net assets	(1,795,151)	(433)	-	(1,795,584)
Temporarily restricted net assets				
Net assets released from restrictions	(51,088)	-	-	(51,088)
Decrease in temporarily restricted net assets	(51,088)	-	-	(51,088)
Permanently restricted net assets				
Change in value of beneficial interest in charitable trust	224,814	-	-	224,814
Increase in permanently restricted net assets	224,814	-	-	224,814
Decrease in net assets	(1,621,425)	(433)	-	(1,621,858)
Net assets, January 1, 2010	17,621,833	65,677	-	17,687,510
Net assets, December 31, 2010	\$ 16,000,408	\$ 65,244	\$ -	\$ 16,065,652

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CASH FLOWS
Year ended December 31, 2011

	Combining Information			Combined Total
	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	
Cash flows from operating activities and gains				
Change in net assets	\$ (5,083,353)	\$ (963)	\$ -	\$ (5,084,316)
Adjustments to reconcile change in net assets to net cash used in operating activities and gains				
Depreciation and amortization	1,921,134	-	-	1,921,134
Provision for bad debts	6,606,916	-	-	6,606,916
Loss on disposal of assets	2,240,477	-	-	2,240,477
(Increase) decrease in assets	(6,240,506)	-	-	(6,240,506)
Accounts receivable	-	-	-	-
Provider assessment receivable	401,947	-	-	401,947
Other assets	-	-	-	-
Increase (decrease) in liabilities	461,356	-	-	461,356
Accounts payable, accrued and other liabilities	(9,919,418)	-	-	(9,919,418)
Deferred revenue	(1,800,000)	-	-	(1,800,000)
Estimated liability claims payable	-	-	-	-
Total adjustments	(6,328,094)	-	-	(6,328,094)
Net cash used in operating activities and gains	(11,411,447)	(963)	-	(11,412,410)
Cash flows from investing activities				
Capital expenditures	(2,176,643)	-	-	(2,176,643)
Proceeds from the sale of property and equipment	753,470	-	-	753,470
Net withdrawal of funds limited as to use	1,499,995	-	-	1,499,995
Sale of investments	2,002,023	-	-	2,002,023
Net cash provided by investing activities	2,078,845	-	-	2,078,845
Cash flows from financing activities				
Net proceeds from financing activities	92,987	-	-	92,987
Principal payments on short-term notes	(1,027,225)	-	-	(1,027,225)
Net cash used in financing activities	(934,238)	-	-	(934,238)
Net decrease in cash and cash equivalents	(10,266,840)	(963)	-	(10,267,803)
Cash and cash equivalents, January 1, 2011	14,017,472	65,244	-	14,082,716
Cash and cash equivalents, December 31, 2011	\$ 3,750,632	\$ 64,281	\$ -	\$ 3,814,913

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TOUCHETTE REGIONAL HOSPITAL, INC.

COMBINING STATEMENTS OF CASH FLOWS - Continued
Year ended December 31, 2010

	Touchette Regional Hospital, Inc.	Archview Health Support, Inc.	Reclassifications and Eliminations	Combined Total
Cash flows from operating activities and gains				
Change in net assets	\$ (1,621,425)	\$ (433)	\$ -	\$ (1,621,858)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities and gains				
Depreciation and amortization	2,248,557	-	-	2,248,557
Provision for bad debts	3,616,928	-	-	3,616,928
(Increase) decrease in assets				
Accounts receivable	(3,655,879)	-	-	(3,655,879)
Provider assessment receivable	2,005,993	-	-	2,005,993
Other assets	(918,794)	-	-	(918,794)
Increase (decrease) in liabilities				
Accounts payable, accrued and other liabilities	(20,616)	-	-	(20,616)
Deferred revenue	14,345,083	-	-	14,345,083
Estimated liability claims payable	(750,000)	-	-	(750,000)
Total adjustments	16,871,272	-	-	16,871,272
Net cash provided by (used in) operating activities and gains	15,249,847	(433)	-	15,249,414
Cash flows from investing activities				
Capital expenditures	(1,217,825)	-	-	(1,217,825)
Net withdrawal of funds limited as to use	347,994	-	-	347,994
Purchase of investments	(1,502,023)	-	-	(1,502,023)
Net cash used in investing activities	(2,371,854)	-	-	(2,371,854)
Cash flows from financing activities				
Net short-term borrowings	(10,909)	-	-	(10,909)
Principal payments on long-term obligations	(719,435)	-	-	(719,435)
Net cash used in financing activities	(730,344)	-	-	(730,344)
Net increase (decrease) in cash and cash equivalents	12,147,649	(433)	-	12,147,216
Cash and cash equivalents, January 1, 2010	1,869,823	65,677	-	1,935,500
Cash and cash equivalents, December 31, 2010	<u>\$ 14,017,472</u>	<u>\$ 65,244</u>	<u>\$ -</u>	<u>\$ 14,082,716</u>

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