



**SOUTHERN ILLINOIS
HEALTHCARE**

RECEIVED

MAR 11 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

March 10, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
Second Floor
525 West Jefferson
Springfield, Illinois 62702

Re: IHFPB Project #13-046

Dear Ms. Avery:

This letter is being submitted as the final report of the above-referenced project, which was granted a CON permit at the September 24, 2013, meeting of the Illinois Health Facilities and Services Review Board. You may recall that this permit was for the establishment of an extended care category of service (swing-beds) at St. Joseph Memorial Hospital.

The permit was granted for a total project cost of \$0.

The first swing-bed patient was admitted to St. Joseph Memorial Hospital on November 11, 2013, and the federal Centers for Medicare & Medicaid Services (CMS) approved the provision of swing-bed services at the hospital effective November 14, 2013, as documented on the attached letter from Michael C. Potjeau, Acting Branch Manager of the Non-Long Term Care Certification & Enforcement Branch of CMS.

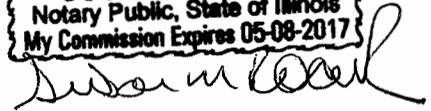
1. Our final realized project cost is \$0, as shown on the copy of hand-stamped Page 6 of the CON application, which is attached for your review.
2. Since there are no project costs, there will not be any submission of this project's costs for reimbursement under Titles XVIII and XIX.
3. There were no costs required to complete the project, and there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Titles XVIII and XIX.
4. We hereby verify the accuracy of the information contained in this report.

Please feel free to contact Andrea Rozran of Diversified Health Resources at 312/266-0466 if you have any questions.

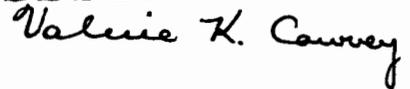
Sincerely,



Rex P. Budde, President and CEO
Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital



Michael Kasser, Vice President/CFO/Treasurer
Southern Illinois Hospital Services d/b/a St. Joseph Memorial Hospital



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 14-1334
Swing Bed Unit Number: 14-Z334
National Provider Identifier (NPI): 1356435135

February 19, 2014
(Certified Mail)

John T. Brothers, Administrator
St. Joseph Memorial Hospital
2 South Hospital Drive
Murphysboro, IL 62966

Dear Mr. Brothers:

The Centers for Medicare & Medicaid Services has accepted your request to provide extended care services under Section 1883 of the Social Security Act. In addition to hospital services, your facility is approved to provide long-term care (swing-bed) services effective November 14, 2013.

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all Medicare program forms and correspondence. In addition, your swing-bed program has been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office or the State agency regarding swing-bed services, or at any time it is requested. National Government Services will continue to serve as your authorized intermediary.

When you make general inquiries to your fiscal intermediary (FI) and/or Medicare Administrative Contractor (MAC), you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

We welcome your participation in the swing-bed program. You should report to the State agency any changes in staffing, services, or organization which might affect your certification status. If you have any questions, please contact Stephanie Ysrael at (312)353-2908 or by email at Stephanie.ysrael@cms.hhs.gov.

Sincerely,



Michael C. Poljeau
Acting Branch Manager
Non-Long Term Care Certification
& Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Healthcare & Family Services
National Government Services
Telligen

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. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/Engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$0	\$0	\$0
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$0	\$0	\$0
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0

**THIS ATTACHMENT IS NOT APPLICABLE BECAUSE
THE PROJECT DOES NOT HAVE ANY COSTS**

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