BLUE island
est. 1835

Office of the Mayor
p (708) 597 8602
f (708) 597 1221

City Clerk
p (708) 597 8603
f (708) 396 7062

City Treasurer
p (708) 396 7034
f (708) 597 1221

Finance
p (708) 396 7068
f (708) 597 1807

Fire
p (708) 396 7071
f (708) 388 5778

Community Relations
p (708) 396 7050
f (708) 597 1221

Planning & Building
p (708) 597 8606
f (708) 396 2686

Police
p (708) 396 7004
f (708) 597 8223

Community Development
p (708) 396 7146
f (708) 597 1221

Water & Sewer
p (708) 597 8605
f (708) 396 7062

Public Works
p (708) 597 8604
f (708) 597 4260

The Meadows Golf Club
2802 W. 123rd Street
Blue Island, IL 60406
p (708) 385 1994
f (708) 385 1996

August 9, 2019

City of Blue Island
13051 Greenwood Avenue
Blue Island, IL 60406
www.blueisland.org

VIA FED EX and EMAIL
Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761-0001
Mike.constantino@illinois.gov

RE: City of Blue Island's Objection to the Exemption Application of MetroSouth (E-024-19) and Request for Additional Information

Dear Ms. Avery,

After a careful review of the Discontinuation Application for Exemption filed by MetroSouth Medical Center on June 11, 2019 (E-024-19), the City of Blue Island objects to the application and urges the Board to 1) request that MetroSouth provide the additional information requested below, 2) delay consideration of the application so that the negotiations currently underway for the sale of the facility can continue, or 3) deny the application for discontinuation.

The applicant provided the information it wanted to comply with the requirements of Section 1110.290 regarding the review criteria for the discontinuation of a healthcare facility. However, but this Board has a right, we would argue an obligation, to demand the information the Board wants to evaluate the reasons for and impact of discontinuation proposed by this project. If the Board is not satisfied that the applicant has provided sufficient information to address the criteria, it can challenge its staff's findings that the application is complete and delay consideration of this application until sufficient information has been provided. This is too important of a situation in which to allow the tail to wag the dog.

The information supplied in the application is scant. The board and the public are entitled to have more information about the reasons for the discontinuation request and the impact a closure would have on the availability of health care in Blue Island and surrounding communities. Closure of MetroSouth would be very detrimental our residents' health and the viability of the City of Blue Island; I urge you to obtain more information before the Board begins considering the request. In addition, I believe that under current circumstances, the closure would have such a devastating impact on the access

to health care in Blue Island and the surrounding communities that I strongly urge the Board to deny the application.

The City of Blue Island's specific comments about additional information needed to assess the application are as follows:

Section II – Discontinuation General Information Requirements (MetroSouth's Responses in Attachment 5)

Question 4 – Use of the physical plant after discontinuation –

Attachment 5 contains a vague description of the possible future use of the property. Unlike applications to discontinue a facility filed by other hospitals that the Board has reviewed (e.g. St. Mary's Hospital, Streator E-017-15), MetroSouth's application contains no definitive plan for use of any part of the facilities for health care purposes or for any future productive purpose.

Request for additional information: A more detailed plan for the possible and probable uses of the property, especially uses related to the provision of health care services for the community.

Question 5 – Disposition and location of medical records –

MetroSouth gives little thought to patients needing to access medical records. The application gives a general statement that patients' electronic records will be maintained by Quorum, the parent company. Questions regarding access to medical records abound. For example:

- The press release MetroSouth issued on June 11, 2019 and made part of the application in Attachment 5, advises patients to call (708) 597-2000, which is the number for MetroSouth. What contact number will patients call if MetroSouth is closed?

- Will MetroSouth provide any notice to individual patients that the hospital is closing and how they should access their records if needed or desired?

- Where will the records be housed? Keep in mind that the nearest Quorum owned hospital is in Waukegan, over 60 miles from Blue Island. Housing any hard copies of records at that facility is untenable.

- What is the process for patients who may have access to electronic forms of delivery and those who don't?

- Will patients be charged for their records?

- Quorum itself is a recent corporate creation designed to hold ownership of the 8 hospitals from the CHS system that were deemed less desirable corporate assets. What will happen to the records in the event Quorum ceases to exist, either because there is a new corporate strategy or if it discontinues the other hospitals in its portfolio?

Request for additional information – All of the above questions should be answered by MetroSouth and a concrete plan for patients to access their records should be put forward. Meaningful access to records is of particular importance to the members of the community who are indigent, as this would produce yet another unnecessary obstacle to underserved communities being able to have meaningful access to healthcare.

Section II – Reasons for Discontinuation (MetroSouth's Responses in Attachment 6)

The first reason cited for discontinuation is underutilization of services. At the public hearings, speakers gave anecdotal evidence of an intentional strategy by Quorum and MetroSouth to drive utilization away from MetroSouth.

The application contains no analysis from MetroSouth as to why the cited services in Attachment 6 have declined in utilization. What steps has MetroSouth taken over the past 3 years to strategically plan for a changing health care landscape? It appears MetroSouth's only response was to announce the closing of this hospital. It should be unquestionable that a business should not be allowed to create an untenable situation and then benefit from it, as MetroSouth appears to be doing.

The aggregate numbers on overnight stays and hospital utilization cited in the application don't tell the story or provide clarity on how an organization moves forward. What is MetroSouth's market share among area hospitals for these services? Has it played to its strengths and focused on the areas in which it has the strongest programs, reputation, and payer mix? Has it taken any meaningful steps to meet the existing needs of the community, rather than discourage utilization to allow for discontinuation?

The application and the testimony from Quorum corporate officials and the mergers and acquisition consultants at the July 24, 2019 public hearing detail the lengths MetroSouth has gone to market MetroSouth for sale. Was a fraction of that effort put into helping MetroSouth adjust to a changing healthcare landscape?

Hospitals have a responsibility to the public and the closure of a hospital affects entire communities. It is unacceptable that a hospital would fail to try to right the ship and simply throw in the towel and walk away from a community's health care needs.

Request for additional information: MetroSouth should provide a business analysis of the steps it has taken to adapt its services and practice to the changing healthcare climate from the time CHS acquired MetroSouth until the decision to sell MetroSouth. It should also disclose whether it engaged consultants in the past 3 years for a review and analysis of its health care services, the local market, competing hospitals, and possible strategies for synergies amongst local hospitals.

In its discussion of underutilization in Attachment 6, MetroSouth does not even reference the robust utilization of its emergency department. Some might describe it as communal reliance upon the emergency department. The other hospitals within the service area also have very busy ERs and have limited capacity to absorb the ER visits. In addition, the largest ER in the service area, at Christ Hospital, is a level I trauma center and is frequently on bypass, straining the rest of the hospitals in the area already. At least two area hospitals, Little Company of Mary and South Suburban, are in the process of or planning to do construction on their emergency departments, which will affect wait times and availability of service across the south suburbs. The application for discontinuation makes no provision or plan for caring for the patients who utilize MetroSouth's emergency department.

Request for additional information: MetroSouth should provide the Board an analysis of how the proposed discontinuation would impact the long-term emergency room utilization at each hospital in the area and a plan for addressing short-term reduced capacity at area hospitals due to construction. Moreover, the Board could obtain an impact statement from the EMS systems that this will impact, so as to make an informed decision.

MetroSouth cites finances as the second reason for discontinuation. The information supplied about the financial condition is cursory and only in narrative form. As discussed above, no information was provided as to what MetroSouth has done over the past several years to turn it around financially.

In addition, MetroSouth cites a 2018 reduction of the state funding it receives through the state's Hospital Assessment Program as a significant contributing factor to its financial ill health. MetroSouth notes that the Assessment Program was redesigned in 2018.

Currently, MetroSouth is designated a "safety net hospital" by the Illinois Department of Healthcare and Family Services, with a Medicaid utilization rate of 56.38%. (See Exhibit 1). 305 ILCS 5/5e.1 sets forth the criteria for establishing safety net status. A hospital is deemed a safety net hospital if it is licensed by the Department of Public Health as a general acute care hospital, is a Disproportionate Share hospital, as described in federal law, and has a Medicaid Utilization rate of at least 50%. MetroSouth meets that criteria.

At the time the Hospital Assessment Program redesign was finalized, the drafters used 2015 Medicaid data to determine safety net status. In 2015, MetroSouth's Medicaid Utilization Rate was slightly below 50% and thus it was not officially a safety net hospital. However, one of the primary purposes of redesigning the Hospital Assessment Program was to protect the financial health of safety net hospitals and make sure the safety net hospitals remained in the communities they serve because their presence is integral to the health of those communities.

As a result, safety net hospitals were given additional funding through the assessment and were given priority for a pool of funds called Transformation Funds. There is little evidence to show that MetroSouth advocated for itself in the Hospital Assessment Program redesign or sought the intervention and assistance of its local legislators to advocatefor it. Such advocacy could have gone a long way to restoring some of the funding that MetroSouth lost in the redesign. For reasons known only to itself, MetroSouth did not sound the alarm regarding the effect that being left out of the safety net hospital discussion would have on its bottom line. In fact, MetroSouth has done nothing since 2018 to communicate the dire finances to state officials and legislators.

See. e.g. State Representative Bob Rita's comments: http://www.beverlyreview.net/news/community_news/article_cc3b86be-b2f1-11e9-b560-07058ff78899.html; also attached as Exhibit 2.

Request for Additional Information: The Board should ask for additional information to determine if MetroSouth sought to team up with other local hospitals to discuss a regional approach to health care. Did MetroSouth communicate its distressed financial condition to state officials or advocate in any way for additional funding that would have recognized its safety net status?

Finally, MetroSouth's response omits any discussion of the significant financial assistance that the City of Blue Island has provided to the hospital for several years. The City assisted MetroSouth in getting a Class 8B designation from Cook County so that it's property tax liability has decreased drastically over the past seven years. In addition, MetroSouth and the City entered into a redevelopment agreement that allowed MetroSouth to be reimbursed for a portion of the real estate taxes it did pay each year.

Section II - Impact on Access (MetroSouth's Responses in Attachment 7)

The application requires MetroSouth to document whether the discontinuation will have an adverse impact upon access to care for residents of MetroSouth's market area. Three criteria are specified but are not exclusive. MetroSouth focuses on the specified criteria but ignores other adverse impacts on the residents. As discussed above, MetroSouth is currently designated as a "safety-net hospital". The impact of its closure would be felt acutely in Blue Island and the surrounding communities. Many of the residents in these communities are low-income, people of color, or non-English speakers. The presence of a safety net hospital is key to ensuring a healthy community.

MetroSouth states that the other hospitals in the market area have the capacity to provide services. However, there is no discussion on the difficulty many of these residents have in finding transportation. As this Board is well aware and has historically acknowledged, driving time is an important consideration, but of little value to someone without a car or someone facing a medical emergency during Chicago rush hour. Maintaining local access to care is crucial.

The distance from MetroSouth to each hospital is described in driving times. However, there is no discussion nor even an acknowledgment of the difficulty in getting public transportation to the other hospitals for residents who don't have a car. Many older people in Blue Island and Calumet Park rely on local government shuttle service for transportation; those services have a limited range of service and many local hospitals are outside the service area.

The impact of the hospital closure is further complicated by the fact that many physicians will also move their offices. Therefore, access not only to hospital services will be affected but so will access to primary care physicians and specialists who for care for chronic and acute illnesses. In short, the closure will greatly impact residents' access to care, far beyond the closure of this hospital.

As discussed above, the emergency room at MetroSouth is heavily utilized. If the hospital were to close, first responders from Blue Island and surrounding communities will have significantly increased distances to transport residents experiencing a medical emergency. This increased travel time will put patients' lives in jeopardy. The time that ambulances and EMT and paramedic teams are out of service because they are transporting patients further away means there is a greater risk of another resident needing assistance won't get it in a timely manner. It will also put a strain on local communities to purchase more ambulances and hire more personnel to provide coverage for the safety of their residents.

In the past several years, the south suburbs have seen the closing on two other vital health care facilities – Franciscan St. James Hospital and Cook County's Oak Forest Hospital. These closures have caused a crisis in emergency responders throughout the south suburbs. The closure of yet another facility that provides vital emergency care will be devastating. Again, the closure will have a huge impact on access to health care in Blue Island and the surrounding communities.

Request for Additional Information:

MetroSouth should detail the discontinuation's material impact on essential safety net services in Blue Island and the other communities from which MetroSouth derives the majority of its patients.

MetroSouth should address the impact the proposed discontinuation would have on the ability of another provider or health care system to cross-subsidize safety net services and detail what steps it has taken to coordinate with those other providers.

MetroSouth should address how the discontinuation of the hospital might impact the remaining safety net providers.

The Board should review updated utilization data for MetroSouth and surrounding hospitals, as the information contained in the application is based on 2017 data.

Safety Net Impact Statement (Attachment 9)

MetroSouth boldly states that applicants have no reason to believe that the discontinuation of MetroSouth will have a material impact on safety net services. This strains credulity, as MetroSouth itself is a safety net hospital! MetroSouth states there are plenty of other hospitals in the area and federally qualified health centers. However, as discussed above, it presents no plan for transport of patients to any of those facilities, no plan for getting patients access to their records, nor any plan for creation of an urgent care facility in place of MetroSouth that would be accessible for patients who because of income, health, or personal circumstances are unable to make the trek to any of the other facilities in the market area.

MetroSouth's patients are more likely to be poor and people of color. Safety net hospitals provide critical services for the community and great care should be taken to avoid the disastrous effects the closure of a safety net hospital will have on the community.

Current Negotiations for the Sale of MetroSouth

MetroSouth is in the midst of negotiations for the sale of the hospital. The negotiations appear to be in good faith and are extensive. The potential purchasers have expressed an interest in continuing critical health care services at the site. Given the gravity of the situation and the catastrophic effect the closure of MetroSouth would have on Blue Island, the City respectfully asks the Board to delay any decision so that the parties can have time to engage in fruitful negotiations.

The Board certainly has the authority to defer consideration of this application. Consider 77 Ill. Admin. Code 77 Section 1130.655(b)(5) which authorizes the Board to "defer the decision to consider an application to a subsequent meeting." Proponents of this project might argue that approval of this project is addressed under Section 560 of the Board's rules, but a closer reading shows that Section 560(b)(2) advises that the "HFSRB will defer consideration of an application for exemption when the application is the subject of litigation, until all litigation related to the application has been completed." Getting the information the Board considers necessary to understand how this proposed discontinuation will impact this community served by this hospital should not require litigation; it is simply the right thing to do.

In addition, the City of Blue Island respectfully requests that the Board require MetroSouth to supplement its application so that the questions raised above are answered and the documentation

provided. Given the myriad issues and questions raised by participants at the July 24, 2019 public hearing, the Board should exercise greater scrutiny over the application and seek the additional information.

In the event the Board determines that an immediate hearing is required, the City of Blue Island requests that the Board deny the application for discontinuation.

Very truly yours,

Domingo F. Vargas

Mayor Domingo F. Vargas
City of Blue Island

Enclosures

Exhibit 1

Healthcare and Family Services
Safety Net Hospital Determination
Effective 10/1/2017 - 9/30/2018

89Illinois Admin Code, Section 149.I 00(f)(4) provides for a policy adjusment factor of $57.50 per general acute care day for facilities that qualify asa safety-net hospital, as defined in 305 ILCS 5/5-5e.l, excluding pediatric hospitals as defined in 148.25(d)(3).

305 ILCS 5/5-5e.1 Criteria for safety-net hospital status:

A Safety-net hospital is an Illinois hospital hospital that :

(a) Is licensed by the Department of Public Health as a general acute care or pediatric hospital, **and**:
(b) Is a Disproportionate Share hospital, as described in Section 1923 of the federa I Social Security Act, as determined by the Department, and:

Meets one of the following criteria:

(c) Has a Medicaid inpatient utilization rate (MIUR) of at least 40% and a charity percent of at least 4%, Q!'.:
(d) Has a MIUR of at least 50%

(e) Beginning July 1, 2012 and ending on June 30, 2018, a hospital that would have qualified for the rate year beginning October 1, 2011, shall be a Safety-Net Hospital.

Hospital Name	City	RY 2018 MIUR	Charity Percentage	(a) Safety Net Hospital on 10/1/2011	(b) General Acute Care Hospital	(c) RY18 DSH Hospital	(d) MIUR >= 40% and Char ity >= 4%	(e) MIUR >= 50%	FFY 18 Safety Net Qualifier
ANN AND ROBERT LURIE CHILDRENS	CHICAGO	47.44%	0.23%	y	y	y	N	N	y
GLENOAKS	GLENDALE HTS	45.51%	2.65%	y	y	y	N	N	y
HOLY CROSS	CHICAGO	51.97%	5.42%	y	y	y	y	y	y
JACKSON PARK	CHICAGO	67.60%	5.61%	y	y	y	y	y	y
LA RABIDA CHILDRENS	CHICAGO	86.63%	0.00%	y	y	y	N	y	y
LORETTO HOSPITAL	CHICAGO	68.27%	0.00 %	y	y	y	N	y	y
MERCY-CHICAGO	CHICAGO	52.79%	1.23%	y	y	y	N	y	y
M ETHODIST- CHICAG O	CHICAGO	66.33%	1.07%	y	y	y	N	y	y
MT SINAI	CHICAGO	71.84%	7.28%	y	y	y	y	y	y
NORWEGIAN-AMERICAN	CHICAGO	73.82%	2.57%	y	y	y	N	y	y
PRESENCE MERCY CENTER-AURORA	AURORA	35.33%	2.75%	y	y	y	N	N	y
PRESENCE ST MARY OF NAZARETH	CHICAGO	52 .12%	2.97%	y	y	y	N	y	y
ROSELAND COMMUNITY	CHICAGO	53 .02%	3.12%	y	y	y	N	y	y
SOUTH SHORE	CHICAGO	58.68%	2.60%	y	y	y	N	y	y
ST ANTHONYS-CHICAGO	CHICAGO	61.65%	3.48%	y	y	y	N	y	y
ST BERNARDS-CHICAGO	CHICAGO	65.60%	3.34%	y	y	y	N	y	y
ST MARYS-CENTRALIA	CENTRALIA	40.30%	0.52%	y	y	y	N	N	y
SWEDISH COVENANT	CHICAGO	48.24%	2.88%	y	y	y	N	N	y
THOREK	CHICAGO	82.24%	2.00%	y	y	y	N	y	y
TOUCHETTE REGIONAL HOSPITAL	EAST STLOUIS	67.66%	2.28%	y	y	y	N	y	y
GATEWAY REGIONAL MEDICAL CENTER	GRANITE CITY	50.67%	0.33%	N	y	y	N	y	y
HARRISBURG HOSPITAL	HARRISBURG	57.37%	0.36%	N	y	y	N	y	y
METROSOUTH M EDICAL CENTER	BLUE ISLAND	56.36%	0.10%	N	y	y	N	y	y
VISTA MEDICAL CTR EAST	WAUKEGAN	50.39%	0.82%	N	y	y	N	y	y
Non-Qualifying, General Acute Care Hospitals									
ABRAHAM LINCOLN MEMORIAL	LINCOLN	22 .85%	1.50%	N	y	N	N	N	N
ADVENTIST BOLINGBROOK HOSPITAL	BOLLINGBROOK	27.91%	1.54%	N	y	y	N	N	N
ADVENTIST HINSDALE HOSPITAL	HINSDALE	13.33%	0.40%	N	y	N	N	N	N
ADVOCATE BROMENN MEDICAL CTR	BLOOMINGTON	23.94%	0.43%	N	y	N	N	N	N
ADVOCATE CONDELL MEDICAL CENTER	LIBERTYVILLE	34.08%	5.84%	N	y	N	N	N	N
ADVOCAT E EUREKA HOSPITAL	EUREKA	7.43%	0.18%	N	y	N	N	N	N
ADVOCATE NORTHSIDE	CHICAGO	37.24%	2.12%	N	y	y	N	N	N
ADVOCATE SHERMAN HOSPITAL	ELGIN	22.16%	1.13%	N	y	N	N	N	N
ALEXIAN BROTHERS	ELK GROVE VILL	14.98%	1.21%	N	y	N	N	N	N
ALTON MEMORIAL	ALTON	22.64%	0.00%	N	y	N	N	N	N
ANDERSON HOSPITAL	MARYVILLE	20.56%	0.32%	N	y	N	N	N	N
BLESSING HOSPITAL	QUINCY	26.30%	1.95%	N	y	N	N	N	N
CARLEFOUNDAT ION	URBANA	36.41%	3.38%	N	y	N	N	N	N
CARLINVILLE AREA HOSPITAL	CARLINVILLE	20.31%	0.00%	N	y	N	N	N	N
CENTRAL DUPAGE	WINFIELD	24.13%	1.47%	N	y	N	N	N	N
CGH MEDICAL CENTER	STERLING	27.70%	0.50%	N	y	N	N	N	N
CHRIST HOSPITAL	OAK LAWN	29.21%	0.69%	N	y	N	N	N	N
CLAY COUNTY	FLORA	21.34%	0.00%	N	y	N	N	N	N
COMMUNITY FIRST MEDICAL CENTER	CHICAGO	33 .69%	0.00 %	N	y	N	N	N	N

Hospital Name	City	RY2018 MIUR	Charity Percentage	(a) Safety Net Hospital on 10/1/2011	(b) General Acute Care Hospital	(c) RY18 DSH Hospital	(d) MIUR>=40% and Charity>= 4%	(e) MIUR >= 50%	FFY18 Safety Net Qualifier
COMMUNITY MEMORIAL-STAUNTON	STAUNTON	15.63%	0.00%	N	y	N	N	N	N
COPLEY MEMORIAL	AURORA	32.05%	1.65%	N	y	N	N	N	N
CRAWFORD MEMORIAL	ROBINSON	24 .56%	0.00%	N	y	N	N	N	N
CROSSROADS COMMUNITY	MT VERNON	25.96%	0.28%	N	y	N	N	N	N
DECATUR MEMORIAL	DECATUR	23 .18%	0.65%	N	y	N	N	N	N
DELNOR COMMUNITY-GENEVA	GENEVA	16 .30%	0.71 %	N	y	N	N	N	N
DR. JOHN WARNER	CLINTON	12 .33%	1.57%	N	y	N	N	N	N
EDWARD HOSPITAL	NAPERVILLE	7.86%	1.77%	N	y	N	N	N	N
ELMHURST MEMORIAL	ELMHURST	14.0 3%	1.86 %	N	y	N	N	N	N
EVANSTON HOSPITAL	EVANSTON	14.24%	1.46%	N	y	N	N	N	N
F G MCGAW LOYOLA	MAYWOOD	26.86%	1.37%	N	y	N	N	N	N
FAIRFIELD MEMORIAL	FAIRFIELD	22.04%	0.00%	N	y	N	N	N	N
FAYETTE COUNTY	VANDALIA	35.40%	0.00%	N	y	N	N	N	N
FERRELL	ELDORADO	38.48%	0.00%	N	y	N	N	N	N
FRANKLIN HOSPITAL	BENTON	28 .76%	0.50%	N	y	N	N	N	N
FREEPORT MEMORIAL	FREEPORT	32.73%	0.02%	N	y	N	N	N	N
GALESBURG HOSPITAL CORPORATION	GALESBURG	25.82%	0.00%	N	y	N	N	N	N
GENESIS MED CTR ILLINI CAMPUS	SILVIS	26.14%	1.75%	N	y	y	N	N	N
GENESIS MEDICAL CENTER ALEDO	ALEDO	18.60%	0.00%	N	y	N	N	N	N
GIBSON COMMUNITY HOSPITAL	GIBSON CITY	24.71%	0.00%	N	y	N	N	N	N
GOOD SAMARITAN-DOWNERS GROVE	DOWNERS GROVE	15.58%	1.35%	N	y	N	N	N	N
GOOD SAMARITAN-MT VERNON	MT VERNON	25.94%	0.77%	N	y	N	N	N	N
GOOD SHEPHERD	BARRINGTON	10.46%	0.88%	N	y	N	N	N	N
GOTTLIEB MEMORIAL	MELROSE PARK	27.68%	2.24%	N	y	N	N	N	N
GRAHAM HOSPITAL	CANTON	30.99%	2.16%	N	y	N	N	N	N
GREENVILLE REGIONAL HOSPITAL	GREENVILLE	31. 32%	0 .22%	N	y	N	N	N	N
HAMILTON MEMORIAL	MCLEANSBORO	22.85%	0.00%	N	y	N	N	N	N
HAMMOND-HENRY	GENESEO	23.61%	0.00%	N	y	N	N	N	N
HARDIN COUNTY GENERAL	ROSICLARE	34.51%	4.27%	N	y	y	N	N	N
HEARTLAND REGIONAL MED CTR	MARION	34.13%	0.03%	N	y	y	N	N	N
HERRIN HOSPITA L	HERRIN	28.50%	1.97%	N	y	N	N	N	N
HILLSBORO HOSPITAL	HILLSBORO	18 .58%	2.10%	N	y	N	N	N	N
HOOPESTON COMMUNITY MEMORIAL	HOOPESTON	16 .62%	0.00 %	N	y	N	N	N	N
HOPEDALE HOSPITAL	HOPEDALE	8.60%	0.00%	N	y	N	N	N	N
ILLINI COMMUNITY	PITTSFIELD	19.43%	0.90%	N	y	N	N	N	N
ILLINOIS VALLEY CO	PERU	26.26%	0.00%	N	y	N	N	N	N
INGALLS MEMORIAL	HARVEY	33.73%	1.24%	N	y	N	N	N	N
IROQUOIS MEMORIAL	WATSEKA	29 .79 %	0.00 %	N	y	N	N	N	N
JERSEY COMMUNITY	JERSEYVILLE	21.33%	0.00%	N	y	N	N	N	N
KATHERINE SHAW BETHEA	DIXON	28.89%	0.00%	N	y	N	N	N	N
KIRBY MEDICAL CENTER	MONTICELLO	12 .61%	0.00 %	N	y	N	N	N	N
KISHWAUKEE	DE KALB	19.73%	1.73%	N	y	N	N	N	N
LA GRANGE MEMORIAL	LAGRANGE	10.71%	0.00%	N	y	N	N	N	N
LAWRENCE COUNTY MEMORIAL	LAWRENCEVILLE	27.98%	0.00%	N	y	N	N	N	N
LITTLE COMPANY	EVERGREEN PARK	26.71%	1.37%	N	y	N	N	N	N
LOUIS A WEISS MEMORIAL	CHICAGO	35.11%	1.13%	N	y	N	N	N	N
LUTHERAN GENERAL	PARK RIDGE	23.83%	1.51%	N	y	N	N	N	N
MACNEAL MEMORIAL	BERWYN	33 .93%	1.17%	N	y	y	N	N	N
MARSHALL BROWNING	DU QUOIN	24.34%	0.53%	N	y	N	N	N	N
MASON DISTRICT	HAVANA	16.94%	0.00%	N	y	N	N	N	N
MASSAC MEMORIAL	METROPOLIS	27. 92%	0.00%	N	y	N	N	N	N
MCDONOUGH DISTRICT	MACOMB	28.45%	0.00%	N	y	N	N	N	N
MEMORIAL HOSPITAL EAST	SHILOH	0.0 0%	0.00 %	N	y	N	N	N	N
MEMORIAL-BELLEVILLE	BELLEVILLE	23.11%	0.42%	N	y	N	N	N	N
MEMORIAL-CARBONDALE	CARBONDALE	34.98%	2.38%	N	y	y	N	N	N
MEMORIAL-CARTHAGE	CARTHAGE	36.31%	0.85%	N	y	N	N	N	N
MEMORIAL-CHESTER	CHESTER	12 .68%	0 .00 %	N	y	N	N	N	N
MEMORIAL-SPRINGFIELD	SPRINGFIELD	24.44%	0.81%	N	y	N	N	N	N
M EM ORIAL-WOODSTOCK	WOODSTOCK	24 .96%	0.00%	N	y	N	N	N	N
MENDOTA COMMUNITY	MENDOTA	17.18%	0.89%	N	y	N	N	N	N
MERCY HARVARD HOSPITAL	HARVARD	13.04%	0.00%	N	y	N	N	N	N
METHODIST-PEORIA	PEORIA	47.47%	0.61%	N	y	N	N	N	N
MIDWEST MEDICAL CENTER	GALENA	6.61%	0.00 %	N	y	N	N	N	N
MIDWESTERN REGIONAL MEDICAL CENTER	ZION	0.16%	0.00 %	N	y	N	N	N	N
MORRIS HOSPITAL	MORRIS	18.21%	0.00%	N	y	N	N	N	N
MORRISON COMMUNITY	MORRISON	15 .87%	0.00 %	N	y	N	N	N	N

Hospital Name	City	RY2018 MIUR	Charity Percentage	(a) Safety Net Hospital on 10/1/2011	(b) General Acute Care Hospital	(c) RY18 DSH Hospital	(d) MIUR>=40% and Charity>= 4%	(e) MIUR >= 50%	FFY18 Safety Net Qualifier
NORTHERN ILL MEDICAL CENTER	MCHENRY	15.52%	0.00%	N	y	N	N	N	N
NORTHWEST COMMUNITY	ARLINGTON HTS	15.45%	0.00%	N	y	N	N	N	N
NORTHWESTERN LAKE FOREST HSPTL	LAKE FOREST	10.99%	2.05%	N	y	N	N	N	N
NORTHWESTERN MEMORIAL	CHICAGO	16 .32%	2.06%	N	y	N	N	N	N
OAK PARK HOSPITAL	OAK PARK	34.69%	2.34%	N	y	N	N	N	N
OSF HOLY FAMILY MEDICAL CENTER	MONMOUTH	22.07%	2.40%	N	y	N	N	N	N
OSF SAINT LUKE MEDICAL CENTER	KEWANEE	26.37%	2.84%	N	y	N	N	N	N
OSF ST ANTHONYS HEALTH CENTER-ALTON	ALTON	40.20%	2.06%	N	y	N	N	N	N
OTTAWA REG HOSP AND HEALTHCARE	OTTAWA	43 .13%	1.54%	N	y	N	N	N	N
PALOS COMMUNITY	PALOS HEIGHTS	11.55%	0.00%	N	y	N	N	N	N
PANA COMMUNITY	PANA	15 .89%	0.00%	N	y	N	N	N	N
PARIS COMMUNITY	PARIS	25.91%	0.00%	N	y	N	N	N	N
PASSAVANT MEMORIAL	JACKSONVILLE	32.95%	0.89%	N	y	N	N	N	N
PEKIN HOSPITAL	PEKIN	21.35%	0.00%	N	y	N	N	N	N
PERRY MEMORIAL	PRINCETON	11 .71%	0.00%	N	y	N	N	N	N
PINCKNEYVILLE COMMUNITY	PINCKNEYVILLE	13.36%	1.19%	N	y	N	N	N	N
PRESENCE COVENANT MEDICAL CTR-URBANA	URBANA	19.20%	1.65%	N	y	N	N	N	N
PRESENCE HOLY FAMILY	DES PLAINES	15.50%	1.66%	N	y	N	N	N	N
PRESENCE RESURRECTION HOSPITAL	CHICAGO	11 .27%	1.79%	N	y	N	N	N	N
PRESENCE ST FRANCIS-EVANSTON	EVANSTON	33.74%	2.67%	N	y	y	N	N	N
PRESENCE ST JOSEPH MED CTR	ELGIN	14.61%	2.39%	N	y	N	N	N	N
PRESENCE ST JOSEPHS-CHICAGO	CHICAGO	19.25%	0.00%	N	y	N	N	N	N
PRESENCE ST JOSEPHS-JOLIET	JOLIET	21 .2 8%	1.56%	N	y	y	N	N	N
PRESENCE ST MARYS HOSPITAL	KANKAKEE	30 .53 %	1.91%	N	y	y	N	N	N
PRESENCE UNITED SAMARITAN-DANVILLE	DANVILLE	26.89%	2.72%	N	y	y	N	N	N
PROCTOR HOSPITAL	PEORIA	10.89%	0.00%	N	y	N	N	N	N
RED BUD REGIONAL HOSPITAL	RED BUD	12.00%	0.03%	N	y	N	N	N	N
RICHLAND MEMORIAL	OLNEY	40.86%	1.46%	N	y	N	N	N	N
RIVERSIDE MEDICAL CENTER	KANKAKEE	47 .5 2%	1.59%	N	y	N	N	N	N
ROCHELLE COMMUNITY	ROCHELLE	23.69%	0.00%	N	y	N	N	N	N
ROCKFORD MEMORIAL	ROCKFORD	44.86%	0.23%	N	y	y	N	N	N
RUSH UNIVERSITY MEDICAL CENTER	CHICAGO	30.39%	2.45%	N	y	N	N	N	N
SALEM TOWNSHIP HOSPITAL	SALEM	21 .97%	0.54%	N	y	N	N	N	N
SARAH BUSH LINCOLN	MATTOON	36.70%	0.00%	N	y	N	N	N	N
SARAH D CULBERTSON	RUSHVILLE	7.89%	0.12%	N	y	N	N	N	N
SHELBY MEMORIAL	SHELBYVILLE	34.45%	0.44%	N	y	N	N	N	N
SHRINERSHOSPITAL FOR CHILDREN	CHICAGO	14.61%	27.58%	N	y	y	N	N	N
SILVER CROSS	JOLIET	23 .24%	1.76%	N	y	N	N	N	N
SOUTH SUBURBAN HOSPITAL	HAZEL CREST	28 .77 %	0.75%	N	y	N	N	N	N
SPARTA COMMUNITY	SPARTA	21.18%	0.00%	N	y	N	N	N	N
ST ALEXIUS MEDICAL CENTER	HOFFMAN ESTATES	20.68%	1.86%	N	y	N	N	N	N
ST ANTHONYS-EFFINGHAM	EFFINGHAM	22.18%	0.00%	N	y	N	N	N	N
ST ANTHONYS-ROCKFORD	ROCKFORD	18.49%	1.36%	N	y	N	N	N	N
ST ELIZABETHS-BELLEVILLE	BELLEVILLE	28.40%	0.00%	N	y	N	N	N	N
ST FRANCIS-LITCHFIELD	LITCHFIELD	27.68%	0.00%	N	y	N	N	N	N
ST FRANCIS-PEORIA	PEORIA	29 .22%	1.69%	N	y	N	N	N	N
ST JAMES HOSP AND HLTH CTRS	OLYMPIA FIELDS	29.46%	0.00%	N	y	y	N	N	N
ST JAMES-PONTIAC	PONTIAC	34.75%	1.60%	N	y	N	N	N	N
ST JOHNS-SPRINGFIELD	SPRINGFIELD	39.67%	0.98%	N	y	N	N	N	N
ST JOSEPHS-BLOOMINGTON	BLOOMINGTON	18.80%	1.73%	N	y	N	N	N	N
ST JOSEPHS-BREESE	BREESE	19.87 %	0.00%	N	y	N	N	N	N
ST JOSEPHS-HIGHLAND	HIGHLAND	10.01%	0.00%	N	y	N	N	N	N
ST JOSEPHS-MURPHYSBORO	MURPHYSBORO	32.21%	2.45%	N	y	N	N	N	N
ST MARGAR ETS-SPRI NG VALLEY	SPRING VALLEY	18.52%	1.24%	N	y	N	N	N	N
ST MARYS-DECATUR	DECATUR	35.08%	0.00%	N	y	N	N	N	N
ST MARYS-GALESBURG	GALESBURG	22.25%	2.42%	N	y	N	N	N	N
SWEDISH-AMERICAN	ROCKFORD	40.54%	0.85%	N	y	y	N	N	N
TAYLORVILLE MEMORIAL HOSPITAL	TAYLORVILLE	18 .01%	1.25%	N	y	N	N	N	N
THOMAS H BOYD MEMORIAL	CARROLLTON	26.90%	0.00%	N	y	N	N	N	N
TRINITY HOSPITAL	CHICAGO	43 .27%	1.42%	N	y	y	N	N	N
TRINITY MEDICAL CENTER	ROCK ISLAND	38 .53%	0.76%	N	y	N	N	N	N
UNION COUNTY	ANNA	34.94%	0.05%	N	y	y	N	N	N
UNIVERSITY OF CHICAGO	CHICAGO	43 .17%	1.23%	N	y	N	N	N	N
VALLEY WEST COMMUNITY	SANDWICH	19.21%	1.63%	N	y	N	N	N	N
VHS WEST SUBURBAN MEDICAL CNTR	OAK PARK	42.75%	1.54%	N	y	y	N	N	N
VHS WESTLAKE HOSPITAL INC	MELROSE PARK	47.00%	1.02%	N	y	y	N	N	N

Hospital Name	City	RY2018 MIUR	Charity Percentage	(a) Safety Net Hospital on 10/1/2011	(b) General Acute Care Hospital	(c) RY18 DSH Hospital	(d) MIUR >= 40% and Charity>= 4%	(e) MIUR >= 50%	FFY18 Safety Net Qualifier
VISTA MEDICAL CTR WEST	WAUKEGAN	57.79%	0.64%	N	y	N	N	y	N
WABASH GENERAL	MT CARMEL	14.22%	0.11%	N	y	N	N	N	N
WASHINGTON COUNTY	NASHVILLE	19.72%	0.00%	N	y	N	N	N	N
Non General Acute Care Hospitals									
ALEXIAN BROTHERS BEHAVIORAL HEALTH	SCHAUMBURG	14.99%	1.59%	N	N	N	N	N	N
AURORA CHICAGO LAKESHORE HOSPITAL	CHICAGO	58.89%	0.00%	N	N	y	N	y	N
BHC STREAMWOOD	STREAMWOOD	71.68%	0.00%	N	N	y	N	y	N
CHICAGO BEHAVIORAL HOSPITAL	DES PLAINES	57.32%	0.00%	N	N	y	N	y	N
GARFIELD PARK HOSPITAL	CHICAGO	97.72%	0.00%	N	N	y	N	y	N
HARTGROVE HOSPITAL	CHICAGO	71.36%	0.27%	N	N	y	N	y	N
KINDRED CHICAGO CENTRAL HOSP	CHICAGO	47.35%	0.00%	N	N	y	N	N	N
KINDRED HOSPITAL- CHICAGO	NORTHLAKE	67.48%	0.26%	N	N	y	N	y	N
KINDRED HOSPITAL - SYCAMORE	SYCAMORE	35.26%	0.00%	N	N	y	N	N	N
KINDRED HOSPITAL PEORIA	PEORIA	7.99%	0.00%	N	N	N	N	N	N
LINCOLN PRAIRIE BEHAVIORAL HC	SPRINGFIELD	77.57%	0.00%	N	N	y	N	y	N
MARIANJOY REHAB	WHEATON	4.10%	0.18%	N	N	N	N	N	N
NAPERVILLE PSYCH VENTURES	NAPERVILLE	10.94%	7.36%	N	N	N	N	N	N
REHABILITATION INSTITUTE	CHICAGO	19.59%	0.08%	N	N	N	N	N	N
RIVEREDGE HOSPITAL	FOREST PARK	69.18%	0.27%	N	N	y	N	y	N
RM HEALTH PROVIDERS LTD PSP	HINSDALE	32.47%	0.19%	N	N	N	N	N	N
SCHWAB REHABILITATION	CHICAGO	61.13%	0.99%	N	N	y	N	y	N
THE PAVILION FOUNDATION	CHAMPAIGN	67.66%	0.77%	N	N	y	N	y	N
VANMATRE HEALTHSOUTH REHAB HOSPITAL	ROCKFORD	8.54%	0.00%	N	N	N	N	N	N
VIBRA HOSPITAL SPRINGFIELD	SPRINGFIELD	18.84%	0.00%	N	N	N	N	N	N

NOTE: Municipally licensed Children's hospitals are combined with the adult facility for purposes of the annual safety-net hospital determination

http://www.beverlyreview.net/news/community_news/article_cc3b86be-b2f1-11e9-b560-07058ff78899.html

Officials wait for board's decision on MetroSouth

by Kyle Garmes Jul 30, 2019

State Rep. Bob Rita, who lives in and serves Blue Island, urged the Illinois Health Facilities and Services Review Board (HF to "slow down" MetroSouth's plans to close during a public hearing on July 24 at St. Benedict Church. An HFSRB official (rig said the board will discuss the fate of the hospital at a Sept. 17 meeting at Bolingbrook Golf Club. (Review photo)

Blue Island officials and residents again pleaded for MetroSouth Medical Center to remain open, and now, all they can do is wait.

The Illinois Health Facilities and Services Review Board (HFSRB) hosted a public hearing on July 24 at St. Benedict Church, and state Rep. Bob Rita, who lives in and serves Blue Island, said he hopes that at the least, HFSRB officials will "slow down" the closing and take their time in making a decision.

"Give us the time to sit down, to try and figure out wha
meet the community's needs for health care," Rita sai
rather than put this on the fast track."

Ad

SMARTERTRAVEL
WWW.SMARTERTRAVEL.COM

After a hearing that spanned about six hours, an HFSRB official said board members will discuss the hospital's fate at meeting on Sept. 17 at Bolingbrook Golf Club, 2001 Rodeo Dr.

According to officials, 230 people at the hearing signed their names in opposing the closing, and 82 people spoke.

MetroSouth officials announced in a June 11 news release that they had filed an application with the HFSRB to discontinue operations at the end of the year as they search for a new operator.

They said they have sought a new operator for two years, reaching out to almost 40 healthcare organizations. None of those organizations committed to continue operating MetroSouth as a full-service hospital, but officials are conferring with other organizations about using the hospital as a free-standing emergency department and outpatient services center.

According to officials, MetroSouth, 12935 S. Gregory St., has 314 beds but serves fewer than 100 patients a day, on average. It has 375 physicians and 62 allied health professionals.

The hospital's pre-tax losses in 2018 were $8.4 million and are expected to be over $10 million this year.

Ad

MetroSouth officials have not provided further comment.

Rita, the last person to speak at the hearing, is on the MetroSouth advisory board, and just as he has at other public meetings, he said the closure announcement stunned him. He said "there was never any indication" that the hospital was in trouble, and he said during the recent state budgetary process, he was never told the hospital needed assistance.

SMARTERTRAVEL
WWW.SMARTERTRAVEL.COM

"Not one individual from this hospital has reached out and said, 'We need help; we're in trouble,'" Rita said. "So, it was quite a shock when they met me in front of my office the day they filed the application to terminate services here."

The hospital took on the MetroSouth name in 2008 after, while it was known as St. Francis Hospital, it nearly closed but was purchased by Falcon Investors, LLC, and Transition Healthcare Company. Tennessee-based Community Health Systems Inc. purchased MetroSouth in February 2012.

Rita said medical professionals and representatives of several fire departments appeared at the hearing to oppose the closing, and he again noted that ambulances having to transport patients to other hospitals will add precious minutes to travel times. He also wondered how surrounding hospitals would be able to care for the roughly 50,000 people that visit the MetroSouth emergency room every year.

Support Your Local News!
SUBSCRIBE!
The Beverly Review is THE Community Newspaper for Beverly, Morgan Park and Mt. Greenwood.
A Print Subscription delivers all the local news right to your door every week.
PLUS ALL THE BEST DEALS AND COUPONS FROM LOCAL MERCHANTS!
Subscribers also enjoy total on-line access including breaking news, digital editions, extra photos and on-line exclusives. All for just $27 per year.
The Beverly REVIEW
Click Here or Call (773) 238-3366

Rita noted that state legislators created a public act that went into effect on July 15 that changed the process for health facilities to discontinue services, and he accused MetroSouth owners of filing their application before that point to avoid that process.

"It's like they wanted to run out in the middle of the night and just shut their doors and leave this community," Rita said. "You can look at that as corporate greed, a money grab … . It's not showing commitment and care to this community and the community it serves."

SMARTERTRAVEL
WWW.SMARTERTRAVEL.COM

Rita accused the hospital of not signing new contracts and moving forward with the closure process.

All he wants, he said, is a little more time.

"They say that they want to work with us, but their actions so far have not shown that," Rita said. "Because if they were working with us, they would be reaching out, and saying, 'Let's defer this for a little while; let's defer this for two months.' ... It is really clear that they have their minds made up."

The HFSRB will provide a full transcript of the hearing.

For more information, visit the website at hfsrb.illinois.gov.

Ad

SMARTERTRAVEL
WWW.SMARTERTRAVEL.COM

POWERED BY WIDGETZ