

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (MDCH)
HOSPITAL BED (HB)
STANDARD ADVISORY COMMITTEE (HBSAC) MEETING**

Wednesday September 28, 2011

Capitol View Building
201 Townsend Street
MDCH Conference Center
Lansing, Michigan 48913

APPROVED MINUTES

I. Call to Order

Chairperson Casalou called the meeting to order @ 9:36 a.m.

A. Members Present:

James Ball, Michigan Manufacturer's Assoc.
Ron Bieber, United Auto Workers (UAW)
Robert Casalou, Chairperson, Trinity Health
Heidi Gustine, Munson Healthcare
David Jahn, War Memorial via conference call
Patrick Lamberti, POH Medical Center
Nancy List, Covenant Healthcare
Conrad Mallett, DMC
Robert Milewski, BlueCross BlueShield of Michigan (BCBSM)
Doug Rich, Ascension Health
Jane Schelberg, Vice-Chairperson, Henry Ford
Kevin Splaine, Spectrum Health

B. Members Absent:

None.

C. Michigan Department of Community Health Staff present:

Natalie Kellogg
Joette Laseur
Tania Rodriguez
Brenda Rogers

II. Declaration of Conflicts of Interest

None.

III. Review of Agenda

Motion by Mr. Mallett and seconded by Mr. Lamberti to accept the agenda as presented. Motion carried.

IV. Review of Minutes of August 25, 2011

Motion by Vice-Chairperson Schelberg and seconded by Mr. Mallett to accept the minutes as presented. Motion carried.

V. Bed Need and Subarea Methodology Workgroup Update

Mr. Milewski gave a brief overview of the bed need and subarea methodology workgroup and the sub-workgroup's progress (see Attachment A).

Discussion followed.

A. Public Comment:

None.

VI. Presentation and Discussion of Project Delivery Requirements

Chairperson Casalou briefly reviewed the Department's modifications made to the project delivery requirements within the standards (see Attachment B). After further discussion, it was decided to hold off any decision-making until the other work groups have completed their work.

VII. Verbal Update and Discussion of Disposition of Unused Beds workgroup

Vice-Chairperson Schelberg gave a verbal & written overview of the workgroups progress and planning (see Attachment C).

Discussion followed.

VIII. Public Comment

Dennis McCafferty, EAM

IX. Next Steps and Future Agenda Items

Chairperson Casalou advised that the agenda will be the same format with updates from the two major workgroups.

X. Future Meeting dates

- A. October 19, 2011
- B. November 16, 2011
- C. December 20, 2011

XI. Adjournment

Motion by Mr. Ball and seconded by Mr. Lamberti to adjourn the meeting @ 11:38 a.m. Motion Carried.

Hospital Subarea & Bed Methodology Workgroup Update

Bob Milewski
September 28, 2011

Workgroup Charge

- Review and update the subarea methodology
- Review and update bed need methodology

Subarea Methodology Objectives

- Objective
- Replicable
- Sustainable

Subarea Methodology Decisions

- Cluster hospitals based on patient length of stay and location
- Consider potential subarea results with peak incremental “fit” scores
- NEW: Select final number of subareas based on
 - Minimize number of single hospital subareas
 - Cap the maximum number of hospitals in a subarea
- NEW: Manually assign new hospitals and those not reporting in MIDB
- NEW: Re-run methodology at least every 5 years, or sooner at the request of MDCH

Subarea Methodology Results

- Motion approved at last meeting to move forward with 35 subareas

- See appendix for diagram of current 64 subareas and proposed 35 subareas

- Eliminates 31 of 32 single-hospital subareas, which are mostly located in northern MI and the UP

Bed Need Methodology Objectives

- Objective
- Replicable
- Sustainable
- Easy to run (repeats every two years)

Bed Need Methodology

- Decisions
 - Opted for county-based method over zipcode-based method to reduce forecasting volatility
 - Projection to be 5 years out

- Evaluating projection approach options
 - Forecast patient days based on historical trends
 - Apply bed-day rates to population projections

- Reviewing additional diagnostics today

Other Comments

- Requirement for hospitals to report in MIDB
- Recommended subarea clusters do not fall neatly within the eight HSAs

Appendix

- Current hospital clusters (64)
- Proposed hospital clusters (35)

**CERTIFICATE OF NEED (CON) REVIEW STANDARDS
FOR HOSPITAL BEDS – PROJECT DELIVERY REQUIREMENTS**

Section 9. Project delivery requirements – terms of approval for all applicants

Sec. 9. ~~(1)~~ An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of CON approval:

~~_(a1)~~ Compliance with these standards.

~~_(2) Compliance with the following quality assurance standards:~~

~~_(A) The applicant shall assure compliance with Section 20201 of the Code, being Section 333.20201 of the Michigan Compiled Laws.~~

~~_(e3) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:~~

~~_(A) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.~~

~~_(iB) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:~~

~~_(ii) Not deny services to any individual based on ability to pay or source of payment.~~

~~_(iii) Maintain information by source of payment to indicate the volume of care from each payor and non-payor source provided annually.~~

~~_(iii) Provide services to any individual based on clinical indications of need for the services.~~

~~_(4) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS:~~

~~_(A) An applicant approved pursuant to Section 6(4) must achieve a minimum occupancy of 75 percent over the last 12-month period in the three years after the new beds are put into operation, and for each subsequent calendar year, or the number of new licensed beds shall be reduced to achieve a minimum of 75 percent average annual occupancy for the revised licensed bed complement.~~

~~_(B) The applicant must submit documentation acceptable and reasonable to the Department, within 30 days after the completion of the 3-year period, to substantiate the occupancy rate for the last 12-month period after the new beds are put into operation and for each subsequent calendar year, within 30 days after the end of the year.~~

~~_(D) The applicant shall participate in a data collection networkSYSTEM established and administered by the Department or its designee. The data may include, but isARE not limited to, annual budget and cost information, OPERATING SCHEDULES, THROUGH-PUT SCHEDULES, and-demographic, AND diagnostic INFORMATION, morbidity, and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data on a separate basis for each licensed site; in a format established by the Department, and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.~~

~~_(E) The applicant shall participate and submit data to the Michigan Inpatient Data Base (MIDB). The data shall be submitted to the Department or its designee.~~

~~_(F) The applicant shall provide the Department with a notice stating the date the hospital beds are placed in operation and such TIMELY notice shall be submitted to the DepartmentOF THE PROPOSED PROJECT IMPLEMENTATION consistent with applicable statute and promulgated rules.~~

~~—(b)—Compliance with applicable operating standards.~~

~~—(i)—An applicant approved pursuant to Section 6(4) must achieve a minimum occupancy of 75 percent over the last 12-month period in the three years after the new beds are put into operation, and for each subsequent calendar year, or the number of new licensed beds shall be reduced to achieve a minimum of 75 percent average annual occupancy for the revised licensed bed complement.~~

~~—(ii)—The applicant must submit documentation acceptable and reasonable to the Department, within 30 days after the completion of the 3-year period, to substantiate the occupancy rate for the last 12-month period after the new beds are put into operation and for each subsequent calendar year, within 30 days after the end of the year.~~

- 55 ~~—(c) Compliance with the following quality assurance standards:~~
- 56 ~~—(i) The applicant shall provide the Department with a notice stating the date the hospital beds are~~
- 57 ~~placed in operation and such notice shall be submitted to the Department consistent with applicable~~
- 58 ~~statute and promulgated rules.~~
- 59 ~~—(ii) The applicant shall assure compliance with Section 20201 of the Code, being Section 333.20201~~
- 60 ~~of the Michigan Compiled Laws.~~
- 61 ~~(iii) The applicant shall participate in a data collection network established and administered by the~~
- 62 ~~Department or its designee. The data may include, but is not limited to, annual budget and cost~~
- 63 ~~information and demographic, diagnostic, morbidity, and mortality information, as well as the volume of~~
- 64 ~~care provided to patients from all payor sources. The applicant shall provide the required data on a~~
- 65 ~~separate basis for each licensed site; in a format established by the Department, and in a mutually~~
- 66 ~~agreed upon media. The Department may elect to verify the data through on-site review of appropriate~~
- 67 ~~records.~~
- 68 ~~—(A) The applicant shall participate and submit data to the Michigan Inpatient Data Base (MIDB). The~~
- 69 ~~data shall be submitted to the Department or its designee.~~
- 70 ~~—(iv) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years~~
- 71 ~~of operation and continue to participate annually thereafter.~~
- 72 ~~—(d) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:~~
- 73 ~~—(i) Not deny services to any individual based on ability to pay or source of payment.~~
- 74 ~~—(ii) Maintain information by source of payment to indicate the volume of care from each payor and~~
- 75 ~~non-payor source provided annually.~~
- 76 ~~—(iii) Provide services to any individual based on clinical indications of need for the services.~~
- 77
- 78 (25) The agreements and assurances required by this section shall be in the form of a certification
- 79 agreed to by the applicant or its authorized agent.
- 80
- 81

Non – Acute Facilities:**Applicant Name: Medilodge of Novi**

Date Approved: 8/10/10
 Follow-Up Date: 7/10/2011
 CON No.: 09-0135
 Approved costs: \$10,200,000

Project Description: To acquire 100 existing nursing home beds from MediLodge of Bloomfield Hills, replace these beds into new site outside replacement zone with a new design model with in Planning Area 63-Oakland and make a covered capital expenditure.

Applicant Name: Grand Blanc Care Center

Date Approved: 3/26/10
 Amendment Date: 7/6/2011
 CON No.: 09-0230
 Approved costs: \$7,626,000

Project Description: To make a change in the bed capacity by adding 108 nursing home beds into newly leased space in Planning Area 25 - Genesee and make a covered capital expenditure.

Applicant Name: Grand Traverse Pavilions

Date Approved: 9/1/09
 Amendment Date: 8/29/2011
 CON No.: 09-0081
 Approved costs: \$490,000

Project Description: To make a change in the bed capacity by adding 19 nursing home beds under high occupancy provision into new space currently used for assisted living and replace one (1) existing nursing home beds.

Rural Hospitals:**Applicant Name: Portage Health System**

Date Approved: 10/29/01
 Date Operational: 1/5/05
 CON No.: 01-0162
 Approved costs: \$2,254,000

Project Description: The addition of 6 med/surg beds.

Applicant Name: Charlevoix Area Hospital

Date Approved: 10/05/01
 Date Operational: 7/1/03
 CON No.: 01-0256
 Approved costs: \$8,796,700

Project Description: To replace 26 beds into new construction and expand the Emergency Department.

Applicant Name: Holland Community Hospital

Date Approved: 6/8/04
 Date Operational: 1/5/08

CON No.: 03-0396
Approved costs: \$47,208,967

Project Description: To replace 30 licensed hospital beds into new construction and make a covered capital expenditure.

Applicant Name: Paul Oliver Memorial Hospital

Date Approved: 12/8/10

Date Operational:

CON No.: 10-0244

Approved costs: \$1,100,000

Project Description: To replace four (4) existing hospital beds into new construction.

Applicant Name: Baraga County Memorial

Date Approved: 4/27/09

Date Operational:

CON No.: 08-0048

Approved costs: \$25,041,691

Project Description: To replace the licensed hospital with 15 beds including 9 swing beds (delicense remaining 9), one (1) operating room, one (1) fixed CT scanner, host site on MRI network no. 80 and make a covered capital expenditure.

Applicant Name: Munising Memorial Hospital

Date Approved: 7/17/06

Date Operational: 11/1/08

CON No.: 06-0087

Approved costs: \$14,050,000

Project Description: To replace the licensed hospital with 11 beds and make a covered capital expenditure.

Applicant Name: Sturgis Hospital

Date Approved: 9/13/04

Date Operational: 12/1/06

CON No.: 04-0127

Approved costs: \$10,861,383

Project Description: To construct new addition, replace surgical services and twelve (12) licensed hospital beds into new construction and make a covered capital expenditure.

Applicant Name: Otsego Memorial Hospital Assoc. DBA

Approved Date: 9/1/2004

Operational Date: 8/06/2006

CON No.: 04-0061

Approved costs: \$17,560,153

Project Description: Construction, renovation, replacement of 10 hospital beds into new construction and making a covered capital expenditure

Applicant Name: Huron Medical Center

Approved Date: 6/30/2003

Operational Date: 8/22/2005

CON No.: 02-0298
Approved costs: \$8,721,038

Project Description: To construct a new addition, replace Emergency Department and make a covered capital expenditure

Applicant Name: Hills and Dales General Hospital

Approved Date: 11/2/2005
Operational Date: 02/28/2007
CON No.: 05-0128
Approved costs: \$ 9,907,721

Project Description: To add 25 medical/surgical beds through relocation from St. John Northeast

Applicant Name: Bell Memorial Hospital

Approved Date: 04/30/2007
Operational Date: 09/27/2008
CON No.: 06-0003
Approved costs: \$ 39,551,382

Project Description: To replace the existing hospital and make a covered capital expenditure.

Applicant Name: Carson City Hospital

Approved Date: 02/08/2006
Operational Date: 06/12/2007
CON No.: 05-0198
Approved costs: \$0

Project Description: To construct, renovate, replace one (1) fixed CT Scanner, replace surgical services and existing hospital beds into new construction and make a covered capital expenditure [PIPR changed CT scanner to Philips Brilliance 64 Channel System]

Applicant Name: Grand View Hospital

Approved Date: 06/07/2006
Operational Date: 06/01/2009
CON No.: 05-0460
Approved costs: \$2,696,562

Project Description: To construct new addition, relocate Emergency Department and make a covered capital expenditure.

High Occupancy CONs:

Applicant Name: William Beaumont Hospital - Troy

Date Approved: 2/6/04
Date Operational: 5/1/04
CON No.: 03-0253
Approved costs: \$112,000

Project Description: To make a change in the bed capacity by adding twenty-eight (28) hospital beds.

Applicant Name: William Beaumont Hospital - Troy

Approved Date: 5/4/2006

Operational Date: 9/25/2006
 CON No.: 05-0438
 Approved costs: \$0
Project Description: To make a change in the bed capacity by adding 42 hospital beds (High Occupancy)

Applicant Name: University of Michigan Health System
 Approved Date: 08/10/2006
 Operational Date: 06/11/2007
 CON No.: 06-0089
 Approved costs: \$ 0
Project Description: To make a change in the bed capacity by adding 48 hospital beds

Applicant Name: Bronson Methodist Hospital
 Date: 9/4/07
 CON No.: 07-0102
 Approved costs: \$4,877,000
Project Description: To make a change in the bed capacity by adding 37 hospital beds under high occupancy, renovate clinical service areas and make a covered capital expenditure.

Applicant Name: William Beaumont Hospital - Troy
 Date: 9/4/07
 CON No.: 07-0057
 Approved costs: \$120,000
Project Description: To make a change in the bed capacity by adding 50 hospital beds under the high occupancy provision.

Applicant Name: William Beaumont Hospital – Royal Oak
 Date: 12/22/03
 CON No.: 03-0252
 Approved costs: \$2,885,400
Project Description: To make a change in the bed capacity by adding ninety-four (94) hospital beds.

Applicant Name: University of Michigan Health Center
 Approved Date: 09/01/2009
 Operational Date: 11/19/2009
 CON No.: 09-0051
 Approved costs: \$0
Project Description: To make a change in the bed capacity by adding 17 hospital beds under high occupancy provision.

New Hospital CONs:

Applicant Name: Henry Ford West Bloomfield
 Date: 3/3/04
 Amendment Date: 03/03/2009
 CON No.: 03-0220
 Approved costs: \$345,555,000

Project Description: To begin operation of a new hospital with 300 beds (relocate 50 beds from Riverside Osteopathic Hospital and 250 beds from Henry Ford Hospital). Note: The amendment did not change the project cost.

Applicant Name: Providence Medical Center

Date Approved: 3/3/04

Date Operational: 7/1/09

CON No.: 03-0221

Approved costs: \$239,000,000

Project Description: To begin operation of a new hospital with 200 beds (relocate 22 beds from Brighton Hospital, 30 beds from St. John Oakland Hospital and 148 beds from Providence Hospital and Medical Center), four (4) operating rooms, one (1) fixed CT scanner, one (1) fixed MRI, and mobile PET and Lithotripsy service Note: The amendment did not change the project cost.

Additional Facilities:

Applicant Name: Lenawee Medical Care Facility

Date Approved: 10/3/02

Date Operational: 6/18/04

CON No.: 01-0469

Costs: \$4,647,989

Project Description: For the replacement of 20 beds into new construction.

Applicant Name: St. Joseph Mercy Hospital – Ann Arbor

Date Approved: 6/3/02

Date Operational: 7/30/04

CON No.: 01-0353

Costs: \$38,326,513

Project Description: For the addition of a sixth cardiac catheterization laboratory and the construction of a three-story addition.

Applicant Name: Huron Valley - Sinai Hospital

Date Approved: 5/3/02

Date Operational: 9/28/04

CON No.: 01-0376

Costs: \$22,157,447

Project Description: For the construction and renovation project to expand clinical and support services.

Applicant Name: Lee Memorial Hospital

Date Approved: 6/8/04

Date Operational: 10/6/04

CON No.: 03-0528

Costs: \$15,015

Project Description: To make a change in the bed capacity by adding ten (10) hospital beds.

Applicant Name: Munson Medical Center

Date Approved: 5/22/03
 Date Operational: 10/18/04
 CON No.: 02-0374
 Costs: \$11,428,967
Project Description: To construct a medical office building and make a covered capital expenditure.

Applicant Name: **St. Joseph's Mercy Hospital – Clinton Township**
 Date Approved: 4/1/03
 Date Operational: 12/13/04
 CON No.: 02-0094
 Costs: \$19,629,582
Project Description: To construct a new South Tower addition.

Applicant Name: **Spectrum Health - Butterworth**
 Date Approved: 9/30/04
 Date Operational: 1/31/05
 CON No.: 04-0205
 Costs: \$21,209,152
Project Description: For construction, renovation, relocation of 83 medical/surgical beds from Spectrum Health-Blodgett Campus and making a covered capital expenditure.

Applicant Name: **Saint Mary's Mercy Medical Center**
 Date Approved: 7/6/01
 Date Operational: 1/1/05
 CON No.: 00-0356
 Costs: \$40,568,068
Project Description: For the construction of a four-story addition to house the Richard J. Lacks Sr. Cancer Center.

Applicant Name: **Portage Health System**
 Date Approved: 10/29/01
 Date Operational: 1/5/05
 CON No.: 01-0162
 Costs: \$5,321,220
Project Description: For the addition of six medical/surgical beds.

Applicant Name: **Harper University Hospital**
 Date Approved: 11/3/03
 Date Operational: 1/10/05
 CON No.: 03-0165
 Costs: \$10,052,656
Project Description: To construct new addition and make a covered capital expenditure.

Applicant Name: **St. John Macomb Hospital**
 Date Approved: 8/28/03
 Date Operational: 2/7/05
 CON No.: 03-0035
 Costs: \$6,329,587

Project Description: For construction, renovation of Emergency Department and make a covered capital expenditure.

Applicant Name: Hayes Green Beach Memorial Hospital

Date Approved: 12/3/03

Date Operational: 2/14/05

CON No.: 03-0134

Costs: \$14,082,085

Project Description: To construct new addition, replace 45 existing hospital beds and make a covered capital expenditure.

Applicant Name: Mecosta County Medical Center

Date Approved: 10/24/03

Date Operational: 03/18/05

CON No.: 03-0103

Costs: \$10,984,656

Project Description: To construct, renovate, replace surgical services into new construction, relocate MRI services and make a covered capital expenditure.

Applicant Name: Marquette General Hospital

Date Approved: 5/1/03

Date Operational: 8/1/05

CON No.: 02-0387

Costs: \$14,040,763

Project Description: To construct new two-story addition, expand Emergency Department and make a covered capital expenditure.

Applicant Name: Tawas St. Joseph Hospital

Date Approved: 9/30/03

Date Operational: 9/12/05

CON No.: 03-0081

Costs: \$11,386,386

Project Description: To replace surgical service into new construction, add one operating room and make a covered capital expenditure.

Applicant Name: Providence Hospital

Date Approved: 3/1/99

Date Operational: 10/31/05

CON No.: 98-0075

Costs: \$42,346,655

Project Description: For Phase I construction and renovation project.

Applicant Name: St. John Hospital & Medical Center

Date Approved: 12/17/04

Date Operational: 11/15/05

CON No.: 04-0236

Costs: \$0

Project Description: To add 53 medical/surgical beds through relocation from SCCI Hospital-Detroit (within subarea 70).

Applicant Name: St. Joseph Mercy Oakland

Date Approved: 11/17/01

Date Operational: 12/23/05

CON No.: 99-0243

Costs: \$48,335,831

Project Description: For the construction of a new Emergency Center and renovate basement, 1st & 2nd floors and replacing 30 med/surg beds.

Applicant Name: Bronson Lakeview Hospital

Date Approved: 12/9/05

Date Operational: 12/22/05

CON No.: 05-0130

Costs: \$0

Project Description: To relocate 8 licensed hospital beds to from Lakeview Community Hospital to Bronson Vicksburg Hospital (within subarea 3A).

Applicant Name: Scheurer Hospital

Date Approved: 10/3/03

Date Operational: 1/30/06

CON No.: 02-0355

Costs: \$5,062,854

Project Description: To expand and renovate, and make a covered capital expenditure.

Applicant Name: Mt. Clemens General Hospital

Date Approved: 7/31/02

Date Operational: 12/19/05

CON No.: 01-0308

Costs: \$58,163,165

Project Description: For the construction of a new surgical wing with four additional operating rooms.

Applicant Name: Oakwood Hospital & Medical Center

Date Approved: 8/9/02

Date Operational: 4/3/07

CON No.: 01-0468

Costs: \$76,229,565

Project Description: For the major construction and renovation project including the addition of two operating rooms & replace CT scanner.

Applicant Name: MidMichigan Medical Center - Midland

Date Approved: 4/3/02

Date Operational: 11/13/03

CON No.: 01-0041

Costs: \$8,022,339

Project Description: For the construction of a hospital-based ambulatory surgery center.

Applicant Name: St John Macomb Hospital

Approved Date: 02/17/2005

Operational Date: 5/10/2006

CON No.: 01-0381

Approved costs: \$2,754,509

Project Description: To construct a new addition and renovate a surgical suite**Applicant Name: St John Macomb Hospital**

Approved Date: 02/17/2005

Operational Date: 5/10/2006

CON No.: 01-0381

Approved costs: \$2,754,509

Project Description: To construct a new addition and renovate a surgical suite**Applicant Name: Mercy Mount Clemens Corp. (St. Joseph Mercy)**

Approved Date: 11/2/2005

Operational Date: 11/01/2006

CON No.: 04-0533

Approved costs: \$141,734

Project Description: To add 30 licensed hospital beds through relocation from St. Joseph's Mercy Hosp & Health Services-East (within subarea 1F)**Applicant Name: St. John Hospital & Medical Center**

Approved Date: 12/16/2004

Operational Date: 04/01/2006

CON No.: 04-0296

Approved costs: \$5,520,809

Project Description: To add 25 medical/surgical beds through relocation from St. John Northeast Campus (within subarea 70)**Applicant Name: Bon Secours Cottage Health Services**

Approved Date: 03/26/2004

Operational Date: 12/21/2006

CON No.: 03-0274

Approved costs: \$3,807,882

Project Description: For construction, renovation and replacement of existing licensed beds**Applicant Name: Mercy General Health Partners / Trinity Health**

Approved Date: 12/05/2006

Operational Date: 01/05/2007

CON No.: 06-0261

Approved costs: \$0

Project Description: To make a change in the bed capacity by adding 20 licensed hospital beds through relocation from Mercy General Health Partners, Oak Avenue campus (within subarea 4G). NOTE 10/29/2008: MGHP has 15 days to correct bed count per letter dated 10/29/08. Add 20 Beds from MGHP-Oak Ave

Applicant Name: Spectrum Health/ United Memorial Hospital

Approved Date: 02/14/2005

Operational Date: 05/25/2006

CON No.: 04-0375

Approved costs: \$17,885,352

Project Description: To construct new addition, relocate two (2) operating rooms into new construction and make a covered capital expenditure

Applicant Name: Harper-Hutzel Hospital

Approved Date: 08/01/2006

Operational Date: 01/30/2007

CON No.: 05-0531

Approved costs: \$0

Project Description: To add 85 licensed hospital beds through relocation from Hutzel Women's Hospital (within subarea 1D) and relocate the designation of beds for NICU services for 36 beds. ADD 85 BEDS (INCL 36 NICU) FROM HUTZEL WOMEN.

Applicant Name: Harper-Hutzel Hospital

Approved Date: 08/01/2006

Operational Date: 01/30/2007

CON No.: 05-0531

Approved costs: \$0

Project Description: To add 85 licensed hospital beds through relocation from Hutzel Women's Hospital (within subarea 1D) and relocate the designation of beds for NICU services for 36 beds. ADD 85 BEDS (INCL 36 NICU) FROM HUTZEL WOMEN.

Applicant Name: Crittenton Hospital

Approved Date: 04/05/2002

Operational Date: 07/13/2004

CON No.: 01-0321

Approved costs: \$95,435,421

Project Description: For the major construction and renovation project (Master Facility Plan) at Crittenton Hospital

Applicant Name: University of Michigan Health System

Approved Date: 05/06/2003

Operational Date: 06/11/2007

CON No.: 02-0411

Approved costs: \$192,863,789

Project Description: to construct a cardiovascular center (CVC) addition, replace 6 operating rooms (ORs), & shelling space for 2 future ORs, replace 48 hospital beds into new construction and make a covered capital expenditure

Applicant Name: Bay Regional Medical Center

Approved Date: 06/08/2005

Operational Date: 10/26/2007

CON No.: 04-0370

Approved costs: \$50,150,242

Project Description: To construct new addition, add four (4) new operating room, relocate 15 licensed hospital beds from Bay Regional Medical Center-West Campus and make a covered capital expenditure

Applicant Name: Munson Medical Center

Approved Date: 11/29/2004

Operational Date: 9/11/2007

CON No.: 04-0095

Approved costs: \$36,299,365

Project Description: To construct new Emergency Department, replace 20 existing hospital beds into new construction, add 23 licensed hospital beds through relocation from Leelanau Memorial Health Center (within sub area 7F) and make a covered capital expenditure.

Applicant Name: Battle Creek Health System

Approved Date: 02/22/2007

Operational Date: 12/11/2007

CON No.: 06-0337

Approved costs: \$2,611,187

Project Description: To construct new addition, replace existing hospital beds into new space and make a covered capital expenditure.

Applicant Name: Holland Community Hospital

Approved Date: 06/08/2004

Operational Date: 01/05/2008

CON No.: 03-0396

Approved costs: \$50,732,326

Project Description: To replace 30 licensed hospital beds into new construction and make a covered capital expenditure.

Applicant Name: Oaklawn Hospital

Approved Date: 10/04/2000

Operational Date: 10/02/2002

CON No.: 99-0138

Approved costs: \$27,191,273

Project Description: For renovation and expansion of Oaklawn Hospital and adjoining medical/administration facilities.

Applicant Name: W.A. Foote Memorial Hospital/ Allegiance Health

Approved Date: 12/05/2006

Operational Date: 02/19/2008

CON No.: 06-0252

Approved costs: \$12,295,765

Project Description: To construct new addition, renovate, replace existing hospital beds and make a covered capital expenditure.

Applicant Name: Herrick Memorial Hospital, Inc.

Approved Date: 11/29/2004

Operational Date: 05/19/2008

CON No.: 04-0221

Approved costs: \$12,384,762

Project Description: For construction, renovation, expansion of Emergency Department and making a covered capital expenditure.

Applicant Name: William Beaumont Hospital- Troy

Approved Date: 05/12/2008

Operational Date: 06/01/2008

CON No.: 08-0046

Approved costs: \$2,500,000

Project Description: to make a change in the bed capacity by relocating 15 licensed hospital beds from North Oakland Medical Centers within subarea 1A, Relocate 15 Hospital Beds from NOMC.

Applicant Name: Lapeer Regional Hospital

Approved Date: 04/21/2005

Operational Date: 08/05/2008

CON No.: 04-0345

Approved costs: \$11,852,398

Project Description: For new construction, renovation, relocation of Emergency Department and making a covered capital expenditure.

Applicant Name: St. Joseph Mercy Hospital (Trinity Health)

Approved Date: 06/30/2003

Operational Date: 10/15/2007

CON No.: 02-0266

Approved costs: \$129,549,567

Project Description: To construct new patient tower and make a covered capital expenditure.

Applicant Name: William Beaumont Hospital

Approved Date: 09/30/2004

Operational Date: 12/31/2008

CON No.: 04-0203

Approved costs: \$184,667,516

Project Description: For construction, renovation, replacement of existing hospital beds into new space and make a covered capital expenditure.

Applicant Name: Saint Mary's Health Care

Approved Date: 02/08/2006

Operational Date: 02/23/2009

CON No.: 05-0359

Approved costs: \$48,418,000

Project Description: To construct new addition, replace existing hospital beds into new construction and make a covered capital expenditure.

Applicant Name: Gratiot Community Hospital

Approved Date: 01/20/2006

Operational Date: 09/16/2008

CON No.: 05-0351

Approved costs: \$59,231,285

Project Description: To construct new addition, replace existing hospital beds and make a covered capital expenditure.

Applicant Name: Lakeland Hospital, St. Joseph

Approved Date: 08/12/2005

Operational Date: 03/16/2009

CON No.: 04-0429

Approved costs: \$61,528,842

Project Description: To construct new addition and replace existing hospital beds into new construction.

Applicant Name: Ingham Regional Medical

Approved Date: 05/05/2005

Operational Date: 08/06/2007

CON No.: 04-0346

Approved costs: \$57,127,257

Project Description: To construct new addition, replace surgical services and existing hospital beds into new construction, add one (1) cardiac catheterization laboratory and make a covered capital expenditure [Note: Cath lab was not installed as part of this project].

Applicant Name: Mercy Memorial Hospital

Approved Date: 05/04/2006

Operational Date: 07/20/2009

CON No.: 05-0481

Approved costs: \$33,100,658

Project Description: To construct new addition, replace six (6) existing operating rooms and 18 hospital beds and make a covered capital expenditure.

Applicant Name: Henry Ford Hospital

Approved Date: 08/29/2006

Operational Date: 07/15/2009

CON No.: 06-0074

Approved costs: \$76,665,128

Project Description: To replace existing hospital beds into new construction and make a covered capital expenditure.

Applicant Name: Providence Hospital

Approved Date: 09/08/2009

Operational Date: 10/12/2009

CON No.: 09-0097

Approved costs: \$0

Project Description: To make a change in the bed capacity by adding 21 existing hospital beds to be relocated from St John Macomb-Oakland Hospital-Oakland Center

Applicant Name: McLaren Regional Medical

Approved Date: 05/22/2009

Operational Date: 11/09/2009

CON No.: 08-0433

Approved costs: \$3,525,755

Project Description: To replace 12 licensed rehab beds and 13 licensed medical/surgical beds into renovated space and make a covered capital expenditure.

Applicant Name: Munson Medical Center

Approved Date: 02/27/2009

Operational Date: 11/17/2009

CON No.: 08-0375

Approved costs: \$5,362,668

Project Description: To replace 29 existing hospital beds on 7th floor existing shelled space and make a covered capital expenditure.

Applicant Name: William Beaumont Hospital

Approved Date: 07/13/2009

Operational Date: 12/16/2009

CON No.: 09-0111

Approved costs: \$69,340,912

Project Description: To convert the newly constructed East Campus Ambulatory Care Center (ACC) as new hospital space and make a covered capital expenditure.

Applicant Name: Hutzel Women's Hospital

Approved Date: 09/18/2009

Operational Date: 05/05/2010

CON No.: 09-0092

Approved costs: \$0

Project Description: To make a change in the bed capacity by adding 36 existing hospital beds relocated from Harper University Hospital.

Applicant Name: Henry Ford Wyandotte

Approved Date: 12/12/2008

Operational Date: 08/01/2010

CON No.: 08-0298

Approved costs: \$343,000

Project Description: To relocate all 50 licensed hospital beds from Riverside Osteopathic Hospital to Henry Ford Wyandotte Hospital within subarea 1C [NOTE: 22 beds to HF Wyandotte, 28 beds to HF Macomb (per HFES HF Macomb does not have room for the beds)].