

Constantino, Mike

From: Jackson, Sara [SJackson@silvercross.org]
Sent: Wednesday, June 16, 2010 9:38 AM
To: Constantino, Mike
Cc: Colby, Ruth
Subject: RE: 10-020

Here is information for the outstanding questions you had for us.

2. The charity care charges you requested are included in the table below . . .

CHARITY CARE			
	2007	2008	2009
Net Patient Revenue	\$208,041,000	\$223,141,000	\$227,744,000
Amount of Charity Care (charges)	\$8,762,000	\$19,570,000	\$24,370,000
Cost of Charity Care	\$2,743,000	\$6,290,000	\$7,459,000

4. The projected cost for each alternative is in the following table . . .

ALTERNATIVE	
Alternative 1 – Keep 14-Station Facility (Silver Cross Renal Center-East) on Existing Campus and Expand Silver Cross Renal Center-West	\$0 immediate capital relocation costs due (future costs not e
Alternative 2 – Discontinue the Existing 14-Station Facility (Silver Cross Renal Center-East) and Use Other Providers	No cost estimated
Alternative 3 – Downsize Silver Cross Renal Center-East to 6 Stations at the Existing Location, Relocate Remaining 8 Stations and Add 11 Stations at the Replacement Hospital Campus in New Lenox	Estimated incremental costs of the proposed incremental opera
Alternative 4 – Relocate the Existing 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand at a Later Date	Estimated minimum which includes a 4 proposed project.
Alternative 5 – Relocate the 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand by More than 5 Stations	Estimated incremental station above cost
Alternative 6 – Relocate the 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand by 5 Stations	Estimated project

Let me know if this works! Thanks for your help Mike . . .

From: Constantino, Mike [mailto:Mike.Constantino@Illinois.gov]
Sent: Monday, June 14, 2010 2:35 PM

To: Jackson, Sara
 Subject: 10-020

Hi Sara:

I need some help on this application for permit.

1. Do you have closure plan for the dialysis facility? I just need a narrative; if one has not been developed or is part of the closure plan of the hospital just state that.
2. I am going to have to these tables completed as is for the hospital.

CHARITY CARE			
	2007	2008	2009
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care	\$2,743,000	\$6,290,000	\$7,459,000

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient	3,281	3,260	2,849
Outpatient	12,045	27,394	29,891
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

3. What is the facility's quality measures for past three years?
4. I need the projected cost for each alternative. If there is no cost for an alternative just say that.

I need this information by the end of the week if that is at all possible. If you like I can go through this over the phone. Thanks Sara.

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PLEASE NOTE MY EMAIL ADDRESS HAS BEEN CHANGED TO
MIKE.CONSTANTINO@ILLINOIS.GOV