

Constantino, Mike

Subject: RE: 17-049 - Northgrove Dialysis

From: Anne Cooper [mailto:ACooper@Polsinelli.com]
Sent: Monday, January 08, 2018 3:34 PM
To: Constantino, Mike; Kara Friedman
Subject: [External] RE: 17-049 - Northgrove Dialysis

Mike,

As you know, HSHS Medical Group has committed to provide referrals of dialysis patients for Northgrove Dialysis. HSHS Medical Group is a multi-specialty medical practice with locations throughout central Illinois and the Metroeast. Until recently, HSHS did not have an employed nephrologist. When a HSHS physician had a patient for whom kidney failure was imminent, they would refer those patients to nephrologists within the community. As a result, HSHS has no historical ESRD patient referral data. As noted, HSHS currently employs one nephrologist, Dr. Assioun Bassim, who will be eligible for privileges at Northgrove Dialysis and will refer HSHS ESRD patients residing in Highland and the surrounding communities to Northgrove Dialysis.

Please let me know if you have any questions or need any additional information on Northgrove Dialysis.

Thanks

Anne

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From: Constantino, Mike [mailto:Mike.Constantino@Illinois.gov]
Sent: Friday, January 05, 2018 1:27 PM
To: Kara Friedman; Anne Cooper
Subject: 17-049 - Northgrove Dialysis

Ladies:

I cannot find the historical information for this application that should accompany the physician referral letter.

B) Projected Referrals

The applicant shall provide physician referral letters that attest to:

- i) The physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter;
- ii) The number of new patients (by facility and zip code of residence) located in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year;
- iii) An estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer

annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

- iv) An estimated number of existing patients who are not expected to continue requiring in-center hemodialysis services due to a change in health status (e.g., the patients received kidney transplants or expired);
- v) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;
- vi) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services; and
- vii) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.

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