

July 25, 2024

VIA E-MAIL

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Response to State Board Staff Report, Project #23-034, North Suburban Pain and Spine Center

We represent the Applicant, North Suburban Pain and Spine Center, LLC in regard to Certificate of Need Project #23-043. The purpose of this letter is to respond to the State Board Staff findings in the recently issued State Board Staff Report ("SBSR") pursuant to 77 Ill. Admin. Code 1130.635. The SBSR contains multiple references to the facility's historical payor mix, projected payor mix, as well as transcript from the Applicant's appearance before the Board where the facility's enrollment in the Illinois Medicaid program and commitment to charity care were questioned.

On May 9, 2024, at the Board meeting, the Applicant appeared before the Board and after addressing several of the member's questions, the Applicant sought a deferral which was granted by the Board. During the appearance before the Board, a question was raised regarding whether or not the facility was in fact enrolled in the State of Illinois Medicaid program and which Managed Care Organizations the facility was either currently contracted with or seeking agreements with. The Applicants are therefore providing the following information as reference and confirmation for the Board regarding these questions.

The facility enrolled with the Illinois Medicaid program through the IMPACT system and any patient with Illinois Medicaid as their insurance provider can receive services at the facility. As proof, we are enclosing a copy of the confirmation of enrollment in the program. The Applicant was also asked during their appearance before the Board about which Medicaid Managed Care Organizations it was contracted with or seeking agreements with. At this time the facility has sought and is engaged in negotiations with the following Managed Care Organizations: Meridian, Blue Cross Blue Shield, and CountyCare.

The Applicant was asked by a Board Member about what role they are taking to meet the projected number of charitable care cases at the facility. As was discussed in both the application and at the hearing, the facility maintains an open staff policy and procedures performed at the facility are referred by surgeons who are either independent, affiliated with a hospital, or part of a

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physician group. These surgeons drive referrals to the facility and in an effort to meet the projected numbers referenced in the SBSR and during the Applicant's appearance before the Board, a communication was sent to all credentialed surgeons that the facility is able to accept both Illinois Medicaid patients and to remind them of the facility's charitable care policy.

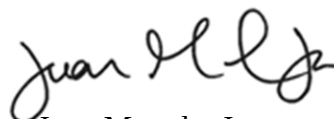
The Applicant has every intention to strive to meet the projections outlined in their CON application and have concrete action to encourage all surgeons utilizing the facility to help them in that endeavor. The Facility's charitable care policy is available for all patients who may have issues paying the fees associated with having a surgical procedure performed in an ASTC. The Applicants are including a copy of that charitable care policy for both staff and the Board's review as well as the communication referenced above that was sent to surgeons credentialed at the facility.

Finally, the SBSR includes a reference to Northwest Community Foot and Ankle, an ASTC that has recently filed a Certificate of Need application to discontinue their operations. This facility's discontinuation would remove 3 operating rooms out of the geographic service area and discontinue a facility that is performing podiatric procedures. We would request that the facility's proposed discontinuation be noted in the SBSR as there would be no negative impact to the facility from the pending application before the Board. If approved Project #23-043 will not only meet the need of its current patients and surgeons but can also fill in the gap left behind from Northwest Community Foot and Ankle's discontinuation.

If you have any questions or need any additional information regarding the project or this response, please feel free to contact me at 312-212-4967.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

A handwritten signature in black ink, appearing to read "Juan Morado, Jr.", enclosed within a thin black rectangular border.

Juan Morado, Jr.

JM:

Enclosures

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MEDICAID SYSTEM (MMIS)
PROVIDER SUBSYSTEM
REPORT ID: A2741KD1
SEQUENCE: PROVIDER TYPE
PROVIDER NAME

STATE OF ILLINOIS
HEALTHCARE AND FAMILY SERVICES
PROVIDER INFORMATION SHEET

RUN DATE: 07/06/24
RUN TIME: 18:20:28
MAINT DATE: 07/06/24
PAGE: 17007

--PROVIDER KEY-- PROVIDER NAME AND ADDRESS PROVIDER TYPE: 046 - AMB SURG CTR
824454412001 NORTH SUBURBAN PAIN & SPINE ORGANIZATION TYPE: 03 - CORPORATION
9700 E GOLF RD ENROLLMENT STATUS: B - ACTV NOCST BEGIN 05/31/24 END ACTIVE
DES PLAINES IL 60016-1566 EXCEPTION INDICATOR - NO EXCEPT BEGIN END AGR: YES BILL: NONE
PROVIDER GENDER: CERTIFIC/LICENSE NUM - 7003236 ENDING 05/24/25 UPIN #:
COUNTY 200-COOK LAST TRANSACTION MI AS-OF 07/03/24 S.S. #: XXXXX
D.E.A. #: CLIA #:
RE-ENROLLMENT INDICATOR: M DATE: 03/01/2029

HEALTHY KIDS/HEALTHY MOMS INFORMATION: BEGIN DATE: / /

INSTITUTION INFORMATION: FISCAL YEAR END: 12/31/24
COS ELIGIBILITY CATEGORY OF SERVICE ELIG BEG DATE COS ELIGIBILITY CATEGORY OF SERVICE ELIG BEG DATE TERMINATION
001 PHYSICIANS SERVICES 07/03/24 024 OUTPATIENT SERVICES (GENERAL) 07/03/24 REASON
PAYEE
CODE PAYEE NAME PAYEE STREET PAYEE CITY STATE ZIP PAYEE ID NUMBER EFF DATE
1 NORTH SUBURBAN PAIN & SPINE 9700 E GOLF RD DES PLAINES IL 60016 824454412-60016-01 05/31/24
DBA: NORTH SUBURBAN PAIN & SPINE TIN #: 01

*** NPI NUMBERS REGISTERED FOR THIS HFS PROVIDER ARE:
1770114290

*** ATTENTION: PROVIDERS SHOULD CONTACT IMPACT.HELP@ILLINOIS.GOV WITH ANY QUESTIONS

NORTH SUBURBAN PAIN AND SPINE CENTER, LLC

9700 W. Golf Road.
Des Plaines, IL 60016

July 1, 2024

Via E-mail

Re: Medicaid Update

Dear Medical Staff and Friends:

We are pleased to inform you that North Suburban Pain and Spine Center has been accepted into the Illinois Medicaid program. This will allow us to expand the scope of our services to provide access to our facility to eligible Medicaid patients.

Please let us know if you have eligible Medicaid patients for whom you would like to schedule surgery at NSPS' facility.

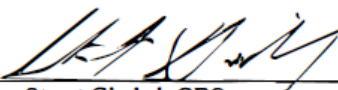
In addition, it is our hope and intention to join appropriate Managed Care Organizations (MCO's) with whom our medical staff members are affiliated, in order to offer our services to Medicaid patients who are serviced by such Managed Care plans. We are in the process of applying to Meridian Health's and Blue Cross and Blue Shield's MCO's, as well as CountyCare. However, let us know if there are other MCO's which you would like NSPS to get credentialed with.

Finally, as part of our broader mission, NSPS would remind you of its charity care program (see attached). Please let us know if you have patients in need of surgical care who might be eligible to participate in our charity care program.

We look forward to not only continuing to provide outstanding, state-of-the-art surgical facilities and services, but also working to make access to such care available to needy or otherwise underserved patients.

Very truly yours,

North Suburban Pain and Spine Center, LLC

By: 
Stuart Gimbel, CEO

cc: Cynthia Gurgone

Clinical Policies and Procedures Manual

SECTION: PC/ Charitable Assistance Program
TITLE:
PAGE: 1 of 1
EFFECTIVE DATE: July 1, 2023
REVISION DATE: N/A

PHILOSOPHY

North Suburban Pain and Spine Center (NSPS) participates in the provision of charitable assistance by making care available to Medicaid patients as well as patients whose care may be funded through charitable discounts. All patients are treated with respect and dignity regardless of their ability to pay for medical care.

PURPOSE

This policy establishes guidelines for providing charitable assistance to patients. Charitable assistance includes the provision of care to those who are typically underserved, such as Medicaid patients, as well as the provision of discounted care to patients who meet the criteria for financial assistance as set forth in this policy.

REQUIREMENT

NSPS is committed to providing a charitable assistance to qualifying patients in appropriate cases. Medical staff is encouraged to bring appropriate charitable assistance cases to NSPS for evaluation and approval pursuant to NSPS' charitable assistance program.

PROCESS

1. Financial needs will be determined by reviewing information submitted by the patient as part of an application process. A patient requesting financial assistance should request an application from NSPS thirty (30) days prior to the scheduled date of service. Applicants must return a signed application with the following documents within fifteen (15) days of the proposed date of service, which NSPS will review and make an approval decision upon at least seven (7) days prior to the proposed procedure:

- If employed, last two month's pay stubs
- Unemployment checks/compensation papers/Social Security checks.
- Most recent income tax return, including W-2s for the past two (2) years.
- Information on any other possible forms of payment
- A completed Financial Assessment Form

2. Each situation is reviewed independently, and consideration is given to any extenuating circumstances.
3. A patient is eligible to receive a full discount (100% of billed charges) if he or she can demonstrate family income at or below 100% of the Federal Poverty Income Guidelines.
4. A patient is eligible for a partial discount – to the extent set forth below - if he or she can demonstrate family income greater than 100% but less than or equal to 300% of the Federal Poverty Income Guidelines.

Federal Poverty Income Guidelines	Discount off Billed Charges
< 100%	100%
101% - 200%	75%
201% - 300%	50%
Does not meet income guidelines	None

5. Discounts will be given only after all possible forms of potential payment have been exhausted, including application for Public Aid.
6. Discounts will be given only for cases involving medically necessary care.
7. The Medical Staff Advisory Board shall administer this Policy. All applications will be reviewed and approved by the Medical Staff Advisory Board.
8. Adoption or amendment of this Policy requires consent from the Board of Managers.
9. This Policy shall be communicated to all patients seeking financial assistance as part of their registration process.

NORTH SUBURBAN PAIN AND SPINE CENTER
9700 W. Golf Road
Des Plaines, IL 60016

Dear Patient:

Thank you for choosing North Suburban Pain and Spine Center, LLC (NSPS) for your healthcare needs. We are committed to improving the health and well being of everyone in our community. To that end, we are pleased to offer our financial assistance and charity care program to help individuals and families who need assistance.

Enclosed is our Financial Assessment form. Please return the completed form with the requested documents within thirty (30) days of the date you are scheduled to receive service from NSPS. If you have questions about the documents or do not have all the documents, please contact the Financial Assistance Counselor at the phone number below. They will gladly assist you.

Documents Requested for Determination of Eligibility for Financial Assistance

(Please provide documents from each category as applicable.)

Photo ID/Proof of Identification (one document required)

- Current Driver's License or State ID card
- Current Student ID or Employee ID card
- Current Passport
- Current Permanent Resident Card (Green Card) or Matricula Consular

Proof of Income (for each household member, provide all documents that exist and/or apply)

- Pay stubs/proof of tips for past two (2) months
- If self-employed, business records showing income, expenses, liabilities and assets for the past 2 months
- Copies of checks or award letters from unemployment, Social Security, or Veterans Administration
- Copies of checks for spousal or child support
- Proof of other income (for example, interest income, pension, rental income)
- Copy of income tax return from the past two (2) filing periods

Disclosure of Assets (for each household member, provide all documents that apply)

- Current statement from Checking and Savings Account(s), Certificate(s) of Deposit, Money Market Fund, Trust Fund or Brokerage Statement

Please submit the requested documents to NSPS' financial assistance counselor. NSPS shall treat any request for financial assistance and all documents provided therewith as strictly confidential, shall not disclose such information to any third party without the patient's express consent; and shall use such information solely for the purpose of determining whether the patient is eligible for discounted pricing pursuant to NSPS' Charitable Assistance Policy. Determinations of Eligibility for Financial Assistance are made within thirty (30) days after receiving all requested documents.

Completion of this form is not a guarantee of eligibility for Financial Assistance, or any other program. Financial Assistance is only considered after all possible sources of potential payment (for example, health insurance, Medicare, Medicaid, liability insurance) have been exhausted. Failure to provide all requested documents will result in non-approval.

If you have any questions, please call:

Name

Phone Number

Thank you,

Financial Assistance Counselor

Date: _____

Application # _____

NORTH SUBURBAN PAIN AND SPINE CENTER
9700 W. Golf Road
Des Plaines, IL 60016

FINANCIAL ASSESSMENT FORM

Patient's Name: _____

Applicant's First Relationship
Last Name: _____ Name: _____ M.I. _____ To Patient: _____

DETERMINATION OF HOUSEHOLD SIZE

(Please include names and relationship to applicant of all dependents claimed on most recent income tax filing and household members living in the applicant's home.)

Spouse: _____ Rel: _____ Household Member: _____ Rel: _____
Household Member: _____ Rel: _____ Household Member: _____ Rel: _____
Household Member: _____ Rel: _____ Household Member: _____ Rel: _____

DISCLOSURE OF INCOME AND ASSETS

(Please complete each line that applies to you and your household members.)

Applicant's Income Information (please provide for each employer)

Employer Name: _____ Phone: _____

Address: _____ Length of Employment: _____

Gross Income \$ _____

Circle One: Wkly Bi-wkly Monthly

Spouse's Income Information (please provide for each employer)

Employer Name: _____ Phone: _____

Address: _____ Length of Employment: _____

Gross Income \$ _____

Circle One: Wkly Bi-wkly Monthly

Household Member's Income Information (please provide for each employer)

Employer Name: _____ Phone: _____

Address: _____ Length of Employment: _____

Gross Income \$ _____

Circle One: Wkly Bi-wkly Monthly

Income – Other Sources:

Child Support \$ _____

Pension Plan \$ _____

Interest Payments \$ _____

Other \$ _____

Bank/Savings & Loan Account Balances

Checking Account \$ _____

Savings Account \$ _____

Checking Account \$ _____

Savings Account \$ _____

IRA/Certificates
Of Deposit \$ _____

Trust Fund Account \$ _____

For Office Use Only

\$ _____ A

\$ _____ B

\$ _____ B

\$ _____ C

IF ALL YOUR INFORMATION DOES NOT FIT ON THIS SHEET, PLEASE COPY THIS SHEET AND PROVIDE THE INFORMATION ON THE COPY.

Sender's Initials and Date

NORTH SUBURBAN PAIN AND SPINE CENTER
9700 W. Golf Road
Des Plaines, IL 60016

DOCUMENT CHECKLIST

(Please provide copies of documents from the lists below.)

Photo ID/Proof of Identification (one document required)

- ☐ Current Driver's License or State ID card
- ☐ Current Student ID or Employee ID card, with photograph
- ☐ Current Passport
- ☐ Current Permanent Resident Card (Green Card)
- ☐ Current Matricula Consular

Proof of Income (provide copies of all documents that exist)

- ☐ Pay stubs/proof of tips for past two (2) months
- ☐ If self-employed, business records including income, expenses, liabilities and assets for the past two (2) months
- ☐ Copies of checks or award letters from unemployment, Social Security, or Veterans Administration
- ☐ Copies of checks for spousal or child support
- ☐ Proof of other income (for example, interest income, pension, rental income)
- ☐ Copy of income tax return from the past two (2) filing periods

Disclosure of Assets (provide all documents that apply)

- ☐ Current statement from Checking and Savings Account(s), Certificate(s) of Deposit, Money Market Fund, Trust Fund or Brokerage Statement

I understand that qualifying for financial assistance is based on Belmont/Harlem Surgery Center, LLC's ability to verify the information I have provided. I hereby certify, by signing below, that the information and documentation provided by me is complete and accurate to the best of my knowledge.

Applicant's Signature Date

Spouse's Signature Date

Applicant's Social Security Number

Spouse's Social Security Number

Address

City

State Zip Code

Primary Telephone Number

____ Application Mailed to Patient ____ Application Hand Delivered to Patient ____ Application Completed Over Phone

Date Logged: ____/____/____

Logged by: _____

NORTH SUBURBAN PAIN AND SPINE CENTER
9700 W. Golf Road
Des Plaines, IL 60016

DETERMINATION

Account #: _____ Account Balance: \$ _____

Determination Date: _____ Application Number: _____

Dear _____,

You provided us with a Financial Assessment Application for us to assess your income and family size, to determine whether you qualify for Financial Assistance. The final determination is:

___ **Approved.** Based upon the information provided, the determination has been made that you are eligible to receive a discount of _____%. This document will be applied to all charges for scheduled services and/or current open account balances at North Suburban Pain and Spine Center, LLC and will remain valid for six (6) months from the date of determination above. You must present this letter when registering for future services, in order to have your discount applied promptly. Any open balances after application of the discount amount remain your responsibility and will be subject to North Suburban Pain and Spine Center, LLC's follow up protocols. This discount does not apply to fees for physician services that may be billed to you separately.

Eligible Household Members:

_____	_____
_____	_____
_____	_____
_____	_____

___ **Not Approved.** Based upon the information provided, you are not eligible for Financial Assistance at this time for the reason(s) marked below.

- ☐ Family / Household Income Exceeds Guidelines
☐ Services Not Medically Necessary

___ **Undetermined.** Applicant's failure to complete the Financial Assessment Application and/or provide all the documents requested does not permit us to make a determination at this time. The application is closed.

If you have any questions regarding this determination, or if you believe this determination is incorrect, please contact the Financial Assistance Counselor listed below.

Sincerely,

Financial Assistance Counselor

Telephone Number

Date Logged: ____/____/____

Logged by: _____