

**Constantino, Mike**

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**From:** Constantino, Mike  
**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.

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

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

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**  
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