

Constantino, Mike

From: Jackson, Sara [SJackson@silvercross.org]
Sent: Tuesday, June 15, 2010 12:31 PM
To: Constantino, Mike
Subject: RE: 10-020

Here is the quality data (this is for our fiscal years – the most recent data is partial year through May 2010).

Will this work?

		FY08 (Oct to Sep)	FY09 (Oct to Sep)	FY10 (Oct to May)
Treatment Adequacy	%KT/V >= 1.2	95.8%	97.3%	98.0%
Urea Reduction	% URR >= 65%	87.4%	85.4%	86.7%

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			

Safety Net Information per PA 96-0031			
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
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