ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)
PROJECT HEARING REPORT

Applicant: Chicago Surgical Clinic LTD
Project Number: 12-076
Hearing Date: Thursday, October 11, 2012
Location: 33 Arlington Heights Road Arlington Heights, Illinois
Time: 10:00 AM - 1:00 PM

Hearing Officer:
Staff Support: Courtney Avery, Administrator
HFSRB Representative: James Burden M.D., Board Member

Hearing Requested by: Chicago Surgical Center LTD

The following summarizes the attendance figures:

Oral/Written Presentations:
Support: 16
Oppose: 3

Registered Attendance Only
Support: 6
Oppose: 2
Neutral: 0

Total individuals registered: 27

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) ALEXANDER ETMAN

Address 1703 Violet Ct

City Highland Park State IL Zip 60035

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SVET Russian Media Group

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) SCOTT SLOWIK

Address 229 S. SALEM DR

City SCHAUMBURG State IL Zip 60193

Signature Scott Slowik

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CHICAGO SURGICAL CLINIC

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Julie YAROSH

Address 6143 Lincoln Ave, Unit C

City Morton Grove State IL Zip 60053

Signature [illegible]

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) ROBERT KIRK

Address 1100 LANDMEIER

City Arlington Hts State ILLINOIS Zip 60007

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Dr. YELENA LEVITIN

Address 3653 Oak Ave

City Northbrook State IL Zip

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Chicago Surgical Clinic

Dr. YELENA LEVITIN

III. Testimony (*please circle*)

Oral Written

10/11/12

(5)

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Lev ELTERMAN, M.D.

Address 1442 N. Wieland St

City CHICAGO State IL Zip 60610

Signature [signature]

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

1) Chicago Association of Russian-Speaking Physicians

2) ELTERMAN CENTER FOR WOMEN'S AND MEN'S Health

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Dr Sam AKMakjian

Address 4160 Rte 83

City Long Grove State IL Zip 60047

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Dentist / ORAL Surgery

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) M. L. ISHAK

Address 121 S. Wilke Rd Ste 110

City AH State IL Zip 60010

Signature M. L. Ishak

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self in support of chicago surgical

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) ARTURAS SIGAJEVAS

Address 181 OLD OAK CT WEST

City Buffalo GROVE State IL Zip 60089

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MYSELF, PATIENT, IN SUPPORT OF CHICAGO SURGICAL CLINIC

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Kristina Stelmakh

Address 758 Hastings ct

City Wheeling State IL Zip 60090

Signature [illegible]

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Myself (patient) Support of Chicago Surgical

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) IRENE SALAS

Address 4143 PICARDY CR.

City Northbrook State IL Zip 60062

Signature Irene Salas

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of ony group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Patient

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Jane Shekrian

Address ~~554 3400 Dundee~~ 556 Greenwood Rd

City Northbrook State IL Zip 60062

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

LifeCare Home Health Services

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) CHRISTIANA SYMEONIDES

Address 1100 LANDMEIER RD, SUITE 202

City ELK GROVE VILLAGE State IL Zip 60007

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

GROUP A ARCHITECTURE

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Emily Etman

Address 1703 Violet ct

City Highland Park State _____ Zip 60035

Signature _____

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Svet Russian Media since 1991

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Loneta JANUSKIS

Address 305 W IVY Lane

City Arlington Hts State IL Zip 60004

Signature L. Januskis

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Chicago Surgical Clinic LTD

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) HOWARD CARROLL

Address 7250 N. CICERO AVE

City LINCOLNWOOD State IL Zip 60712

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) CHICAGO SURGICAL CENTER

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) ROXANNE M. MATIAS

Address 675 W KIRCHOFF

City ARLINGTON HTS State IL Zip 60005

Signature [signature]

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

NORTHWEST COMMUNITY HEALTHCARE – DAY SURGERY CENTER

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) DALE BEATTY

Address 800 W. Central Rd

City Arlington Heights State IL Zip 60005

Signature Dale Beatty

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Northwest Community Hospital

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) NICOLETTE CORTH - PRESENCE HEALTH

Address 7447 TALCOTT AVE

City CHICAGO State IL Zip 60631

Signature Nicolette Corth

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

PRESENCE HEALTH

III. Testimony (*please circle*)

Oral Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) SAM D. REYNISH

Address 3653 OAK AVE

City NORTHBROOK State IL Zip 60062

Signature Sam D. R

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) ANATOLIY YAROSHEVICH

Address 6143 Lincoln ave, unit C

City Morton Grove State IL Zip 60053

Signature [illegible]

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) DIANA CHERIKOVER

Address 9529 BRONX PL, #414

City SKOKIE State IL Zip 60077

Signature

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Sofiya Rabinsky

Address 9074 TERRACE DR # 3F

City NILES State IL Zip

Signature Sofiya Rabin

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Alinna Zaydlin

Address 9375 Hamilton ct apt C

City Des Plaines State IL Zip 60016

Signature Alinna Zaydlin

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) GARY SIROTKIN

Address P.O. BOX 578

City MORTON GROVE State IL Zip 60053

Signature [illegible]

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Palak Desai

Address 7447 W. Talcott Ave

City Chicago State IL Zip 60631

Signature

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Chicago Surgical Clinic, Ltd.

Project Number: 12-076

I. IDENTIFICATION

Name (*Please Print*) Shawn Albritton

Address 7447 W. Talcott Ave

City Chicago State IL Zip 60626

Signature

II. Position (*Circle Appropriate Choice*)

Support Oppose Written

10/11/12

October 11, 2012

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St.
Springfield, IL 62761

Re: Letter of Support for Chicago Surgical Clinic, Ltd. at 129 W. Rand Rd., Arlington Heights, IL Project No. 12-076

Dear Ms. Avery:

By this letter, we, the undersigned physicians, are indicating our full support of Chicago Surgical Clinic, Ltd. at 129 W. Rand Road in Arlington Heights, Illinois. This facility is a much-needed asset in an area that is currently underserved in providing affordable, outpatient surgical options to the community and its residents.

PRINTED NAME	SIGNATURE	TELEPHONE
T. Shevelev, DO		847.419.1900
Northwest ObGyn Consulting Dr. Taiya Shevelev		
201 East Strong Ave., Suite 9 Wheeling, IL 60090		

Subscribed and sworn to before me this _____ day of _____, 2012.

_____
Notary Public

October 11, 2012

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St.
Springfield, IL 62761

Re: Letter of Support for Chicago Surgical Clinic, Ltd. at 129 W. Rand Rd., Arlington Heights, IL Project No. 12-076

Dear Ms. Avery:

By this letter, we, the undersigned physicians, are indicating our full support of Chicago Surgical Clinic, Ltd. at 129 W. Rand Road in Arlington Heights, Illinois. This facility is a much-needed asset in an area that is currently underserved in providing affordable, outpatient surgical options to the community and its residents.

PRINTED NAME	SIGNATURE	TELEPHONE
Dr. Veronika Kroin		847-215-5222
Dr. Boris Lelchuk		847-215-5222
Dr. Tatiana Scolin		847-215-5222
CHILDREN'S HEALTH CARE, LTD.		
Drs. V. Kroin, B. Lelchuk, T. Scolin 201 E. Strong St., Suite 6 Wheeling, IL 60090		
Tel 847-215-5222 / Fax 847-215-5142		

Subscribed and sworn to before me this _____ day of _____, 2012.

_____

Notary Public

Milena Jguenti M.D.

1247 Milwaukee Ave, Suite 100
Glenview, IL 60025
Phone: (847) 827-3700 Fax: (847) 827-3733

October 10, 2012

To the Illinois Health Facilities and Services Review Board (IHFSRB)

In my medical practice I have many patients who are uninsured or underinsured as well as have full insurance. When a patient needs certain types of surgical procedures I generally refer them to Dr. Yelena Levitin MD and her partners since they are so effective and their charges are always reasonable. That is not the same for the hospitals in the area who so overcharge for the use of their facilities that my patients complain they can't afford going there. Some actually have put off needed procedures because of the cost.
With this surgical center they will have the ability to have outpatient procedures at a cost they can afford and therefore be healthier as a result.

Sincerely,

Dr. Milena Jguenti

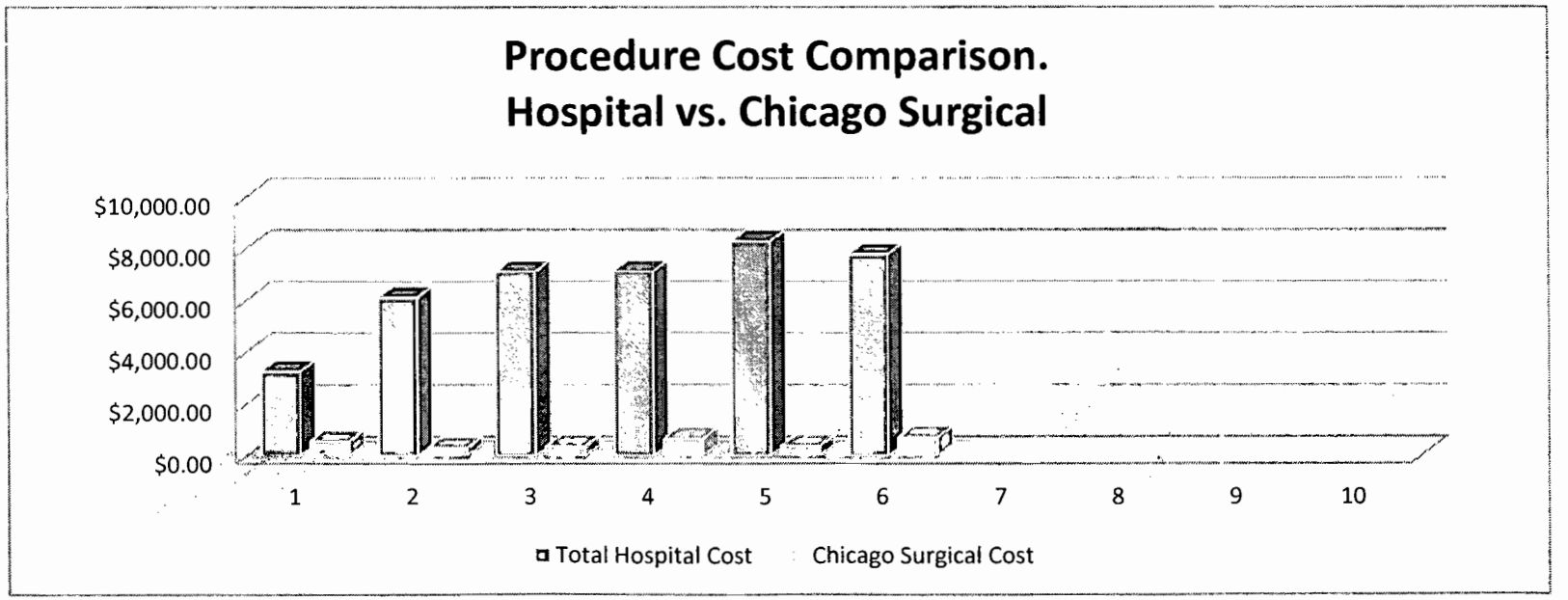
Patient Cost Comparison
Hospital vs. Chicago Surgical

Submitted by
Julie Yarosh

Line #	Patient	Procedure Code	Procedure Name	NorthShore University Health System*	Estimated Doctor's Services	Total Hospital Cost	Chicago Surgical Cost	Patient Savings
1	Julie Y.	CPT 10022	Ultrasound guided thyroid biopsy	$3,000.27	$250.00	$3,250.27	$550.00	**$2,700.27**
2	Julie Y.	CPT 11402	Arm lesion excision	$5,867.79	$250.00	$6,117.79	$300.00	**$5,817.79**
3	Anatoly Y.	CPT 11442	Face lesion excision	$6,761.62	$350.00	$7,111.62	$350.00	**$6,761.62**
4	PT1	CPT 19103	Vacuum assited breast biopsy with immage guidance	$6,567.30	$550.00	$7,117.30	$650.00	**$6,567.30**
5	PT2	CPT 10081	Incision & Drainage of pilonidal cyst	$8,045.22	$250.00	$8,295.22	$350.00	**$6,567.30**
6	PT3	CPT 46260	Hemorrhoidectomy complex	$7,177.00	$600.00	$7,777.00	$700.00	**$7,177.00**

*NOTE 1: NCH prices are higher that NorthShore Unversity. The price of Ultrasound guided thyroid biopsy at NCH is $3,600 plus doctor's fees

*NOTE 2: Price - does not include doctors services as those arevbilled separately



Data Source: NorthShore University Health System Pricing Department

TESTIMONY REGARDING PROJECT #12-026, CHICAGO SURGICAL CLINIC, LTD., ARLINGTON HEIGHTS

October 11, 2012

Good Morning, Ladies and Gentlemen, and ____ (Participating Planning Board Member)_____.

My name is Nicolette Curth, from Presence Health (our new name resulting from the merger of Resurrection Health Care and Provena Health.)

I am here this morning, at the request of three of our hospital CEOs, from Holy Family Medical Center, Resurrection Medical Center and Our Lady of the Resurrection Medical Center, as well as our ambulatory surgery center at Belmont and Harlem, to testify in opposition to the establishment of Chicago Surgical Clinic's proposed new ambulatory surgery center in Arlington Heights.

Presence Health did respond to the request for impact of this proposed ASTC on area surgical facilities, dated June 26, 2012. We responded that the facility WILL negatively impact our surgical volume, based on the current volume of surgery cases Dr. Levitin and her associates currently perform at our hospitals alone, not to mention additional procedures performed by any other surgeons who are recruited to utilize the proposed center. Indeed, the CON application requests a multi-specialty center with surgeons of every specialty except cardiovascular.

Upon reading the CON application another significant concern emerges. On the last page of the application, is a statement labeled Attachment 44, which is supposed to be the chart of amount and cost of charity care. Instead of that chart, the applicant provided the following statement, "The Chicago Surgical Clinic, LTD is an independent for profit surgical center and will not be a part of a charity care organization." Presence Health, on the other hand, does have a very generous charity care policy which includes all of our facilities. In addition, each of the surgeon members of our surgery center is required to perform at least three charity care cases at the center in each credentialing period.

In closing, each of our hospitals, as well as the surgery center has the capacity to perform all of the procedures planned for the proposed new center regardless of the patients' ability to pay. We at Presence Health are concerned that The Chicago Surgical Clinic, LTD will not serve the needs of its community and instead only serve as an additional profit center for its physician owner.

Thank you for your consideration of this important issue.

CHARITY CARE INFORMATION

- The Chicago Surgical Clinic, Ltd. is an independent for profit surgical center and will not be a part of a charity care operation.

ATTACHMENT 44

800 West Central Road
Arlington Heights, IL 60005

847.618.1000
www.nch.org

Illinois Health Facilities & Services Review Board
2nd Floor – 525 West Jefferson Street
Springfield, IL 62761

October 11, 2012

We have requested a hearing on the Chicago Surgical Clinic proposed ATSC at 129 W. Rand Road in Arlington Heights. We believe that after a thorough review that the Health Facilities and Services Review Board will find that this new service, in this location, is not needed and will in fact have a negative effect on Northwest Community Healthcare's (NCH) Day Surgery Center all other area ASTC's.

There are already twelve (12) existing ASTC's in this area to serve all patients in the northwest suburban area. These twelve ASTC's are all located within seventeen (17) miles and seven (7) of these are within fifteen minutes of this proposed new site.

Chicago Surgical physicians currently perform 290 annual procedures at Northwest Community Hospital that equal in $600,000 of annual charges.

NCH's Day Surgery Center currently still has additional capacity at its site and currently has a utilization rate of 60%.

It is also very important we point out that the population in this primary market area in Arlington Heights and in towns to the east is actually decreasing and projected to decrease ⓜ over the next several years.

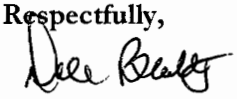
	Population 2010	Population 2015
Primary Service Area	232,106	229,108
Secondary Service Area	109,776	108,724
ⓜ as noted in Dixon, Hughes, Goodman study (attachments)		

Given that the actual service area population is decreasing, it is a reasonable assumption that all Chicago Surgical Clinics volumes will be taken out of the existing facilities that were built to serve the population of this service area.

We also need to importantly point out in the applicants C.O.N. request; on page 103 and 104 that NCH surgical case prices quotes are incorrect. Prices quotes are *not* from NCH's Day Surgery Center, but reflect the costs in the main inpatient surgery center in the hospital.

We respectfully request that the State Health Facilities and Services Review Board, after their review this application, deny approval of this project.

Respectfully,



Dale Beatty
Executive Vice President Hospital Operations

Enclosure
- DHG Population 2010
- DHG Projected Population 2015
- DHG Population Increase 2010-2015
- 09/05/12 Presence Health Letter
- 09/18/12 Crain's Article

CC:
Bruce Crowther, President/CEO
Michael Hartke, Executive Vice President Clinics/Regional Services
Robert Klasek, Vice President Facilities
Roxanne Matias, Director Day Surgery Center

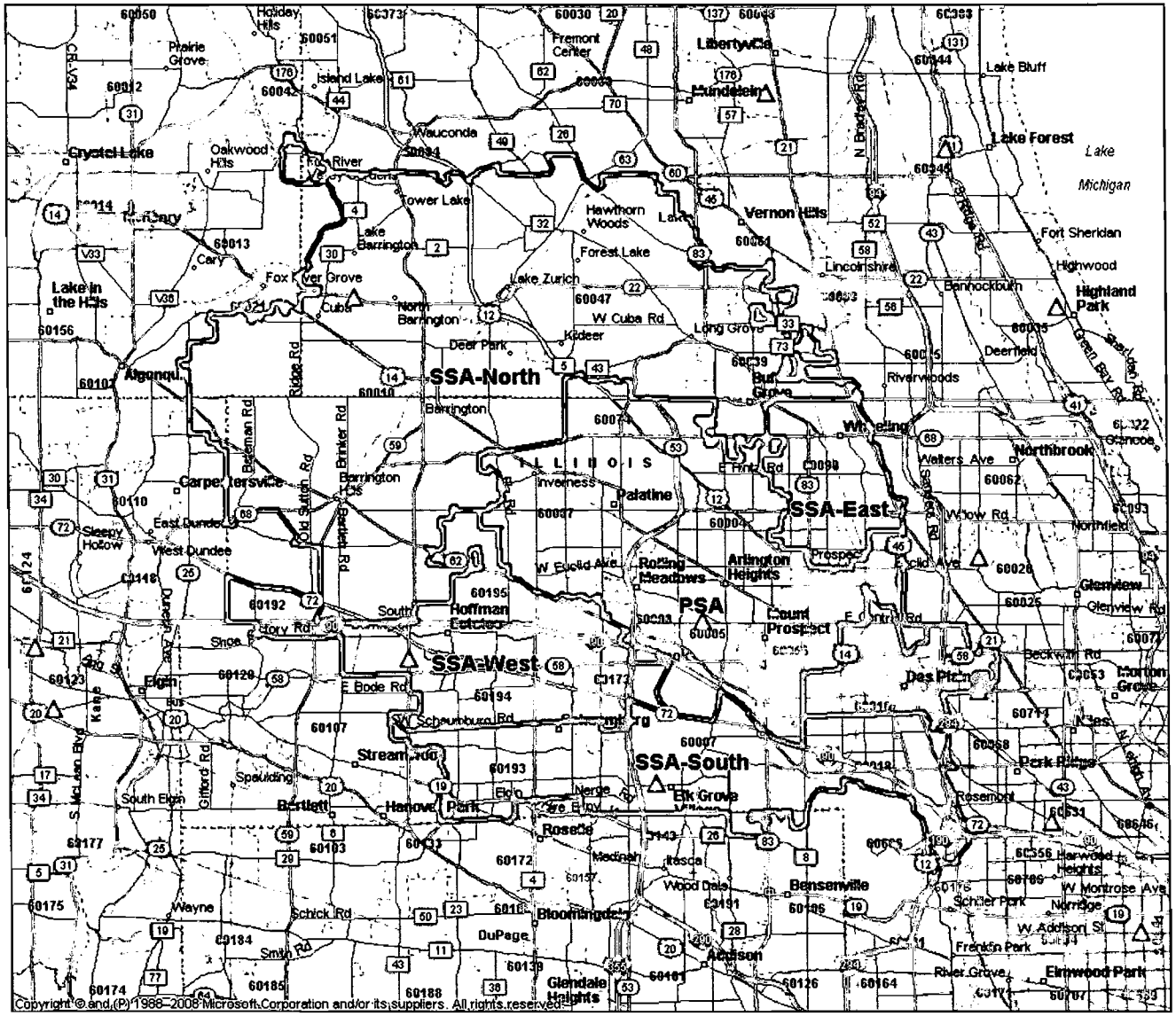
Population 2010

Population 2010 by zip code

- 50,001+
- 25,001 to 50,000
- 10,001 to 25,000
- 5,001 to 10,000
- 1 to 5,000

	Pop 2010
PSA	232,106
SSA-East	109,776
SSA-North	134,055
SSA-South	103,464
SSA-West	87,341
Combined	666,742

△ Acute Care Hospital



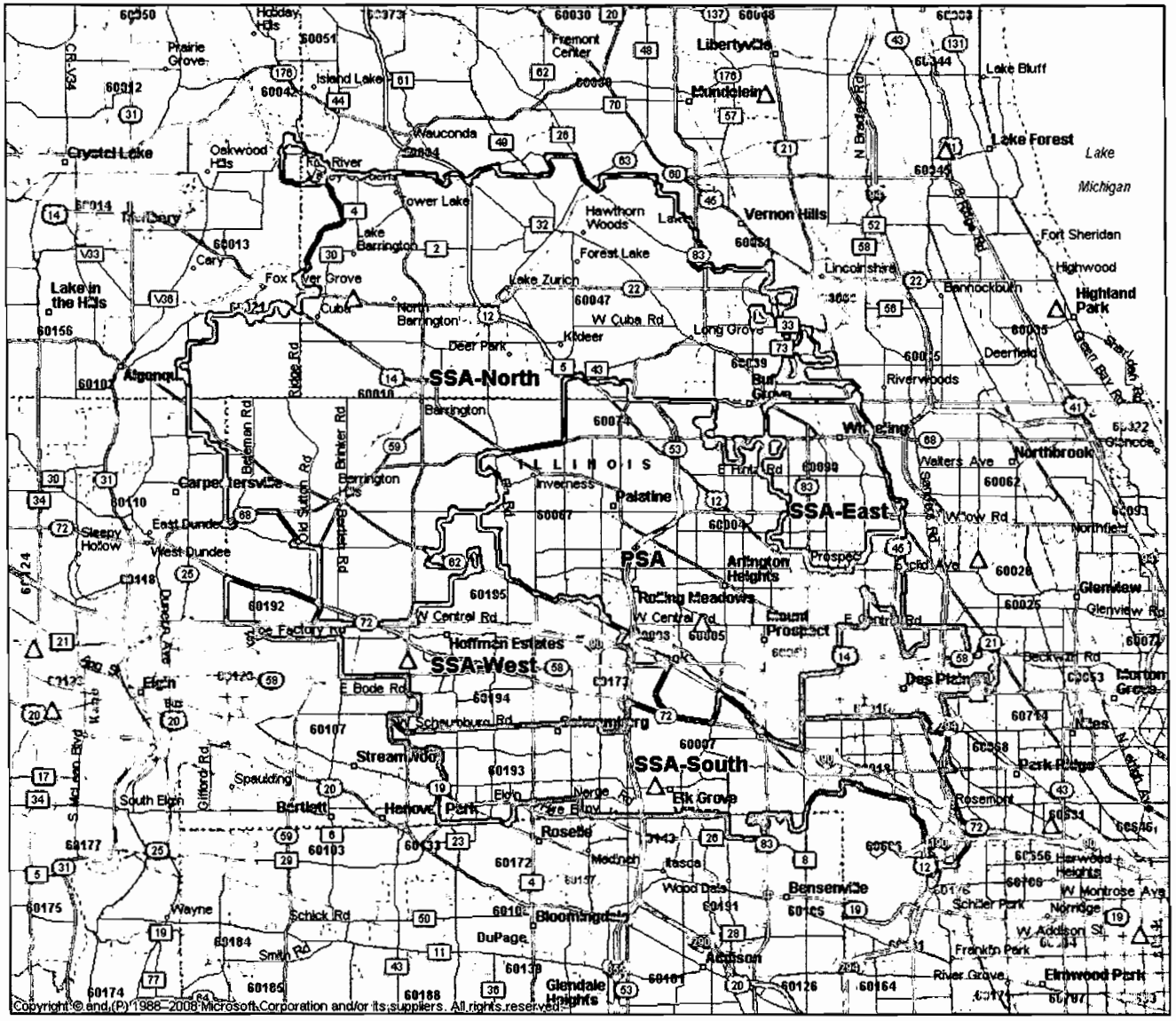
Projected Population 2015

Population 2015 by zip code

- 50,001+
- 25,001 to 50,000
- 10,001 to 25,000
- 5,001 to 10,000
- 1 to 5,000

	Pop 2015
PSA	229,108
SSA-East	108,724
SSA-North	138,782
SSA-South	101,590
SSA-West	87,723
Combined	665,927

△ Acute Care Hospital



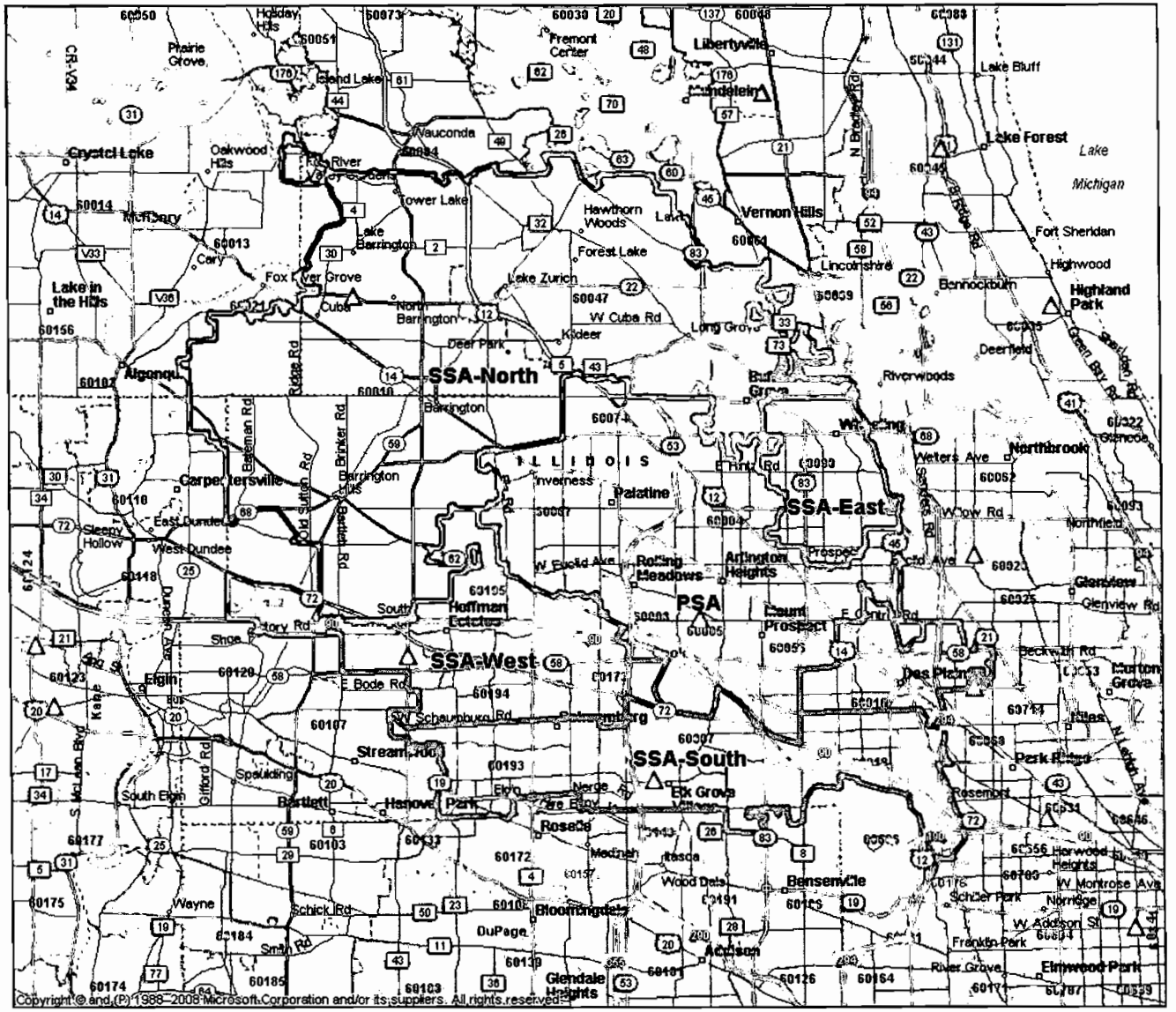
Population Increase 2010-2015

Population Increase
2010-2015 by zip code

- 5,001+
- 2,001 to 5,000
- 1,001 to 2,000
- 501 to 1,000
- 1 to 500
- <1

	Net Growth 2010-2015 Total Pop
PSA	-2,998
SSA-East	-1,052
SSA-North	4,727
SSA-South	-1,874
SSA-West	382
Combined	-815

△ Acute Care Hospital



12-076

now joined as
Presence Health

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SEP 06 2012
HEALTH FACILITIES &
SERVICES REVIEW BOARD

September 5, 2012

SENT VIA FED EX

Mr. Robert W. Kirk, AIA
Representative
Chicago Surgical Clinic, Ltd.
201 E. Strong Street
Wheeling, Il 60090

Dear Mr. Kirk:

Thank you for your letter of June 26, 2012, informing us of your plans to develop a new ASTC at 129 W. Rand Road in Arlington Heights. As you know, the purpose and intent of such letters, according to the rules of the Illinois Health Facilities and Services Review Board, is to determine the impact of new services on existing providers. This response summarizes the potential impact of your project on Presence Health hospitals. After reviewing the surgery and GI lab data at our hospitals, we must conclude that the development of this proposed new ASTC in Arlington Heights would have a significant negative impact on our hospitals.

The physicians of Chicago Surgical Clinic, Ltd. are on the medical staff of three Presence Health hospitals, Holy Family Medical Center, Resurrection Medical Center, and Our Lady of the Resurrection Medical Center. These physicians perform both surgeries and GI lab procedures at each of these hospitals, the vast majority of which are outpatient procedures. All together, these physicians have performed over 1,000 procedures in the last 18 months at these three Presence Health hospitals. The impact is particularly significant at Holy Family Medical Center, where the physicians of Chicago Surgical Clinic, Ltd. represent nearly 20% of the surgery and GI cases performed at the hospital, all of which were outpatient procedures. Indeed, the types of procedures planned to be done at the proposed new ASTC, as listed in your letter, are included in the procedures currently performed at our hospitals. Presence Health hospitals and the Presence Health ambulatory surgery center all have the capacity to perform any and all surgery and GI lab procedures planned to be performed at the proposed new ASTC.

Your letter states that the new ASTC will have minimal impact on existing facilities because the majority of the patients who will be treated at that proposed facility are not currently using the existing facilities in the area. Given the above facts, we do not understand how that statement can be true, especially in the case of Holy Family Medical Center, which is located only 6.8 miles away and 13 minutes from the proposed ASTC.

Sincerely,

Pamela S. Bell, EVP & CEO
Holy Family Medical Center

John Baird, EVP & CEO
Resurrection Medical Center

Martin Judd, EVP & CEO
Our Lady of the Resurrection
Medical Center

cc: Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Il 62761

CRAIN'S CHICAGO BUSINESS. Print Story Printed from ChicagoBusiness.com

Northwest Community fights doctor on surgical center plan

By Andrew L. Wang September 18, 2012

(Crain's) — A surgeon at Northwest Community Hospital wants to open a nearly $4 million outpatient center, where she hopes to compete for patients by offering lower prices and faster service.

Dr. Yelena Levitin's proposed 7,700-square-foot ambulatory surgical treatment center will be located in a medical office building at 129 Rand Road in northwest suburban Arlington Heights, putting it only about four miles from Northwest, according to an application filed with the Illinois Health Facilities and Services Review Board. With two operating suites and six rooms for patient exams, the location would give the veteran surgeon a chance to expand her practice, which had $2.3 million in revenue last year.

Northwest CEO Bruce Crowther opposes Dr. Levitin's proposal, according to a letter submitted to the board, which must approve the proposal.

The project is likely adding a layer of tension to the relationship between Dr. Levitin and the hospital, where she is on the medical staff. In an internal administrative proceeding, the 1995 graduate of Northwestern University's Feinberg School of Medicine is contesting a peer review, sources say.

Hospital bylaws typically govern the relationship between medical institutions and staff doctors, like Dr. Levitin, who are not employees. Those rules usually don't prohibit physicians from competing against the hospitals, said Steven Lewis, a director at Chicago-based accounting firm Ostrow Reisin Berk & Abrams Ltd., who advises physicians on financial matters but is not involved in this matter.

"I don't think there's any situation where (hospitals) are going to be thrilled with it," he said.

Dr. Levitin said she saw an opportunity to open a lower-cost surgery center because she encountered patients who had put off simple procedures due to the high price.

"It would allow me to take care of the patients who would wait to the last minute to get surgery, and to pre-empt bigger health problems," she said.

She declined to speak about the administrative proceeding with Northwest. She also is affiliated with five other hospitals in the Chicago area, including Advocate Condell Medical Center in Libertyville, Our Lady of the Resurrection Medical Center on the Northwest Side and Alexian Brothers Medical Center in Elk Grove Village, state records show.

Dr. Levitin is the sole owner of Chicago Surgical Clinic Ltd., which currently has an office in Wheeling. In support of her application, she includes correspondence from several nearby physicians indicating that they will continue referring patients to Chicago Surgical.

Nearly two dozen procedures, such as endoscopies, lap-band surgeries and biopsies, can be performed more cheaply at the new proposed facility than at Northwest, the application said.

Mr. Crowther's letter said Dr. Levitin is aiming for patients that the hospital has served "for years."

"This project negatively impacts our program and ability to serve our patients," he said.

A hospital spokeswoman said the objection is "based on our experience and knowledge of the market, indicating a lack of community need for the proposed facility."

Presence Health, which includes Resurrection Medical Center in Chicago, Our Lady of the Resurrection Medical Center and Holy Family Medical Center in Des Plaines, also object to Dr. Levitin's plan.

The doctor and two other surgeons with her practice accounted for more than 1,000 procedures done at the three hospitals in the last 18 months, according to a letter filed with the facilities board.

Chicago Surgical booked about $447,000 in operating profit on $2.3 million in revenue in 2011, the application said.

In 2014, the first full year after the facility would be completed, Chicago Surgical expects to more than triple its operating profit to $1.7 million and increase its revenue to $7.3 million.

The health facilities board is scheduled to consider the project during its Dec. 10 meeting.