

**Constantino, Mike**

**From:** Joseph Van Leer [JVanLeer@Polsinelli.com]  
**Sent:** Tuesday, February 26, 2013 5:13 PM  
**To:** Constantino, Mike  
**Cc:** Kara Friedman  
**Subject:** Metroeast Endoscopic Surgery Center Submission (Proj. No. 12-105)  
**Attachments:** Metroeast Endoscopic Surgery Center Submission\_02.26.13.pdf

**RECEIVED**

FEB 27 2013

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Mike,

Attached is a submission of several items related to Metroeast Endoscopic Surgery Center's CON application. Please let me know if you have any questions. Thanks,

Joe



**Joseph Van Leer** 161 N. Clark Street  
*Associate* Suite 4200  
Chicago, IL 60601

tel: 312.873.3665  
fax: 312.819.1910

jvanleer@polsinelli.com  
*Add me to your address book.*



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February 26, 2013

**VIA ELECTRONIC MAIL**

Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: Metroeast Endoscopic Surgery Center (Proj. No. 12-105)**

Dear Mike:

I am writing on behalf of Metroeast Endoscopic Surgery Center, LLC to submit a support letter related to the Metroeast Endoscopic Surgery Center CON Application. The enclosed support letter was provided by the Southern Illinois Regional Wellness Center. This provider is a 501(c)(3) federally qualified health center committed to improving the quality of life for uninsured and underserved individuals. Related to this support letter is documentation from the applicant attesting to Metroeast Endoscopic Surgery Center's commitment to accept patients from this FQHC regardless of their ability to pay, enroll in Medicaid, and offer discounted and charity care for financially indigent patients. We have also enclosed a copy of the financial assistance policy that the applicant will utilize if the project is approved.

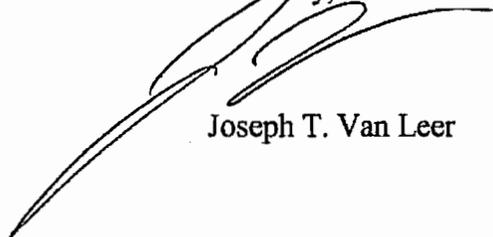
Separately, I have also enclosed a bank letter from US Bank providing evidence that the applicant has sufficient funds available to finance the consulting fees line item which is the line item intended to be funded by cash.

Lastly, I have enclosed impact letters received by Metroeast Endoscopic Surgery Center and its response to each.

February 26, 2013  
Page 2

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'JTV', with a long, sweeping underline that extends to the left and then curves back to the right.

Joseph T. Van Leer

Encs.

JTV:



## SOUTHERN ILLINOIS REGIONAL WELLNESS CENTER

*"A Health Care Organization Building a Healthy Community"*

December 19, 2011

Dale Galassie, Chair  
 Illinois Health Facilities and Services Review Board  
 525 W. Jefferson, 2<sup>nd</sup> Floor  
 Springfield, IL 62761

RE: Metroeast Endoscopic Surgery Center

Dear Chair Galassie:

Please accept this letter in support of the above-identified project.

Southern Illinois Regional Wellness Center, along with our clinic Health and Opportunity Center, is very supportive of the establishment of Metroeast Endoscopic Surgery Center. This facility will improve access to endoscopic services, most importantly colonoscopies, to low-income, medically uninsured residents of St. Clair County and the surrounding areas. Colonoscopies provide the most effective means of screening for colorectal cancer and as a result help prevent one of the most deadly but easily preventable diseases in the United States. We support the development of Metroeast Endoscopic Surgery Center because, by offering these services to patients in St. Clair County and the surrounding areas, it is providing low-income patients additional access to these life-saving services. In offering colorectal cancer screening services, this provider has the opportunity to save lives and significant expense by identifying and treating this condition before it develops into a life threatening condition.

Furthermore, this area has seen considerable growth in the last 10 years. As a result, efficiency in providing these services has become increasingly important. This is also important because of the difficulty that providers are experiencing in recent years in recruiting qualified specialists. By helping improve both the availability and the efficiency of these services, Metroeast Endoscopic Surgery Center will contribute greatly to the well-being of this community. Thus, Southern Illinois Regional Wellness Center and Health and Opportunity Center fully support the establishment of Metroeast Endoscopic Surgery Center and look forward to the physicians at our clinics, being able to refer clients to the proposed facility.

Sincerely,

Mark Freeland  
 Executive Director

# METROEAST ENDOSCOPIC SURGERY CENTER

5023 N. Illinois St. Suite 1  
Fairview Heights, IL 62208  
Office: 618.239.0678 FAX: 618.235.0471 Exchange: 618.398.9450

February 26, 2013

Michael Constantino  
Supervisor, Project Review  
Section  
Illinois Department of Public  
Health  
Health Facilities and Services  
Review Board  
525 West Jefferson Street,  
Second Floor  
Springfield, Illinois 62761

**Re: Metrocast Endoscopic Surgery Center (Proj. No. 12-105)**

Dear Mr. Constantino:

This letter affirms the commitment of Metrocast Endoscopic Surgery Center to enroll in the Illinois Medicaid program and to accept Medicaid beneficiaries at the planned endoscopy center at a level consistent with the historical level of my medical practice. This commitment to enroll in the Medicaid program was indicated in the application's safety net impact statement but I am including this commitment in this letter as clarification of that fact.

As stated in its support letter, Southern Illinois Regional Wellness Center ("SIRWC") supports our proposal because it will provide access to much needed endoscopy services to its patients. I have accepted referrals from the FQHC for some time. This letter memorializes that Metrocast Endoscopic Surgery Center will accept referrals from SIRWC's physicians of uninsured and low-income patients. Metrocast Endoscopic Surgery Center recognizes the importance of access to these services for the entire community. In light of that fact, the endoscopy center will implement a financial assistance policy that offers discounted or free care for those who qualify for financial assistance based on income and asset tests that are similar to those used by non-profit providers. The financial assistance policy that the endoscopy center intends to adopt if approved is attached for your reference as Attachment A.

Thank you for your attention to this matter. Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shakeel Ahmed".

Shakeel Ahmed, M.D.

# **METROEAST ENDOSCOPIC SURGERY CENTER UNREIMBURSED CARE & SELF-PAY POLICY**

## **I. PURPOSE**

Metroeast Endoscopic Surgery Center ("Center") plans to operate an ambulatory surgical treatment center specializing in endoscopy services. This Unreimbursed Care and Self-Pay Policy defines Center's financial assistance program, criteria, application process, and procedures for determining financial assistance.

## **II. POLICY AND SCOPE**

The Center will operate as a taxable business and therefore obtains no financial benefit from providing free and discounted care. However, as a responsible member of the community and in order to enhance the availability of services available to patients residing in the Center's service area, Center provides its services in a financially responsible manner. Therefore, it is the policy of Center to maintain a system for proper identification of patients eligible for Unreimbursed Care and Discounted Care.

This policy covers only health care services provided by Center and does not include any services provided by outside vendors. Unless a global fee is provided hereunder, services provided by physicians and other services provided by outside vendors are not covered by this policy and patients seeking a discount for such services should be directed to call the physician or outside vendor directly.

It is the policy of Center to differentiate between uninsured patients who are unable to pay from those who are unwilling to pay for all or part of their care. Center will provide Unreimbursed Care to those uninsured patients who are unable to pay based upon the eligibility criteria set forth herein. In order to conserve scarce healthcare resources, Center will seek payment from uninsured patients who do not qualify for Unreimbursed Care. Qualification for Unreimbursed Care or Discounted Care will typically be determined at the time of service. In addition, Center will continue to review such determinations as potential insurers or other financial resources are discovered during the billing and collection process.

This policy does not apply to patients who are "underinsured" as opposed to uninsured. For example, it is not the intent of this policy to provide free or discounted care to patients who have health insurance with deductibles and/or coinsurance unless they otherwise qualify for financial assistance.

## **III. DEFINITION OF TERMS**

Unreimbursed Care: Medical services provided at no cost to the patient when a patient lacks insurance and meets defined income and asset requirements.

Discounted Care: Medical services provided at a discount to the patient when a patient lacks insurance and meets defined income and asset requirements.

Federal Poverty Level (FPL) guidelines: The poverty guidelines updated periodically by the United States Department of Health and Human Services used to establish the gross income and family size eligibility criteria for Unreimbursed Care and discounts as described in this policy.

Income: For purposes of applying for coverage under Center's Unreimbursed Care Policy, sources of income include but are not limited to: gross salary and wages, self-employment income, interest and dividends, real estate rentals and leases, Social Security, alimony, child support, unemployment and disability payments, and public assistance. Documentation of income will be limited to recent pay stubs and income tax returns.

Family:

- For persons 18 years of age and older, "Family" refers to a spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not.
- For persons under 18 years of age, "Family" refers to a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relatives.

Patient Participation Fee. A nominal fee of \$5-10 to encourage personal responsibility and compliance with the treatment plan recommended for patient.

Qualified Monetary Assets:

- Savings - Any cash or cash equivalents held by a member of the household excluding any amounts held in tax-exempt accounts, retirement, deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans such as a 401K savings account, 403B savings account or IRA savings account.
- Other - The estimated fair market value of any other real or tangible assets that are readily convertible to cash held by a member of the Patient's Family.

Self-Pay Patient. Those patients who are uninsured patients (as defined below) and who are not eligible for Unreimbursed Care. Self-pay patients are eligible for financial assistance at a discounted rate, in accordance with this policy, equal to a one-third reduction to reflect the reduced processing costs associated with self-pay.

Service Area: For the purposes of this policy, Center's service area is defined as those zip codes that comprise the primary and secondary service areas of the Center.

Uninsured Patient. A patient who does not have any third party health care coverage by either (a) a third-party insurer, (b) an ERISA plan, (c) a federal health care program (including without limitation Medicare and Medicaid), (d) Workers' Compensation, Medical Savings Account, or other coverage for all or any part of the bill, including

claims against third parties covered by insurance to which Center is subrogated, but only if payment is actually made by such insurance company.

#### IV. POLICY AND PROCEDURES

##### A. Eligibility and Qualification

Qualification for Unreimbursed Care or Discounted Care is dependent on providing accurate and timely patient financial information and a financial assistance application will be used to determine eligibility. Any patient who demonstrates lack of financial coverage by third party insurer will be offered an opportunity to complete the financial assistance application, and will also be offered information, assistance and referral as appropriate to government-sponsored programs for which he or she may be eligible. Any patient who requests financial assistance will be afforded the opportunity to apply and be considered.

Qualification for financial assistance shall be determined without discrimination based on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

While financial assistance shall not be provided on a discriminatory or arbitrary basis, Center retains full discretion, consistent with laws and regulations, to establish and revise objective eligibility criteria and determine when a patient qualifies for financial assistance using such objective criteria. Further, to the extent the level of free and discounted care exceeds reasonable limits during any measured period, Center in its sole discretion may curtail, suspend or cease this free and discounted care program at any time.

Center offers financial assistance based on the following:

- Patients whose family's Income is at or below 100% of the FPL guidelines are eligible to receive Unreimbursed Care. The entire patient liability portion of the bill for services may be written off, except for the nominal Patient Participation Fee.
- Patients whose family's Income is above 101% but not more than 200% of the FPL guidelines are eligible to receive Discounted Care.
- Patients whose family's Income exceeds 200% but is less than 350% of the FPL guidelines may be eligible to receive discounted rates on a case-by-case basis at the discretion of the Center and based on a review of both Income and Qualified Monetary Assets.

Patients may qualify for assistance under Center's Unreimbursed Care Policy by following application instructions and making every reasonable effort to provide

Center with documentation and health benefits coverage information such that Center may make a determination of the patient's qualification for coverage under the program. Annual recertification is required for patients to be continued to be considered for charity care.

B. Applying for Financial Assistance

Center utilizes a single, unified patient application for both Unreimbursed Care and Discounted Care. The process to obtain financial assistance is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. Patients seeking qualification for Unreimbursed Care and Discounted Care should do so before requesting non-emergency services. At the time of scheduling, pre-registration, or registration, patients will be asked for evidence of their insurance coverage and the patient will be informed of any co-payments that will be expected at the time of payment. If the patient is uninsured, the patient will be informed of the availability of Unreimbursed Care and Discounted Care. The application should be completed as soon thereafter as possible and submitted to Center. If the patient does not wish to apply for Unreimbursed Care or Discounted Care, the patient will be informed of the self-pay fee schedule.

Failure to complete the financial assistance application and submit all required supplemental information may deem the patient ineligible for consideration under this policy. In addition, patients who do not cooperate in efforts to secure governmentally funded health care coverage will not be eligible for Unreimbursed Care or Discounted Care.

C. Payment Plan

A patient qualified for Discounted Care shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan on terms that may be negotiated between the patient and Center. Payment plans are established on a case-by-case basis with consideration of the total amount owed by the patient to Center and the patient's financial circumstances. Some situations may necessitate special payment plan arrangements based on negotiation between Center and the patient or their representative. Payment plans may be arranged by contacting a Center representative. Once a payment plan has been agreed upon, changes to it require the agreement of both parties.

Once a payment plan has been approved by Center, any failure to pay all consecutive payments due during a 90-day period will constitute a payment plan default. It is the patient/ guarantor's responsibility to contact Center if circumstances change and payment plan terms cannot be met. However, in the event of a payment plan default, Center will make a reasonable attempt to contact the patient or their representative by telephone and also give notice of the default in writing. The patient shall have an opportunity to renegotiate the payment plan

and may do so by contacting Center within fourteen (14) days from the date of the written notice of payment plan default. If the patient fails to request renegotiation of an extended payment plan within fourteen (14) days, the payment plan will be deemed inoperative and the account will become subject to collection.

D. Good Faith Requirements

Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent or purposely inaccurate information has been provided by the patient or family representative. In addition, Center reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order qualify under this Unreimbursed Care Policy.



All of  serving you<sup>SM</sup>

6201 W. Main St  
Belleville, IL 62223  
618.398 6850  
618.398 7240 fax

To Whom it May Concern

As of Jan.28<sup>th</sup> 2013, Metroeast Endoscopic Surgery Center acct ending in \*\*6767 has funds available in excess of \$47194.00. Please feel free to contact me with any questions.

Best regards,

Customer Service Manager

Pete Newell



3990 N ILLINOIS ST  
BELLEVILLE, IL 62226  
618-235-3100

January 11, 2013

Tina Lippert  
5023 North Illinois  
Suite 1  
Fairview Heights, Illinois 62208

Dear Ms. Lippert:

I am writing in regards to your letter dated 12-27-2012. The owners of the Eye Surgery Center would like to know who will be the physician(s) performing procedures at The Metroeast Endoscopic Surgery Center, LLC. Given the facts in your letter, the owners of the Eye Surgery Center do not feel that performing gastroenterology procedures at your center will have an impact on utilization at the Eye Surgery Center.

We appreciate your response and wish you the best with your project.

Sincerely,

A handwritten signature in black ink that reads "Nancy A. Mueth RN BSN". The signature is written in a cursive, flowing style.

Nancy A. Mueth, RN BSN  
Administrator

# Metroeast Endoscopic Surgery Center

5023 N. Illinois St. Suite 1

Fairview Heights, IL 62208

Office: 618.239.0678 FAX: 618.235.0471 Exchange: 618.398.9450

February 26, 2013

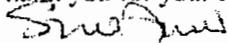
Nancy Mueth  
3990 North Illinois St  
Belleville IL, 62226

Dear Ms. Mueth,

Thank you for your letter dated January 11, 2013. You specifically inquired about what physicians will be on staff for the proposed endoscopy center. Shakeel Ahmed, M.D. Whose specialty is gastroenterology is the planned medical director and will perform the procedures. We are also trying to recruit another gastroenterologist to assist Dr. Ahmed with his busy practice but that physician will be recruited to the area and at this point, we do not know who that will be or when she or he will be recruited.

Based on those facts and the fact that Eye Surgery Center's scope is limited to ophthalmology, we agree that this proposal will not have an impact on your business.

Thank you for your time.

  
Shakeel Ahmed M.D.



January 15, 2013

Tina Lippert  
5023 North Illinois  
Suite 1  
Fairview Heights, IL 62208

Dear Tina:

Thank you for your letter of December 27, 2012 regarding the C.O.N. application of Metroeast Surgery Center, LLC.

Anderson Hospital currently operates a three endoscopy suite center with pre/post recovery areas in conjunction with its Outpatient Surgery Center. I cannot comment on the impact that the opening of your endoscopy center will have on our facility without knowing the physicians that will be utilizing your center.

I am concerned that, in general, proprietary, free standing endoscopy centers focus only on patients with insurance and allow hospitals to provide services to patients without insurance. This, of course, financially weakens not-for-profit hospitals in their mission to provide services to all members of our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith A. Page", with a long horizontal flourish extending to the right.

Keith A. Page, FACHE  
President & Chief Executive Officer

KAP:bac

# Metroeast Endoscopic Surgery Center

5023 N. Illinois St, Suite 1

Fairview Heights, IL 62208

Office: 618.239.0678 FAX: 618.235.0471 Exchange: 618.398.9450

Keith Page  
6800 Illinois 162  
Maryville IL, 62062

February 26, 2013

Dear Mr. Page:

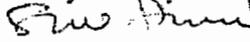
Thank you for your letter dated January 15, 2013. You specifically inquired about what physicians will be on staff for the proposed endoscopy center. Shakeel Ahmed, M.D. is the planned medical director and will perform the procedures.

Dr. Ahmed currently provides endoscopy services in the office setting in the same building (with the same address) where the licensed endoscopy center is planned. Based on the increases in the number of endoscopy services Dr. Ahmed is performing and based on a dialogue with the Illinois Department of Public Health, IDPH expects that the endoscopy procedure room and related areas in his medical practice office meet ASTC licensing requirements for endoscopy services.

This is a small, single procedure room office-based practice and should not have any impact on your hospital. This is because of the fact that Dr. Ahmed is not on staff at Anderson Hospital and because Anderson Hospital is some distance away from Dr. Ahmed's practice location.

Finally, for your information, in addition to providing some charity care, Dr. Ahmed is currently enrolled with HFS as a Medicaid provider and is actively treating Medicaid patients. While medical practices and physicians cannot qualify for tax-exempt status, Dr. Ahmed does contribute to the health care needs of less fortunate individuals in a meaningful way.

Thank you for your time.

  
Shakeel Ahmed M.D.

**BEL-CLAIR AMBULATORY SURGICAL  
TREATMENT CENTER**

325 W. LINCOLN  
BELLEVILLE, IL 62226-1921

Ph. (618) 235-2299 • Fax (618) 235-2556

January 4, 2013

Tina Lippert  
5023 North Illinois Street  
Suite 1  
Fairview Heights, Il. 62208

Dear Ms. Lippert:

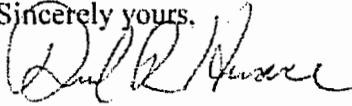
I recently received your correspondence dated December 27, 2012 informing Bel-Clair Surgical Center of your intent to file a CON application for establishment of a limited specialty ASTC that will perform gastroenterology procedures. Bel-Clair Surgical Center has excess capacity to perform gastroenterology procedures which is the primary specialty utilizing Bel-Clair Surgical Center currently. We do have the capacity to accommodate the number of cases that you indicate will be performed the first year after project completion. We would be interested to know the facility where these cases are currently being performed as office procedures per CON rules and regulations cannot be counted as ASTC procedures with the exception of pain management services which were recently reclassified as surgical procedures and an exception made by the Planning Board despite the objections of the Illinois Hospital Association.

The geographic area we serve is the same area where your proposed facility is located. We believe that to expend \$1,113,642 to duplicate services that can readily be accommodated is not financially justified. Given the small reimbursement that GI cases get from Medicare and other commercial payors, it would be very difficult to staff a facility with qualified personnel, meet all the regulatory requirements, and pay the operating expenses of a new facility. We are providing a little less than the number of cases that you propose providing and are having a difficult time paying our bills, yet alone achieving an operating margin. A forecast of decreasing payments appears the most likely scenario for ASTC's in the future.

I applaud your recognition that a procedure room used more than 50% of the time to perform surgical procedures requires the space to be licensed and have the personnel and equipment available to respond to emergencies as mandated by the Ambulatory Surgical Treatment Center Act of Illinois. However, I do not think that your proposed project meets the criteria for establishing an ASTC. I would be happy to discuss how Bel-Clair Surgical Center could meet the needs of patients requiring gastroenterology services in our geographic service area. As you know, surgical centers are reimbursed less than hospitals and can save patients money. Our charges and more importantly the approved charges of the insurance carriers are a fraction of what hospitals approved charges are. If

your motivation is to save patients money, we can help you accomplish that. If your motivation is financial, we would be open to discussing the FMV of Bel-Clair Surgical Center and the potential ownership options that exist.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "David Horace".

David Horace, Administrator

CC: Stephen Schmidt, M.D., Medical Director

# METROEAST ENDOSCOPIC SURGERY CENTER

5023 N. Illinois St. Suite 1  
Fairview Heights, IL 62208  
Office: 618.239.0678 FAX: 618.235.0471 Exchange: 618.398.9450

February 26, 2013

Dave Horace  
325 West Lincoln  
Belleville IL, 62220

Cc Stephen Schmidt, M.D., Medical Director

Dear Mr. Horace,

Thank you for your letter dated January 4, 2013. Our CON application proposes a single procedure room similar to what I have in my office. Because I have a GI lab as part of my medical office, on days when I am not doing procedures at the hospital, I have the significant advantage of managing my patient caseload in a way that allows me to add urgent visits including endoscopy in a way that I am unable to do when the procedure is done at a different location. I work with physician extenders and being on site with these individuals significantly enhances out communication and my general oversight of their work. There are many services that are ancillary to the practice of medicine and certain tools are essential to particular types of physicians. As you know, and as Dr Schmidt will tell you, endoscopy is essential to a gastroenterologist in a similar way that an x-ray is part of a majority of initial orthopedic consults and a blood draw is essential for an endocrinologist visit.

As to the expenditure associated with the project, a surgery center is not reimbursed by the government for its capital expenditures in the way that hospitals used to be. To meet licensing requirements, some space modifications will be necessary. However, existing equipment used in the medical practice would be transferred to the endoscopy center. Reimbursement will be standard government rates or negotiated with private payers based on the reimbursement that it pays other surgery centers in the area.

I would really appreciate your support in this endeavor. As you are well aware, this is a single specialty gastroenterology surgery center application. which intends to accommodate my patients only. Performing endoscopic procedures at your facility or at facilities at a distance from my own office is not practical given my busy caseload. I will continue to manage some of my endoscopy patients at Memorial Hospital to the extent that I have in the past based on logistics and the patient's medical condition

# METROEAST ENDOSCOPIC SURGERY CENTER

5023 N. Illinois St. Suite 1  
Fairview Heights, IL 62208  
Office: 618.239.0678 FAX: 618.235.0471 Exchange: 618.398.9450

February 26, 2013

Dave Horace  
325 West Lincoln  
Belleville IL, 62220

Cc Stephen Schmidt, M.D., Medical Director

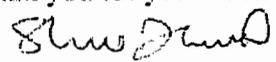
Dear Mr. Horace,

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I would really appreciate your support in this endeavor. As you are well aware, this is a single specialty gastroenterology surgery center application, which intends to accommodate my patients only. Performing endoscopic procedures at your facility or at facilities at a distance from my own office is not practical given my busy caseload. I will continue to manage some of my endoscopy patients at Memorial Hospital to the extent that I have in the past based on logistics and the patient's medical condition

Thank you for your time.

A handwritten signature in black ink, appearing to read 'Shakeel Ahmed', written in a cursive style.

Shakeel Ahmed M.D.

# EDWARDSVILLE AMBULATORY SURGERY CENTER, L.L.C.

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12 Ginger Creek Parkway • Glen Carbon, IL 62034 • (618) 656-8200 • Fax: (618) 656-8204

1/24/13

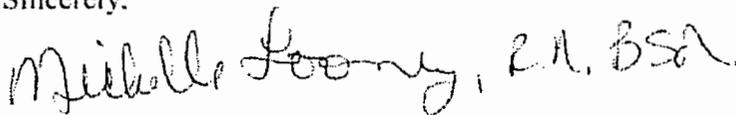
Ms. Tina Lippert,

This letter is in response to the proposed gastroenterology center by the Metroeast Endoscopic Surgery Center, LLC.

The Edwardsville Ambulatory Surgery Center is approximately 25 minutes from Fairview Heights, Illinois. Gastroenterology is one of the highest volume specialties currently performed at our facility. We have two (2) OR suites that have enough available time to accommodate a large portion of the caseload indicated in your letter.

Fairview Heights is in our primary market and will impact our patient volumes. Currently we are at a 60% capacity and any additional dilution of the market will have an impact on our ability to provide services.

Sincerely,



Michelle Looney, R.N., BSN.  
Administrator  
Edwardsville Ambulatory Surgery Center  
#12 Ginger Creek Parkway  
Glen Carbon, Illinois 6234



**GATEWAY REGIONAL  
MEDICAL CENTER**

January 24, 2013

CERTIFIED MAIL/RETURN RECEIPT

Tina Lippert  
5023 North Illinois, Suite 1  
Fairview Heights, Illinois 62208

Dear Ms. Lippert,

This letter is in response to the proposed gastroenterology center by the Metroeast Endoscopic Surgery Center, LLC.

Gateway Regional Medical Center is approximately 25 minutes from Fairview Heights, Illinois. In June of 2010, our Endoscopy department underwent a 3.2 million dollar renovation. Therefore, our three (3) new procedure rooms provide state of the art endoscopy equipment. As well as, available open time to accommodate the entire caseload indicated in your letter.

Fairview Heights is in our secondary market and will impact our patient volumes. Currently we are at a 50% capacity and any additional dilution of the market will have an impact on our ability to provide services.

Sincerely,

**GATEWAY REGIONAL MEDICAL CENTER**

Mark Bethell  
Chief Executive Officer

# Metroeast Endoscopic Surgery Center

5023 N. Illinois St. Suite 1  
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February 26, 2013

Mark Bethell  
2100 Madison Ave  
Granite City Il, 62040

Dear Mr. Bethell and Ms. Looney:

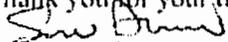
Thank you for your letters dated January 24, 2013. As your website indicates the Edwardsville Ambulatory Surgery Center is one of the Gateway Regional Medical Center facilities and Mr. Bethell is named as that facility's administrator. Therefore, I am writing a single letter to the two of you. As you indicated in your letters, your facilities are approximately 25 minutes away from Fairview Heights. Given this significant distance, Dr. Ahmed, who is the gastroenterologist associated with this project, is not on the medical staff of Gateway Regional Medical Center or of the Edwardsville Ambulatory Surgery Center. Dr. Ahmed has a very busy schedule and is not, absent the recruitment of another GI physician, in a position to expand his medical practice by opening an office in Granite City or Edwardsville.

This is a small, single procedure room office-based practice and will not have any impact on your facilities. This is because of the fact that Dr. Ahmed is not on staff at your facilities and because the facilities are some distance away from Dr. Ahmed's practice location. Also, the primary purpose of the project is to convert the existing endoscopy procedure space in our office to a licensed operation based on direction from IDPH.

Separately, I would like to take a moment to congratulate you on the 10th anniversary of your company's operation of Gateway Regional Medical Center. I saw the recent article in the St. Louis Post Dispatch citing the solid financial condition of the hospital and outlining the accomplishments of Community Health Systems in operating the hospital and describing \$43 million investments in the building and equipment.

We will let you know if we are able to recruit a GI physician at which point we might be in a better position to support your market.

Thank you for your time.

  
Shakeel Ahmed M.D.