

Constantino, Mike

From: Janet Scheuerman [prismjanet@aol.com]
Sent: Wednesday, May 29, 2013 12:32 PM
To: Constantino, Mike
Cc: jon.bruss@advocatehealth.com
Subject: Fwd: 5 29 2013 IHFSRB Advocate Trinity Hospital Modifications
Attachments: 5_29_2013_IHFSRB_Advocate_Trinity_Hospital_Modifications.doc

Good afternoon, Mike. Attached is the modification that we discussed this morning. If you have any questions, please don't hesitate to call. Janet

Janet Scheuerman
Senior Consultant
PRISM Healthcare Consulting
Phone: 219-464-3969 or 630-790-1265
Fax: 219-464-0027 or 630-790-2696

-----Original Message-----

From: Judi Linke <jlinke@consultprism.com>
To: Janet Scheuerman <prismjanet@aol.com>
Sent: Wed, May 29, 2013 12:28 pm
Subject: 5 29 2013 IHFSRB Advocate Trinity Hospital Modifications

Here it is with your signature.

May 29, 2013

Mr. Mike Constantino
Supervisor of Project Review
Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Project #13-015 Class B Modification
Advocate Trinity Hospital

Dear Mr. Constantino:

After several weeks of “resting on the shelf,” the Advocate Trinity Hospital certificate of need application (Project # 13-015) was reviewed by the project team. We found two errors that we would like to correct as part of a Class B Modification.

Pages 37, 63 and 64 – Project Costs and Sources of Funds. These pages include Attachment 7 and the required itemization. In the attachment as originally filed, the Architect & Engineering fees represent total fees in the contract to the architectural firm. However, the detail in the contract clearly defines fees that are related to functional space planning and assistance with preparing the certificate of need. The modified pages are attached and more accurately assign the fees to the appropriate uses of funds categories.

Page 207 – Safety Net Information per PA 96-0031. This page, as originally filed contained erroneous Charity Care (Patients 2011), Medicaid (# of patients), and Medicaid (revenue) data. The modified page has the correct information that corresponds to the information submitted on the Hospital’s AHQs for 2009, 2010 and 2011.

IHFSRB
Advocate Trinity Hospital Modifications
May 29, 2013
Page 2 of 6

If you have any questions regarding this request for modifications, please do not hesitate to contact me at prismjanet@AOL.com or 219-464-3959.

Thank you in advance for your attention to this very important matter.

Sincerely,



Senior Consultant
PRISM Healthcare Consulting

Cc: Mr. Jon Bruss, President, Advocate Trinity Hospital.

Attachments: Page 37 (Modified)
Page 63 (Modified)
Page 64 (Modified)
Page 207 (Modified)

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Pre-Planning	\$175,800	\$30,026	\$205,826
Site survey		\$18,000	\$18,000
Site Preparation		\$65,867	\$65,867
Off-Site Work		\$396,000	\$396,000
New Construction			
Modernization	\$5,191,700	\$1,465,000	\$6,656,700
Contingencies	\$584,720	\$212,425	\$797,145
Architect/Eng Fees	\$502,549	\$151,934	\$654,483
Consulting and Other Fees	\$653,998	\$216,712	\$870,710
Movable / Equipment	\$4,080,000		\$4,080,000
Bond Issuance Expense (project related)	\$97,102	\$27,548	\$124,650
Interest Expense	\$366,553	\$103,990	\$470,543
Fair Market Value of Lease			
Other Costs to be Capitalized	\$3,036,801	\$861,531	\$3,898,332
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	\$14,689,223	\$3,549,033	\$18,238,256
Source of Funds			
Cash and Securities			\$11,529,796
Bond Financing			\$6,708,461
TOTAL			\$18,238,256
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Detailed project costs are appended as Attachment 7, Exhibit 1.

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Cost Items	CLINICAL	NON-CLINICAL	TOTAL
Pre-Planning	\$175,800	\$30,026	\$205,826
Pre-Planning with Michuda & HED	\$175,800	\$30,026	\$205,826
Site survey		\$18,000	\$18,000
Soils Investigation		\$8,000	\$8,000
Site Survey & Title		\$10,000	\$10,000
Site Preparation		\$65,867	\$65,867
Prep Work		\$65,867	\$65,867
Off-Site Work		\$396,000	\$396,000
ADA ramp, grading, landscaping		\$396,000	\$396,000
New Construction			
Modernization	\$5,191,700	\$1,465,000	\$6,656,700
Intensive Care Beds	\$2,400,700		\$2,400,700
Outpatient Physical Medicine	\$1,861,000		\$1,861,000
Outpatient Cardiac Rehabilitation	\$930,000		\$930,000
Administrative		\$17,100	\$17,100
Non-Clinical Storage, Processing & Distribution		\$10,000	\$10,000
Public Amenities		\$190,900	\$190,900
Building Components		\$107,000	\$107,000
Unrelated to Square Footage		\$1,140,000	\$1,140,000
Contingencies	\$584,720	\$212,425	\$797,145
Architect/Eng Fees	\$502,549	\$151,934	\$654,483
Consulting and Other Fees	\$653,998	\$216,712	\$870,710
CON Consultant and Legal fees	\$104,811	\$23,989	\$128,800
CON Architect/Engineer Assistance	\$51,178	\$6,822	\$64,000
Permit/Government Fees	\$95,150	\$26,850	\$122,000
A/E: contract admin, RFI's, Mechanical and Evaluation, Misc.	\$43,644	\$12,316	\$55,960
Interior Design	\$49,915	\$14,085	\$64,000
Equipment Planner	\$74,092	\$20,908	\$95,000
Commissioning Agent	\$58,923	\$16,627	\$75,550
Contract Project Manager	\$187,181	\$52,819	\$240,000
Permit Expeditor	\$11,699	\$3,301	\$15,000
Miscellaneous	\$11,004	\$38,996	\$50,000
Movable / Equipment	\$4,080,000		\$4,080,000
ICU Medical Equipment, headwalls	\$3,197,000		\$3,197,000
PT/OT Exercise Equipment	\$240,000		\$240,000
Furniture	\$440,000		\$440,000
PT/OT Misc Equipment	\$23,000		\$23,000
Audio Video Equipment	\$145,000		\$145,000
Artwork/Cubicle Curtains	\$35,000		\$35,000

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year – 2009	Year – 2010	Year – 2011
Inpatient	288	306	411
Outpatient	1,189	1,344	1,990
Total	1,477	1,650	2,401
Charity (cost In dollars)			
Inpatient	\$2,916,400	\$2,094,300	\$2,499,000
Outpatient	\$1,552,600	\$1,244,100	\$1,505,000
Total	\$4,469,000	\$3,338,400	\$4,004,000
MEDICAID			
Medicaid (# of patients)	Year – 2009	Year – 2010	Year – 2011
Inpatient	3,614	2,828	2,719
Outpatient	25,083	24,937	26,357
Total	28,697	27,765	29,076
Medicaid (revenue)			
Inpatient	\$11,334,589	\$12,679,656	\$12,890,713
Outpatient	\$ 1,965,133	\$ 2,431,943	\$ 3,150,753
Total	\$13,299,722	\$15,111,599	\$16,041,466

Source: Hospital Records

3. *Any information the applicant believes is directly relevant to safety net services, including information regarding teaching and research, and any other service.*

Advocate Trinity Hospital has served Chicago's Southeast Side for over 115 years.

Trinity is a vital health care resource to this community that is characterized by low family income, high unemployment, low education, and high incidence of cardiovascular disease, stroke, diabetes and cancer and related comorbidities. The Hospital is dedicated to providing excellent health care close to home for this community. Trinity serves more than 90,000 patients each year.

The Hospital is fully accredited and provides a full range of inpatient and outpatient services as well as a variety of community benefit/outreach programs. Over the years the acuity of the Hospital's case mix has increased and today the Hospital is one of largest providers with among the highest acuity case mix in in Planning Area A-03, the Hospital's service area.