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Health Facilities Planning

April 3, 2013

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Via Overnight Courier

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Advocate Good Shepherd Hospital
Project No. 13-016

Dear Mr. Constantino:

Advocate Good Shepherd Hospital application referenced above was filed last week and deemed complete April 2. That application at page 16 noted that while all Advocate hospitals were in compliance with the cancer registry requirements, one imaging center affiliated with Advocate was not yet in compliance, but was working with IDPH to come into compliance.

We are pleased to let you know that the cancer registry reporting backlog for that imaging center has now been brought current. To the best of our knowledge, all Advocate related entities are now in compliance cancer registry reporting requirement. An application replacement page 16 confirming compliance is attached.

Please contact us if you have any further questions on this matter.

Very truly yours,



Sonja Reece

Attachment

cc: Trent Gordon

10861462.1

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2017

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.