

**UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION**

In the Matter of)	
)	
Evanston Northwestern Healthcare)	
Corporation,)	
a corporation, and)	Docket No. 9315
)	
ENH Medical Group, Inc.,)	Public Filing
a corporation.)	

**MOTION TO EXTEND TIME IN WHICH
TO MOVE TO QUASH OR LIMIT SUBPOENA
SERVED ON THE UNIVERSITY OF CHICAGO HOSPITALS
BY RESPONDENTS**

The University of Chicago Hospitals, d/b/a The University of Chicago Hospitals and Health Systems (“UCH”), by its undersigned attorneys, hereby moves to extend the time in which it may move to quash or limit the subpoena served upon it by Respondents, Evanston Northwestern Healthcare Corporation and ENH Medical Group, Inc., to and including June 10, 2004. In support of this Motion, UCH states as follows:

1. UCH is an academic hospital that provides tertiary care through on-staff physicians affiliated with The University of Chicago.
2. On May 17, 2004, UCH was served with the subpoena duces tecum attached hereto as Exhibit A, by courier delivery. That subpoena seeks 31 categories of documents, with 24 subparts, covering issues such as strategic planning, third party payor and managed care relationships, quality of care surveys, utilization review studies, physician privileges, advertising, patient census data, patient demographics and revenue, cost and billing

information.

3. On May 24, 2004, Michael T. Trucero, counsel for UCH attempted to call David Dahlquist, Esq., who is the Respondents' attorney designated in the subpoena to receive the production of documents. The purpose of this phone call was to discuss the scheduling of a discovery conference (as required by Rule 3.22(f), 16 C.F.R. § 3.22(f)) to determine whether Respondents objected to granting UCH's requested extension of time and to address the breadth and scope of the subpoena. Counsel were not able to confer on May 24, 2004. On May 25, 2004, Mr. Dahlquist left a voice-mail message with counsel for UCH stating that Respondents take no position on UCH's requested extension of time.

4. For these reasons, UCH respectfully requests that the time that within which it is obligated to file any Motion to limit or quash the subpoena duces tecum be extended to and including June 10, 2004. This request is not made for purposes of delay but to allow

and to allow UCH to determine whether it will seek to quash or limit the scope of the subpoena or to seek other protections in the form of Protective Orders given the obvious time and resources that will be required to comply with this Subpoena which seeks 31 categories (plus 24 sub-parts) of documents dating back to 1995.

Chicago Hospitals and Health Systems, respectfully requests that the time for it to file a

Motion to Quash or Limit the Subpoena Duces Tecum be extended to and including June 10,
2004.

Respectfully submitted,



Michael T. Trucco

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STAMOS & TRUCCO

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Suite 1600

Chicago, Illinois 60603

(312)630-7979



SUBPOENA DUCES TECUM

Issued Pursuant to Rule 3.34(b), 16 C.F.R. § 3.34(b)(1997)

1. TO

THE UNIVERSITY OF CHICAGO HOSPITALS
(dba The University of Chicago Hospitals and Health Systems)
c/o Susan Sher
5841 S. Maryland
Chicago, IL 60637-1470

2. FROM

UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION

This subpoena requires you to produce and permit inspection and copying of designated books, documents (as defined in Rule 3.34(b)), or tangible things - or to permit inspection of premises - at the date and time specified in item 5, at the request of counsel listed in item 3, in the proceeding described in item 6.

Winston & Strawn LLP
1400 L Street, N.W.
Washington, D.C. 20005

5. DATE AND TIME OF PRODUCTION OR INSPECTION
June 3, 2004

6. SUBJECT OF PROCEEDING

In the Matter of Evanston Northwestern Healthcare Corporation, et al., Docket No. 9315

7. MATERIAL TO BE PRODUCED

See Attached Schedule A

SCHEDULE A
INSTRUCTIONS

- A. ~~Unless otherwise specified, the time period addressed by this Schedule is~~

January 1, 1997 through the present day. All references to year refer to a calendar year.
- B. If you have produced documents responsive to this Schedule in the course of the pre-complaint investigation of this matter, FTC File No. 0110234, those documents need not be produced again so long as such documents are identified by Bates range or comparable means in your response to this subpoena.
- C. If any document requested is withheld pursuant to a claim of privilege or any similar claim, the claim must be asserted no later than the return date of this Subpoena. In addition, you must submit, together with the claim of privilege, a log stating the following information for each data item withheld: (a) the specifications and sub-specifications for which the data is responsive; (b) the type or specific subject matter, and date of the data; (c) the names, addresses, positions, and organizations of all authors and recipients of the data; and (d) the specific grounds for claiming that the data is privileged with sufficient particularity and detail to permit the Administrative Law Judge to adjudicate the validity of such claim. If only some portion of any responsive information or data is privileged, all non-privileged portions of the information or data must be submitted.
- D. With respect to specific documents produced in response to this Schedule, each document provided shall be complete and, unless privileged, unredacted and submitted as found in your files (e.g. documents that in their original condition were stapled, clipped or otherwise

~~formatted together shall be produced in each form.) You must submit a log identifying the items of information~~

provided that such copies are accompanied by an affidavit of an officer of Your Hospital stating

successors in interest, direct or indirect, and his or her heirs, employees, assigns, trusts, estates, attorneys, and agents.

Reference to an entity shall also refer to that entity's companies, corporations, divisions, departments, associations, partnerships, joint ventures, trusts, subsidiaries, affiliates, and any other forms of business or commercial organization or arrangement, predecessors and

officers, directors, shareholders, principals, employees, representatives, assigns, advisors, attorneys and agents.

K. The words "and" and "or" shall be construed conjunctively or disjunctively as necessary to make the request inclusive rather than exclusive. The word "including" shall be construed to mean without limitation. The terms "each" and "all" are to be constructed as a request that every document or piece of information be identified separately.

L. The use of the past tense shall include the present tense, and the use of the present tense shall include the past tense, so as to make the request inclusive rather than exclusive

N. The production of documents pursuant to this subpoena is subject to the terms and conditions of the attached Protective Order.

O. Any questions you have relating to the scope or meaning of anything in this Schedule or any suggestions for possible modifications thereto should be directed to David E. Dahlquist at (312) 558-5660 or ddahlquist@winston.com. A response to this Subpoena shall be addressed to the attention of David E. Dahlquist, Winston & Strawn LLP, 35 West Wacker

Drive, Chicago, IL 60601-9703.

DEFINITIONS

A. The terms "constitute," "contain," "discuss," "analyze," or "relate to" mean ~~constituting, reflecting, respecting, regarding, concerning, pertaining to, referring to, relating to,~~
stating, describing, recording, noting, embodying, memorializing, containing, mentioning,
studying, assessing, analyzing or discussing.

B. The term "document" is used herein in the broadest sense permissible under
Federal Trade Commission Rule of Practice 3.34(b) and includes, without limitation, writings,

~~any such representations stored on a computer, a computer disk, CD-ROM, magnetic or~~
electronic tape, or any other means of electronic storage, and other compilations from which
information can be obtained in machine-readable form (translated, if necessary, into reasonably
usable form by the person subject to the subpoena). The term "documents" includes electronic
mail and drafts of documents, copies of documents that are not identical duplicates of the
originals, and copies of documents the originals of which are not in your possession, custody or
control.

C. The term "ENH" means Evanston Northwestern Healthcare Corporation
(including Evanston Hospital, Glenbrook Hospital, and Highland Park Hospital), its parents,
predecessors, divisions, subsidiaries, affiliates, partnerships and joint ventures, and all directors,

~~and~~
"affiliate" and "joint venture" refer to any person in which there is partial (25 percent or more) or

~~ENH~~
D. The term "ENH/Highland Park transaction" means merger between Evanston
Northwest Healthcare Corporation and Highland Park Hospital in or about January 2000.

E. The term "ENH Medical Group" means ENH Medical Group, Inc., its

F. The term "Geographic Area" means Cook, DuPage, Kane, Kendall, and McHenry counties in Illinois.

G. The term "health care facility" means a hospital, health maintenance organization facility, ambulatory care center, first aid or other clinic, urgent care center, free-standing emergency care center, imaging center, ambulatory surgery center and all other entities that provide health care services.

H. The term "health care service" means a medical or surgical service or procedure performed at a health care facility.

I. The term "hospital" is a type of health care facility that provides, among other services, inpatient health care services.

J. The term "Highland Park" means Highland Park Hospital, its parents,

officers, employees, agents, and representatives of the foregoing.

K. The term "licensed beds" means beds recognized, authorized, or approved by the State of Illinois.

L. The term "third party payor" means a person other than a natural person that pays any health care expenses of any other person, and all of its directors, officers, employees, agents and representatives. Third party payor includes, but is not limited to: Blue Cross and Blue Shield plans, commercial insurance companies, health maintenance organizations, preferred provider organizations, competitive medical plans, union trust funds, multiple employer trusts, corporate

or governmental self-insured health benefit plans, Medicare, Medicaid, or CHAMPUS.

M. The terms “you” and “Your Hospital” mean The University of Chicago Hospitals and Health Systems.

DOCUMENTS TO BE PRODUCED

between Your Hospital and any other health care facility relating to any affiliation, any multi-institutional arrangement, or any sharing or allocation of services, equipment or facilities.

2. All contracts between Your Hospital and any third party payor, including all amendments, appendices or related documents reflecting any contract terms.

3. All documents referring or relating in any manner to any plan, proposal or strategy for maintaining or increasing the number of patients treated at facilities of Your Hospital, including but not limited to any plan, proposal or strategy for expanding or constructing any structures, or for increasing quality of care at your hospital.

4. All documents relating to competition in the provision of any health care service, including, but not limited to, market studies, forecasts, and surveys, and all other documents relating to:

- (a) the market share or competitive position of Your Hospital, ENH or the competitors of either hospital;
- (b) the quality of care provided by Your Hospital, ENH or the competitors of either hospital;
- (c) the relative strength or weakness of hospitals providing any health care service;
- (d) supply and demand conditions;

(e) hospital preferences or perceptions of consumers, patients, or physicians (including, but not limited to, patient satisfaction surveys);

(f) the preferences of third party payors for hospitals;

(g) Your Hospital's marketing plans, brochures and strategic plans;

(h) any comparisons of Your Hospital's contracted hospital rates with other hospital rates, or

(i) any comparisons of Your Hospital's costs per patient discharge with those of any competing hospital.

5. All documents referring or relating in any manner to any proposed, planned or actual shift or diversion of patients by any third party payor to or from any hospital.

6. Documents pertaining to Your Hospital that are sufficient to determine for the years 1995 to the present and sufficient to project through 2006:

(a) the number of licensed beds;

(b) the number of staffed beds;

(c) the level of occupancy or utilization;

(d) the amount of long-term debt incurred;

(e) the amount of fixed assets, including land, buildings, and equipment;

(f) the annual operating surplus (or deficit);

(g) new services, and

(h) investment in infrastructure.

7. All documents analyzing the efficiencies that would or could be achieved through any merger, acquisition or affiliation involving Your Hospital and any other hospital, hospital system or health care facility.

8. All documents (including annual physician rosters) describing which physicians

9. Documents (in machine readable form if available) sufficient to determine which physicians with admitting privileges at Your Hospital maintain an office in the Geographic Area

physician, documents sufficient to establish:

- (a) the location of the physician's office or offices;
- (b) the physician's medical specialty;
- (c) the physician's Universal Provider Identification Number;
- (d) the physician's Illinois license number;
- (e) any other identification number your plan assigns to the physician;
- (f) the number of admissions that the physician made each year; and
- (g) the total amount billed or paid each year as a result of that physician's

admissions, including but not limited to amount per payor per managed health care plan.

10. A representative sample of all advertising and promotional literature used by Your Hospital.

11. All documents referring or relating in any manner to the ENH/Highland Park Transaction.

12. Documents sufficient to determine for patients of Your Hospital for each year: (a) the total number of discharges, (b) the total number of discharges of managed care patients, and (c) the total number of inpatient days, (d) the total number of inpatient days of managed care patients, and (e) the total number of discharges of patients whose hospital charges were paid by

commercial third party payors. In addition, documents sufficient to determine the total billed charges for each of those categories of patients, including, but not limited to, total billed charges

13. All documents referring or relating in any manner to the distinction between primary, secondary or tertiary services offered at hospitals or other health care facilities in a managed health care network.

14. All documents relating to any study, analysis, report, summary or tabulation regarding any characteristic of any patients admitted or discharged from any hospital in the Geographic Area, including such characteristics as: age, place of residence, type of admission, principal diagnosis; procedures performed; charges; admitting physician, physician group or physician organization; category of payor or third party payor affiliation.

15. All documents relating to any communication between Your Hospital and any other hospital or health care provider, or any potential relationship or affiliation between the hospitals or regarding any health care service, including all documents reflecting any negotiations with Third Party Payer undertaken by any such affiliated entity, if any.

16. Documents sufficient to determine the total number of admissions made, the aggregate total billed charges, and the revenue collected each year for any third party payor or employer.

17. All documents referring or relating in any manner to any offer to or by any managed care company or third party payer to designate Your Hospital as its sole or exclusive provider for any category of service or for any geographic area.

18. All documents referring or relating to any refusal by ENH or Your Hospital to negotiate or agree upon terms with any managed care company or third party payor or to terminate its relationship with any third party payor.

19. All documents relating to the Northwestern Healthcare Network since its inception.

20. All documents relating to the marketability of Your Hospital to any third party payor, including all documents relating to the marketability of Your Hospital in affiliation with any other hospital or medical group, and the ability of such an affiliated entity to negotiate managed care contracts.

21. All documents relating to the marketability of Your Hospital to any third party payor, including all documents relating to the marketability of Your Hospital in affiliation with any other hospital or medical group, and the ability of such an affiliated entity to negotiate managed care contracts.

depending on the inclusion or exclusion of any hospital in the Geographic Area.

22. All documents (including models) that refer or relate to the relationship, if any, between (a) operating costs at Your Hospital and/or rates charged by Your Hospital, and (b) quality of care provided at Your Hospital.

23. All documents referring or relating to different billing methodologies used or considered by Your Hospital (including, but not limited to, discount list pricing and per diem pricing) and the reasons for using or rejecting such billing methodologies.

24. All documents sufficient to show any increase in Your Hospital's operating costs and salary expenses from January 2000 to the present, and any corresponding increase in Your Hospital's rates.

25. All documents reflecting any increase in Your Hospital's billing rates (charges,

26. To the extent not covered by one of the requests above, all documents reflecting any negotiations between your hospital and any managed care company, including all documents relating to any managed care company's decision to terminate or otherwise discontinue any contract with Your Hospital.

27. All documents relating to the source of critical paths for services or best practices that Your Hospital has adopted or considered.

28. All documents relating to traffic patterns or driving time which may affect Your Hospital's ability to seek patients.

29. All documents referring or relating to any changes in your strategic pricing,

30. All documents referring or relating to any changes made by Your Hospital in

response to cuts in Medicare reimbursement rates, including but limited to all documents relating

to changes in discounting.

I certify that on May 25, 2004, a copy of the foregoing Notice of Appearance and Motion to Extend Time in Which to Move to Quash or Limit Subpoena Served on The University of Chicago Hospitals by Respondents were served on:

Room H-159
600 Pennsylvania Avenue, NW
Washington, DC 20580
(Original and 13 copies served via FedEx overnight delivery)

The Honorable Stephen J. McGuire
Chief Administrative Law Judge
FEDERAL TRADE COMMISSION
600 Pennsylvania Ave., N.W. (H-106)
Washington, D.C. 20580
(Two copies served via FedEx overnight delivery)

Philip M. Eisenstat, Esq.
FEDERAL TRADE COMMISSION
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Chicago, Illinois 60601

(312) 558-5600
(Via FedEx overnight delivery)
(312) 558-5700 FAX
(Via FedEx overnight delivery)

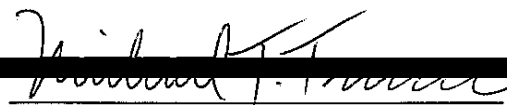
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Michael T. Trucco, Esq.

**UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION**

In the Matter of

EVANSTON NORTHWESTERN
HEALTHCARE CORPORATION

and