STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO:	BOARD MEETING:	PROJECT NO:	PROJECT COST:
H-01	August 8, 2024	23-043	Original: $0
FACILITY NAME: North Suburban Pain & Spine Center		CITY: Des Plaines	
TYPE OF PROJECT: Non-substantive			HSA: VII

PROJECT DESCRIPTION: The Applicant (North Suburban Pain & Spine Center, LLC) proposes to add general surgery and podiatry surgical services to its existing ambulatory surgical treatment center (ASTC) in Des Plaines. There is no cost to this project. The project completion date is August 30, 2024.

This project was deferred from the **March 2024 State Board Meeting**. The transcript from that meeting is at the end of this report.

Information regarding this application can be found at this link:
https://hfsrb.illinois.gov/projects/project.23-043-north-suburban-pain-and-spine-institute.html

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant (North Suburban Pain & Spine Center, LLC) proposes to add general surgery and podiatry surgical services to its existing ASTC in Des Plaines. There is no cost to this project. The project completion date is August 30, 2024.
- This ASTC was approved by the State Board in December 2018 (Permit #18-018). The facility is housed in 6,980 GSF of space (5,240 GSF clinical/1,740 GSF non-clinical), with two operating rooms (ORs) and seven recovery stations. The ASTC has been approved for neurosurgery, orthopedic surgery, and pain management surgical specialties.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project adds a surgical specialty to a health care facility (ASTC) as defined by the Illinois Health Facilities Planning Act. [20 ILCS 3960/3]

PURPOSE OF THE PROJECT:

- The Applicant stated: *"Adding these services to the existing ambulatory surgery treatment center will improve utilization and address unmet patient needs at North Suburban Pain & Spine Center (NSPS). NSPS already provides services to patients focused on various musculoskeletal injuries, including Neurological, Orthopedic, and Pain Management. By allowing for Podiatric and General Surgery procedures it will help address a gap in available services for those visiting NSPS. Adding Podiatry and General Surgery to NSPS will also allow for better utilization of the facility and its surgical recovery areas."*
- The Table below outlines the utilization of the ASTC as well as patients by payor source for the years 2021 and 2022.

EXECUTIVE SUMMARY
TABLE ONE
Historical Utilization

	2021	2022
Neurological		
Cases	16	78
Hours	42	200
Orthopedic		
Cases	9	51
Hours	18	72
Pain Management		
Cases	35	312
Hours	14	85
Total		
Cases	60	441
Hours	74	357
Patients by Payor Source		
Other Public		182
Insurance		251
Private Pay		8
Total		441

PUBLIC HEARING/COMMENT:

- A public hearing was offered regarding the proposed project, but no public hearing was requested. In addition, no letters of support or opposition were received by the State Board Staff regarding the proposed project.

SUMMARY:

- The State Board Staff reviewed the application for permit and additional information provided by the Applicant and note the following:
- The Applicant stated, at the time of the approval of ASTC, that it would be at target occupancy within two years after project completion. That has not occurred. Additionally, the Applicant (at the time of approval of the ASTC) attested that the payor mix would include 30% Medicare, 10% Medicaid, and 1% charity care patients. No Medicare, Medicaid, or charity care patients have been cared for by this ASTC in 2021 and 2022.
- The Applicant addressed 15 criteria and was not compliant with the following:

Criteria	Reasons for Non-Compliance
77 Ill. Adm. Code 1110.120 – Projected Utilization	The Applicant supplied referral letters from three physicians (see Table Three) agreeing to refer 255 patients (see application pages 55-64). This equates to 433 hours by the second year of operation. The Applicant predicts the addition of surgical services, (433 hours + 441 hours (2022) = 874 hours) combined will not result in satisfactory utilization volume by the end of the second-year post-project. The additional 433 hours would not increase the facility's utilization to the State Board's target utilization. The Applicant does not meet the requirements of this criterion.
77 Ill. Adm. Code 1110.235(c)(2)(A) &(B) - Service to Residents of GSA	The Applicant must provide patient origin information by zip code for the prior 12 months. This information must verify that **at least 50%** of the facility's admissions were residents of the geographic service area (10-mile radii). The Applicant provided patient origin information by zip code or residence but 50% of the admissions were not within the 10-mile radii.
77 Ill. Adm. Code 1110.235(c)(3) - Service Demand - Establishment	By rule, the referrals to a proposed ASTC must be from IDPH licensed ASTCs or hospitals. The Applicant submitted three referral letters (see Table Three) attesting to the historical patient referrals for 1,102 surgeries/procedures in the past year (2022), and the approximate referral of patients for 255 procedures to the ASTC by the second year after project completion. The Applicant has not met the requirements of this criterion due to the historical referrals not culminating in 1,500 hours of utilization for each room.
77 Ill. Adm. Code 1110.235 (5) – Treatment Room Need Assessment	The Applicant supplied referral letters from three physicians (see Table Three) agreeing to refer 255 patients (see application pages 55-64). This equates to 433 hours by the second year of operation. The Applicant predicts the addition of surgical services, (433 hours + 441 hours (CY 2022) = 874 hours) would not increase the facility's utilization to the State Board's

Criteria	Reasons for Non-Compliance
	target utilization. The Applicant does not meet the requirements of this criterion.
77 Ill. Adm. Code 1110.235(c)(6) - Service Accessibility	The Applicant notes there are 17 ASTCs and eight acute care hospitals in the GSA. State Board staff notes five ASTCs and two hospitals provide General Surgery and six ASTCs and one hospital provides Podiatric surgical services. The significant presence of these two surgical services indicates there are no accessibility issues and the Applicant has not successfully addressed this criterion.
77 Ill. Adm. Code 1110.235(c)(7) – Unnecessary Duplication of Service/Maldistribution/Impact on Other Facilities	The Applicant notes there are 17 ASTCs and eight acute care hospitals in the GSA. State Board staff notes five ASTCs and two hospitals provide General Surgery and six ASTCs and one hospital provides Podiatric surgical services. The significant presence these two surgical services indicates there are no accessibility issues and addition of the surgical specialties will duplicate services in the GSA. The Applicant has not successfully addressed this criterion.

STATE BOARD STAFF REPORT
North Suburban Pain and Spine Center
Project #23-043

APPLICATION CHRONOLOGY	
Applicant	North Suburban Pain and Spine Center, LLC
Facility Name	North Suburban Pain and Spine Center
Location	9700 Golf Road, Des Plaines
Permit Holder	North Suburban Pain and Spine Center, LLC
Operating Entity/Licensee	North Suburban Pain and Spine Center, LLC
Owner of Site	General Property Management, LLC
Gross Square Feet	6,980 GSF
Application Received	October 16, 2023
Application Deemed Complete	October 18, 2023
Financial Commitment Date	N/A
Anticipated Completion Date	August 30, 2024
Review Period Ends	December 17, 2023
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. Project Description

The Applicant (North Suburban Pain and Spine Center, LLC) proposes to add surgical specialties to an existing multi-specialty ASTC. The facility is located at 9700 Golf Road in Des Plaines. There is no cost associated with the project and the anticipated completion date is March 1, 2024.

II. Summary of Findings

A. The State Board Staff finds the project is **not** in conformance with all relevant provisions of Part 1110.

B. The State Board Staff finds the provisions of Part 1120 are not applicable to this project.

III. General Information

The Applicant is North Suburban Pain and Spine Center, LLC. The proposed project will add surgical specialties (Podiatry and General Surgery) to an existing multi-specialty ASTC located in Des Plaines. The facility current provides neurologic, orthopedic, and pain management surgical procedures. The ASTC comprises 6,980 GSF, has two ORs and seven recovery stations. North Suburban Pain and Spine Center LLC is a physician-owned limited liability company, founded in February 2018. Dr. Darrel Saldanha is co-Founder and CEO of the corporation and has majority ownership interest in the ASTC. A summary of the ownership interest is listed in Table One.

TABLE ONE Applicant Ownership Interest	
Name	**Percent of Ownership**
Dr. Darrell Saldanha	64.0%
Dr. Dalip Pelinkovac	6.0%
Dr. Sean Salehi	25.0%
Minority Owners	5.0%

IV. Health Service Area/Health Planning Area

The ASTC is in Cook County in Health Service Area VII. This HSA includes DuPage and suburban Cook County. Per the October 2023 Inventory Update, there are 62 ASTCs in HSA-VII containing 177 ORs.

V. Project Description

North Suburban Pain and Spine Center, LLC is an existing multi-specialty ASTC in Des Plaines. The facility currently provides Orthopedic, Neurologic, and Pain Management surgical procedures. The applicant proposes to add General Surgery and Podiatry via this application. The ASTC contains 6,980 GSF (5,240 GSF clinical/1,740 GSF non-clinical) and is in a medical office building, which includes physician offices. The ASTC contains two ORs and eight recovery rooms. There are no costs associated with this project and there are no estimated start-up costs or operating deficit.

VI. Purpose of the Project, Safety Net Impact Statement, Alternatives

A) Criterion 1110.110(a) - Background of the Applicant

To demonstrate compliance with this criterion the Applicant must provide documentation of the following:

1) Any adverse action taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.

2) A listing of all health care facilities currently owned and/or operated by the Applicant in Illinois or elsewhere, including licensing, certification, and accreditation identification numbers, as applicable.

North Suburban Pain and Spine Center, LLC is the sole Applicant and owner of North Suburban Pain and Spine Center. North Suburban Pain and Spine Center LLC is a physician-owned limited liability company, founded in February 2018. The investor/physician-owner is Dr. Darrel Saldanha. Dr. Saldanha currently maintains 64%/majority ownership interest in the ASTC and has taken on physician-investors since establishing the ASTC in 2018 (see Page 3 of the report). The Applicant supplied proof of its Certificate of Good Standing and licensure/accreditation credentials will occur should the project be approved. A letter was supplied, permitting the State Board and IDPH to verify any information contained in this application (see application page 40).

B) **Criterion 1110.110(b) – Purpose of the Project**

The Applicant is required to:

1. **Document that the project will provide health services that improve the health care or wellbeing of the market-area population to be served.**
2. **Define the planning area or market area, or other area, per the applicant's definition.**
3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.**
4. **Cite the sources of the information provided as documentation.**
5. **Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.**
6. **Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

The Applicant stated the following:
"Adding these services to the existing ambulatory surgery treatment center will improve utilization and address unmet patient needs at North Suburban Pain & Spine Center (NSPS). NSPS already provides services to patients focused on various musculoskeletal injuries, including Neurological, Orthopedic, and Pain Management. By allowing for Podiatric and General Surgery procedures it will help address a gap in available services for those visiting NSPS. Adding Podiatry and General Surgery to NSPS will also allow for better utilization of the facility and its surgical recovery areas."

C) **Criterion 1110.110(c) – Safety Net Impact Statement**

The project is classified as non-substantive and a Safety Net Impact Statement is not required. However, the Applicant did attest that the proposed project will not have an adverse effect on essential safety net services in the community, nor will it negatively impact the applicant's ability to cross-subsidize safety net services (see Table Two).

TABLE TWO
Patient Base Payor Mix 2022
North Suburban Pain and Spine Center, LLC

Payor	Percentage
Private Insurance	91.0%
Workers Compensation	1.0%
Other Payors	8.0%

Source: Application, Page 91.

D) **Criterion 1110.110(d) - Alternatives to the Project**

To demonstrate compliance with this criterion the Applicant must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The Applicant considered three alternatives (see application page 45).

1. Maintain Status Quo/Do Nothing

The applicant notes this alternative would have no capital costs but would perpetuate the inability to comprehensively treat its patient base, especially when in need of General Surgery and Podiatric

surgical procedures. Following this alternative would result in the continuation of limited access to surgical services and procedures for patient seeking musculoskeletal surgical services. This option was rejected.

2. Utilization of Existing ASTCs/Hospitals

The Applicant notes the pursuit of this alternative will allow the practice to provide a broader range of services to its patient base but notes the resulting limited access to other ASTCs and hospitals, and scheduling inconsistencies that may cause patients to schedule multiple procedures at different ASTCs. The Applicant also notes that outsourcing surgical services to other ASTCs and hospitals can result in inconsistencies in quality of care, continuity of care, and positive overall outcomes. Due to the lingering concerns for quality care to its patient base, the Applicant rejected this alternative.

3. Project as Proposed

The Applicant choose this option to enhance the utilization at the ASTC and ensure quality care, with outcomes consistent with their level of patient care. The Applicant views this option as being the most cost-effective, and the best option to ensure consistent, quality patient care. There are no costs associated with this alternative.

VII. Size of the Project, Projected Utilization of the Project

A) Criterion 1110.120(a) – Size of the Project

To demonstrate compliance with this criterion, the Applicant must document that the proposed surgical rooms and recovery stations meet the State Board's GSF Standard in Section 1110.Appendix B.

The Applicant proposes to add surgical specialties to an existing multi-specialty ASTC containing two ORs. There are no intentions to increase space or perform any construction/modernization, and the reported clinical spatial allocations (2,620 GSF/surgical suites with four recovery stations per suite) meets the state standard for size compliance and the requirements of the criterion.

B) Criterion 1110.120 (b) – Projected Utilization

To demonstrate compliance with this criterion, the Applicant must document that the proposed surgical/procedure rooms will be at target utilization of 1,500 hours per operating/procedure room by the second year after project completion (see Section 1110.Appendix B).

The State Board standard is 1,500 hours per OR. The Applicant reports substandard utilization data since its licensure in 2021, and reports that it has only recently completed its accreditation survey for deemed status with Medicare. The applicant states the addition of general surgery and podiatry to its repertoire of surgical services will increase utilization at the

facility to satisfy the State Board's utilization standard. The Applicant notes general surgical procedures to be approximately 84 minutes/1.4 hours and podiatric surgical procedures to run 113 minutes/1.88 hours. The Applicant supplied referral letters from three physicians (see Table Three) agreeing to refer 255 patients (see application pages 55-64). This equates to 433 hours by the second year of operation. The Applicant predicts the addition of surgical services, combined with the existing surgical case volume, will result in satisfactory utilization volume by the end of the second-year post-project. However, the additional 433 hours would not increase the facility's utilization to the State Board's target utilization.

TABLE THREE
Projected Utilization per Physician
North Suburban Pain and Spine Center

Physician	Historical Volume	Anticipated Referrals/Hours
Dr. Barry Summer	377	85/119
Dr. Jonathan Hook	348	85/160
Dr. David Gelbmann	377	85/154
TOTAL	**1,102**	**255/433**

Podiatry: .53 hrs.
Neurosurgery: 3.54 hrs.
Orthopedic Surgery: 1.4 hrs.
Podiatry: 1.88 hrs.
General Surgery: 1.4 hrs.

VIII. Establish an Ambulatory Surgery Surgical Treatment Center

A) Criterion 1110.235(c)(2)(A) and (B) – Service to GSA Residents

To demonstrate compliance with this criterion, the Applicant must provide a list of zip codes that comprise the GSA. The Applicant must also provide patient origin information by zip code for the prior 12 months. This information must verify that at least 50% of the facility's admissions were residents of the geographic service area.

By rule, the Applicant must identify all zip codes within the GSA of the ASTC. The Applicant provided this information on pages 51-52 of the application, and the referral letters include a listing of historical patient origin information by zip code for 1,102 historical referrals. By rule, the Applicant must document that 50% of the proposed referrals (surgeries) originated from within the GSA. The Applicant identified 127 (11.5%), patients originating from within the GSA. The Applicant has not met the requirements of this criterion.

B) Criterion 1110.235(c)(3) - Service Demand – Establishment of an ASTC Facility

To demonstrate compliance with this criterion, the Applicant must provide physician referral letters that attest to the total number of treatments for each ASTC service that was referred to an existing IDPH-licensed ASTC or hospital located in the GSA during the 12-month period prior to the application. The referral letter must contain:

1. *Patient origin by zip code of residence.*
2. *Name and specialty of referring physician.*

3. *Name and location of the recipient hospital or ASTC; and*
4. *Number of referrals to other facilities for each proposed ASTC service for each of the latest two years.*
5. *Estimated number of referrals to the proposed ASTC within 24 months after project completion.*
6. *Physician notarized signature signed and dated; and*
7. *An attestation that the patient referrals have not been used to support another pending or approved CON application for the subject services.*

By rule, the referrals to a proposed ASTC must be from IDPH licensed ASTCs or hospitals. The Applicant submitted three referral letters (see Table Three) attesting to the historical patient referrals for 1,102 surgeries/procedures in the past year (2022), and the approximate referral of patients for 255 procedures to the ASTC by the second year after project completion. The Applicant has not met the requirements of this criterion due to the historical referrals not culminating in 1,500 hours of utilization for each room.

C) Criterion 1110.235(c)(5) - Treatment Room Need Assessment

To document compliance with this criterion, the Applicant must provide the projected patient volume or hours to justify the number of ORs requested. The Applicant must document the average treatment time per procedure.

1. The Applicant supplied referral letters from three physicians (see Table Three) agreeing to refer 255 patients (see application pages 55-64). This equates to 433 hours by the second year of operation. The Applicant predicts the addition of surgical services, (433 hours + 441 hours (CY 2022) = 874 hours) would not increase the facility's utilization to the State Board's target utilization. The Applicant does not meet the requirements of this criterion.

2. The Applicant supplied an estimated time per procedure (1.4 hours/general surgery, 1.88 hours/podiatric surgery), which includes prep/clean-up. This time was gathered from historical procedures performed at facilities in the GSA in the past 12 months (2022), an average procedure time of 1.64 hours were calculated from these data, and combined with the number of projected procedures, it appears the Applicant can justify having two operating/procedure rooms.

D) Criterion 1110.235(c)(6) - Service Accessibility

To document compliance with this criterion the Applicant must document that the proposed ASTC services being established is necessary to improve access for residents of the GSA by documenting <u>one</u> of the following:

1. There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project.
2. The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100.
3. The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies.
4. The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:

A) The existing hospital is currently providing outpatient services to the population of the subject GSA.

B) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100.

C) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and

D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

The State Board Staff note the following:

1. There are existing ASTCs and hospitals in the GSA that are under-utilized (see Table Four).

The Applicant notes there are 17 ASTCs and eight acute care hospitals in the GSA. State Board staff notes five ASTCs and two hospitals provide General Surgery and six ASTCs and one hospital provides Podiatric surgical services. The significant presence these two surgical services indicates there are no accessibility issues and the Applicant has not successfully addressed this criterion.

TABLE FOUR
Hospitals and ASTCs within the GSA

Hospital/Surg. Services	City/Distance (miles)	OR/Procedure Rooms	Total Hours	Met Standard?
Presence Holy Family Medical Ctr.	Des Plaines (1.5)	5/2	2,420	No
Advocate Lutheran General Hospital	Park Ridge (2.2)	26/8	54,635	Yes
Glenbrook Hospital	Glenview (5.7)	5/7	20,783	Yes
Presence Resurrection Medical Ctr.	Chicago (6.5)	14/4	12,964	No
Skokie Hospital	Skokie (6.8)	16/7	33,446	Yes
Northwest Community Hospital	Arlington Heights (7)	14/8	31,888	Yes
Alexian Brothers Medical Center	Elk Grove Village (10)	15/12	22,071	No
Northshore Evanston Hospital	Evanston (10)	15/9	45,056	Yes
TOTALS		**167**	**223,263**	
ASTC/Classification/Surg. Services	**City/Distance**	**OR/Procedure Rooms**	**Total Hours**	**Utilization %**
North Suburban Pain & Spine Institute (multi)	Des Plaines (1)	2/0	356	No
Golf Surgical Ctr. (multi) < >	Des Plaines (1.1)	6/2	2,667	No
Des Plaines Endoscopy (single)	Des Plaines (1.5)	0/2	0.6	No
Retina Surgery Center (single)	Niles (1.6)	1/0	35.5	No
Northwest Comm. Foot & Ankle (limited)	Des Plaines (1.6)	3/0	467	No
Illinois Sports Medicine & Orthopedic Surgery Ctr. (multi) <	Morton Grove (4.2)	4/1	5,777	No
Uropartners Surgery Center (limited)	Des Plaines (5.1)	3/0	2,921	No
The Glen Endoscopy Ctr. (single)	Glenview (6.7)	0/3	5,270	Yes
Northwest Endoscopy Ctr. (single)	Arlington Heights (6.8)	0/2	2,254	Yes
Northwest Community Day Surgery (multi) < >	Arlington Heights (7)	10/0	11,408	No
Ravine Way Surgery Center (multi) <	Glenview (7.1)	3/1	4,891	Yes
Northwest Surgicare Healthsouth (multi)	Arlington Heights (7.1)	4/1	1,594	No

TABLE FOUR Hospitals and ASTCs within the GSA				
Hospital/Surg. Services	**City/Distance (miles)**	**OR/Procedure Rooms**	**Total Hours**	**Met Standard?**
Greater Chicago Ctr. For Advanced Surgery (limited) <	Des Plaines (7.3)	2/1	210	No
Illinois Hand & Upper Extremity Ctr. (single)	Arlington Heights (7.4)	1/0	772	Yes
Lurie Children's Hospital ASTC* (multi) >	Northbrook (7.5)	4/0	4,251	No
Associated Surgical Ctr. (multi) < >	Arlington Heights (8.6)	3/0	16,038	Yes
North Shore Surgery Ctr. (multi) < >	Lincolnwood (10)	3/0	3,391	Yes
TOTALS		**62**	**62,303**	
Source: 2022 ASTC and Hospital Survey Information. * - Pediatrics only > = General Surgery < = Podiatry				

E) Criterion 1110.235(c)(7) - Unnecessary Duplication/Maldistribution / Impact on Other Providers

1. To demonstrate compliance with this criterion, the Applicant must provide a list of all Licensed hospitals and ASTCs within the proposed GSA and their historical utilization (within the 12-month period prior to application submission) for the existing surgical/treatment rooms.
2. To demonstrate compliance with this criterion the Applicant must document the ratio of surgical/treatment rooms to the population within the proposed GSA that exceeds one and one half-times the State average.
3. To demonstrate compliance with this criterion the Applicant must document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

The Applicant stated the following to address this criterion:

The Applicant identified a GSA extending 10 miles in all directions from the ASTC, and State Board Staff concurs with these findings. This GSA includes 44 zip codes. The population for this GSA is approximately 1,272,337. There are eight hospitals and 17 ASTCs in the GSA (see Table Four).

Unnecessary Duplication of Service

According to the applicant, the project will not result in an unnecessary duplication of service and notes any impact from the introduction of these surgical services (Podiatry/General Surgery) will be minimal. State Board Staff notes these services are prevalent in the GSA and affirms that offering general surgery and podiatry surgical services may negatively impact existing providers in the GSA.

Limited/Multi-Specialty ASTCs

There are 17 limited/multi-specialty ASTCs within the GSA. Of this number six (35%) are operating at the State Board's target occupancy; seven (41%) offer podiatric surgical services; and five (29%) provide General Surgery.

Hospitals

There are eight hospitals within the GSA. Of this number, five (62%) at the State Board's target occupancy; two (25%) provide general surgery; and none provide podiatric surgical services.

Maldistribution

The Applicant notes the room to population ratio does not indicate a surplus of surgical rooms in the GSA (see Table Five).

TABLE FIVE
Room to Population Ratio

	Population	Rooms	Rooms to Population
State	13,129,223	2,904	1:4,521
GSA	1,272,337	229	1:5,557

Reviewer Note: A surplus is defined as the ratio of operating/procedure rooms to the population within the GSA [GSA Ratio] to the State of Illinois ratio that is 1.5 times the GSA ratio.

Impact on Other Facilities

The Applicant states the proposed project will have minimal impact on providers within the GSA. However, there are existing providers in the GSA providing identical services that are operating below the State Board's standard (see Table Six).

The Applicant has not met this requirement because there are existing ASTCs, and hospitals currently underutilized in the GSA offering the two surgical services proposed.

F) Criterion 1110.235(c)(8) - Staffing

To demonstrate compliance with this criterion, the Applicant must provide documentation that relevant clinical and professional staffing needs will be met, and a medical director will be selected that is board certified.

The applicant supplied a curricula vita for its Medical Director, Dr. Darrel Saldhana (application, p. 72), and attests the proposed facility will operate with sufficient staffing levels required for licensure and the provision of safe and effective care. The Applicant notes additional staff will be recruited via job search sites and professional placement services, if necessary. Based upon the information provided in the application for permit, it appears the ASTC will be properly staffed.

G) Criterion 1110.235(c)(9) - Charge Commitment

To document compliance with this criterion the Applicant must provide the following:

1) A statement of all charges, except for any professional fee (physician charge).

2) A commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicant supplied a statement of charges (application, p. 81-82) and attested that the identified charges will not increase for at least the first two years the Applicant is in operation as an ASTC.

H) Criterion 1110.235(c)(10) - Assurances

To demonstrate compliance with this criterion, the Applicant must attest that a peer review program will be implemented and the proposed ASTC will be at target occupancy two years after project completion.

The Applicant attests that North Suburban Pain and Spine Center, LLC will implement a peer review program to maintain quality patient care standards and meet or exceed the utilization standards specified in 77 IAC 1100, by the second year of operation (application, p. 86).

to spend the whole day here and then only to have your application deferred. So I think, you know, that's fair if it changed afterwards, everyone on the board had different information and so now we're hearing very substantive new information, right? And so we need some time to review it. I would suggest that when you leave here give Mike and George a call so they, you can go ahead and get the new information and submit it so that we can get that processed and reviewed by the time that we get back to the May 9th meeting.

CHAIRWOMAN SAVAGE: Okay. So another announcement. We are going to move our rules item on the agenda to the May 9th, 2024 meeting; just so everyone knows. Okay. So now we are going to move on to H-07 North Suburban Pain and Spine Center in Des Plaines, Illinois. Do we have a motion to approve project 23-043 for the expansion of two surgical specialties to the existing surgery center.

MR. BURNETT: So moved

MS. LEGRAND: Second.

CHAIRWOMAN SAVAGE: Okay. Once you all are seated, if you could new people, introduce yourselves. Spell your name for the court reporter and he shall swear you in.

MR. SALDANHA: Darrell Saldanha.

CHAIRWOMAN SAVAGE: Spell your name.

MR. SALDANHA: D-A-R-R-E-L. Last name Saldanha, S-A-L-D-A-N-H-A.

MR. HOOK: Jonathan Hook, J-O-N-A-T-H-A-N. Hook, H-O-O-K.

MR. GIMBEL: Stuart Gimbel. S-T-U-A-R-T G-I-M-B-E-L.

(Whereupon:

DARRELL SALDANHA

JONATHAN HOOK

STUART GIMBEL

After being duly sworn, were examined and testified as follows:)

CHAIRWOMAN SAVAGE: Thank you. Mike or George, if you could produce the state board staff report.

MR. CONSTANTINO: Thank you Madam Chair. The applicant proposes to add general surgery in podiatry surgical services to its existing ASTC in Des Plaines, Illinois. There's no cost to the project. Expected completion date is March 1st, 2024. That may need to be updated if the project is approved; I believe the applicants were going to update it here at the meeting if the project is approved.

The applicants failed to meet projected utilization, service to residents of the GSA, service demand, treatment room need assessment, service accessibility, and unnecessary duplication of service. There was no public hearing request. Thank you Madam Chair.

CHAIRWOMAN SAVAGE: Thank you, Mike, if you'd like to proceed.

MR. MORANO: Yes, good afternoon. Members of the board, we're pleased to be before you today with an application that is, again, rooted in better utilization of an existing facility and seeks to address patient care issues and more than anything else, operational issues that had existed at the facility. North Suburban Pain and Spine is a multi-specialty ASTC, that was designed to offer a full compliment of musculoskeletal outpatient surgical procedures. The application that's before you today is to add general surgery and podiatry services to address these operational issues, which Darrell is going to explain.

Before I get into more detail I want to make sure I introduce everyone with us today, we have Dr. Darryl Saldanha, the medical director of the ASTC, Dr. Jonathan Hook podiatrist, who's supporting this application, Stuart Gimbel, the CEO of the ASTC, who's not going to be

speaking, but is available for questions. And my partner Mark Silberman. Again, we'd like to thank the staff for the Positive Staff report. We're pleased that there was zero opposition and no public hearing requested for this project. Darrell's going to explain for you the history of the facility and why we filed this application. Dr. Hook's going to talk a little bit about the access issues he's facing as a surgeon in the community. And finally, Mark's going to address the criteria that we're not in conformance. And with that, I'm going to pass it on to Darrell.

MR. SALDANHA: Good afternoon. Thank you members of the board for hearing our application for the addition of two specialties of general surgery and podiatry. As we were granted the application back in December of 2018, we have grown to start fulfill our mission of treating musculoskeletal care issues within our center. As the center has grown through the Covid times and come up to speed thereafter, we have encountered the need for additional specialties to service our client population or patient population.

Specifically with general surgery, our spine surgeons are looking to do more anterior or front approach spine surgeries, and they will require a general surgeon to

access that location of the body. And additionally for podiatry, as we have grown to continue to practice with our muscular skeletal care, we have had a need to address issues of the foot and ankle. So to provide more comprehensive care for our patients, our center has been able to access provide greater access to care for surrounding surgeons and have an open staff policy and allow more cases to be done to increase utilization due to our comprehensive anesthesia program and availability of block time for the surgeons.

And I believe that these two specialties will allow us by provide greater care to our patients. And with that, I'll ask Dr. Dr. Hook who can provide some insight into his access issues with himself.

MR. HOOK: Good afternoon. My name is Jonathan Hook. I am a podiatrist and a board certified foot and ankle surgeon. I practice in Mount Prospect and Libertyville. I'm employed by the Foot and Ankle Institute. I also am currently functioning as the fellowship program director. There's quite a few non-operative physicians in my group. So I'm treated as the tertiary surgeon and I do a high volume foot and ankle surgery for our practice. Due to the high volume of surgery, I have difficulty finding adequate block time and

either hospitals or surgery centers either due to anesthesia or staffing issues.

This center is going to provide me with the ability to have additional block time to provide treatment for my patients and have the ability to schedule cases on a regular basis. Thank you.

MR. SILBERMAN: So members of the board, the driving force behind this project is to comply with the board's rules and follow through regarding the commitments they made regarding the utilization of this project. As you've heard, the ramp up during the pandemic was more gradual than expected. So the applicant's doing what it can to make sure that the facility ends up fully utilized. More importantly, they're trying to do this the right way. One of the things that we jumped over out of sort of time, but one of the challenges they've had is there's been various surgical spinal procedures that they've been wanting to do that have a general surgical component to it.

And therefore, based on the fact that they didn't have the general surgical capacity, they have not been willing to do the surgeries at the facility, in part because they don't get the advance approval or the authorization to perform the general component. And so being responsible

and limiting themselves to the categories of service they have, they've passed on those opportunities. By adding the general category of service, they will be able to perform the spinal procedures that have that expanded component where the general surgical component is part of that.

The other aspect of that is also with the podiatric. There are circumstances where anytime, as Dr. Hook explained to me, anytime you pass the patella, you start getting into a question of, is the procedure that's being done, is it orthopedic? Is it pain management, is it podiatric? And the cleanest way to do it's to make sure you simply have the category of service to be able to ensure. Because once you have the lower leg, rather than risk any degree of gamesmanship or very realistically risk claims denials, because we don't have the right category of service, if we have the capacity, we have the interest and we can solve the access issues by providing this care, we want to do it. Adding the specialty makes the most sense.

The negative findings that you have before the board are rooted in the fact that the facility's not fully utilized. And we agree that's actually why we're here before you today. But you know, as you've heard, utilization trends continue to rise. The applicant's

committed to doing what it needs for the full utilization. These negative findings generally relate to a facility being underutilized. And the issue is that the volume of proposed referrals, you heard this earlier today on another application, even with these referrals, it doesn't necessarily get us to full utilization.

But this is an existing facility and that rationale makes a lot of sense when you have a facility that's expanding to add an OR, or to add to its capacity. This is just to add two specialties to make sure we can do the procedures we envision doing and to help add access to care for doctors like Dr. Hook who are looking to find a place where they can perform these podiatric procedures. This project's not looking to expand the volume of the ORs just to expand the services and ensuring better utilization of this facility, which as we've discussed, is a core tenant to this program.

So with that, we've jumped over some stuff out of respect for time. If there's anything we've missed in questions we can answer, please don't hesitate to ask, but we're happy to address any questions You have.

CHAIRWOMAN SAVAGE: Questions by our board members.

MS. HENDRICKSON: What, in your sum -- in the staff

report summary, it mentions that you have not hit your Medicaid or your charity care patient volumes that you had put in your original projection. What are you doing to meet that now?

MR. HOOK: Can I just maybe set it up a little bit and I'll let Stuart, the CEO talk about this further. So one of the things I wanted to point out, and it's described in the application as a result of all the number of delays from Covid, the facility was actually just admitted into the Medicare program as of January, 2023. Which is, you probably are aware means that you can't even get into the Medicaid program unless you have your Medicare enrollment. So that's one thing that has been accomplished along the way. And now I understand, and I think Stuart, he will talk a little bit more about some of the ongoing conversations they're having regarding enrolling in with the Medicaid managed care providers, Stuart.

MR. GIMBEL: Yeah, and just to give you a better idea of the time line we only were able to get our Medicare number in January of 2023. So that was a prerequisite to being able to provide any Medicaid care at that point. We've also been actively trying to get on commercial insurance plan since that time. We would, we

would never turn away a Medicaid patient. We take whatever patients are brought to our door and we're hoping to do more of that in the future.

DR. TANKSLEY: Just a follow up, when did you apply for the application?

MR. MORANO: Which --

DR. TANKSLEY: for the Medicare, you said you received your Medicare -- Medicaid number in 2023. When did you apply for it?

MR. GIMBEL: So we got our certificate of need in December, 2018. We built our building and surgery center through Covid and got certificate of occupancy for the building from the Cook County because we're in unincorporated in Cook County in December of 2020. Then we had some issues getting the equipment we needed. We only got licensed by IDPH in the end of May of 2021. At that point, we had to do a certain number of procedures in order to go through the joint commission certification process. So we started doing procedures at that time. We ended up flying to joint commission, I want to say in about June of 2023. And we aced at that and got our approval in November, got our Medicare number January 9th, 2023.

MR. MORANO: And I think to answer your question

member Tanksley, in page 91 of the application, it does show that the date that Stewart's referencing in terms of the Medicare certification, right now, the current, the facility is currently contracted with United Healthcare Aetna, Cigna, which had Medicaid products. There had been discussions, although no enrollment at this time with the Blue Cross Blue Shield product, nor with the county care product. But it, I can, I guess they would still qualify forward even though they're in an unincorporated county.

DR. TANKSLEY: I'm not sure that I understand. So here you have 10 percent Medicaid was going to be part of your payer mix. Is that, but you're saying that you, you are in network work with Medicaid or you're not?

MR. SILBERMAN: So they have the managed care organizations and some of the some of them have, they're a product. So the ones we're in right now are United Healthcare, Aetna and Cigna.

DR. TANKSLEY: Medicaid.

MR. SILBERMAN: Right. I believe it. Cigna has the Medicaid product.

DR. TANKSLEY: Cigna. Oh, so it's their Medicaid -- It's the Medicaid managed care --

MR. SILBERMAN: Yeah.

DR. TANKSLEY: -- product. Okay. The managed Care

product.

MR. SILBERMAN: Correct. And I think the answer is --

DR. TANKSLEY: Has one as well -- too.

MR. SILBERMAN: I believe they do. I don't know for sure, but I know definitely Cigna and I believe Aetna does. And Blue Cross is of one of the biggest that has a Medicaid product as well as county care. And that's the one I was not sure if it still qualifies, but I would imagine it does. 'Cause It's

DR. TANKSLEY: So you're in Blue Cross, you're in with Aetna.

MR. MORANO: We're not in a Blue Cross, just to be clear. There have been conversations but they have not submitted an application nor enrolled with them yet, neither on the commercial side.

MR. SILBERMAN: And so as to why then we haven't hit the targets at this point is because the window of time in which they've been eligible to be performing Medicare Medicaid is limited to since the beginning of 2023. And just so the patient mix hasn't played out.

DR. TANKSLEY: Thank you.

MR. FOX: Yeah. could you tell me in regards to the general surgery on the three physicians on table

three, I see Dr. Hook is a podiatrist on there, Dr. Sumner and Dr. Gelman. What are their specialties?

MR. HOOK: I can answer that one. One of them is the general surgeon. I think there's two general surgeons, is that right? Yes. He's a general surgeon.

MR. FOX: I asked, so Dr. Sumner is not here.

MR. MORANO: I'm pulling it up right now. Okay. we have Dr. Sumner who is a general surgeon. Correct. And then we have Dr. Hook who's here before us. Yeah. And Dr. Gelman is a podiatrist.

MR. BUDDE: Okay. When you do a procedure, if you're using the general surgeon for access to do the front procedure, is there a double billing for the ortho or does it all just keep billed under the ortho body? Who actually does the, the disc repair or the fusion or what?

MR. SALDANHA: I'm not a billing expert, but I believe there is a assistant component that they have to provide to get into the access portion. So there is a billable component, but a several, several, not from the facility side, but from the certain side there should be a separate billing. And that's rightfully so. 'cause They're performing generally open procedure from the abdomen. So they bill separately, but the facility is still just the same procedure.

MR. KATZ: Okay. Any consideration for delaying this and coming back once you've demonstrated you're going to take care of Medicaid patients?

MR. SILBERMAN: We haven't. And I guess the only thing I would say is this, is that this facility has had a significant challenge in getting up and running and getting going. And it's just really starting to, and we can recommit to the commitments that have been previously made. As with regards to the target utilization, they've already taken the steps of getting enrolled into Medicaid and getting enrolled into various products and they're continuing those discussions.

But at the end of the day, and I think this is a point, when you identify a target goal of what your percentage of Medicaid patients are going to be, it's ultimately going to be reflective of the patients that come through the door. And right now what they're trying to do is to make sure they have enough patients coming through the door across the board. Now there, I mean, correct me if I'm wrong, but all of the different specialties that you provide are accepting Medicaid?

It isn't limited. I, I accept Medicaid. Yes. So if you want to, so

MR. SALDANHA: I do accept Medicaid, I accept

meridians. So that would be a portion of my practice. Personally I'm a, a pain management physician, double board certified anesthesia and pain management. Currently, I cannot take my case as a center because we are not fully enrolled, but we plan to do that fully as soon as the, the products come through and the contractual negotiations are complete. So that would be utilization from that alone as well.

MR. KATZ: I assume that the biggest impact of the new cases are going to be the podiatry cases?

MR. SILBERMAN: Is the podiatric? Absolutely. There are, there are, to be clear, there's some procedures that have been like ankle procedures where there's going to question of whether it should be properly classified. But Dr. Hook is also going to bring a podiatric practice that will have its own Medicaid component.

And then with regards to the general category of surgery, just to be clear, they're not looking to become a general surgeon. This is to facilitate some of the spinal procedures that they want to be able to do and to make sure they're approaching it -- this right way with the appropriate regulatory approvals.

MR. HOOK: I think it's important also, member buddy, to recognize probably a little bit of may up on our

part. And a nod to member Katz, your efficiency arguments you've been making today. The last couple of these ASTCs that we brought forth that have been pain and ortho focused, we typically will apply for three categories of service pain, ortho and podiatry, kind of like as a combo because of the very reasons we're describing today. So should we have brought podiatry under the original one? Probably. I don't think that we could have foresaw the general surgery issues that the facility is facing now. And I think as Mark kind of described, we don't intend to become fully service in doing general surgeries. It's really more as a compliment to everything else that we're trying to do in terms of musculoskeletal care.

MR. KATZ: But once you gain that addition, then whatever the intentions are at the table today can change. 'cause Then you could do general surgery procedures. I guess I'd ask the staff that is there, is that limited to a particular application or once it's general surgery? It's general surgery and it, and it's open at that point in time, it's open.

MR. MORANO: I think we are open to the extent that it would be helpful to a condition placed on that category service limiting it to the support of orthopedic and paid procedures.

MR. SILBERMAN: And what I was going to say is there's, there's no interest to be doing the gallbladders and things. I mean, that's just not the desire or the design of the facility. And then back to your point with regards to the advancement of Medicaid, I think allowing the addition of podiatric will help do that and will help demonstrate that commitment. Even though it's a new component, we're not bringing in new physicians who don't have a commitment and don't already have Medicaid patient population. We're looking to then use that as the opportunity to continue the utilization.

CHAIRWOMAN SAVAGE: Other questions?

DR. TANKSLEY: Yeah, I, I got a follow up to my question. I read page 91 pretty extensively and I just want to make sure that I'm, I'm understanding, so your, your initial application was approved in 2018 for your center; Correct? Okay. And when did you apply for Medicaid? Like when did you apply to be a part of the Medicaid system?

MR. SILBERMAN: So if, and I, if I get the sequencing wrong, I invite anyone in the room to correct me if I'm wrong. But once they, we had the delay with regards to the pandemic to the completion and the getting of the facility up and running. Once the facility was

licensed by public health, they then needed to demonstrate a requisite number of surgical procedures before they could apply for Medicare through the joint commission certification process. Joint certification will yield the Medicare certification. Once they completed that, which if I understood correctly, was in June of 2022 --

DR. TANKSLEY: 2020.

MR. SILBERMAN: 2021, that's when they completed the requisite number of procedures is when they then applied for the Medicare certification, which you said was --

MR. GIMBEL: We got our Medicare license in January of 2023. And then we've been applying with the primary carriers Blue Cross, United, Cigna, Humana, Aetna. And we've been going through that process of getting on as participating members in all of their packages during the course of 2023.

DR. TANKSLEY: So did you do any procedures at all, like prior to your Medicare approval?

MR. SILBERMAN: Yes. Yes. You, you have to do a certain number of procedures in order to go through the joint commission process.

DR. TANKSLEY: I guess I'm just confused on the delay in applying, like, I guess what was the delay?

MR. SILBERMAN: You can't apply until you've completed the requisite. So that's how long it took them to get the requisite procedures Done.

DR. TANKSLEY: It took four years to get things done?

MR. GIMBEL: Well, no, We, we only got our IDPH license in June of 2021. We started and applied for joint commission in 2022. We passed joint commission in November 2022, and we're deemed admitted into the Medicare program in January of 2023.

DR. TANKSLEY: So it looks like it took two years.

MR. SILBERMAN: It took one Year.

DR. TANKSLEY: You were approved here in 2018, right. And then from 2018 to 2020, like what happened from 2018 to 2020?

MR. GIMBEL: We built the building. Yes. Or do you want to talk about.

DR. TANKSLEY: it took three years to build your building?

MR. SILBERMAN: So the, the issues were, there was issues with regards to supply chains during the pandemic. There was issues with regards to construction.

DR. TANKSLEY: These are pre-pandemic dates 2018 2019. These are pre-pandemic.

MR. SALDANHA: If I could just say there, there was since we're unincorporated displays, there's quite a lag of time between getting the permits and then we hit the pandemic and then supply chain issues and everything else. And just a matter of physical workers at the building, there were just not that many. And then a lot of procedures were not being done thereafter due to covid and patient hesitancy. And that whole period, it was stretched out from that time to when we basically got the Medicare license and 90 page license. So it was a lot of lag because of this circumstances of what was going on in the world generally. So that's kind of what our issues have been for that.

MR. BUDDE: I think that the question that Dr. Tanksley has asked, and I'm not sure that I've heard the answer, is have you applied for a contract with public aid and do you have a public aid contract?

MR. GIMBEL: I don't believe we have a contract directly with public aid just through the it was Aetna services provided by the Aetna.

MR. BUDDE: And so, so you're caring for public aid patients, but it's through the Medicaid managed care program?

MR. SALDANHA: Yes, actually the vast majority of

the Medicaid patients that we have encountered over the last couple years in just our different practices are enrolled in a managed care product through these big carriers. So the priority is to get to them, but as a matter of circumstance when we have a manager primary and a Medicaid secondary do accept those and those come through the door all the time. And we have no hesitancy. A lot of our patients are older and with chronic pain and their primary products Medicare, but we were focusing on getting these managed care products taken care of so we can take more of the patients immediately. And we're trying to do everything at one time because there's a lot of hurdles in terms of time line and communication that we have encountered that we are overcoming. But there's a strong need for our center to take Medicaid because we don't want to isolate those patients in any way. And there, there are a lot, it's a huge portion of our practices on the individual providers and surgeons. So it just, it's a, it's just a good idea for to do that quickly. It's just a matter of time. So we're, we're working on it very hard.

CHAIRWOMAN SAVAGE: Thank you. Other questions, Rex.

MR. BUDDE: Yeah, I have one more. In doing the

spinal procedures front access, which I had done three weeks ago my tie is rubbing on the scar. What are the plans, or, you know, if the general surgeon does the access and then the orthopod's doing the spine work, there's a lot of really sensitive stuff between the front and the back. And what's, if something gets nicked, have you, have you thought through what happens if we have a, a bad outcome or if we can, you know, orthopod nick something or, or I mean, what, how are you going to handle that?

` MR. MORANO: These surgeons are very skilled at what they do. So, but there is backup plans for these sorts of instances. We have. Initially there is a, it would be an agreement within a blood bank who could provide you know, blood cells to infuse if there's an issue with nick artery, we have a comprehensive list of what's called hemostatic agents to sort of fix any issue with the artery or vein. And we have a transfer agreement with the hospital that we can utilize. We can always and we have skilled anesthesiologist, that's another important thing. And we have a rapid infusion devices of IV bags to hold the patient over. Everybody in the facility is trained on ACLS and the facility provides a very high standard of care in terms of the practitioners and the

nursing staff and the answering staff and those things. So there's the level of care is just very hospital grade and we're very proud of it and we're excited to put these procedures together because we want to just provide more comprehensive care.

CHAIRWOMAN SAVAGE: Other questions?

(No verbal response)

CHAIRWOMAN SAVAGE: Okay, George, if you could call the roll.

MR. ROATE: Thank you, Madam Chair. A motion made by Mr. Burnett, seconded by Ms. LeGrand.

MR. ROATE: Mr. Budde.

MR. BUDDE: I'm going to vote no and I'd like to see the applicant come back after they've completed their commitment to IDPH and all the applications and demonstrated a track record. So for that, waiting for that, I'm going to vote no for right now.

MR. ROATE: Thank you. Mr. Burnett.

MR. BURNETT: I vote no as well.

MR. ROATE: Thank you. Mr. Fox.

MR. FOX: I'm going to vote yes because I think the addition of these specialties to an existing facility at no cost will help the facility get to the desired utilization levels.

MR. ROATE: Thank you. Ms. Hendrickson.

MS. HENDRICKSON: I'm going to vote no similar to my earlier peers until I see the numbers reflect what was in the original application in terms of utilization.

MR. ROATE: Thank you. David Katz.

MR. KATZ: I'm going to vote yes and echo David Fox's comments.

MR. ROATE: Thank you. Gary Kaatz.

MR. KAATZ: I'm going to vote no, I'm Concerned about the things that were Identified in the staff Report.

MR. ROATE: Thank you. Ms. Legrand.

MS. LEGRAND: I'm also going to vote no at this time for what my board members have said.

MR. MORANO: Excuse me, George. If I can ask for consideration a board deferral at this time, we can come back, get some of that additional information that's been requested by the members and then we can reappear.

MR. SILBERMAN: And if I could, the, the rationale I would offer for consideration is the following. There's clearly there's information that's wanted with regards to the progress regarding commitment to Medicaid and that I think we can address with regards to the ongoing

applications. But the other issue is this, I appreciate the desire to see the commitment towards the utilization that was previously predicted, but the negative findings relate to the fact that we haven't met those utilizations and that therefore, and the addition of the categories of services to help us meet those utilizations. So I think we need to do a better job of evaluating and presenting that to the staff so that they can evaluate it and then to the board. So in an ideal world, we'd love the opportunity to do that. If Roberts allows, we would have no objection to a single vote to recall the vote and approve a deferral. We would not mind a combined vote for the record. We would waive any objection to that. If that helps save time.

CHAIRWOMAN SAVAGE: Okay. May I have a motion to end the debate on this applicant and defer until the next meeting, I guess, or future meeting?

MS. HARDY-WALLER: I'll make that motion.

CHAIRWOMAN SAVAGE: Did we have a second?

MR. FOX: Second.

CHAIRWOMAN SAVAGE: Oh, sorry. George, if you could please call the roll.

MR. ROATE: Thank you Madam Chair. Motion made by Ms. Hardy-Waller, seconded by Mr. Fox.

MR. ROATE: Mr. Budde.

MR. BUDDE: Yes.

MR. ROATE: Thank you. Mr. Burnett.

MR. BURNETT: Yes.

MR. ROATE: Thank you. Mr. Fox.

MR. FOX: Yes.

MR. ROATE: Thank you. Ms. Hendrickson.

MS. HENDRICKSON: Yes.

MR. ROATE: Thank you. David Katz.

MR. KATZ: Absolutely not. I mean, this is like taking a test, getting through eight of the 10 questions, deciding you'd rather take the makeup test the next day. I mean, it's ridiculous. So, no, and I know I'm in a minority here, but absolutely not.

MR. ROATE: Gary Kaatz.

MR. KAATZ: Yes.

MR. ROATE: Ms. Legrand.

MS. LEGRAND: Yes.

MR. ROATE: Thank you. Dr. Tanksley.

DR. TANKSLEY: No.

MR. ROATE: Thank you. Ms. Hardy Waller?

MS. HARDY-WALLER: Yes.

MR. ROATE: Thank you. Chairwoman Savage?

CHAIRWOMAN SAVAGE: Yes.

MR. ROATE: Thank you. That's eight votes in

the affirmative. Two votes in the negative.

CHAIRWOMAN SAVAGE: So that motion is, or the permit is deferred. Thank you. That's it.

MR. KATZ: Can I, can I make a comment for the record, please? Which is that I would like to understand better how this process works because I just, this like I have a second or third time We've Done this kind of, I don't like where it's going, so let's pretend it didn't happen routine. And that's, I've just never seen a process works the way that may be the way it's supposed to work here. If it is, I'd like to understand that better. And if it's not, I, I'm not sure whether we can undo what we just did with these guys, but it's why I, I maybe that's it. I don't know. I don't know what the right form is to discuss that, it's in the middle of a vote.

MS. DOMINGUEZ: There is a process. But we would've still gone through the process of residing the vote, going through the motion and applying because they're entitled to that by the rules. It's just when they come to here. And I think that's just another, you know, lesson learned.

MR. KATZ: So why would anybody allow themselves to get voted down? Why, why wouldn't anybody who doesn't get approved just pursue the vote? Well, I mean, that's what I would do.

MS. DOMINGUEZ: The board does have the right to also vote to defer matters. So we could, if continued and you have the option to either issue an intent to deny which gives them the opportunity to come back, or the board could have continued with the vote and just done a motion or a vote to defer until, you know, two meetings now or a meeting for now. So there are other options the board could have, we could have continued to do that as well. So I think it's just a matter of reminding the board that you do have options besides yes and no.

MR. KAATZ: Blanca do we have an obligation? We I, oh, I'm sorry. I'm sorry. Oh, do we have an obligation that when we approve the CON we're approving somebody coming before us saying, I'm accountable, this is our plan. And we, we are committing to these numbers or this progress or whatever. Do we have an obligation as a board that if they're not doing that to basically halt the project

MS. DOMINGUEZ: Well, there are options. You could always issue a permit based on contingencies and having them or, or contingent, you know, or conditions on the permit. But I, I think that's a, a more of a CEU type of basis for the board.

MR. KAATZ: What is CEU?

MS. DOMINGUEZ: Oh or continuing education type of thing? Just to advise you, remind you and, and stuff the options that you as board members have so that you're better prepared to know this is the action that I want to take with this particular application.

MR. KAATZ: I Mean, I'm, I'm almost offended when somebody comes in and said several years ago we promised to do all this, if you please approve this, right? And then we approve them and then they come back basically say, no, we can't, we can't do that. We have to add these and our board of staffers have to write it all up again against all the same standards and they come back all negative.

MS. DOMINGUEZ: The board does have discretion to revoke permits, but again, we have to go through and, you know, kind of go through the process educate everyone on what that looks like and what parameters you can set on something like that. Before we go to that, but again, I think that's for a different day. So that we can try to get everyone.

MR. BUDDE: Gary, I'm sympathetic with your comment and I would add that because of the pandemic, I think people's plans have been thrown up in the air in terms of growth of volume and even completion of the

facility. So even as we want to hold people to the promises they make in the presentation, in this particular case, maybe the pandemic impeded their ability to grow the program.

CHAIRWOMAN SAVAGE: Okay, well we're going to move on. Already been delayed today, so let's just keep going.

CHAIRWOMAN SAVAGE: All right, so H-08 Innovia Surgery Center in Wood dale, Illinois. May I have a motion to approve project 23 - 046 for the expansion of two surgical specialties to the existing surgery center?

MS. LEGRAND: So moved.

CHAIRWOMAN SAVAGE: Second.

MR. FOX: Second.

CHAIRWOMAN SAVAGE: Okay. folks can introduce yourselves, spell your names for the court reporter and then he will swear you in.

MS. SCHMIDT: Thank you. Vera Schmidt, V-E-R-A S-C-H-M-I-D-T

MR. GOYAL: Vinnie Goyal, V-I-N-N-I-E-Y G-O-Y-A-L.

CHAIRWOMAN SAVAGE: And you can use the other one too, sir.

MR. ERICKSON: My name is Robert J. Erickson, E-R-I-C-K-S-O-N.

23-042 North Suburban Pain & Spine Center - Des Plaines