



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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	BOARD MEETING: September 25, 2025	PROJECT NO: 25-024	PROJECT COST: Original: \$5,753,206
FACILITY NAME: UroPartners Imaging Center		CITY: Westchester	
TYPE OF PROJECT: Non-Substantive			HSA: VII

DESCRIPTION: The Applicants (UroPartners, LLC and Solaris Health Holdings, LLC) propose to add Major Medical Equipment to the UroPartners Imaging Center located at 2225 Enterprise Drive, Suite 3510, Westchester, Illinois. This major medical equipment includes a combined Positron Emission Tomography (“PET”) and Computed Tomography (“CT”) machine ("PET CT" machine). The cost of the project is \$5,753,206, and the expected completion date is July 1, 2026.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (UroPartners, LLC and Solaris Health Holdings, LLC) propose to add Major Medical Equipment to the UroPartners Imaging Center located at 2225 Enterprise Drive, Suite 3510, Westchester, Illinois. This major medical equipment includes a combined Positron Emission Tomography (“PET”) and Computed Tomography (“CT”) machine ("PET CT" machine). The cost of the project is \$5,753,206, and the expected completion date is July 1, 2026.

PURPOSE OF THE PROJECT

- The purpose of this project is to add and install three major pieces of medical imaging equipment: 1. a Biograph mCT PET-CT scanner, 2. a mobile Cone Beam CT 3D Imaging Cios Spin system with an Artis Q Imaging platform, and 3. an Acuson Maple Ultrasound System. According to the Applicants, this project proposes to address the regular deterioration of existing equipment.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because of the cost of the major medical equipment¹ exceeds the capital expenditure of \$4,640,230.

PUBLIC COMMENT:

- The State Board has received no letters of support or opposition, and no public hearing has been requested.

SUMMARY:

The Applicants are requesting that the State Board approve a new Positron Emission Tomography–Computed Tomography (PET/CT) machine, a fixed-artisan ceiling medical imaging system, a mobile C-arm Cios spin machine, and other related equipment. This modernization would replace aging equipment that has deteriorated over time, bringing the latest technology and improved care to patients. According to the Applicants, the new equipment offers significant clinical advantages over existing machines, such as enhanced accuracy, faster imaging times, or lower radiation doses. These two imaging modalities will be used in tandem to provide critical diagnostic and interventional support for patients with suspected or diagnosed urologic conditions, particularly prostate and kidney cancers.

- The Applicants have successfully addressed all the requirements of the State Board.

¹ "Major medical equipment" means medical equipment which is used for the provision of medical and other health services and which costs in excess of the capital expenditure minimum, except that such term does not include medical equipment acquired by or on behalf of a clinical laboratory to provide clinical laboratory services if the clinical laboratory is independent of a physician's office and a hospital. It has been determined under Title XVIII of the Social Security Act to meet the requirements of paragraphs (10) and (11) of Section 1861(s) of such Act. In determining whether medical equipment has a value in excess of the capital expenditure minimum, the value of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition of such equipment shall be included. (Source: 20 ILCS 3960/3)

State Board Staff Report
PROJECT #25-024
UroPartners Imaging Center

APPLICATION / CHRONOLOGY / SUMMARY	
Applicants	UroPartners, LLC and Solaris Health Holdings, LLC
Facility Name	UroPartners Imaging Center
Location	2225 Enterprise Drive, Suite 3510, Westchester, Illinois
Permit Holder	UroPartners, LLC and Solaris Health Holdings, LLC
Operating Entity	UroPartners, LLC
Owner of Site	Enterprise Centre, LLC
Application Received	June 18, 2025
Application Deemed Substantially Complete	June 23, 2025
Review Period Ends	August 24, 2025
Project Completion Date	July 1, 2026
Review Period Extended by the State Board Staff?	No
Can the Applicants request a deferral?	Yes

I. The Proposed Project

The Applicants (UroPartners, LLC and Solaris Health Holdings, LLC) propose to add Major Medical Equipment to the UroPartners Imaging Center located at 2225 Enterprise Drive, Suite 3510, Westchester, Illinois. This major medical equipment includes a combined Positron Emission Tomography (“PET”) and Computed Tomography (“CT”) machine ("PET CT" machine). The cost of the project is \$5,753,206, and the expected completion date is July 1, 2026.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project is in conformance with the provisions of Part 1120.

III. General Information

The Applicants are UroPartners, LLC, and Solaris Health Holdings, LLC. This project is a non-substantive project subject to a 60-day review. The operating entity licensee is UroPartners, LLC, and the owner of the site is Enterprise Centre, LLC. Financial commitment will occur after permit issuance. This project is subject to review under Parts 1110 and 1120.

IV. Project Details

As the population expands, the percentage of Americans over age 65 is expected to double from 2000 to 2050.^b This population expansion will be accompanied by a marked increase in patients requiring care for disorders with high prevalence in the elderly. In consideration of the aging population, research states, “imaging strongly contributes to establishing accurate and timely diagnosis, informs and guides treatment decisions, and contributes to improving treatment outcomes.” Imaging is used for the precise planning of radiotherapy procedures and real-time visualization of various image-guided interventions. It is essential in tumor sampling for pathology work-up, which is crucial for the Applicant’s aging patients with oncologic, neurologic, and cardiac concerns.

i) *Cancer*: Imaging in oncology is used for lesion detection, lesion characterization, staging of malignant lesions, and assessment of the therapeutic response. The combined PET/CT images have the potential to guide biopsies of the most metabolically active regions of tumors and provide better maps of viable cancer than CT alone, for modulating the field and dose of radiation therapy.

ii) *Neurological Conditions*: As the size and proportion of the population age 65 and older continues to increase, the number of residents with Alzheimer’s or other dementias will grow. In neurology, PET/CT plays an important role in the clinical assessment of dementias, cognitive impairments, and various epileptic syndromes. The PET/CT modality has become a valuable tool in the diagnosis, treatment evaluation, and follow-up of patients with multiple infections and inflammatory conditions. It is already the “gold standard” for some neurological indications.

i) *Cardiovascular Disease*: Recently, there has been significant development in PET/CT for cardiovascular disease. It has become the preferred test for patients unable to complete a diagnostic-level exercise stress test imaging study, who have known cardiovascular disease, and who meet appropriate criteria for a stress-imaging test

PET/CT has shown significant promise for reducing the cost of cancer management by improving the accuracy of both diagnosis and staging, thereby helping to avoid expensive, futile treatments¹¹ and associated side effects. PET/CT also has the potential to reduce the cost burden over time for the healthcare system by identifying the most appropriate treatment earlier in the disease process. The Applicant states that the Proposed Project will help promote faster diagnosis, intervention, and treatment for their Patient Panel, which supports improving the quality of care and thus reducing overall healthcare costs. (Source: National Library of Medicine)

This project involves the acquisition and installation of three major pieces of medical imaging equipment: a Biograph mCT PET-CT scanner, a mobile Cone Beam CT 3D Imaging Cios Spin system with an Artis Q Imaging platform, and an Acuson Maple Ultrasound System. The facility serves patients throughout northern Cook County, DuPage County, and Southern Lake County.

• **Biograph mCT PET/CT Scanner:** This hybrid imaging system combines functional positron emission tomography (PET) imaging with high-resolution computed tomography (CT). It is especially beneficial for detecting and staging prostate cancer, assessing treatment response, and identifying recurrence. Integrating PET-CT into practice enables more accurate diagnosis and treatment planning, thereby reducing delays and unnecessary procedures.

• **Cios Spin Mobile Cone Beam CT with Artis Q Imaging System:** This advanced intraoperative imaging tool allows for real-time high-resolution 3D imaging during minimally invasive procedures. It supports image-guided interventions, particularly for prostate and renal procedures, by improving precision and reducing the risk of complications. Its mobility ensures flexibility in workflow and enhances safety by reducing the need for patient transfers for separate imaging sessions.

• **Acuson Maple Ultrasound System:** This next-generation ultrasound device offers high-resolution real-time imaging for soft tissue evaluation and biopsy guidance. It is crucial in the early detection and monitoring of prostate abnormalities. Including targeted fusion biopsies. Its superior imaging quality aids in diagnostic accuracy, enabling more personalized and effective patient management.

V. Project Uses and Sources of Funds

The Applicants are funding this project with \$5,851,206 in cash.

TABLE ONE Project Uses and Sources of Funds			
Modernization	\$1,715,991	\$807,525	\$2,523,518
Contingencies	\$170,000	\$80,000	\$350,000
Architectural and Engineering Fees	\$148,620	\$99,080	\$247,700
Consulting Fees	\$100,000	\$100,000	\$200,000
Movable Equipment	\$1,620,587	\$762,629	\$2,383,216
Other Costs to be Capitalized	\$101,166	\$47,606	\$146,774
Total	\$3,856,364	\$1,896,842	\$5,851,206
Sources of Funds			
Cash			\$5,851,206
Total			\$5,851,206

VI. Background of the Applicants, Purpose of the Project, Safety Net Impact, Alternatives to the Project

- A. 77 Ill. Adm. Code 1110.110 (a) – Background of Applicant
- B. 77 Ill. Adm. Code 1110.110 (b) – Purpose of the Project
- C. 77 Ill. Adm. Code 1110.110 (c) – Safety Net Impact
- D. 77 Ill. Adm. Code 1110.110 (d) – Alternatives to the Project

A) Background of Applicant – Review Criteria

An applicant must demonstrate that it is fit, willing, and able, and *has the qualifications, background, and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed health care facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within 3 years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. Suppose any person or entity owns any option to acquire stock. In that case, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest," and "principal shareholder").

Solaris Health Holdings, LLC., is a national healthcare platform - a country-wide digital infrastructure designed to integrate, standardize, and streamline health information and services for citizens, providers, and policymakers, and is a leading provider of administrative and management services, primarily for independent urology practices. Solaris Health is backed by the private equity firm Lee Equity Partners.

UroPartners, LLC is an independent urology practice in the Midwest, with dozens of locations across Illinois and Southern Wisconsin. In 2023, the practice joined Solaris Health, a large, privately held, and equity-backed urology platform. UroPartners employs over 90 providers across its Illinois and Southern Wisconsin facilities. It serves approximately 100,000 unique patients annually. Its services cover cancer treatment, diagnostics, minimally invasive and surgical procedures, as well as general urologic conditions. UroPartners offers advanced detection and treatment for prostate cancer, including radiation therapies like Intensity-Modulated Radiation Therapy (IMRT) and vaccine-based treatments like PROVENGE. Services are available for testicular, bladder, kidney, ureter, and renal pelvis cancers. UroPartners' in-house laboratory focuses on uropathology, analyzing biopsy specimens to provide accurate diagnoses. UroPartners performs minimally invasive robotic surgeries for various urologic conditions. These include vasectomies, circumcisions, stent placements, prostate biopsies, penile prosthesis implants for erectile dysfunction, and lithotripsy for kidney stones. (Source: UroPartners website)

The Applicants attest that no adverse action was taken against the Applicants' facility during the three years before the filing of this application. The Applicants authorize HFSRB and IDPH to access any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies, the licensing or certification records of other states when applicable, and the records of nationally recognized accreditation organizations.

The Applicants have demonstrated that they are fit, willing, and able and possess the necessary qualifications, background, and character to provide proper healthcare services to the community.

B) Purpose of the Project – Information Requirements

The applicant shall document that the project will provide health services that improve the healthcare or well-being of the population to be served in the market area. The applicant shall define the planning area, market area, or other area according to the applicant's definition.

The purpose of this project is to add and install three major pieces of medical imaging equipment: a Biograph mCT PET-CT scanner, a mobile Cone Beam CT 3D Imaging Cios Spin system with an Artis Q Imaging platform, and an Acuson Maple Ultrasound System. According to the Applicants, this project proposes to address the regular deterioration of existing equipment and allow the patients served by the urology practice to benefit from the care available in response to the acquisition of new state-of-the-art PET/CT and ultrasound equipment. The acquisition of new imaging equipment at this time promotes efficient health planning. It allows the UroPartners practice to gradually phase out its existing machine while bringing the latest cutting-edge machines up to full utilization. The facility serves patients throughout northern Cook County, DuPage County, and Southern Lake County. (See pages 82 through 136 of the Application for Permit)

C) Safety Net Impact Statement – Information Requirements

All healthcare facilities, except skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). Safety net services are those offered by healthcare providers or organizations that deliver healthcare services to individuals with barriers to mainstream healthcare, including a lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. [20 ILCS 3960/5.4]

This is a non-substantive project that does not require a safety net impact statement.

D) Alternatives to the Proposed Project – Information Requirements

Alternative #1: Maintain the Status Quo (do not purchase new major medical equipment)

This alternative was rejected because maintaining the status quo would compromise the quality of care. There is no capital cost with this alternative.

Alternative #2: Wait to Replace Equipment until Failure and Modify the Project

This alternative was rejected because the Applicants believe it would likely result in increased costs, as the additional expense associated with maintaining the current equipment would likely exceed any potential cost savings that could result from the delay. More importantly, it would result in patient disruption and create a notable gap in available care.

Alternative #3: Acquire only some of the Medical Equipment, allowing for the Completion of the Project Below the CON Capital Expenditure Thresholds

This alternative was not selected because the applicants believe the project, as proposed, has merit and warrants approval. The Applicants clearly consider it preferable to seek this approval than to redesign the project to avoid HFSRSB review.

VII. Project Scope and Size, Utilization

- a) 77 Ill. Adm. Code 1110.120 (a) - Size of the Project
- b) 77 Ill. Adm. Code 1110.110 (b) – Projected Utilization

A) Size of Project – Review Criteria

The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the square footage range indicated in Appendix B or exceed the square footage standard in Appendix B if the standard is a single number.

The Applicants propose one PET/CT Machine and a mobile ultrasound machine in 464 GSF of space. The State Board does not have a standard for the PET/CT Machine. The State Board Standard for an ultrasound machine is 900 GSF. The Applicants have successfully addressed this criterion.

B) Project Services Utilization – Review Criterion

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B.

The State Board does not have utilization standards for the PET/CT machine. The State Board Standard for ultrasound is 3,100 visits per unit. The Applicants estimate 3,339 visits by the second year after project completion. The Applicants have successfully addressed this criterion.

VIII. Clinical Service Areas Other Than Categories of Service

A) Service Modernization

The applicant shall document that the proposed project meets one of the following:

1. Necessary Expansion

The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training, or other support services to meet the increasing demand for patient services. Documentation shall consist of, but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.

According to the Applicants, these two imaging modalities will be used in tandem to provide critical diagnostic and interventional support for patients with suspected or diagnosed urologic conditions, particularly prostate and kidney cancers.

To evaluate the need for this expansion, UroPartners reviewed its historical referral data to third-party facilities that currently offer PET/CT and ultrasound services. In the most recent full calendar year, UroPartners referred approximately 3,180 patients for diagnostic and imaging procedures involving either PET/CT, ultrasound, or both. Based on internal projections, clinical demand, and increased efficiency from onsite availability, the practice conservatively estimates a minimum 5% increase in utilization once the equipment is installed in-house, resulting in expected annual volumes exceeding 3,300 scans. This increase reflects anticipated improvements in care coordination, access, and clinical outcomes.

UroPartners is expanding the scope of services it offers by incorporating Prostate-Specific Membrane Antigen (PSMA) PET imaging, kidney scans for clear cell renal cell carcinoma (ccRCC), and interventional radiology procedures such as fibroid embolization and stent removal. According to the Applicants, these services represent current standards of care in modern urologic oncology. They are increasingly recommended by national organizations such as the American Urological Association (AUA) and the National Comprehensive Cancer Network. The PSMA PET scan, for instance, has rapidly become the gold standard in prostate cancer imaging, offering superior sensitivity and specificity compared to conventional imaging for both initial staging and recurrence detection. Moreover, the FDA is expected to approve a new ccRCC-specific imaging agent in August 2025, which will further expand the diagnostic capabilities of the PET/CT scanner and allow UroPartners to offer state-of-the-art non-invasive imaging for kidney cancer, replacing the need for more invasive procedures and unnecessary hospital referrals.

2) Utilization

A) Major Medical Equipment

Proposed projects for the acquisition of major medical equipment shall document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.

B) Service or Facility

Projects involving the modernization of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B. The number of key rooms being modernized shall not exceed the number justified by historical utilization rates for each of the latest 2 years, unless additional key rooms can be justified per subsection (c)(2) (Necessary Expansion).

C) If no utilization standards exist, the applicant shall document in detail its anticipated utilization in terms of incidence of disease or conditions, or population use rates.

The State Board does not have utilization standards for a PET/CT machine. The State Board Standard for ultrasound is 3,100 visits per unit. The Applicants estimate 3,339 visits by the second year after project completion. The Applicants have successfully addressed this criterion.

IX. Financial Viability

- A. 77 Ill. Adm. Code 1120.120 (a) – Availability of Funds
- B. 77 Ill. Adm. Code 1110.130 (b) – Financial Viability
- C. 77 Ill. Adm. Code 1110.140 (a) – Reasonableness of Debt Financing
- D. 77 Ill. Adm. Code 1110.140 (b) – Terms of Debt Financing
- E. 77 Ill. Adm. Code 1110.140 (c) – Reasonableness of Project Costs
- F. 77 Ill. Adm. Code 1110.140 (d) – Direct Operating Costs
- G. 77 Ill. Adm. Code 1110.140 (e) - Effect of the Project on Capital Costs

A) Availability of Funds

Applicants shall document that financial resources will be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following applicable sources:

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
 - 1) the amount of cash and securities available for the project, including the identification of any security, its value, and the availability of those funds; and
 - 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of the applicant's submission through project completion.

The Applicants are funding the Project with \$5,753,206 in cash. The Applicants provided a letter from JPMorgan Chase Bank, N.A., that stated, in part, that Solaris Health Holdings LLC maintains a balance in the mid-to-high eight figures. Based upon the Bank Letter, the Applicants have sufficient cash to fund the project.

B) Financial Viability

- a) Financial Viability Waiver

The applicant is NOT required to submit financial viability ratios if:

- 1) all project capital expenditures, including capital expended through a lease, are entirely funded through internal resources (cash, securities, or received pledges); or
- HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.

All the project capital expenditures, including capital expended through a lease, are entirely funded with cash. The Applicants have qualified for the financial viability waiver.

X. Economic Feasibility

A) Reasonableness of Debt Financing

B) Conditions of Debt Financing

There is no debt associated with this project. All the costs of the project are being funded with cash.

C) Reasonableness of Project and Related Costs – Review Criterion

The applicant shall document that the estimated project costs are reasonable and shall document compliance with the following:

Modernization and Contingency Costs total \$1,715,991 or \$461.41 per GSF. The State Board does not have a standard for the modernization of an imaging center.

Contingency Costs total \$170,000 or 9.91% of Modernization Costs. This appears reasonable when compared to the State Board Standard of 10-15%.

A&E Fees total \$148,620 or 7.88% of modernization and contingency costs. This appears reasonable when compared to the State Board Standard of 8.52%.

The State Board does not have a Standard for the following costs.

Consulting	\$100,000
Movable or Other Equipment	\$1,620,587
Other Costs to be Capitalized	\$101,166

D) Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization, but no more than two years following project completion. Direct costs refer to the fully allocated expenses for salaries, benefits, and supplies related to the service.

The Applicants state that the direct costs per patient day are \$1,363. The State Board does not have a standard for this criterion.

E) Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization, but no more than two years following project completion.

The total projected annual capital costs per patient day for the first full fiscal year at target utilization are expected to be \$86.15. The State Board does not have a standard for this criterion.

UroPartners Surgery Center							
Number of Patients by Payor Source							
	2019	2020	2021	2022	2023	2024	Ave
Medicaid	3	1	0	0	0	0	1
Medicare	799	1,369	1,670	1,682	488	2,265	1,379
Other Public	0	1	0	24	1,521	15	260
Insurance	2,197	2,331	2,394	2,275	1,456	2,667	2,220
Private Pay	44	54	67	93	677	59	166
Charity Care	0	0	0	0	0	0	0
Total	3,043	3,756	4,131	4,074	4,142	5,006	4,025

25-024 Uropartners Imaging Center - Westchester

