STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

BOARD MEETING: February 26, 2026	PROJECT NO: 25-034	PROJECT COST:
FACILITY NAME: Prime Healthcare ASC-Joliet, LLC	CITY: Joliet	Original: $5,468,243
TYPE OF PROJECT: Substantive		HSA: IX

PROJECT DESCRIPTION: The Applicants (Prime Healthcare ASC-Joliet, LLC, Saint Joseph Medical Center- Joliet, LLC d/b/a Saint Joseph Medical Center, Prime Healthcare Services, Inc.) propose establishing a five-room ambulatory surgical treatment center in Joliet, Illinois, for $5,468,243. The expected completion date is July 1, 2026.

Information on this Application for Permit can be found at this link:
https://hfsrb.illinois.gov/project.25-034-prime-healthcare-asc,-joliet.html

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (Prime Healthcare ASC-Joliet, LLC, Saint Joseph Medical Center- Joliet, LLC d/b/a Saint Joseph Medical Center, and Prime Healthcare Services, Inc.) propose establishing a three-operating-room and two-procedure-room ambulatory surgical treatment center in Joliet, Illinois, for $5,468,243. The expected completion date is July 1, 2026.
- The ASTC proposes providing the following surgical services:
  • Colon and Rectal Surgery • General Surgery • Gastroenterology • Neurological •OB/Gyn • Ophthalmology • Orthopedic • Otolaryngology • Pain management • Podiatric • Cardiovascular • Thoracic, and • Urology.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because it proposes establishing a health care facility.

PUBLIC HEARING/COMMENT:

- There was no request for a public hearing, and the State Board has not received any letters of support or opposition. Arguments against establishing the ASTC concern the company's prior actions, specifically the closure of certain services at St. Joseph's Hospital. Local officials accused Prime Healthcare of failing to uphold promises made during the acquisition of local hospitals. Critics pointed out that shortly after acquiring St. Joseph's Hospital in Joliet, Prime Healthcare eliminated pediatric care services. They also eliminated labor and delivery services at Saint Mary's Hospital in Kankakee. Opponents argue that these service cuts harm specific communities, including seniors, pregnant women, and children, and negatively impact the health of the entire region. The actions taken at existing facilities have eroded trust in Prime Healthcare's commitments to the community, raising concerns about its long-term reliability in delivering promised healthcare services at any new facility. The arguments against the proposed ASTC center on Prime Healthcare's perceived failure to maintain existing services and commitments.

SUMMARY

- Prime Healthcare is establishing an Ambulatory Surgical Treatment Center (ASTC) in Joliet, Illinois, as part of its strategy to maximize efficiency, reduce costs for specific procedures, and enhance patient access and experience for specific lower-acuity services. The ASTC is being established on the campus of Saint Joseph Medical Center-Joliet to ensure integrated care delivery. Prime Healthcare aims to utilize the ASTC for lower-acuity, outpatient volumes, allowing its main hospital, Saint Joseph Medical Center-Joliet, to maximize capacity for more acute inpatient care and high-acuity surgeries, such as neurosurgery and spinal surgery. The Applicants assert that the proposed project is essential to address the current and increasing healthcare demands of residents within the planning area. The Applicants believe that moving outpatient procedures to Ambulatory Surgery Treatment Centers improves a hospital's financial viability, stating that ASTCs have lower administrative and operational overhead than traditional hospital outpatient departments. By focusing on a narrow range of procedures, ASTC achieves higher throughput and more efficient staff utilization, reducing per-procedure costs by 40**% to 60%** compared to hospital settings. Hospitals often maintain and improve their financial viability by entering joint ventures or by owning an ASTC as a hospital outpatient department. In 2026, CMS is adding nearly **550 new codes** to the ASC Covered Procedure List (ASC-CPL), including complex cardiology and orthopedic surgeries, allowing hospital-affiliated centers to capture new outpatient revenue. Ownership models often involve physician partnerships, which help retain top-tier surgeons and their referral volumes within the hospital's broader health system. In 2026, CMS is expanding site-

neutral payment policies, reimbursing certain hospital-owned outpatient facilities at the same lower rates as physician offices. Shifting these procedures to a more efficient ASTC helps the system maintain margins despite lower reimbursement. Hospitals that utilize ASTCs are better positioned to succeed in value-based care contracts by demonstrating high-quality outcomes at a lower total cost of care.

- The Applicants addressed 23 criteria and have not met the following:

Non-Compliance	
Criteria	Explanation
Criterion 77 Adm. Code 1110.230 (7) (c) Impact on Other Providers	The Surgery Suite at Prime St. Joseph Medical Center-Joliet has averaged 74% utilization over the past five years, close to the State Board's target occupancy of 80%. Should the State Board approve the proposed ASTC, approximately 4,930 hours will be removed from the Hospital surgical suite, reducing the average utilization to approximately 57% (20,719 Hours – 4,930 hours ÷ (15 rooms × 1,875 hours) = 56.4%). The proposed project will affect the number of procedures performed at the Hospital.

State Board Staff Report
Project #25-034
Prime Healthcare ASC- Joliet, LLC

APPLICATION/CHRONOLOGY/SUMMARY	
Applicants	Prime Healthcare ASC-Joliet, LLC, Saint Joseph Medical Center- Joliet, LLC d/b/a Saint Joseph Medical Center, Prime Healthcare Services, Inc.
Facility Name	Prime Healthcare ASC-Joliet, LLC
Location	301 Madison Street, Joliet, Illinois
Permit Holder	Prime Healthcare ASC-Joliet, LLC, Saint Joseph Medical Center- Joliet, LLC d/b/a Saint Joseph Medical Center, Prime Healthcare Services, Inc.
Licensee/Operating Entity	Prime Healthcare ASC-Joliet, LLC
Owner of Site	Prime Healthcare Services Inc.
Application Received	August 22, 2025
Application Deemed Complete	August 26, 2025
Review Period Ends	December 24, 2025
Project Completion Date	July 1, 2026

I. The Proposed Project

The Applicants (Prime Healthcare ASC-Joliet, LLC, Saint Joseph Medical Center- Joliet, LLC d/b/a Saint Joseph Medical Center, Prime Healthcare Services, Inc.) propose establishing a five-room ambulatory surgical treatment center in Joliet, Illinois, for $5,468,243. The expected completion date is July 1, 2026.

II. Summary of Findings

A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.

B. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The Applicants are Prime Healthcare ASC-Joliet, LLC, Saint Joseph Medical Center-Joliet, LLC d/b/a Saint Joseph Medical Center, and Prime Healthcare Services, Inc. This is a substantive project subject to a Part 1110 and Part 1120 review. Financial commitment will occur after permit approval. The owner of the property is Prime Healthcare Services, Inc., and the operating entity licensee is Prime Healthcare ASC-Joliet, LLC.

IV. Prime Healthcare Services, Inc.

In March 2025, Prime Healthcare Inc. and the Prime Healthcare Foundation acquired eight hospitals and two ambulatory surgical treatment centers from Ascension. The transaction included the former Ascension Saint Elizabeth Hospital in Chicago, whose services were discontinued and transferred to Saint Mary of Nazareth Hospital before the sale was finalized. The Saint Elizabeth facility is planned to be repurposed as a community resource center.

The transaction also included the following post-acute, home health, and senior living facilities: Fox Knoll Village- Aurora, Villa Franciscan Place – Joliet, Heritage Village and Heritage Lodge - Kankakee, Resurrection Place – Park Ridge, Rainbow Hospice - Chicago, Ascension at Home Illinois – Joliet, and Ascension at Home Illinois- Kankakee.

TABLE ONE
Prime Healthcare and Prime Healthcare Foundation Hospitals in Illinois

Hospital		City	Star Rating	Beds
Resurrection Medical Center	For Profit	Chicago	4	305
Saint Mary of Nazareth Hospital	For Profit	Chicago	3	361
Holy Family Medical Center	For Profit	Des Plaines	NA	178
Saint Joseph Hospital	For Profit	Joliet	1	489
Saint Joseph Hospital	For Profit	Elgin	2	184
Mercy Medical Center	For Profit	Aurora	3	292
Saint Francis Hospital	Not for Profit	Evanston	2	197
St. Mary's Hospital	Not for Profit	Kankakee	4	182
Belmont/Harlem Surgery Center	For Profit	Chicago		
Presence Lakeshore Gastroenterology	For Profit	Des Plaines		

Saint Frances Hospital and St. Mary's Hospital are members of Prime Healthcare Foundation.

The hospitals have retained their original names without Ascension branding. Ascension sold the hospitals to restructure operations, improve financial performance, and focus on outpatient care. The Chicago-area hospitals faced financial struggles and significant operational losses. The Illinois hospitals acquired by Prime Healthcare collectively lost nearly $200 million in the year before the sale. At the end of this report, you will find the 2024 financial information for the former Ascension Hospitals.

Prime Healthcare's plans for the acquired Illinois hospitals focus on financial stabilization, significant investment in infrastructure and technology, and the maintenance of community services, including Catholic affiliations. Prime has agreed to continue charity care and community benefit programs, preserving the hospitals' role in serving vulnerable populations. The company offered employment to substantially all associates (employees) from the former Ascension facilities. The hospitals will continue their affiliation with the Catholic Church and maintain Catholic traditions and spiritual care programs. While

committed to maintaining services, Prime has faced criticism for reducing or suspending certain services at some locations, including specific pediatric and obstetric services, citing patient demand. Prime defends these changes, stating they are necessary to ensure the long-term viability of the hospitals and that the total investment will exceed its initial commitment. (Source: Prime Healthcare Website)

Prime has committed $250 million for facility upgrades, capital improvements, and technology investments. Prime has already begun fulfilling this commitment, with funds allocated to advanced imaging equipment, surgical tools, and IT infrastructure. These investments include

1. Technology and Electronic Medical Records
The Applicants state Prime is undertaking a multi-million-dollar market-wide implementation of EPIC across all its Illinois facilities. The Applicants believe this significant investment will improve care coordination, clinical outcomes, operational efficiency, and the overall experience for patients, physicians, and staff. The Applicants state implementation of EPIC is foundational to Prime's broader quality transformation strategy and supports seamless integration across care settings.

2. Clinical Infrastructure and Equipment
The Applicants' state capital investments include significant upgrades to diagnostic and surgical capabilities. At Saint Joseph Medical Center in Joliet, Prime has invested over $1 million in neurosurgical mapping and C-arm imaging technology, expanding the hospital's neurosurgery and spine care programs. Similar investments are being made across other facilities to enhance cardiology, orthopedics, emergency care, and outpatient services.

3. Workforce Retention and Growth
The Applicants state that Prime preserved nearly all 13,000 jobs after acquiring Ascension's Illinois operations and created more than 1,000 new jobs by insourcing key support services, including lab work and environmental support. Prime also established a new nonprofit medical group under the Foundation, enabling hundreds of physicians to remain employed while qualifying for federal loan-forgiveness programs. Hospitalist services, previously outsourced to a for-profit private equity firm, have been transitioned to the Foundation's nonprofit model, strengthening accountability and continuity of care.

4. Commitment to Service Line Realignment Based on Best Clinical Practices
Prime is aligning services with evidence-based quality thresholds, ensuring that all service lines meet minimum volume standards necessary for high-reliability care. Prime has worked in collaboration with EMS, the Illinois Department of Public Health (IDPH), and the Illinois Health Facilities and Services Review Board (HFSRB) to ensure transparency, compliance, and open communication during each transition. Additionally, Prime has formally notified regulatory bodies of all major service realignments and remains committed to continued engagement with local and state stakeholders.

V. Health Service Area

The proposed ASTC is in Health Service Area IX. Health Service Area IX includes the Illinois counties of Grundy, Kankakee, Kendall, and Will. The 2025 and 2030 projections for these four counties, HSA IX, and the State of Illinois are provided in Table Two below. Table Three provides the 2024 utilization for Prime St. Joseph Medical Center -Joliet.

TABLE TWO
Population in the four counties, HSA IX, and the State of Illinois

	2025	2030	% increase/decrease
Will County	740,759	779,337	4.95%
Kendall County	140,406	147,665	4.92%
Kankakee County	107,613	108,273	0.61%
Grundy County	53,898	54,805	1.65%
HSA IX	1,042,676	1,576,080	4.35%
State of Illinois	12,779,600	12,775,245	-0.04%

TABLE THREE
Prime St. Joseph Medical Center - Joliet

	Auth Beds	Staff Beds	Admit	Days	ALOS	ADC	Occ
Medical Surgical	310	310	9,942	57,512	5.78	157.57	50.83%
Pediatrics	13	13	86	330	3.84	0.90	6.95%
ICU	35	35	1,609	6,684	4.15	18.31	52.32%
Obstetric	33	33	646	1,670	2.59	4.58	13.86%
Neonatal ICU	10	10	0	0	0.00	0.00	0.00%
AMI	31	31	918	5,171	5.63	14.17	45.70%
Rehab	41	41	783	8,180	10.45	22.41	54.66%
Total	473	473	13,984	79,547	5.69	217.94	46.08%

1. The Pediatric Service has been suspended.
2. No utilization was reported for the 10 NICU beds.
3. Information from the 2024 IDPH Hospital Survey.

VI. Project Uses and Sources of Funds

The Applicants are funding this project with $2,145,600 in cash and the fair market value of a lease of $3,322,643. Estimated start-up costs and operating deficit are $2,032,067. Table Four outlines the project uses and sources of funds.

TABLE FOUR Project Uses and Sources Of Funds				
Project Uses	Clinical	Non-Clinical	Total	% of Total
New Construction	$558,407	$173,593	$732,000	13.39%
Contingencies	$50,000	$50,000	$100,000	1.83%
A&E Fees	$30,000	$30,000	$60,000	1.10%
Consulting	$100,000	$100,000	$200,000	3.66%
Movable or Other Equipment	$767,000	$286,600	$1,053,600	19.27%
FMV of Leased Space	$2,534,681	$787,962	$3,322,643	60.76%
Total	$4,040,088	$1,428,155	$5,468,243	100.00%
Project Sources				
Cash			$2,145,600	39.24%
Leases			$3,322,643	60.76%
Total			$5,468,243	100.00%

VII. Background of the Applicant, Purpose of Project, Safety Net Impact Statement, and Alternatives − Information Requirements

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

A) Background of Applicant

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. If any person or entity owns any option to acquire stock, the stock shall 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").

Prime Healthcare ASC – Joliet, LLC

Prime Healthcare ASC - Joliet LLC is a newly formed entity established to develop and operate a state-licensed ambulatory surgical treatment center in Joliet, Illinois. The ASTC is located within an existing outpatient building adjacent to Saint Joseph Medical Center. The ASTC is owned 100% by Saint Joseph Medical Center - Joliet, LLC.

Saint Joseph Medical Center - Joliet, LLC

Saint Joseph Medical Center has been a cornerstone of healthcare in Will County for more than 130 years. Founded in 1882 by the Franciscan Sisters of the Sacred Heart, the hospital is a full-service, Joint Commission-accredited regional medical center. Medicare has assigned this Hospital a 1-star overall rating.

Prime Healthcare Services, Inc.
Prime Healthcare and the Prime Healthcare Foundation are nationally recognized healthcare organizations with a shared mission: to save hospitals, save jobs, and save lives. Founded in 2001 by Dr. Prem Reddy, a practicing cardiologist and entrepreneur, Prime is a physician-founded and physician-led health system that has grown into one of the largest and most successful privately held health systems in the United States. With headquarters in Ontario, California, Prime operates 51 hospitals across 14 states, including both for-profit and not-for-profit facilities, and serves tens of thousands of patients daily through its network of acute care hospitals, outpatient centers, physician groups, and affiliated services.

Based on the information received and reviewed, it appears the Applicants are fit, willing, and able, and have the qualifications, background, and character to provide a proper standard of health care services to the community.

B) Purpose of the Project

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 relevant area, as the applicant determines.

The Applicants state that the purpose of the project is to establish a multi-specialty ambulatory surgical treatment center in an existing office building located in Joliet, Illinois. Prime ASC will offer a range of surgical and procedural services, including colon and rectal surgery, general surgery, gastroenterology, neurological surgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, otolaryngology, pain management, podiatric surgery, thoracic surgery, and urology.

The Applicants believe there are several market needs in this service area.

- **Insufficient surgical capacity** in the community, especially as surgical volumes grow, and more procedures are shifted to ambulatory settings.
- **High-cost hospital-based care** for procedures that can safely be performed in more affordable, efficient outpatient environments.
- **Increased pressure from public and private payers** to shift procedures away from inpatient and hospital outpatient settings in favor of ASCs.
- **Lack of dedicated, locally governed surgical infrastructure** that allows for alignment between physicians and healthcare systems to provide community-based, patient-centered care.

The planning area for this project is Will County, which includes Joliet and surrounding communities. The ASTC primary service area will consist of patients already receiving care at or through the hospital and affiliated physician groups, with additional access offered to area residents seeking outpatient surgical services outside of hospital settings. This facility aims to provide Saint Joseph Medical Center patients with greater access to high-quality outpatient surgical care.

The ASTC will be located within the existing outpatient surgical department, with three operating rooms and two procedure rooms. The Applicants state that the ASTC will reduce procedural burden in hospital operating rooms, allowing Saint Joseph Medical Center to focus its resources on inpatient and higher-acuity surgical cases.

C) Safety Net Impact Statement

All health care 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 offered by healthcare providers or organizations that deliver care to individuals with barriers to mainstream healthcare, including those without insurance, those unable to pay, individuals with special needs, individuals with ethnic or cultural characteristics, or those living in geographic isolation*. [20 ILCS 3960/5.4]

This is a substantive project; a Safety-Net Impact Statement and charity care information have been provided and have been included at the end of this report.

D) Alternatives to the Proposed Project

The applicant shall 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.

The Applicants considered three alternatives to the proposed project, all of which were rejected.

1. Status Quo

Maintaining the status quo was considered but not selected. The Applicants believe that, under the current structure, too many procedures that could be safely and more cost-effectively performed in an ambulatory surgical treatment center are instead performed in a hospital-based outpatient department. The Applicants state that the status quo limits a physician's access to a facility specifically designed, staffed, and equipped for these types of procedures. Additionally, the hospital's existing hospital-based outpatient department remains underutilized, despite its potential to be leveraged more effectively as an ASTC.

2. Alternate Partners

The option of pursuing alternative partners, either hospital or non-hospital, was also considered and rejected. The Applicants state that introducing third-party entities without established relationships or shared priorities would likely shift the focus from patient-centered care to financial performance. Because other potential partnerships lacked this strategic alignment, this alternative was not selected.

3. Stand-Alone Facility

The Applicants also evaluated the feasibility of constructing a new standalone ASTC. The Applicants state this option would significantly increase capital expenditures, driven by land acquisition and new construction. Moreover, it would forgo the opportunity to repurpose existing, underutilized hospital-based space, thereby contradicting the goals of resource stewardship and infrastructure optimization. By maximizing use of the hospital's existing footprint, the proposed project represents a more cost-effective and sustainable model. The standalone facility alternative was not selected.

VIII. Size of Project and Projected Utilization

A) Criterion 77 Adm. Code 1110.120 (a) – Size of the Project
B) Criterion 77 Adm. Code 1110.120 (b) – Projected Utilization

A) Size of the Project

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, unless the square footage is justified by documentation.

The State Board Standard is 2,750 DGSF for operating rooms and 2,200 DGSF for procedure rooms. The Applicants propose three operating rooms and two procedure rooms, totaling 8,370 DGSF. The Applicants have successfully addressed this criterion.

Rooms at the State Board Standard

Operating Rooms (three rooms × 2,750 DGSF)	=	8,250 DGSF
Procedure Rooms (two rooms × 2,200 DGSF)	=	4,400 DGSF
Total		12,650 DGSF

B) Projected Utilization

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 projected number of years shall not exceed the number of documented historical years. If the applicant does not meet the utilization standards in Appendix B, or if service areas do not have utilization standards in 77 Ill. Under Adm. Code 1100, the applicant shall justify its utilization standard by providing published data or studies, as applicable and available, from a recognized source.

The State Board Standard is 80% or 1,500 hours per operating procedure room. The Applicants are projecting 7,543 hours (80.5%) in their first year of operation and 7,770 hours (82.1%) in their second year of operation. The Applicants have successfully addressed this criterion.

Rooms at the State Board Standard

Operating/Procedure Rooms (5 rooms x 1,500 hours) = 7,500 hours

IX. Non-Hospital-Based Ambulatory Surgical Treatment Center Services

Establishment of ASTC Facility 77 Adm. Code 1110.230	(c)(2)(B)(i) & (ii)	Service to GSA Residents
	(c)(3)(A) & (B) or (C)	Service Demand − Establishment
	(c)(5)(A) & (B)	Treatment Room Need Assessment
	(c)(6)	Service Accessibility
	(c)(7)(A) through (C)	Unnecessary Duplication/ Maldistribution
	(c)(8)(A) & (B)	Staffing
	(c)(9)	Charge Commitment
	(c)(10)(A) & (B)	Assurances

2) Geographic Service Area Need

The applicant shall document that the ASTC services and the number of surgical/treatment rooms to be established, added, or expanded are necessary to serve the planning area's population, based on the following:

A) 77 Ill. Adm. Code 1100 (Formula Calculation)

As stated in 77 Ill. Adm. Code 1100, no formula is needed for the determination of the number of ASTCs, and the number of surgical/treatment rooms in a geographic service area has been established. Need shall be established pursuant to the applicable review criteria of this Part.

B) Service to Geographic Service Area Residents

The applicant shall document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.

i) The applicant shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area consisting of all ZIP Code areas located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site.

ii) The applicant shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA. Patient origin information shall be based on the patient's legal residence (other than a health care facility) for the 6 months immediately preceding admission.

The geographical service area is a 10-mile radius of the proposed ASTC. The Applicants identified 17 zip codes with a population of approximately 446,708 individuals. The Applicants submitted a letter from the Saint Joseph Medical Center Chief Medical Officer with anticipated referrals from 45 physicians affiliated with the facility, which includes zip code-specific patient origin analysis of the physician's historical caseload, and the patient origin to be served at the proposed ASTC. A review of this information indicates that approximately 50% of the latest 12-month admissions originated within the identified 10-mile service area.

3) Service Demand – Establishment of an ASTC Facility or Additional ASTC Service

The applicant shall document that the proposed project is necessary to accommodate the applicant's annual service demand over the most recent 2-year period, as evidenced by historical and projected referrals. The applicant shall document the information required by subsection (c)(3) and either subsection (c)(3)(B) or (C):

A) Historical Referrals

The applicant shall provide physician referral letters that attest to the physician's total number of treatments for each ASTC service that has been referred to existing IDPH-licensed ASTCs or hospitals located in the

GSA during the 12 months before submission of the application. The documentation of physician referrals shall include the following information:

i) patient origin by zip code of residence.
ii) name and specialty of referring physician.
iii) name and location of the recipient hospital or ASTC; and
iv) number of referrals to other facilities for each proposed ASTC service for each of the last 2 years.

B) Projected Service Demand

The applicant shall provide the following documentation:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing IDPH-licensed ASTCs, or hospitals located in the GSA during the 12 months before submission of the application.
ii) Documentation demonstrating that the projected patient volume, as evidenced by the physician referral letters, is from within the GSA defined under subsection (c)(2)(B);
iii) An estimated number of treatments the physician will refer annually to the applicant facility within 24 months after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of projected referrals used to justify the proposed establishment cannot exceed the historical percentage of applicant market share within 24 months after project completion.
iv) Referrals to health care providers other than IDPH-licensed ASTCs or hospitals will not be included in determining projected patient volume.
v) Each physician referral letter shall contain the notarized signature, the typed or printed name, the office address, and the specialty of the physician; and
vi) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

The Applicants submitted a letter from Saint Joseph Medical Center's Chief Medical Officer that anticipates referrals from 45 physicians, including each physician's most recent 12-month case history and the projected number of cases to be referred to the proposed ASTC. These 45 physicians are projected to refer 8,374 procedures, totaling approximately 7,543 hours, to the proposed ASTC. There appears to be sufficient demand to justify the five-room ASTC.

5) Treatment Room Need Assessment

A) The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume. The number of rooms shall be justified based on an annual minimum utilization of 1,500 hours per room, as established in 77 Ill. Adm. Code 1100.

B) For each ASTC service, the applicant shall provide the number of patient treatments/sessions, the average time (including setup and cleanup time) per patient treatment/session, and the methodology used to establish the average time per patient treatment/session (e.g., experienced historical caseload data, industry norms, or special studies).

A) The Applicants are proposing three operating rooms and two procedure rooms. The State Board Standard is 1,500 hours per room. The Applicants are estimating 7,546 hours in the first year after project completion. The Applicants have met the State Board Standard of 1,500 hours per room. (7,546 hours ÷ 5 rooms = 1,509 hours per room)

B) Average hours per case based upon the 2023 Annual Hospital Questionnaire, which includes setup and cleanup time. The Applicants have met the requirements of this criterion. (See Table Five Below)

TABLE FIVE Average Hours per proposed Procedure					
Specialty	**Historical Procedures**	**Hours**	**Proposed Procedures**	**Proposed Hours**	**Ave. Hours per procedure**
Cardiovascular	1,832	3,664	366	733	2.00
Colon Rectal Surgery	252	377	101	151	1.50
Gastroenterology	4,174	2,087	3,131	1,565	0.50
General Surgery	1,409	2,113	563	845	1.50
Neurological	10	13	4	5	1.40
OB/GYN	36	40	14	16	1.10
Ophthalmology	1,413	1,178	565	474	0.90
Orthopedic	723	964	506	675	1.40
Otolaryngology	1,957	2,153	783	652	1.10
Pain Management	1,180	983	472	236	0.90
Podiatric	371	519	148	208	1.40
Thoracic	280	280	112	56	1.00
Urology	2,681	3,217	1,609	1,930	1.20
Total	16,318	17,588	8,374	7,546	

6) Service Accessibility

The proposed ASTC services, if established or added, are necessary to improve access for GSA residents. The applicant shall document **that at least one** of the following conditions exists in the GSA:

A) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project.

B) 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.

C) 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 those existing underutilized services in the GSA have restrictive admission policies.

D) The proposed project is a cooperative venture sponsored by two or more persons, at least one of whom operates an existing hospital. Documentation shall provide evidence that:

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

ii) 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.

iii) 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

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

i) The proposed project is a cooperative venture with Saint Joseph Medical Center, LLC, and physicians. Saint Joseph Medical Center, LLC, currently provides outpatient services to the population in its geographical service area.

ii) Saint Joseph Medical Center, LLC has 17 operating rooms and four procedure rooms. In CY 2024, the Medical Center's operating and procedure rooms had a 62.8% utilization rate, which justifies 17 rooms. The Applicants do not have

sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC.

iii) The Applicants, as part of this cooperative venture, have agreed not to increase their outpatient surgical capacity until Prime ASC's rooms have been operational and meet the state's utilization benchmarks for at least 12 consecutive months.

iv) The Applicants have attested that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital. (See page 126 of the Application for Permit)

7) Unnecessary Duplication/Maldistribution

A) The applicant shall document that the project will not result in unnecessary duplication. The applicant shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(B)(i):

i) the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and

ii) the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.

B) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:

i) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average.

ii) historical utilization (for the latest 12-month period before submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or

iii) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above the utilization standards specified in 77 Ill. Adm. Code 1100.

C) The applicant shall document that, within 24 months after project completion, the proposed project:

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

ii) 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.

A) The total population within the identified 10-mile GSA zip codes, including Joliet, Crest Hill, Plainfield, Shorewood, Lockport, Romeoville, Channahon, and surrounding communities, is approximately 446,708, based on the most recent U.S. Census estimates. The estimated population in the State of Illinois for 2025 is approximately 12,779,600. There are four health care facilities within the 10-mile GSA.

TABLE SIX Health Facilities within the 10-mile GSA						
		Miles	Rooms	Hours	Utilization	Surgical Services
Silver Cross Ambulatory Surgery Center	New Lenox	10	4	9,241	123.2%	ENT, General Surgery, OB/GYN, Ophthalmology, Orthopedics, Pain Management, Plastic Surgery, Podiatry, Urology
AmSurg Surgery Center	Joliet	1.9	7	7,375	56.2%	Gastro, General Surgery, Maxillofacial, Ophthalmology, Orthopedic, ENT, Pain Management, Plastic Surgery, Podiatry, Urology
Silver Cross Hospital and Medical Ctr.	New Lenox	10	21	33,636	85.5%	
Prime Saint Joseph Medical Center	Joliet	0.5	21	24,734	62.8%	

The number of operating/procedural treatment rooms in the 10-mile GSA is 53. The number of operating/procedure treatment rooms in the State of Illinois is 3,055. The number of operating/procedure rooms per thousand in the GSA is .1189. The number of operating/procedure rooms per thousand in the State of Illinois is .2389. Based on the ratio of surgical/treatment rooms to population, which exceeds the State average by more than 1.5 times, there is no surplus of operating procedure rooms in this 10-mile GSA.

B) The Applicants stated the following: "*Prime ASC anticipates achieving the state's utilization benchmarks within its first full year of operation. The facility's addition will enhance access without adversely affecting the number or viability of existing providers. To further safeguard against market disruption, Prime ASC will monitor regional utilization trends and collaborate with community providers to ensure responsible growth. In conclusion, Prime ASC addresses an existing and growing demand for ambulatory surgical services in the Joliet area without contributing to unnecessary duplication or maldistribution. It will improve accessibility, particularly for underserved patient populations, and complement the existing healthcare infrastructure while adhering to state planning standards".*

This ASTC is part of Prime Healthcare's strategy to address significant financial losses and modernize the facility's operations. The proposal supports a shift toward higher-demand services. Prime has already suspended underutilized units, such as inpatient pediatrics, citing a need to reallocate resources toward advanced surgical, neurosurgical, and spinal care. Inpatient surgical demand is being managed alongside this new outpatient capacity. Prime reported that the number of active hospital operating rooms fluctuates between 11 and 14, depending on daily volume, to ensure efficiency.

The Surgery Suite at the Hospital has averaged 74% utilization over the past five years, close to the State Board's target occupancy of 80%. Should the State Board approve the proposed ASTC, approximately 4,930 hours will be removed from the Hospital surgical suite, reducing the average utilization to approximately 57% (20,719 Hours – 4,930 hours ÷ (15 rooms × 1,875 hours) = 56.4%). The proposed project will affect the number of procedures performed at the Hospital.

TABLE SEVEN [1]
Prime St Joseph Medical Center
Surgical Suite Utilization
2020-2024

	2020	2021	2022	2023	2024	Ave
Rooms	14	13	14	16	17	15
Cases						
Inpatient	3,097	4,154	3,892	4,256	2,324	3,545
Outpatient	7,057	7,391	7,535	8,345	3,679	6,801
Total	10,154	11,545	11,427	12,601	6,003	10,346
Hours						
Inpatient	7,540	9,770	8,677	13,778	18,222	11,597
Outpatient	10,640	11,786	11,510	7,327	4,346	9,122
Total	18,180	21,556	20,187	21,105	22,568	20,719
Utilization	69.26%	88.43%	76.90%	70.35%	70.80%	73.67%

1. Information from IDPH Hospital Survey

8) Staffing

A) Staffing Availability

The applicant shall document that the relevant clinical and professional staffing needs for the proposed project were considered and that the staffing requirements of licensure and The Joint Commission, or other nationally recognized accrediting bodies, can be met. In addition, the applicant shall document that the necessary staffing is available by providing letters of interest from prospective staff members, completed employment applications, or a narrative explanation of how the proposed staffing will be achieved.

B) Medical Director

It is recommended that the procedures to be performed for each ASTC service be under the direction of a physician who is board-certified or board-eligible by the appropriate professional standards organization or entity that credentials or certifies the health care worker for competency in that category of service.

In response to this criterion, the Applicants stated the following: "*The facility will appoint a surgeon affiliated with Saint Joseph Medical Center as Medical Director for the facility. The applicant has not traditionally had any difficulties staffing their existing offices, nor do they anticipate any difficulties staffing the proposed ASTC. As needed, additional staff will be identified and employed utilizing existing job search sites and professional placement services".*

9) Charge Commitment

To meet the objectives of the Act, which are *to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for*

safety net services must continue to be central tenets of the Certificate of Need process [20 ILCS 3960/2], the applicant shall submit the following:

A) a statement of all charges, except for any professional fee (physician charge); and

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

The Applicants have attested that the charges listed on pages 132 through 218 of the Application for Permit will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

10) Assurances

A) The applicant shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.

B) The applicant shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians), and the provision of new procedures that would increase utilization.

A) The Applicants state that a peer review program exists or will be implemented to evaluate whether patient outcomes are consistent with quality standards established by a professional organization for ASTC services, and that if outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.

B) The Applicants state that, by the end of the second year following the proposed ambulatory surgical treatment center's opening, the proposed facility will operate at or exceed the utilization standards identified in 77 Ill. Admin Code Section 1110, Appendix B.

Financial Viability and Economic Feasibility

A) 77 Ill. Adm. Code 1120.120 – Availability of Funds

B) 77 Ill. Adm. Code 1120.130 – 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.

2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA) or its equivalent; or

HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage enhances creditworthiness by providing payment of the debt (both principal and interest) in the event of the bond issuer's default.

3) The applicant provides a third-party surety bond or performance bond letter of credit from an A-rated guarantor (insurance company, bank, or investing firm) guaranteeing project completion within the approved financial and project criteria.

The Applicants are funding this project with $2,145,600 cash and a lease with a fair market value of $3,322,643. The Applicants have qualified for the financial waiver by financing the project from internal resources. Table Eight outlines the Prime Healthcare Services, Inc. audit for 2024 and 2023. Table Nine outlines the pro forma financial statement for the proposed ASTC.

TABLE EIGHT
Prime Healthcare Services, Inc and Subsidiaries
As of December 31st
(in millions)
(audited)

	2024	2023
Cash	$484	$320
Current Assets	$2,091	$1,872
Current Liabilities	$1,117	$998
Total Liabilities	$2,667	$2,639
Net Patient Service Revenue	$4,123	$3,841
Net Revenue	$4,420	$4,127
Operating Expenses	$4,121	$3,973
Income from Operations	$299	$154
Net Income	$95	$100

TABLE NINE Prime Healthcare ASC- Joliet, LLC Year One Pro Forma Income Statement			
	Year One	Year Two	Year Three
Total Patient Revenues	$2,152,694	$2,682,625	$3,181,017
Total Expenses	$2,151,433	$2,532,455	$2,945,745
Services not paid by ASTC	$97,900	$100,837	$103,862
Earnings Before Tax, Depreciation, and Amortization	-$96,639	$49,334	$131,410

Fitch Rating stated the following:
Prime Healthcare, which comprises both a for-profit entity (Prime Healthcare Services, Inc., PHSI) and a nonprofit arm (Prime Healthcare Foundation, PHF), has stable and improving financial conditions for both entities as of late 2024 and mid-2025, according to recent credit rating reports.

Prime Healthcare Foundation (Non-Profit)
The Foundation has a strong and improving financial position, with a recent credit rating upgrade to 'A-' by Fitch Ratings in April 2025. Prime Healthcare Foundation recorded a positive operating margin of 0.8% in fiscal 2024, a significant improvement from the negative margins in previous years. Operating EBITDA margins are expected to remain in the 6%-7% range in the medium term. It has robust liquidity, with unrestricted cash and investments of nearly $1.2 billion at FYE 2024, representing a very strong 281% cash-to-adjusted-debt ratio. The Foundation is actively growing through donations and acquisitions, with plans to incorporate several new facilities in 2025.

Prime Healthcare Services, Inc. (For-Profit)
The for-profit entity has also seen multiple credit rating upgrades and positive outlook revisions from Fitch in 2024 and 2025, driven by strategic and operational improvements. Margins are rebounding, driven by labor cost reductions, improved efficiency, and growth in Medicaid supplemental payments. Fitch expects EBITDAR margins to reach double-digit levels in 2024. The company has successfully reduced its rent-adjusted leverage, which is likely to decline to the 4.0x-5.0x range by the end of 2024. Prime successfully refinanced its senior secured notes in late 2024, improving its debt structure and enhancing liquidity to fund future acquisitions and operations. Overall, both entities are in a period of financial recovery and strategic growth, actively acquiring and turning around underperforming hospitals.

Prime Healthcare's financial condition is primarily driven by its core policies of aggressive operational efficiency and cost management, particularly in labor, combined with a strategic acquisition and capital-investment model for distressed hospitals. These policies have led to recent credit rating upgrades and improved operating margins. Prime prioritizes reducing labor costs, which were a significant expense in prior years. This policy, achieved through initiatives like reducing reliance on expensive temporary contract labor and improving staff recruitment/retention, has led to a material improvement in the company's EBITDA and operating margins, contributing to its stable financial outlook. Prime focuses on acquiring underperforming or distressed hospitals, often at a low cost, and applies its playbook to restore their economic viability. This strategy expands its market footprint and provides opportunities for significant operational improvements. Success in integrating these acquisitions (the Ascension hospitals in Illinois) directly contributes to stronger operating results, incremental EBITDA growth, and increased scale, which further strengthens its financial condition. Prime commits substantial financial resources to capital improvements and new equipment in newly acquired facilities. This investment, which includes new technologies and EHR systems, aims to address inefficiencies, enhance clinical quality, and improve operational efficiencies, ultimately leading to higher value and better margins. Prime aims to operate with a specific target for rent-adjusted leverage, keeping it within a manageable range (e.g., 4.0x-5.0x EBITDAR)[1]. This approach ensures that debt levels are controlled. The company's success in reducing leverage from its peak has led to credit rating upgrades and improved stability, though potential debt-financed acquisitions remain a concern for rating agencies. While not explicitly a "policy" in the traditional sense, Prime's approach to hospital real estate, which includes recent buybacks of hospital properties from Medical Properties Trust (MPT), is notable. Owning real estate is seen by company leadership as enhancing care and securing long-term stability, as it avoids potentially high leasing costs. As a healthcare provider, Prime facilities have policies for charity care and discounted payment programs for eligible low-income/uninsured patients. These policies are essential for community benefit and regulatory compliance, ensuring a balance between a patient's ability to pay and the hospital's fiscal stewardship. These combined financial and operational policies have transformed Prime Healthcare's financial position, moving both its for-profit and non-profit arms into a stable and improving condition with positive outlooks from major credit rating agencies. Fitch Affirms Prime Healthcare's Long-Term Issuer Default Rating at 'B'

[1] The rent-adjusted leverage ratio is a measure used by lenders and analysts, particularly in industries with significant rental expenses, to assess a company's total debt obligations by treating **operating leases as debt equivalents**. This provides a more comprehensive view of a company's total leverage than traditional debt-to-EBITDA ratios. The most common formula for the rent-adjusted leverage ratio is: Rent-Adjusted Leverage Ratio = (Total Debt) + (Annual Rental Expense × 8) / EBITDAR. The components are defined as follows: Total Debt: Includes all outstanding short- and long-term liabilities incurred through borrowing. **Annual Rental Expense**: The total gross rent expense for a 12-month period, often the most recent four fiscal quarters. E**BITDAR**: Stands for **E**arnings **B**efore **I**nterest, **T**axes, **D**epreciation, **A**mortization, and **R**ental expenses. It is calculated as **EBITDA + Annual Rental Expense**. The multiple of **eight (8) times annual rent** is a commonly used convention for estimating the present value of operating lease obligations and treating them as on-balance-sheet debt. This ratio is a standard metric in sectors where companies often lease properties rather than own them. Lenders use this ratio to evaluate a borrower's complete leverage profile and ability to repay its total obligations (both stated debt and lease obligations). Some agreements may use a multiple of **six (6)** times rental expenses instead of eight, or might include other minor adjustments, so the specific definition can vary slightly based on the lending agreement.

C) 7 Ill. Adm. Code 1120.140 (a) - Reasonableness of Financing Arrangements

a) The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts, and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within 60 days.

The State Board considers leasing as debt. The Applicants provided a letter of intent to lease the space for the ASTC. The lease is for five years and appears reasonable.

D) 77 Ill. Adm. Code 1120.140 (b) – Terms of Debt Financing

Applicants with projects involving debt financing shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available.

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities, and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

The lease term is for 5 years, with a monthly rent of $52,153 and a 3% annual escalation. The Applicants believe leasing the existing outpatient operating and procedure rooms is more cost-beneficial than constructing a new ASTC.

E) 77 Ill. Adm. Code 1120.140 (c) – Reasonableness of Project Costs

New Construction and Contingency Costs are $608,407 or $85.94 per GSF. This is reasonable when compared to the State Board Standard of $495.40.

A&E Fees are $30,000, equal to 4.9% of new construction and contingency costs totaling $608,407. This appears reasonable when compared to the State Board Standard of 8.65%-12.99%.

Movable Or Other Equipment costs are $767,000 or $153,400 per room. This appears reasonable when compared to the State Board Standard of $489,745 per room.

The State Board does not have a standard for

Consulting	$100,000
FMV of Leased Space	$2,534,681

F) 77 Ill. Adm. Code 1120.140 (e) - Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or per unit of service) for the first full fiscal year at target utilization, but no more than 2 years after project completion. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service.

The Applicants are estimating a direct operating expense of $1,469 per case. The State Board does not have a standard for this cost.

G) 77 Ill. Adm. Code 1120.140 (f) 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 later than 2 years after project completion.

The Applicants did not provide projected annual capital costs. The State Board does not have a standard for this cost.

TABLE TEN
Prime Hospitals in Illinois
2024 Financial Information
Medicare Cost Report

	St Joseph Joliet	Resurrection Chicago	Mercy Aurora	St Mary & Elizabeth Chicago	
Total Patient Revenues	$2,081,693,961	$1,934,662,681	$995,152,378	$1,580,299,374	
Contractual Allowances	$1,763,340,326	$1,614,446,007	$812,123,930	$1,226,870,706	
Net Patient Revenues	$318,353,635	$3,202,316,674	$183,028,448	$353,428,668	
Operating Expenses	$417,482,440	$348,392,481	$178,296,340	$367,674,805	
Net Income from Services	-$99,028,805	-$28,175,807	$4,732,108	-$14,246,137	
Other Income	$3,397,305	$17,129,192	$6,479,894	$27,086,787	
Net Income	-$95,631,500	-$21,046,615	$11,212,002	$12,840,645	
Operating Margin	-31.11%	-0.88%	2.59%	-4.03%	

	St. Joe Elgin	St Francis Evanston	St Mary Kankakee	Holy Family Des Plaines	Total
Total Patient Revenues	$937,952,487	$1,099,239,775	$1,037,184,670	$418,054,878	$10,084,240,204
Contractual Allowances	$799,822,001	$905,752,006	$890,874,431	$347,501,676	$8,360,731,083
Net Patient Revenues	$138,129,886	$193,487,769	$146,310,239	$70,553,502	$4,605,608,821
Operating Expenses	$157,889,187	$223,503,805	$164,779,426	$81,997,904	$1,940,016,388
Net Income from Services	-$19,759,301	-$30,016,030	-$18,469,187	-$11,444,402	-$216,407,561
Other Income	$3,921,994	$19,129,284	$5,914,046	$2,568,980	$85,627,482
Net Income	-$15,387,307	-$10,886,752	-$12,555,141	-$8,875,422	-$140,330,090
Operating Margin	-14.30%	-15.51%	-12.62%	-16.22%	-4.70%

TABLE ELEVEN
Physicians referring to the Proposed ASTC

Physician	Specialty	Referral to the Proposed ASTC	Prior 12 months	Total St Joseph Medical Center	Referral From St Joseph Medical Center	Hours Per Procedure	Total Hours
Karim	Cardiac	266	449	449	266	2.00	532
Ramadurai	Cardiac	100	132	132	100	2.00	200
Harnad	Gastro	462	622	123	123	0.50	62
Ayub	Gastro	1,588	2,147	9	9	0.50	5
Hamad	Gastro	168	265	62	62	0.50	31
Sheth	Gastro	913	989	0	0	0.50	0
Winkleman	General	86	188	188	86	1.50	129
Ghee	General	119	170	170	119	1.50	179
Katilius	General	258	378	158	100	1.50	150
Mihalakakos	General	100	581	236	100	1.50	150
Natesh	General	112	162	159	112	1.50	168
Hersonkey	Neuro	4	99	97	4	1.40	6
Jakvani	OB/GYN	7	15	15	7	1.10	8
Battistini	OB/GYN	7	20	20	7	1.10	8
Shah	Oncologist	70	244	73	50	1.50	75
Shioba	Ophthalmology	435	1,431	59	59	0.90	53
Fritz	Ophthalmology	130	171	92	92	0.90	83
Chokski	Orthopedics	150	194	194	150	1.40	210
Dworsky	Orthopedics	129	250	93	93	1.40	130
Earman	Orthopedics	80	100	0	0	1.40	0
Murphy	Orthopedics	30	68	34	30	1.40	42
Wahood	Orthopedics	117	656	17	17	1.40	24
Patel	Otolaryngology	172	263	149	149	1.10	164
Bartindale	Otolaryngology	153	385	103	103	1.10	113
Gartlan	Otolaryngology	60	420	0	0	1.10	0
Mehta	Otolaryngology	182	405	115	115	1.10	127
Divenere	Otolaryngology	107	285	91	91	1.10	100
Wiehaar	Otolaryngology	80	159	80	80	1.10	88
Chung	Otolaryngology	29	95	0	0	1.10	0
Wahood	Pain Management	272	1,154	1,134	272	0.90	245
Doshi	Pain Management	200	1,251	1,251	200	0.90	180
Caneva	Podiatrist	9	9	9	9	1.40	13
Wahl	Podiatrist	15	15	15	15	1.40	21
Burgess	Podiatrist	120	462	0	0	1.40	0
D. Caneva	Podiatrist	2	2	2	2	1.40	3
George	Podiatrist	2	238	2	2	1.40	3

TABLE ELEVEN
Physicians referring to the Proposed ASTC

Physician	Specialty	Referral to the Proposed ASTC	Prior 12 months	Total St Joseph Medical Center	Referral From St Joseph Medical Center	Hours Per Procedure	Total Hours
Berger	Urologist	274	673	174	174	1.20	209
Marks	Urologist	73	122	73	73	1.20	88
Andros	Urologist	150	318	290	150	1.20	180
Cho	Urologist	200	332	241	200	1.20	240
Tek	Urologist	100	207	176	100	1.20	120
Manecke	Urologist	185	212	185	185	1.20	222
Sawhney	Urologist	200	228	200	200	1.20	240
Nguyen	Urologist	97	105	97	97	1.20	116
Burns	Urologist	181	217	181	181	1.20	217
	Total	8,374	16,317	6,948	3,984		4,930

Safety Net Impact Statement

Prime ASC is a new entity and has no applicable historical data for this section of the application. The projected patient mix by payer source at the end of its second year of operation is provided below. These figures were estimated based on the payor mix of existing patients treated at Saint Joseph Medical Center. The physicians associated with this project are already contracted providers with Illinois Medicaid Managed Care Organizations, including Blue Cross Blue Shield, CountyCare Health Plan, Molina Healthcare, and Meridian Health Plan. Those physicians will continue to treat patients with those plans at the proposed facility, and all patients will be treated regardless of their ability to pay.

Projected Payor Mix

Payor Type	Estimated Number of Patients
Commercial	21%
Medicare	57%
Medicaid/ Medicaid MCO	22%

St Joseph Medical Center Charity and Medicaid Information			
	2021	2022	2023
Charity #			
Inpatient	299	267	183
Outpatient	5,875	5,936	4,180
Total	6,174	6,203	4,363
Charity $			
Inpatient	4,493,201	3,438,556	3,671,268
Outpatient	5,208,329	4,475,892	5,301,876
Total	9,701,530	7,914,448	8,973,144
Medicaid #			
Inpatient	3,433	3,035	3,180
Outpatient	42,148	42,931	43,224
Total	45,581	45,966	46,404
Medicaid $			
Inpatient	28,596,389	32,950,510	38,482,477
Outpatient	37,668,163	34,743,259	45,855,039
Total	66,264,552	67,693,769	84,337,516

Juan Morado, Jr.
71 South Wacker Drive, Suite 1600
Chicago, IL 60606
Direct Dial: 312.212.4967
Fax: 312.757.9192
jmorado@beneschlaw.com

October 23, 2025

VIA EMAIL

John Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

Re: Response to September 30, 2025, Request for Information

Dear Mr. Kniery:

Prime Healthcare Services Inc. and Prime Healthcare ASC - Joliet, LLC (the "Applicants") are committed to expanding access to high-quality, cost-effective ambulatory surgical services in Will County. The proposed ASTC is designed to relieve pressure on inpatient hospital resources, improve patient choice, and ensure ongoing support for safety net populations through Medicaid participation, charity care, and financial assistance programs. The enclosed responses address each of the Board Staff's questions, provide the requested documentation, and confirm the Applicants' readiness to advance this project in compliance with all Illinois Health Facilities and Services Review Board ("HFSRB") criteria.

We therefore submit the following in response to the September 30, 2025, request for information received from Board Staff.

1. What are Prime Health's specific goals with the establishment of the Joliet ASTC?

The Applicants' goal in establishing the Prime Healthcare ASC-Joliet ("ASTC") is to expand access to high-quality, cost-effective surgical care for residents of Will County and the surrounding communities. The project is designed to increase patient choice and convenience while supporting Prime Healthcare's broader strategy of integrating outpatient and inpatient services across its regional network. The new ASTC will help alleviate surgical backlogs at area hospitals, improve operating room efficiency, and allow hospital facilities to focus on higher-acuity and emergency cases.

Importantly, the development of the ASTC is also expected to serve as a catalyst for physician recruitment and engagement within the Joliet market. By providing a modern, efficient outpatient setting for surgical procedures, the project will help attract new specialists to the community, strengthen clinical collaboration with the hospital, and create opportunities for physicians to participate in the governance and long-term success of the facility. This alignment supports Prime

Healthcare's ongoing commitment to fostering physician-led care and ensuring the sustainability of local healthcare services.

2. How does the proposed ASTC support safety net services?

The proposed ASTC will actively support safety-net services by participating in both the Medicaid and Medicare programs, accepting charity care patients in accordance with Prime Healthcare's system-wide charity care and financial assistance policies, and ensuring that all patients have access to necessary surgical care regardless of ability to pay. By shifting appropriate outpatient procedures to the ASTC, the project will help preserve hospital capacity and resources for higher-acuity, underinsured, and uninsured patients. In doing so, the ASTC enhances the overall efficiency of the Prime Healthcare network while reinforcing its commitment to serving vulnerable populations within the Will County community.

3. Please provide a safety net impact statement.

The Applicants affirm their ongoing commitment to serving safety-net populations in Illinois and beyond. Prime Healthcare and its affiliated entities have consistently demonstrated a mission-driven focus on caring for underserved communities, including Medicaid beneficiaries, the uninsured, and patients requiring charity care.

Since 2010, Prime Healthcare and the Prime Healthcare Foundation have contributed more than $13.7 billion in charity care and community benefits nationwide, reflecting a sustained emphasis on high-need and safety-net populations. In 2023 alone, Ascension Saint Joseph – Joliet (now part of Prime Healthcare) provided over $8.9 million in charity care and served 4,363 charity patients across inpatient and outpatient settings.

Between 2021 and 2023, Saint Joseph Medical Center served more than 45,000 Medicaid patients annually, generating approximately $84 million in Medicaid revenue in 2023. This record illustrates the Applicants' central role as a core provider to the Medicaid population in Will County.

Although the proposed Prime Healthcare ASC – Joliet is a new facility, its projected payor mix continues this long-standing commitment to safety-net participation. By the end of its second year of operation, the ASC anticipates the following payor distribution:

- **Commercial Insurance:** 21%
- **Medicare:** 57%
- **Medicaid / Medicaid MCO:** 22%

The physicians associated with the project are already contracted providers with Illinois Medicaid Managed Care Organizations—including Blue Cross Blue Shield, CountyCare, Molina Healthcare, and Meridian Health Plan, and will continue serving Medicaid patients at the new facility. All patients will be treated regardless of ability to pay, consistent with Prime Healthcare's charity-care and financial-assistance policies and Illinois law.

While the ASC itself has no historical charity-care data as a new facility, the Applicants will adhere to Prime Healthcare's established charity-care methodologies and reporting standards. The system's record at Saint Joseph Medical Center demonstrates both the capacity and the commitment to meet community needs.

Accordingly, the establishment of Prime Healthcare ASC – Joliet will not diminish safety-net services. Instead, it will expand access for Medicaid and underserved populations by:

- Maintaining contracts with Medicaid MCOs and continued participation in the Illinois Medicaid program;
- Continuing the system-wide practice of providing charity and uncompensated care to patients in need; and
- Building upon Prime Healthcare's demonstrated history of service to safety-net populations at Saint Joseph Medical Center.

The project will also strengthen the safety-net infrastructure in Will County by redirecting appropriate outpatient surgical procedures from hospital settings to a lower-cost ambulatory environment, thereby preserving hospital capacity for high-acuity and uninsured patients. In doing so, the ASC supports regional goals of improving access, affordability, and equity, and aligns with the Applicants' mission to deliver high-quality care to all individuals, regardless of insurance status or ability to pay.

4. What is the staffing model that the ASTC will utilize?

The ASTC's staffing model is designed to ensure patient safety, compliance with ASPAN standards, and operational efficiency. The model includes:

- **Front Desk-**1.0 FTE Clerk to check patients in. This individual will also manage the next day's charts, verify all data is in the chart, and follow up with office and patients on missing information, and schedule cases.

- **Registrar**- 2.0 FTE Registers, responsible for billing, and insurance verification.

- **Pre-op** 4.0 FTE- RNs

- **Post-op** 3.0 FTE- RNs. Maintaining compliance with Pre- ASPAN standards 1 nurse per two patients.

    - 1.0 FTE Patient Care Technician- Assist with turning over room, stocking bays, putting supplies away, transporting to the OR, and assisting patients.

- **Procedure Rooms (2)**

    - 2 RN's and 3 Techs

- **Operating Room (3)**
    - 4 RN's and 4 Techs
    - 2 FTE: SPD 1 at 6:30-2:30 and a second at 12-8:30
- **Environmental Services**- 2.0 FTE, one for day shift and one for unit closure.

5. Please provide a letter of intent to lease the space for the surgery center.

The letter of intent for the lease of the surgery center is enclosed with this response.

6. Please provide the 2024 audited financial statement for Prime Healthcare.

The Applicants' 2024 audited financial statement will be submitted under separate cover for Board Staff review.

7. Please provide the physician referral letters referenced on pages 114 and 123 of the Application for Permit.

The physician referral letter is enclosed with this response.

8. What are the assumptions used for revenue, operating expenses, including rent, supplies, utilities, and administrative costs? Additionally, please provide three years of pro forma financial information, including the income statement and balance sheet.

Enclosed is a three-year pro forma financial package, including income statements and balance sheets. The Applicants' assumptions regarding revenues, rent, supplies, utilities, and administrative costs are described therein.

9. Page 124 of the Application for Permit lists 16,317 historical procedures. Are these historical procedures from the hospital's outpatient surgeries performed in calendar years 2023 and 2024? The table below lists the outpatient surgeries performed at the hospital over the past two years for the specialty identified in the permit application.

As shown in the enclosed referral letter, these historical procedures were performed in the last 12 months and were performed at a number of facilities as described in the letter. Consistent with HFSRB criteria, the referral letter also describes the patient populations and practice settings from which these procedures will transition to the ASTC.

If you have any questions or require additional information regarding this update, please feel free to contact me at 312-212-4967 or via email at JMorado@beneschlaw.com.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

Juan Morado, Jr.

JMJ:
Enclosure

Saint Joseph Medical Center

August 11, 2025

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Floor 2
Springfield, IL 62761

Re: Referral Letter- Prime Healthcare ASC – Joliet, LLC

Dear Mr. Kniery,

My name is Sunil Patel, and I am the Chief Medical Officer for Saint Joseph Medical Center. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12-month period prior to submission of this letter, our doctors referred a total of 16,317 procedures to various healthcare facilities described below. We are including numerous charts detailing the various cases performed by physicians on staff with Saint Joseph Medical Center who will be referring cases to the newly proposed ASC.

Based on these historical referrals, our doctors anticipate referring 8,374 surgical cases each year to Prime Healthcare ASC – Joliet, LLC. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients we propose to refer reside within the applicant's proposed geographic service area.

We further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Saint Joseph Medical Center

Thank you,

Sunil Patel , MD

Physician's Signature Sunil Patel Date 08/11/25

(Please Print/Type Name) Erica Broderick
Signature of Notary:

Subscribed and sworn to before me

this 11th day of August

Official Seal
ERICA L BRODERICK
Notary Public, State of Illinois
Commission No. 906011
My Commission Expires December 18, 2027

Seal

27205239 v5

Historical Caseload- Aaron Berger, MD- Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Advocate Christ Medical Center	418	100
Advocate Southland Health Network	80	0
Associated Urological Specialists, LLC	1	0
St. Joseph Medical Center	174	174
Total	**673**	**274**

Historical Caseload- Abdul Karim, MD-Clinical Cardiac Electrophysiologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	449	266
Total	**449**	**266**

Historical Caseload - Ammar Wahood, MD – Anesthesiologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	1134	272
Midwest Pain Centers, LLC	20	0
Total	**1154**	**272**

Historical Caseload - Andrews Caneva, MD – Podiatrist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St Joseph Medical Center	9	9
Total	**9**	**9**

Historical Caseload – Nikhil Chokshi, MD – Orthopedic Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St Joseph Medical Center	194	150
Total	**194**	**150**

Historical Caseload - Nirali Doshi, MD – Anesthesiologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	1,251	200
Total	**1,251**	**200**

Historical Caseload - Andrew Wahl, MD – Podiatrist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	15	15
Total	**15**	**15**

Historical Caseload - Ankit Patel, MD – Otolaryngologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Silver Cross Hospital	23	23
AmSurg Surgery Center	86	0
Silver Cross Surgery Center	5	0
St. Joseph Medical Center	149	149
Total	**263**	**172**

Historical Caseload - Aras Slioba, MD – Ophthalmologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AmSurg Surgery Center	994	376
Associated Ophthalmologists, S.C.	376	0
Villa Franciscan	1	0
St. Joseph Medical Center	59	59
Silver Cross Hospital	1	0
Total	**1,431**	**435**

Historical Caseload - Baqir Jakvani, MD - Obstetrics & Gynecologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	15	7
Total	**15**	**7**

Historical Caseload - Bhavin Shah, MD - Surgical Oncologist/Colon Rectal Surgery, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Silver Cross Hospital	48	20
St. Joseph Medical Center	73	50
Midwest Surgery and Oncology Consultants, LLC	123	0
Total	**244**	**70**

Historical Caseload – Bradley Dworsky, MD – Orthopedic Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Silver Cross Hospital	88	36
St. Joseph Medical Center	93	93
Plainfield Surgery Center	69	0
Total	**250**	**129**

Historical Caseload - Brian Burgess, MD – Podiatrist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Center for Minimally Invasive Surgery	94	45
Plainfield Surgery Center, LLC	234	75
Salt Creek Surgery Center	23	0
Illinois Bone and Joint Institute, LLC	111	0
Total	**462**	**120**

Historical Caseload - Brian Winkleman, MD - General Surgeon/Colon Rectal Surgery, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	188	86
Total	**188**	**86**

Historical Caseload - Contance Marks, MD – Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
United Therapies	3	0
Silver Cross Hospital	46	0
St. Joseph Medical Center	73	73
Total	**122**	**73**

Historical Caseload - Daryl Caneva, MD – Podiatrist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center.	2	2
Total	**2**	**2**

Historical Caseload - Fares Hamad, MD – Gastroenterologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AdventHealth Hinsdale	6	0
St. Joseph Medical Center	123	123
AdventHealth La Grange	3	0
Mercy Medical Center	39	39
Alexian Brothers Medical	189	150
UChicago Medicine AdventHealth Hinsdale	55	0
Adventist Health Partners, Inc.	207	150
Total	**622**	**462**

Historical Caseload - Govind Ramadurai, MD – Cardiologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	132	100
Total	**132**	**100**

Historical Caseload – William Earman, DO – Orthopedic Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Palos Community Hospital	100	80
Total	**100**	**80**

Historical Caseload –Michael Murphy, DO – Orthopedic Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	34	30
AmSurg Surgery Center	34	0
Total	**68**	**30**

Historical Caseload –Tamir Hersonkey, DO – Neurosurgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	97	4
Memorial Hospital of Carbondale	2	0
Total	**99**	**4**

Historical Caseload – Menar Wahood, DO – Orthopedic Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	17	17
Insight Hospital and Medical Center	106	0
Palos Community Hospital	487	100
Palos Health Surgery Center, LLC	46	0
Total	**656**	**117**

Historical Caseload - Gregory Andros, MD – Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	290	150
United Therapies	3	0
Advanced Urology Associates, S.C.	4	0
Silver Cross Hospital	21	0
Total	**318**	**150**

Historical Caseload - Jeffrey Wieshaar, MD – Otolaryngologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Silver Cross Surgery Center	2	0
AmSurg Surgery Center	77	0
St. Joseph Medical Center	80	80
Total	**159**	**80**

Historical Caseload - Joe George, MD – Podiatrist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Illinois Orthopedic Institute, LLC	236	0
St. Joseph Medical Center	2	2
Total	**238**	**2**

Historical Caseload - Jose Battistini, MD - Obstetrician/Gynecologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	20	7
Total	**20**	**7**

Historical Caseload - Kamran Ayub, MD – Gastroenterologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Advocate Good Samaritan Hospital	39	5
Advocate Christ Medical Center	139	100
Oak Lawn IL Endoscopy ASC, LLC	106	83
Silver Cross Hospital	694	500
The Carle Foundation Hospital	140	0
St. Jospeh Medical Center	9	9
GI Partners of Illinois	1,013	900
Carle Physician Group	114	0
Total	**2,147**	**1,588**

Historical Caseload - Laura Hamad, MD – Gastroenterologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AmSurg Surgery Center	26	26
St. Jospeh Medical Center	62	62
Alexian Brothers Medical	74	50
Digestive Health Associates of Joliet, LLC	60	0
Silver Cross Hospital	43	30
Total	**265**	**168**

Historical Caseload - Lauren Ghee, MD - General Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	170	119
Total	**170**	**119**

Historical Caseload - Luke Cho, MD – Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	241	200
Morris Hospital & Healthcare Centers	2	0
United Therapies	1	0
Advanced Urology Associates	41	0
Silver Cross Hospital	47	0
Total	**332**	**200**

Historical Caseload - Marius Katilius, MD - General Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AmSurg Surgery Center	219	0
Silver Cross Hospital	1	0
St. Joseph Medical Center	158	100
Total	**378**	**258**

Historical Caseload - Mark Fritz, MD – Ophthalmologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AmSurg Surgery Center	79	38
St. Joseph Medical Center	92	92
Total	**171**	**130**

Historical Caseload - Matthew Bartindale, MD – Otolaryngologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	103	103
Morris Hospital & Healthcare Centers	18	0
Deerpath Orthopedic Surgical Center	62	0
AmSurg Surgery Center	202	50
Total	**385**	**153**

Historical Caseload - Michael Gartlan, MD – Otolaryngologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AmSurg Surgery Center	420	60
Total	**420**	**60**

Historical Caseload - Peter Mihalakakos, MD - General Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	236	100
AmSurg Surgery Center	344	0
Saint Joseph Hospital - Chciago	1	0
Total	**581**	**100**

Historical Caseload - Peter Tek, MD – Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Jospeh Medical Center	176	100
Silver Cross Hospital	28	0
United Therapies	1	0
Advanced Urology Associates S.C.	2	0
Total	**207**	**100**

Historical Caseload - Ramanathapur Natesh, MD – General/Thoracic Surgeon, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Silver Cross Hospital	2	0
St. Joseph Medical Center	159	112
AdventHealth Bolingbrook	1	0
Total	**162**	**112**

Historical Caseload - Rajeev Mehta, MD – Otolaryngologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Deerpath Orthopedic Surgical Center	123	20
Silver Cross Surgery Center	2	2
Chicago VAMC	2	0
AmSurg Surgery Center	138	20
Morris Hospital & Healthcare Centers	21	21
St. Joseph Medical Center	115	115
Edward Hospital	4	4
Total	**405**	**182**

Historical Caseload - Riten Sheth, MD – Gastroenterologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AmSurg Surgery Center	39	0
Premium Suburban Medical Group, PLLC	513	513
Silver Cross Hospital	437	400
Total	**989**	**913**

Historical Caseload - Ryan Manecke, MD – Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
United Therapies	4	0
St. Joseph Medical Center	185	185
Silver Cross Hospital	23	0
Total	**212**	**185**

Historical Caseload - Sandeep Sawhney, MD – Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Silver Cross Surgery Center	3	0
United Therapies	2	0
Silver Cross Hospital & Medical Center	21	0
Advanced Urology Associates, S.C.	2	0
St. Jospeh Medical Center	200	200
Total	**228**	**200**

Historical Caseload - Scott Divenere, MD – Otolaryngologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
Deerpath Orthopedic Surgical Center	106	0
Silver Cross Surgery Center	2	2
Morris Hospital & Healthcare Centers	4	4
AmSurg Surgery Center	82	10
St. Joseph Medical Center	91	91
Total	**285**	**107**

Historical Caseload - Sung Chung, MD – Otolaryngologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
AmSurg Surgery Center	95	29
Total	**95**	**29**

Historical Caseload - Thai Nguyen, MD - Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
St. Joseph Medical Center	97	97
United Therapies	2	0
Silver Cross Surgery Center	3	0
Silver Cross Hospital & Medical Centers	1	0
Advanced Urology Associates, S.C.	2	0
Total	**105**	**97**

Historical Caseload - Thomas Burns, MD – Urologist, by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Prime Healthcare ASC – Joliet, LLC
United Therapies	5	0
St. Joseph Medical Center	181	181
Advanced Urology Associates, S.C.	2	0
Silver Cross Hospital	29	0
Total	**217**	**181**

Zip Code	Number Patients Served
60015	83
60016	933
60026	285
60031	574
60048	1207
60068	35
60403	469
60410	531
60415	2
60421	334
60431	85
60432	237
60434	429
60435	6657
60436	143
60440	21
60441	157
60448	104
60450	526
60451	798
60453	289
60487	227
60490	178
60491	2
60506	31
60515	737
60517	4

60521	67
60525	360
60540	8
60559	13
60585	231
60586	220
60612	3
60617	52
60622	2
61801	283
TOTAL	**16,317**

Facility Radius Map

Health Facilities & Services Review Board • State of Illinois

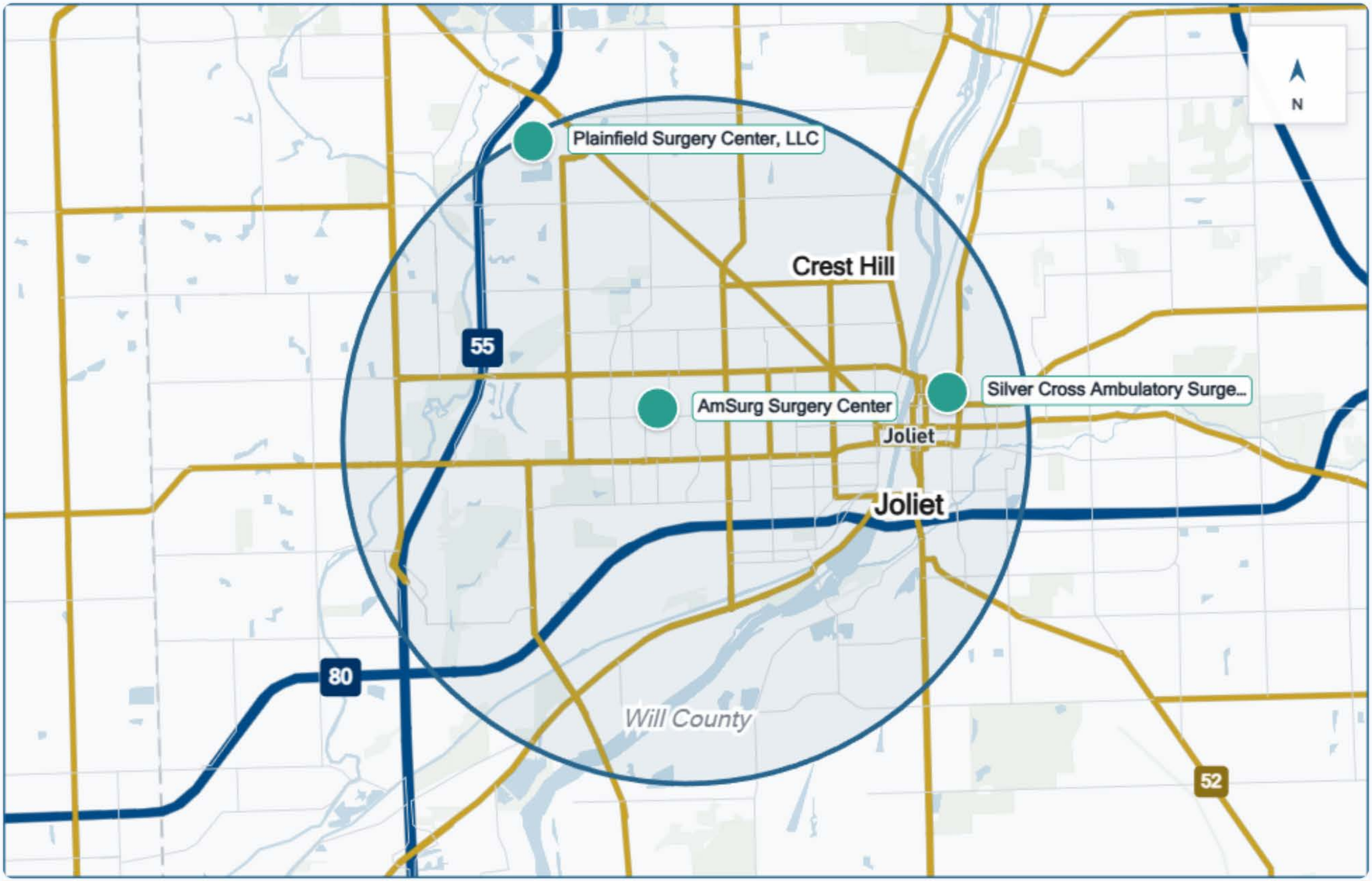
10-Mile Radius

41.5256, -88.1342 • Will County

CON #25-034

Dec 26, 2025

3 facilities



ASTC FACILITIES IN RADIUS

Source: HFSRB Official Records

Facility Name	City	Distance
AmSurg Surgery Center	Joliet	1.3 mi
Silver Cross Ambulatory Surgery Center, LLC	New Lenox	7.8 mi
Plainfield Surgery Center, LLC	Plainfield	9.8 mi