



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

DOCKET NO: H-08	BOARD MEETING: April 21, 2015	PROJECT NO: 15-005	PROJECT COST: Original: \$3,153,640
FACILITY NAME: Presence Lakeshore Gastroenterology		CITY: Des Plaines	
TYPE OF PROJECT: Substantive			HSA: VII

PROJECT DESCRIPTION: The applicants (Presence Lakeshore Gastroenterology, LLC, Presence Holy Family Medical Center and Presence Health) are proposing to establish a limited specialty ambulatory surgical treatment facility in leased space at a cost of \$3,153,640. The anticipated project completion date is December 31, 2015.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- **The applicants** (Presence Lakeshore Gastroenterology, LLC, Presence Holy Family Medical Center, and Presence Health) are proposing to establish a limited specialty ambulatory surgical treatment facility at a cost of \$3,153,640 located in the Medical Office Building adjacent to Presence Holy Family Medical Center. Currently, Presence Holy Family Medical Center has 2 dedicated endoscopy procedure rooms, and should the proposed project be approved these 2 procedure rooms will no longer be used for endoscopy procedures. The intended use for the space to be vacated is ophthalmology procedure rooms.
- The proposed ASTC will be a limited specialty ASTC with two procedure rooms dedicated solely to performing endoscopy procedures. Presence Holy Family Medical Center will operate the ASTC as a joint venture with 51 % ownership, and the remaining 49% ownership will be held by Lakeshore Gastroenterology and Liver Disease Institute, S.C. The ASTC will be operated in leased space and the total cost of the project is \$3,153,640.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

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

PURPOSE OF THE PROJECT:

- The applicants stated the following regarding the purpose of the project. *“The project will provide better access to endoscopy procedures in the community. Access to care and transportation are primary issues in the community served by Presence Holy Family Medical Center. The location of the proposed endoscopy center will provide easy access. It is on the PACE bus line, one mile from Metra and Presence Holy Family Medical Center offers a low cost Care A Van service to the location. One in five people in the community live below 200% of the federal poverty level, and 13% of those who responded to the Presence Holy Family Medical Center community health needs assessment reported they did not follow up with specialists because of cost. A free standing endoscopy center will provide a more affordable option to those serves. Colon cancer is the third most common cancer and the second leading cause of cancer-related deaths in the United States. Cancer is a leading age-adjusted cause of mortality in the service area. GI screenings, through endoscopy, are a valuable tool to identify and treat colon cancer in the early stages, saving lives. The bulk of patients served will reside within a 10 mile radius of the proposed facility.”*

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but none was requested. No letters of support or opposition were received by the State Board Staff.
- **One impact letter was received from Damon N. Havill Vice President, Business Development Advocate Lutheran General Hospital. Mr Havill stated Advocate Lutheran General Hospital “operates a high volume GI lab at our hospital spanning a continuum ranging from screening colonoscopies to ERCP and advanced therapeutic**

procedures. Our GI lab is located 2.9 miles and less than a ten minute drive from Presence Holy Family Medical Center. There is some overlap across the medical staffs of Presence Health and Advocate Lutheran General Hospital. Seven GI physicians on staff at Presence Health with offices within ten miles of Holy Family were also on staff and clinically active at ALGH. These seven physicians performed 4,497 procedures within our GI lab in 2014. Your letter dated January 14 did not contain details we would need to determine the impact of the project to ALGH First, an explanation of the rationale to discontinue and re-establish the two-room ASTC- e.g., change of address, change of ownership, etc. would provide helpful insight on the intent of the project. Second, a projection of case volumes by physician in the new center would provide us with assurance this is a replacement project and would not shift volume from other facilities within the service area.”

NEED FOR PROJECT:

- To establish an ASTC an applicant must document that the proposed facility will improve access, will not result in unnecessary duplication of service, cause a mal-distribution of service (surplus of facilities) or have a negative impact on other ASTC facilities within the 45 minute geographic service area (“GSA”). There are a number of hospitals and ASTCs within this 45 minute GSA that provides gastroenterology services and there is unused capacity at these facilities. See Tables at the end of this report. This is a joint venture with a hospital and the hospital is discontinuing the gastroenterology service. Existing hospital financial aid policies will be in the affect at the new ASTC. However referrals to the joint venture are dependent upon the physicians’ referrals and historically ASTC’s are reluctant to accept Medicaid or charity care or self pay patients.
- There are 52 ambulatory surgical treatment rooms within 45 minutes (adjusted) of the proposed facility. Of those 52 facilities 5 of the facilities are not yet operational. Of these 47 facilities 21 currently provide gastroenterology services. Of these 21 facilities 16 currently have capacity to accommodate the workload proposed by this facility. In addition 12 of the ASTCs that currently do not provide gastroenterology service can add this service at any time without State Board approval until January 1, 2018. There are 27 hospitals within 45 minutes (adjusted) that provide gastroenterology service. Of the five hospitals in which the applicants propose to remove cases to support the workload at the proposed facility, three of the hospitals will be negatively affected West Suburban Medical Center, Northwest Community Hospital, and Advocate Lutheran General Hospital (see Table Four below).

FINANCIAL AND ECONOMIC FEASIBILITY:

- The applicants are financially viable as evidenced by their balance sheet and the project is economically feasible as the applicants have sufficient cash to fund the project.

CONCLUSIONS:

- The applicants addressed a total of 22 criteria and have not met the following:

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 1110.1540 (g) – Service Accessibility	There are existing facilities (ASTC and hospitals in

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
	the proposed GSA that are underutilized. Historical utilization at Holy Family does not justify the number of procedure rooms being requested.
Criterion 1110.1540 (h) – Unnecessary Duplication/Maldistribution	There are 52 ambulatory surgical treatment rooms within 45 minutes (adjusted) of the proposed facility. Of those 52 facilities 5 of the facilities are not yet operational. Of these 47 facilities 21 currently provide gastroenterology services. Of these 21 facilities 16 currently have capacity to accommodate the workload proposed by this facility. In addition 12 of the ASTCs that currently do not provide gastroenterology service can add this service at any time without State Board approval until January 1, 2018. There are 27 hospitals within 45 minutes (adjusted) that provide gastroenterology service and have capacity to accommodate the proposed workload. (see Tables at the conclusion of this report)
Criterion 1120.140 (c) – Reasonableness of Project and Related Costs	Modernization Costs are \$735,000 or \$334.70 per GSF. This is in excess of the State Board Standard of \$264.87.

STATE BOARD STAFF REPORT
Project #15-005
Presence Lakeshore Gastroenterology

APPLICATION CHRONOLOGY	
Applicants(s)	Presence Lakeshore Gastroenterology, LLC Presence Holy Family Medical Center, and Presence Health
Facility Name	Presence Lakeshore Gastroenterology
Location	150 N. River Road, Des Plaines, Illinois
Permit Holder	Presence Lakeshore Gastroenterology, LLC
Operating Entity/Licensee	Presence Lakeshore Gastroenterology, LLC
Owner of Site	Presence Healthcare Services
Application Received	February 3, 2015
Application Deemed Complete	February 4, 2015
Anticipated Completion Date	December 31, 2015
Review Period Ends	June 4, 2015
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. Project Description

The applicants (Presence Lakeshore Gastroenterology, LLC, Presence Holy Family Medical Center, Presence Health) are proposing to establish a limited specialty ambulatory surgical treatment facility in leased space at a cost of \$3,153,640. The anticipated project completion date is December 31, 2015.

II. Summary of Findings

- A. The State Board Staff finds the proposed project does **not** appear to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project does **not** appear to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Presence Lakeshore Gastroenterology, LLC, Presence Holy Family Medical Center and Presence Health. Presence Lakeshore Gastroenterology, LLC is owned 51% by Presence Holy Family Medical Center and Lakeshore Gastroenterology and Liver Disease Institute, S.C.

Presence Holy Family Medical Center is an Illinois not for profit corporation and operates as a 188 bed **long term acute care hospital** at 100 North River Road, Des Plaines, Illinois. Long-term care hospitals (LTCHs) are certified as acute-care hospitals, but long term care hospitals focus on patients who, on average, stay more than 25 days. Many of the patients in long term care hospitals are transferred there from an intensive or critical care unit. Long term care hospitals specialize in treating patients who may have

more than one serious condition, but who may improve with time and care, and return home. Long term care hospitals typically give services like comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management. This is different than long term care. Long-term care usually refers to care that's basically custodial, like help with feeding or dressing, even if there's some health care given. Medicare doesn't cover this kind of care, which can be given in your own home or in various kinds of facilities, like assisted living facilities. LTCHs are hospitals that give inpatient services to people who need a much longer stay to get well.

Presence Health is an Illinois not for profit corporation and is the largest Catholic healthcare network in the State of Illinois, comprising 11 hospitals, 29 long-term care and senior residential facilities, more than 50 primary and specialty care clinics, and 6 home health agencies. Presence Lakeshore Gastroenterology, LLC is an Illinois limited liability company 51% owned by Presence Holy Family Medical Center and 49% owned by Lakeshore Gastroenterology and Liver Disease Institute, S.C. Lakeshore Gastroenterology and Liver Disease Institute, S.C. is a medical group located in Oak Park, Illinois. The proposed project is located in the HSA VII health service area and Hospital Health Planning Area A-07. There are four additional hospitals in this planning area: Advocate Lutheran General, Park Ridge (313 beds), Alexian Brothers Medical Center, Elk Grove Village, (241 beds), Northwest Community Hospital, Arlington Heights (336 beds), and St. Alexius Medical Center, Hoffman Estates (212 beds). This is a substantive project subject to both a 1110 and 1120 review. Project obligation will occur after permit issuance.

The applicants were not required to provide a letter attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, because this is a modernization of an existing structure. In addition the applicants were not required to comply with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.) because the project is a modernization of an existing building.

IV. Project Description

The applicants are proposing to establish a limited specialty ambulatory surgical treatment facility at a cost of \$3,153,640 located in leased space the Medical Office Building adjacent to Presence Holy Family Medical Center. Currently, Presence Holy Family Medical Center has 2 dedicated endoscopy procedure rooms, and should the proposed project be approved these 2 procedure rooms will no longer be used for endoscopy procedures. The intended use for the space to be vacated is ophthalmology procedure rooms. The proposed ASTC will be a limited specialty ASTC with two procedure rooms dedicated solely to performing endoscopy procedures. Presence Holy Family Medical Center will operate the ASTC as a joint venture with 51 % ownership, and the remaining 49% ownership will be held by Lakeshore Gastroenterology and Liver Disease Institute, S.C. The total cost of the project is \$3,153,640 and the anticipated completion date is December 31, 2015.

V. **Project Costs**

The applicants are funding this project with cash of \$2,168,000 and the fair market value of leased space of \$986,240. The anticipated start-up costs and estimated deficit is \$192,402.

TABLE ONE			
Project Costs and Sources of Funds			
Use of Funds	Clinical	Nonclinical	Total
Modernization Contracts	\$735,000	\$315,000	\$1,050,000
Movable or Other Equipment	\$782,600	\$335,400	\$1,118,000
Fair Market Value of Leased Space	\$690,368	\$295,872	\$986,240
Total Uses of Funds	\$2,207,968	\$631,272	\$3,154,240
Source of Funds	Clinical	Nonclinical	Total
Cash and Securities			\$2,168,000
Leases (fair market value)			\$986,240
Total Sources of Funds			\$3,154,240

VI. **Section 1110.230 –Purpose of the Project, Safety Net Impact, Alternatives**

The applicants are required to provide responses to these criteria; the State Board Staff reaches no conclusion regarding these criteria.

A) **Criterion 1110.230 (a) - Purpose of the Project**

The applicants stated the following:

“The project will provide better access to endoscopy procedures in the community. The endoscopy center will be patient centered with navigators to ease the patient through steps of education, diagnosis and treatment of disease. An Advanced Practice Nurse will provide an opportunity to have an office visit and procedure in the same visit. The project will result in strong physician alignment between Presence Holy Family Medical Center (“PHFMC”) and the physicians on staff to focus on a common Mission and aligned vision. The proposed endoscopy center will focus on a workflow with the patient and employee in mind. Access to care and transportation are primary issues in the community served by PHFMC. The location of the proposed endoscopy center will provide easy access. It is on the PACE bus line, one mile from Metra and Presence PHFMC offers a low cost Care A Van service to the location. One in five people in the community live below 200% of the federal poverty level, and 13% of those who responded to the PH FMC community health needs assessment reported they did not follow up with specialists because of cost. A free standing endoscopy center will provide a more affordable option to those PHFMC serves. Colon cancer is the third most common cancer and the second leading cause of cancer-related deaths in the United States. Cancer is a leading age-adjusted cause of mortality in the PHFMC service area. GI screenings, through

endoscopy, are a valuable tool to identify and treat colon cancer in the early stages, saving lives. The bulk of patients served will reside within a 10 mile radius of the PHFMC catchment area. In determining the market area the Applicants reviewed the patient demographics by zip code of the physicians practice and those patients who were referred for surgery by it. The zip codes of the proposed market area are attached, along with population by zip code for the general PHFMC market area. The total population of the area is approximately 2,916,057 (2012 US Census Estimates). However, the proposed ASC will only draw from portions of these zip codes, and the primary service area is reflected on the attached map (30 minutes.) The project will allow for user friendly access to an outpatient service (endoscopy) that is currently provided in an inpatient hospital setting. This setting is more costly and less user friendly. It also will allow alignment between the physician specialists and PH FMC, such that the results and follow-up care can be better monitored between the physician practice and PHFMC, which will improve outcomes and patient communication. The project will follow the Navigator model, which calls for a patient advocate to be present to help the patient through the process of receiving IV sedation, being transferred to the procedure room, and “recovering” to the point of readiness. It also will provide information pre-testing regarding the prep for colonoscopy and will address patient's need in transportation home after the test itself, and any other issues the patient may have upon discharge. There are no quantifiable and measureable objectives, other than lower cost care and more effective management of a fairly straight forward outpatient surgical procedure, which is becoming more and more common giving the aging of the "baby boomer" population, which is recommended to have testing beginning at age 50 - 60 based on risk factors. This population is expected to grow by approximately 10-15% between 2010 to 2020.”

B) Criterion 1110.234 (b) - Safety Net Impact

To the applicants knowledge the impact on safety net services will be positive in that this project will maintain them. The applicants do not have knowledge regarding cross subsidization of services.

TABLE TWO Safety Net Impact			
	2011	2012	2013
Net Patient Revenue	\$79,158,057	\$76,738,700	\$69,546,648
Charity Care Number of Patients			
Inpatient	27	8	11
Outpatient	93	53	27
Total	120	61	38
Charity Care Cost in Dollars			
Inpatient	\$1,181,322	\$52,177	\$706,227
Outpatient	\$25,844	\$13,044	\$140,607

Total	\$1,207,166	\$65,221	\$846,834
% of Net Patient Revenue	1.52%	.08%	1.21%
Medicaid Number of Patients			
Inpatient	92	59	39
Outpatient	6314	6687	6499
Total	6,406	6,746	6,538
Medicaid Revenue			
Inpatient	\$13,755,693	\$6,282,958	\$4,258,943
Outpatient	\$514,112	\$1,014,323	\$419,195
Total	\$14,269,805	\$7,297,281	\$4,678,138
% of Net Patient Revenue	18.02%	9.5%	6.72%

C) Criterion 1110.234 (c) –Alternatives to Project

The applicants stated the following: *“The alternatives to the project were few. The only real alternative is one the HFSRB does not consider, which is "doing nothing" and continuing to provide endoscopy as a hospital based service. The cost of this alternative was zero, but it was not seriously considered given the ultimate goals and objectives of the project. Another alternative was to establish a joint venture to obtain a surgery center license, but have PHFMC be the minority owner versus the majority owner. The cost of this alternative would have been the same, but the return on PHFMC investment would have been less. Given the fact that PHFMC is a NFP, this was not a viable alternative. Another alternative was to locate the ASC off PHFMC campus. This alternative would cost approximately the same as the chosen alternative assuming similar space could be obtained. It was rejected because the location on PHFMC's campus is much more accessible to the community served and convenient for both patients and Medical staff members. The chosen alternative does include pursuing a joint venture. The option of having other health care providers serve the population to be served is currently in place. However, this option is more costly (hospital based outpatient surgery is more costly then ASC based as per attached charge comparison), less convenient for patients and does not achieve the same physician-hospital based alignment as the proposed joint venture. The chosen alternative was considered a positive one for patient centered care, which is why PHFMC chose to pursue same.”*

VII. Section 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space

A) Criterion 1110.234 (a) - Size of Project

The applicant shall document that the physical space proposed for the project is necessary and appropriate.

The applicants are proposing 2,196 DGSF for the 2 procedure rooms and the 6 recovery stations. The State Board Standard for procedure rooms is 1,660-2,200 DGSF per

Treatment Room and the recovery stations is 180-400 GSF per station or a total of 6,800 GSF. The applicants have met this requirement.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION SIZE OF PROJECT (77 IAC 1110.234 (a))

B) Criterion 1110.234 (b) - Project Services 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 applicants are projecting 2,728 hours by the second year after project completion. If the hours materialize the applicants can justify the two procedure rooms.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PROJECTED SERVICES UTILIZATION (77 IAC 1110.234(b))

C) Criterion 1110.234 (e) - Assurances

The applicants must attest that they will reach target utilization within 24 months of operation and maintain that utilization.

The administrator Pamela Bell attested that the proposed ASTC will meet the occupancy standards required of it within 24 months of its operation. That conclusion was based on Lakeshore Gastroenterology historical practice referrals and utilization. See page 96 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234(e))

VIII. Section 1110.1540 –Ambulatory Surgical Treatment Center

A) Criterion 1110.1540 (b) - Background of the Applicant

An applicant shall document the *qualifications, background, character and financial resources to adequately provide a proper service for the community and also demonstrate that the project promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities or service.* [20 ILCS 3960/2]

The applicants provided a notarized letter from Jeannie Frey Chief Legal Officer and Counsel Presence Health that the ASTC is a newly formed entity and does not own, operate or manage any other ambulatory surgical treatment centers or any other health care facilities or provider entities. Presence Health and Presence Holy Family Medical Center own and operate acute care hospitals. Presence Health has attested that no adverse action has been taken against any health care facility owned or operated by Presence Health during the three years prior to filing this application for permit. In

addition the applicants authorized the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access any and all information to verify information submitted in this application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION BACKGROUND OF THE APPLICANT (77 IAC 1110.1540 (b))

B) Criterion 1110.1540 (c) (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.

The applicants have defined their market area as 30 minutes in all direction and have provided zip code information for Presence Holy Family Medical Center market area. In addition the applicants have provided the patient origin zip codes of the patients of the physicians involved in this joint venture. The total population of this 30 minute area is approximately 2,916,057.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION GEOGRAPHIC SERVICE AREA NEED (77 IAC 1110.1540 (c) (2))

C) Criterion 1110.1540 (d) - Service Demand – Establishment of an ASTC Facility

The applicant shall document that the proposed project is necessary to accommodate the service demand experienced annually by the applicant, over the latest two-year period, as evidenced by historical and projected referrals.

The applicants have provided a referral letter from Lakeshore Gastroenterology and Liver Disease Institute, S.C. that they plan to refer approximately 2,730 cases to the proposed ASTC. The applicants provided patient origin by zip code for the past 12 months and it appears that the residents reside in the proposed GSA. The number of referrals does not exceed the physician's experienced caseload and the applicants have attested that the referrals have not been used to justify any other certificate of need permit application.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION SERVICE DEMAND (77 IAC 1110.1540 (d))

D) Criterion 1110.1540 (f) - Treatment Room Need Assessment

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 upon an annual minimum utilization of 1,500 hours of use per room, as established in 77 Ill. Adm. Code 1100.

The applicants are proposing two procedure rooms. The applicants are estimating 1 hour for the endoscopy procedure. Based upon the State Board standard of 1,500 hours per procedure room, the applicants can justify the two procedure rooms being proposed. (2,731 x 1 hour = 2,731 hours/1,500 hours per procedure room = 1.82 rooms or 2 rooms)

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION TREATMENT ROOM NEED ASSESSMENT (77 IAC 1110.1540 (f))

E) Criterion 1110.1540 (g) - Service Accessibility

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

- 1) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;
- 2) The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;
- 3) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies;
- 4) The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:
 - A) The existing hospital is currently providing outpatient services to the population of the subject GSA;
 - B) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100;
 - C) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and

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

The proposed project is a cooperative venture and the existing hospital is currently providing outpatient endoscopy services. Presence Holy Family Medical Center plans to close its two endoscopy procedure rooms and provide this service at the proposed ASTC. Presence Holy Family Medical Center will use the vacated space for ophthalmology procedure rooms. Historical utilization at the hospital will not support the 2 procedure rooms being proposed by this project. 2013 historical utilization of 559 hours will justify one procedure room. The applicants have attested that the charges at the proposed ASTC will be less than the charges at the hospital. The proposed ASTC charges are listed below along with the hospital charges.

TABLE THREE						
Hospital and ASTC's Charges						
Description	Hospital					ASTC Charge
	Code	Charge	Wage adjusted APC	Self Pay	Mark up charge thru EPIC	
Balloon Dilation> 30mm	43233	\$2,250	\$1,064.86	\$1,440.22	\$2,950.00	\$2,250
EGD	43235	\$2,150	\$745.60	\$1,008.42	\$2,950.00	\$2,150
Inj1Botx	43236	\$2,250	\$745.60	\$1,008.42	\$2,950.00	\$2,250
Biopsy	43239	\$2,250	\$745.60	\$1,008.42	\$2,950.00	\$2,250
Tube Insert	43241	\$2,250	\$745.60	\$1,008.42	\$2,950.00	\$2,250
Variceal Sclerosis	43243	\$2,250	\$745.60	\$1,008.42	\$2,950.00	\$2,250
Band Ligation	43244	\$2,250	\$1,064.86	\$1,440.22	\$2,950.00	\$2,250
G Tube Placement	43246	\$2,450	\$1,064.86	\$1,440.22	\$2,950.00	\$2,450
Removal of foreign body	43247	\$2,650	\$745.60	\$1,008.42	\$2,950.00	\$2,650
Balloon Dilation <30mm	43249	\$2,200	\$1,064.86	\$1,440.22	\$2,950.00	\$2,200
Hot Biopsy	43250	\$2,200	\$1,064.86	\$1,440.22	\$2,950.00	\$2,200
Snare	43251	\$2,200	\$1,064.86	\$1,440.22	\$2,950.00	\$2,200
Control Bleeding	43255	\$2,200	\$1,064.86	\$1,440.22	\$2,950.00	\$2,200
Ablation	43258	\$2,300	CPT no longer effective 01-01-2015			\$2,300
Flexible Sigmoidoscopy	45330	\$2,010	\$493.69	\$667.72	\$2,950.00	\$2,010
Removal of Foreign Body	45331	\$2,010	\$493.69	\$667.72	\$2,950.00	\$2,010
Snare	45332	\$2,050	\$827.42	\$1,119.09	\$2,950.00	\$2,050
Hot Biopsy	45333	\$2,050	\$493.69	\$667.72	\$2,950.00	\$2,050
Control Bleeding	45334	\$2,050	\$827.42	\$1,119.09	\$2,950.00	\$2,050
Sigmoidoscopy w submucing	45335	\$2,050	\$493.69	\$667.72	\$2,950.00	\$2,050
Sigmoidoscopy wi removal of tumor	45338	\$2,050	\$827.42	\$1,119.09	\$2,950.00	\$2,050
Sigmoidoscopy wi balloon dilation	45340	\$2,050	\$827.42	\$1,119.09	\$2,950.00	\$2,050

**TABLE THREE
Hospital and ASTC's Charges**

Description	Hospital					ASTC Charge
	Code	Charge	Wage adjusted APC	Self Pay	Mark up charge thru EPIC	
Ablation	45339	\$2,550	CPT no longer effective 01-01-2015			\$2,550
Colonscopy	45378	\$2,450	\$789.86	\$1,068.29	\$2,950.00	\$2,450
InjIBotx	45381	\$2,550	\$789.86	\$1,068.29	\$2,950.00	\$2,550
Biopsy	45380	\$2,550	\$789.86	\$1,068.29	\$2,950.00	\$2,550
Control Bleeding	45382	\$2,550	\$789.86	\$1,068.29	\$2,950.00	\$2,550
Ablation	45383	\$2,450	CPT no longer effective 01-01-2015			\$2,450
Removal of Foreign Body	45379	\$2,550	\$789.86	\$1,068.29	\$2,950.00	\$2,550
Hot Biopsy	45384	\$2,450	\$789.86	\$1,068.29	\$2,950.00	\$2,450
Snare	45385	\$2,450	\$789.86	\$1,068.29	\$2,950.00	\$2,450
Colonscopy wldilation	45386	\$2,450	\$789.86	\$1,068.29	\$2,950.00	\$2,450
Ligation of Hemorrhoid	46221	\$2,450	\$442.51	\$598.49	\$2,950.00	\$2,450
Hemorrhoidectomy Ligation; Single	46945	\$2,650	\$1,941.43	\$2,625.78	\$2,950.00	\$2,650
Hemorrhoidectomy Ligation; Qty >2	46946	\$2,650	\$1,941.43	\$2,625.78	\$2,950.00	\$2,650
- Self pay pricing does not include anesthesia fee of \$441.11 or Pathology fee \$250.00 - The Epic pricing is for level three procedures listed as conscious sedation. We typically utilize level four charges which are \$4130.00 due to using MAC anesthesia. Any additional supplies used would be added to the EPIC charges. - Wage adjusted APC is the minimum for billing - Information provided by the applicants						

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION SERVICE ACCESSIBILITY (77 IAC 1110.1540 (g))

F) Criterion 1110.1540 (h) - Unnecessary Duplication/Maldistribution

The applicant shall document that the project will not result in an unnecessary duplication. 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. The applicant shall document that, within 24 months after project completion, the proposed project will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100 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.

There are 52 ambulatory surgical treatment rooms within 45 minutes (adjusted) of the proposed facility. Of those 52 facilities 5 of the facilities are not yet operational. Of

these 47 facilities 21 currently provide gastroenterology services. Of these 21 facilities 16 currently have capacity to accommodate the workload proposed by this facility. In addition 12 of the ASTCs that currently do not provide gastroenterology service can add this service at any time without State Board approval until January 1, 2018. There are 27 hospitals within 45 minutes (adjusted) that provide gastroenterology service. Given the number of facilities within the 45 minute (adjusted) GSA it would appear that an unnecessary duplication of service will result with the establishment of this facility. In addition a maldistribution of service or a surplus of ASTC's in this GSA will result.

TABLE FOUR
Facilities applicants propose to remove Gastro cases

	Number of Gastro Rooms ⁽¹⁾	Hours or procedures ⁽¹⁾	Rooms Justified	Hours referred to proposed facility	Rooms justified if project approved
West Suburban Medical Center	4	8,007	6	1089	5
Northwest Community Hospital	9	12,058	9	663	8
Advocate Lutheran General Hospital	8	10,055	7	651	6
Westlake Hospital	2	596	1	13	1
Community First Medical Center	2	2,656	2	12	2
Fullerton Surgery Center	2	1,520	2	5	2
Presence Holy Family Medical Center	2			0	0
Total				2,730	
1. Information on Number of Gastro Rooms and Hours taken from 2013 Hospital and ASTC Profiles					

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE/MALDISTRIBUTION (77 IAC 1110.1540 (h))

G) Criterion 1110.1540 (i) - Staffing

The proposed facility will be certified for Medicare and Medicaid participation and the State Board relies upon this certification that appropriate staffing will be available for the proposed facility.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION STAFFING (77 IAC 1110.1540 (h))

I) Criterion 1110.1540 (i) - Charge Commitment

In order 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:

- 1) a statement of all charges, except for any professional fee (physician charge); and
- 2) a commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The administrator certified to the following “do hereby commit that the charges listed in the Presence Lakeshore' Gastroenterology CON application. Project number 15-005 will be in place for two (2) years subsequent to the ambulatory surgery center being certified for occupancy

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION CHARGE COMMITMENT (77 IAC 1110.1540 (i))

K) Criterion 1110.1540(k) - Assurances

- 1) 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, that a quality improvement plan will be initiated.
- 2) 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.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.1540 (k))

IX. Section 1120.120 - Availability of Funds

The applicant shall document that financial resources shall 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.

The applicants are funding this project with cash of \$2,168,000 and lease with a fair market value of \$986,240. Based upon the audited financial statements Presence Health has sufficient cash to fund this project.

TABLE FIVE			
Financial Information			
	Presence Health Audited Financial In thousands (000)		Presence Holy Family Medical Center
	2013	2012	2013
Cash	\$192,672	\$192,066	\$7
Current Assets	\$3,277,698	\$3,307,771	\$41,232
Current Liabilities	\$626,881	\$653,609	\$55,740
LTD	\$1,094,741	\$1,129,500	\$0
Total Revenue	\$2,451,328	\$2,490,884	\$70,908
Net Patient Revenue	\$2,700,075	\$2,708,573	\$69,544
Expenses	\$2,761,742	\$2,660,952	\$74,312
Income	\$125,150	\$99,641	-\$3,297

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 IAC 1120.120)

X. Section 1120.130 - Financial Viability

The transaction will be funded from internal funds; therefore the applicants have qualified for the financial viability waiver

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 IAC 1120.130)

XI. Section 1120.140 - Economic Feasibility

A) Criterion 1120.140(a) – Reasonableness of Financing Arrangements

B) Criterion 1120.140 (b) - Conditions of Debt Financing

The applicants are funding this project with cash of \$3,153,640. A letter of intent for the lease was provided by the applicants. The lease is between Presence Healthcare Services and Presence Lakeshore Gastroenterology LLC for 3,417 square feet at \$28 per rentable

square foot, for the first five years of the lease. The base rent shall escalate by 2% annually in years 6 -10. Presence Healthcare Services (Services), a not-for-profit corporation that encompasses the following operating divisions: Presence Resurrection Properties, Presence Pharmacies, Presence Ambulatory Services, and Presence Medical Group - RHC; and the Presence Home Medical Equipment.

TABLE SIX Lease Payments		
Year	Monthly Rent	Total Yearly
1	\$7,973.00	\$95,676.00
2	\$7,973.00	\$95,676.00
3	\$7,973.00	\$95,676.00
4	\$7,973.00	\$95,676.00
5	\$7,973.00	\$95,676.00
6	\$8,132.46	\$97,589.52
7	\$8,295.11	\$99,541.31
8	\$8,461.01	\$101,532.14
9	\$8,630.23	\$103,562.78
10	\$8,802.84	\$105,634.04

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS AND CONDITIONS OF DEBT FINANCING (77 IAC 1120.140 (a)(b))

C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs
The applicant shall document that the estimated project costs are reasonable

Modernization Costs are \$735,000 or \$334.70 per GSF. This appears **HIGH** when compared to the State Board Standard of \$264.87.

Initial State Board Standard	\$203
Number of Years to Inflate	7
Inflation Rate	3%
State Board Standard	\$264.87

Movable or Other Equipment Costs are \$782,600 or \$391,300 per procedure room. This appears reasonable when compared to the State Board Standard of \$461,631. The costs include the following:

Anesthesia Cart	\$6,000
Stryker Stretchers	\$45,520
Wheel Chairs	\$1,813

Olympus Equipment	\$127,607
Scopes and Related Equipment	\$719,443
Proration	\$91,296
Baarrk Cart and Generator	\$90,000
Coagulator	<u>\$36,321</u>
Total	\$1,118,000

Fair Market Value of Leased Space Costs are \$690,368. The State Board does not have a standard for this cost.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT AND RELATED COSTS (77 IAC 1120.140 (c))

D) Criterion 1120.140 (d) - Projected Operating Costs

The projected operating cost per case is \$1,339 per case. This appears reasonable compared to previously approved projects.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 IAC 1120.140 (d))

E) Criterion 1120.140 (e) - Total Effect of the Project on Capital Costs

The applicants' state there will be no effect on capital costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.140 (e))

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TABLE SEVEN
Ambulatory Surgical Treatment Centers within 45 minutes of proposed facility

Name	City	Type	Operating Rooms	Hours	Currently Provides Gastro Service	Minutes	Rooms Justified
Foot and Ankle Surgery Center	Des Plaines	Multi	3	1,248.25	No	4.6	1
Golf Surgical Center	Des Plaines	Multi	5	4,165.34	No	10.35	3
Northwest Community Day Surgery	Arlington Heights	Multi	10	9,315.00	No	16.1	7
The Glen Endoscopy Center	Glenview	Limited	3	3,535.00	Gastro	16.1	3
Illinois Sports Medicine & Orthopedic Surgery Ctr.	Morton Grove	Multi	4	3,735.00	Gastro	16.1	3
Illinois Hand & Upper Extremity Center	Arlington Heights	Limited	1	1,068.00	No	17.25	1
Northwest Surgicare	Arlington Heights	Multi	4	1,593.50	No	18.4	2
Ravine Way Surgery Center	Glenview	Limited	3	2,909.00	No	19.55	2
North Shore Endoscopy Center	Lake Bluff	Limited	2	2,587.50	Gastro	28.75	2
Vernon Square Surgicenter	Vernon Hills	Multi	2	1,847.25	No	28.75	2
Albany Medical Surgery Ctr.	Chicago	Limited	2	2,915.00	No	30	2
Oak Brook Surgical Center	Oakbrook	Multi	4	4,096.25	Gastro	31.05	3
Children's Memorial Specialty ASTC	Westchester	Multi	3	2,162.97	Gastro	31.05	2
Advantage Health Care Ltd.	Wood Dale	Limited	2	1,069.75	No	31.05	1
Six Corners Same Day Surgery	Chicago	Multi	4	304.75	No	31.25	1
Elmhurst Outpatient Surgery Center	Elmhurst	Multi	4	2,471.50	Gastro	32.2	2
Hinsdale Surgical Center	Hinsdale	Multi	4	5,284.31	No	32.2	3
The Hoffman Estates Surgery Center	Hoffman Estates	Multi	3	2,917.75	Gastro	32.2	2
Alden Center for Day Surgery	Addison	Multi	4	1,082.25	Gastro	33.35	1
Eye Surgery Center of Hinsdale	Hinsdale	Limited	2	972.50	No	33.35	1
North Shore Same Day Surgery Center	Lincolnwood	Multi	3	2,667.16	Gastro	34.5	2
Resurrection Health Care Surgery Ctr.	Chicago	Multi	4	1,822.25	Gastro	35	2

TABLE SEVEN
Ambulatory Surgical Treatment Centers within 45 minutes of proposed facility

Name	City	Type	Operating Rooms	Hours	Currently Provides Gastro Service	Minutes	Rooms Justified
Midwest Center for Day Surgery	Downers Grove	Multi	5	3,485.25	Gastro	35.65	3
Elmhurst Medical and Surgical Center	Elmhurst	Limited	1	192.00	No	35.65	1
Lake Forest Endoscopy Center	Grayslake	Limited	2	1,933.00	Gastro	35.65	2
Grayslake Outpatient Center	Grayslake	Multi	4	1,148.25	No	35.65	1
Loyola Ambulatory Surgery Center	Oakbrook Terrace	Multi	3	2,736.26	No	35.65	2
Ambul Surgicenter of Downers Grove	Downers Grove	Limited	3	993.60	No	36.8	1
Elmwood Park Same Day Surgery Center	Elmwood Park	Multi	3	198.25	No	36.8	1
Salt Creek Surgery Center	Westmont	Multi	4	3,573.50	No	36.8	3
Chicago Prostrate Cancer Center	Westmont	Limited	2	848.00	No	36.8	1
Western Diversey Surgical Center	Chicago	Limited	2	1,545.00	No	37.5	2
Novamed Surgery Center of Chicago	Chicago	Limited	1	1,520.50	No	37.5	2
DuPage Medical Group Surgery Center	Lombard	Multi	5	10,159.00	Gastro	37.95	7
Loyola University Ambulatory Surgery Ctr.	Maywood	Multi	8	9,419.14	Gastro	37.95	7
CMP Surgicenter	Chicago	Multi	2	1,520.15	Gastro	38.75	2
United Therapy-LaGrange	LaGrange	Limited	1	3,128.00	No	39.1	3
Novamed Surgery Center of River Forest	River Forest	Multi	2	920.50	No	39.1	1
Advanced Ambulatory Surgical Center	Chicago	Multi	3	965.90	Gastro	40	1
Hispanic-American Endoscopy Center	Chicago	Limited	1	474.00	Gastro	40	1
Peterson Surgery Center	Chicago	Limited	2	78.25	Gastro	41.25	1
Hart Road Pain and Spine Institute	Barrington	Limited	2	533.33	No	41.4	1
Naperville Fertility Center	Naperville	Limited	1	401.00	No	41.4	1
Lakeshore Surgery Center	Chicago	Multi	2	1,018.75	Gastro	42.5	1
The Center for Surgery	Naperville	Multi	8	5,002.00	Gastro	43.7	4

TABLE SEVEN
Ambulatory Surgical Treatment Centers within 45 minutes of proposed facility

Name	City	Type	Operating Rooms	Hours	Currently Provides Gastro Service	Minutes	Rooms Justified
Victory Ambulatory Surgery Center	Lindenhurst	Multi	4	1,723.00	Gastro	44.85	2
DuPage Orthopedic Group Surgery Center	Warrenville	Limited	4	5,511.90	No	44.85	4
Apollo Health Center (1)	Des Plaines		Not Available			16.1	0
Chicago Surgical Clinic, Ltd. (2)	Arlington Heights		Not Available			17.25	0
Hawthorne Surgery Center (3)	Vernon Hills		Not Available			28.75	0
Ashton Center for Day Surgery	Schaumburg		Not Available			33.35	0
Lisle Center for Pain Management (4)	Lisle		Not Available			42.55	0
1. Completed May 2014 no data available							
2. Approved as Permit #12-076							
3. Approved as Permit #12-041							
4. Approved as Permit #11-121							

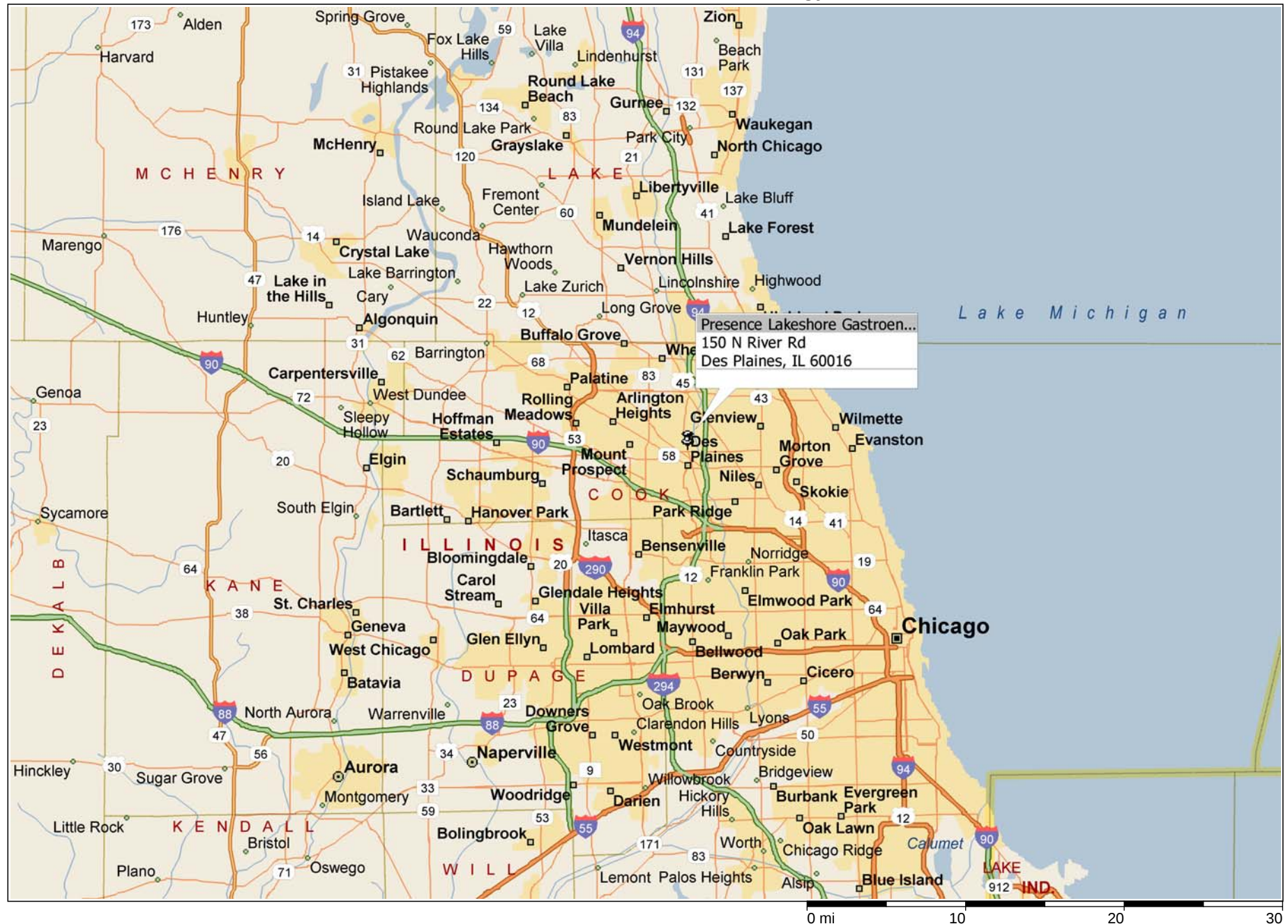
TABLE EIGHT
Hospitals within 45 minutes of proposed facility

Name	City	Adjusted Time	Operating Rooms	Hours	Gastro Procedure Rooms	Hours
Presence Holy Family Hospital	Des Plaines	0	5	1,986	2	559
Glenbrook Hospital	Glenview	10.35	9	12,234	6	16,068
Advocate Lutheran General Hospital	Park Ridge	12.65	24	44,677	8	10,055
Northwest Community Hospital	Arlington Heights	16.1	14	21,867	9	12,058
Skokie Hospital	Skokie	21.85	10	11,439	5	9,398
Highland Park Hospital	Highland Park	28.75	11	13,408	6	12,868
Presence Resurrection Medical Center	Chicago	28.75	9	4,215	2	2,656
Alexian Brothers Medical Center	Elk Grove Villa	29.9	15	21,222	7	14,568
St. Alexius Medical Center	Hoffman Estates	32.2	11	23,096	5	10,242
Elmhurst Memorial Hospital	Elmhurst	33.35	15	24,252	5	24,252
Evanston Hospital	Evanston	33.35	16	23,603	7	15,368
Northwestern Lake Forest Hospital	Lake Forest	33.35	8	11,793	5	1,820
Advocate Condell Medical Center	Libertyville	33.35	12	15,598	4	2,912
Adventist Hinsdale Hospital	Hinsdale	34.5	12	20,001	4	4,487
Gottlieb Memorial Hospital	Melrose Park	34.5	9	8,639	2	3,184
VHS Westlake Hospital	Melrose Park	35.65	6	3,064	5	296
Advocate Good Samaritan Hospital	Downers Grove	36.8	14	26,367	6	4,545
Presence St. Francis Hospital	Evanston	36.8	16	23,603	7	15,368
Adventist LaGrange Memorial Hospital	LaGrange	36.8	11	12,628	3	3,546
Loyola University Medical Center	Maywood	36.8	27	58,154	6	12,347
Rush Oak Park Hospital	Oak Park	36.8	9	7,853	3	1,687
Community First Medical Center	Chicago	37.5	9	4,215	2	2,656
Adventist Glen Oaks Medical Center	Glendale Heights	40.25	5	3,526	1	1,034

TABLE EIGHT
Hospitals within 45 minutes of proposed facility

Name	City	Adjusted Time	Operating Rooms	Hours	Gastro Procedure Rooms	Hours
Swedish Covenant Hospital	Chicago	41.25	10	13,936	3	4,347
Advocate Good Shepherd Hospital	Barrington	41.4	11	19,670	5	5,515
Sherman Hospital	Elgin	41.4	16	19,208	2	2,248
VHS West Suburban Medical Center	Oak Park	44.85	8	9,941	4	8,807

15-005 Presence Lakeshore Gastroenterology - Des Plaines



<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	John D Baird			White	61.6%	Hispanic or Latino:	6.5%
ADMINSTRATOR PHONE	773-792-5153			Black	4.5%	Not Hispanic or Latino:	83.8%
OWNERSHIP:	Presence Holy Family Medical Center			American Indian	0.3%	Unknown:	9.7%
OPERATOR:	Presence Holy Family Medical Center			Asian	2.7%		
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.3%	IDPH Number:	1008
CERTIFICATION:	Long-Term Acute Care Hospital (LTACH)			Unknown	30.6%	HPA	A-07
FACILITY DESIGNATION:	(Not Answered)					HSA	7
ADDRESS	100 North River Road	CITY:	Des Plaines	COUNTY:	Suburban Cook County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2013	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	59	23	13	597	2,259	0	3.8	6.2	10.5	26.9
0-14 Years				0	0					
15-44 Years				337	1,189					
45-64 Years				240	945					
65-74 Years				17	69					
75 Years +				3	56					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	129	105	99	823	30729	0	37.3	84.2	65.3	80.2
Dedicated Observation	0					0				
Facility Utilization	188			1,420	32,988	0	23.2	90.4	48.1	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.4%	2.7%	0.0%	50.2%	1.8%	0.8%	
	631	39	0	713	26	11	1,420
Outpatients	23.2%	19.0%	0.0%	51.7%	6.1%	0.1%	
	7913	6499	6	17662	2074	27	34,181
<u>Financial Year Reported:</u>	1/1/2013 to	12/31/2013	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	74.8%	8.3%	0.0%	13.1%	3.8%	100.0%	
	38,546,472	4,258,943	0	6,751,181	1,955,563	51,512,159	706,227
Outpatient Revenue (\$)	15.5%	2.3%	0.0%	80.5%	1.6%	100.0%	
	2,803,667	419,195	0	14,511,828	296,769	18,031,459	140,607
							Total Charity Care Expense 846,834
							Total Charity Care as % of Net Revenue 1.2%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	0		Beds	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	0	0	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		0	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	0		Inpatient Studies		126,197		
CSections Performed:	0		Outpatient Studies		39,378		
			Studies Performed Under Contract		6,358		

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	88	277	88	305	393	1.0	1.1
Gastroenterology	0	0	0	0	74	5	59	3	62	0.8	0.6
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	8	0	6	6	0.0	0.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	662	0	463	463	0.0	0.7
Orthopedic	0	0	0	0	5	20	7	42	49	1.4	2.1
Otolaryngology	0	0	0	0	14	8	14	12	26	1.0	1.5
Plastic Surgery	0	0	0	0	0	252	0	731	731	0.0	2.9
Podiatry	0	0	0	0	6	131	8	236	244	1.3	1.8
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	3	7	2	10	12	0.7	1.4
Totals	0	0	5	5	190	1370	178	1808	1986	0.9	1.3
<u>SURGICAL RECOVERY STATIONS</u>			Stage 1 Recovery Stations		13		Stage 2 Recovery Stations		21		

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	7	793	4	555	559	0.6	0.7
Laser Eye Procedures	0	0	1	1	0	52	0	16	16	0.0	0.3
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	0	6	0	3	3	0.0	0.5
<u>Multipurpose Non-Dedicated Rooms</u>											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Stand-By
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	0

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	34,181
Outpatient Visits at the Hospital/ Campus:	34,181
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment**Examinations****Therapeutic Equipment****Therapies/ Treatments**

	Owned	Contract	Inpatient	Outpt	Contract		Owned	Contract	
General Radiography/Fluoroscopy	7	0	6,107	3,354	0	Lithotripsy	0	0	0
Nuclear Medicine	1	0	51	148	0	Linear Accelerator	0	0	0
Mammography	2	0	0	3,438	0	Image Guided Rad Therapy			0
Ultrasound	3	0	821	2,386	0	Intensity Modulated Rad Thrp			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	1,470	557	0				
Magnetic Resonance Imaging	1	0	0	494	0				