



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

December 15, 2016

VIA EMAIL
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Collin Anderson
Business Development & Regulatory Coordinator
The Carle Foundation Hospital
611 West Park Street
Urbana IL, 61801

Re: Project #16-045 – Champaign SurgiCenter

Mr. Anderson:

We are reviewing the above application for permit and we need some additional information or clarification.

1. We consider the proposed establishment of the ASTC as a cooperative venture with The Carle Foundation Hospital and as such we need the following addressed or an explanation of why these two criteria were not addressed.

77 IAC 1110.1540 (g) (4) (C) & (D)

- 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. The 2015 data indicates that the hospital cannot justify the 30 operating/procedure rooms based upon the 2015 data.
 - D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital. For this criteria D we need the charges for the ASTC found on page 107-109 of the application for permit and comparable charges for Carle OP Surgery Department. The Table should include the CPT Code, Name of procedure, ASTC charge, and Carle Hospital OP charge.
2. We also need a commitment that the charges (listed on page 107-109 of the application for permit) 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).
 3. Please provide the expected terms and conditions of the bond financing for this project along with a letter addressing the criterion.

77 IAC 1120.140 (b) - Conditions 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
4. Additionally we have requested the most recent The Carle Foundation audited financial statements from Ms Kara Friedman by email on December 12, 2016.

Thank you for sending us the corrected information for the 2012 ASTC Questionnaire received December 13, 2016 by email.

Should you have any questions or concerns please call or email Mike Constantino at mike.constantino@illinois.gov or 217.782.3516.

Sincerely,



Mike Constantino, Project Reviewer
Health Facilities and Services Review Board