

Original

17-005

[ORIGINAL]

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION FEB 07 2017

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Chicago Vascular ASC			
Street Address: 700 Pasquinelli Drive			
City and Zip Code: Westmont, 60559			
County: DuPage	Health Service Area	7	Health Planning Area:

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Chicago Vascular ASC, LLC d/b/a Chicago Vascular ASC	
Address: 700 Pasquinelli Drive, Westmont, IL 60559	
Name of Registered Agent: CT Systems	
Name of Chief Executive Officer: Angelo Makris, M.D.	
CEO Address: 700 Pasquinelli Drive, Westmont, IL 60559	
Telephone Number: 630-323-8690	

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship
☐ Other	
- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312-277-2964

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Lori Wright
Title: Senior CON Specialist
Company Name: Fresenius Medical Care
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: (630) 960-6807
E-mail Address: lori.Wright@fmc-na.com
Fax Number: (630) 960-6812

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name:	Lori Wright*
Title:	Senior CON Specialist
Company Name:	Fresenius Medical Care
Address:	3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number:	(630) 960-6807
E-mail Address:	lori.Wright@fmc-na.com
Fax Number:	(630) 960-6812

* Ms Wright is delegate of owner of proposed ASC.

Site Ownership

[Provide this information for each applicable site]*

Exact Legal Name of Site Owner:	GM Holdings, LLC*
Address of Site Owner:	921 S. Park Avenue, Hinsdale, IL 60521
Street Address or Legal Description of Site:	700 Pasquinelli Drive, Westmont, IL 60559
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

* American Access Care of Chicago, LLC leases 12,017 GSF of the building site from GM Holdings, LLC, which is located at 921 S. Park Avenue, Hinsdale, IL 60521.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	Chicago Vascular ASC, LLC d/b/a Chicago Vascular ASC		
Address:	700 Pasquinelli Drive, Westmont, IL 60559		
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
☐	Other		
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements**N/A – No Construction**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements**N/A – No Construction**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:



Substantive



Non-substantive

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Chicago Vascular ASC, LLC (CVASC) is proposing establishment of a surgery center located at 700 Pasquinelli Drive in Westmont, Illinois, where Dr. Angelo Makris' practice is located. Currently Dr. Makris performs vascular access procedures for ESRD patients, along with other minimally invasive procedures, as part of his practice, MakrisMD LLC (hereinafter the "Practice"), which includes two other physicians. He is concerned that the Practice may be approaching 50% or more of the services at the location as being surgical in nature, which would require a surgery center license under Illinois law. The procedures will focus on vascular access establishment and maintenance for ESRD patients. In addition, the Practice does other minimally invasive procedures such as venous ablation, ovarian vein embolization, microphlebectomy and varicocele treatment. Therefore the surgery center will be a limited surgery center, with three procedure rooms. Although vascular and general surgery are marked as surgical services to be performed, the physicians associated with the Practice are interventional radiologists and they will only do the minimally invasive types of procedures they are trained and certified to do, which are the procedures that most vascular surgeons rely on interventional radiologists to do. They will not use the designations to expand the types of procedures performed beyond those listed in the charge commitment. The procedure rooms already exist as part of the Practice, so no modernization is required. The surgery center will include the "Surgery" (clinical) space and non-clinical space which will consist of the Practice's office space. There should be no impact on other area hospital or ASC operating rooms.

Dr. Makris' Practice is managed by an affiliate of Fresenius Vascular Care, and works closely with Fresenius dialysis clinics and area nephrologists as part of the Practice to ensure ESRD patients receive necessary vascular access care, as it improves outcomes and quality. As a result, Ms. Wright of Fresenius is assisting in the CON process and is listed as a contact person. However, neither Fresenius Vascular Care nor Fresenius Medical Care will own or operate the ASC, nor is either of them financially guarantying its debt. Fresenius, through a subsidiary, will be leasing space to the ASC.

This is a substantive project, as it proposes establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	321,640	N/A	321,640
Contingencies	N/A	N/A	N/A
Architectural/Engineering Fees	7,000	23,000	30,000
Consulting and Other Fees	0	50,000	50,000
Movable or Other Equipment (not in construction contracts)	954,442	122,000	1,076,442
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	563,572	1,752,585	2,316,157
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	\$1,846,654	\$1,947,585	\$3,794,239
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	328,640	73,000	401,640
Pledges	N/A	N/A	N/A
Gifts and Bequests*	954,442	122,000	1,076,442*
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	563,572	1,752,585	2,316,157
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	\$1,846,654	\$1,947,585	\$3,794,239
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

*Equipment is currently owned by the physician practice and will be gifted to Chicago Vascular ASC.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	☐ Yes	☒ No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service ☒ Yes ☐ No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>N/A</u> .		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable

☐ Preliminary

☐ Schematics

☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2018

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.

☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals **N/A**

Are the following submittals up to date as applicable:

☐ Cancer Registry

☐ APORS

☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☐ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost (\$)	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE*							
Ambulatory Surgery	1,846,654		2,924		2,924		
Total Clinical	1,846,654		2,924		2,924		
NON REVIEWABLE							
Administrative, Physician Offices, Common Areas (Lobby/public areas)	1,947,585		9,093		9,093		
Total Non-clinical	1,947,585		9,093		9,093		
TOTAL	\$3,794,239		12,017		12,017		

Facility Bed Capacity and Utilization N/A

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Chicago Vascular ASC, LLC *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Angelo Makris, M.D.

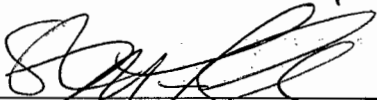
PRINTED NAME

Member

TITLE

Notarization

Subscribed and sworn to before me
this 3rd day of February 2017



Signature of Notary

Seal

SHARON M FENNEWALD
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 1, 2020

* Insert EXACT legal name of the applicant

**SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES -
INFORMATION REQUIREMENTS**

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following: NOT APPLICABLE – NO STANDARDS FOR SPACE AT ISSUE
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110 Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information: **N/A**

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: N/A

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Non-Hospital Based Ambulatory Surgery

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

1. Criterion 1110.1540(a), Scope of Services Provided

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

☒ Cardiovascular*	☐ Obstetrics/Gynecology	☐ Pain Management
☐ Dermatology	☐ Ophthalmology	☐ Podiatry
☐ Gastroenterology	☐ Oral/Maxillofacial	☐ Thoracic
☒ General/Other*	☐ Orthopedic	☐ Otolaryngology
☐ Neurology	☐ Plastic	☐ Urology

* Interventional radiology and minimally invasive vascular procedures

b. Indicate if the project will result in a ☒ limited or ☐ a multi-specialty ASTC.

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

- On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

3. Criterion 1110.1540(c), Projected Patient Volume

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

4. Criterion 1110.1540(d), Treatment Room Need Assessment

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

5. Criterion 1110.1540(e), Impact on Other Facilities NOT APPLICABLE

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.
- A list of the facilities contacted. NOTE: Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

6. Criterion 1110.1540(f), Establishment of New Facilities

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
 - a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
 - b. The hospital's surgical utilization data for the latest 12 months, and
 - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
 - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

8. Criterion 1110.1540(h), Change in Scope of Service

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 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 from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

<u>401,640</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>1,076,442</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>2,316,157</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$ 3,794,239	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS **ATTACHMENT-36**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. **1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver – NOT APPLICABLE –Project funded with cash

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

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements -

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 in order 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 a 60-day period.

B. Conditions of Debt Financing - NOT APPLICABLE

This criterion is applicable only to projects that involve debt financing. The applicant 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.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following: Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ASC		110.00*			2,924			321,640	321,640
Total Clinical		\$110.00			2,924			\$321,640	\$321,640
Non Clinical		\$0			9,093			0	0
Total Non		\$0			9,093			0	0

*Construction costs are minimal and are related only to the ASC clinical to bring the facility up to ASC standards.

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 40.

CHARITY CARE			
	2014	2015	2016
Net Revenue	\$10,225,911	\$10,968,672	\$12,716,021
Charity*(# of self-pay patients)	62	28	34
Charity (cost in dollars)	\$112,087	\$32,662	\$52,152
Ratio Charity Care Cost to Net Patient Revenue	1.10%	0.30%	0.41%
Medicaid			
	2014	2015	2016
Medicaid (# of patients)	253	256	204
Medicaid (revenue)	\$102,191	\$105,688	\$86,340
Ratio Medicaid to Net Patient Revenue	1.00%	0.96%	0.68%

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	2014	2015	2016
Net Revenue	\$10,225,911	\$10,968,672	\$12,716,021
Charity*(# of self-pay patients)	62	28	34
Charity (cost in dollars)	\$112,087	\$32,662	\$52,152
Ratio Charity Care Cost to Net Patient Revenue	1.10%	0.30%	0.41%

Medicaid			
	2014	2015	2016
Medicaid (# of patients)	253	256	204
Medicaid (revenue)	\$102,191	\$105,688	\$86,340
Ratio Medicaid to Net Patient Revenue	1.00%	0.96%	0.68%

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24a-24d
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	25
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	27
8	Obligation Document if required	
9	Cost Space Requirements	28
10	Discontinuation	
11	Background of the Applicant	29
12	Purpose of the Project	30
13	Alternatives to the Project	31-32
14	Size of the Project	33
15	Project Service Utilization	34
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	35-45
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	46a-46d
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	47
40	Safety Net Impact Statement	48
41	Charity Care Information	49

Ownership of Applicant

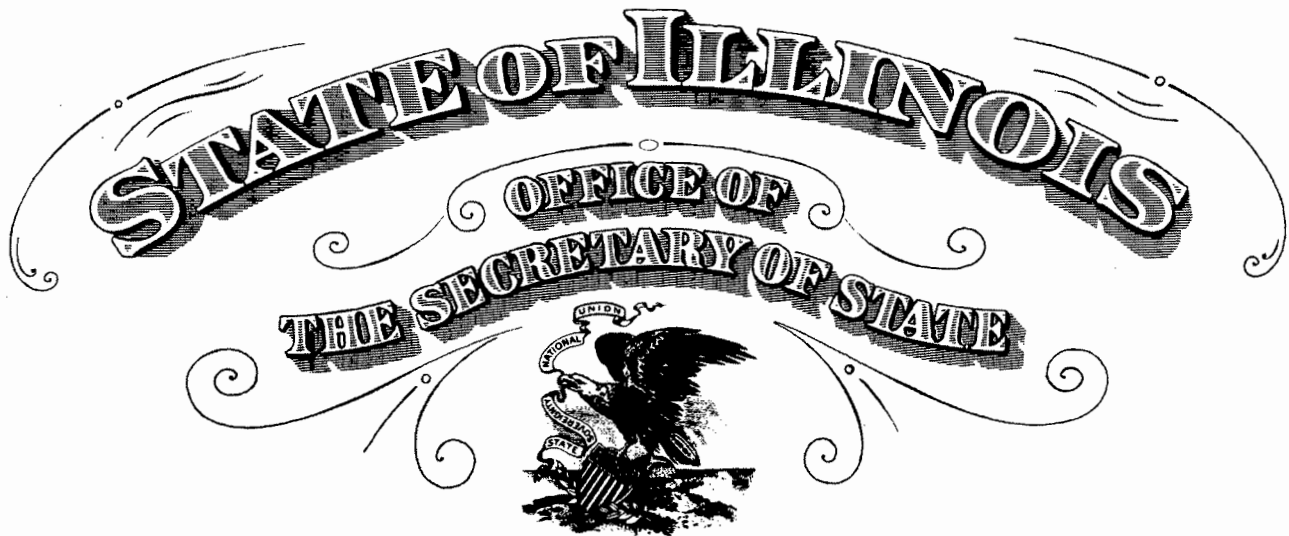
Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Chicago Vascular ASC, LLC d/b/a Chicago Vascular ASC
Address: 700 Pasquinelli Drive, Westmont, IL 60559
Name of Registered Agent: CT Systems
Name of Chief Executive Officer: Angelo Makris, M.D.
CEO Address: 700 Pasquinelli Drive, Westmont, IL 60559
Telephone Number: 630-323-8690

Type of Ownership of Applicant

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐ Other
○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CHICAGO VASCULAR ASC, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 01, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of FEBRUARY A.D. 2017 .***

Jesse White

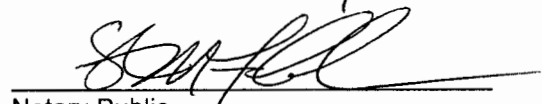
SECRETARY OF STATE

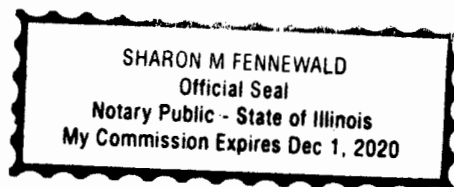
Ownership of Site

The building where the Practice and ASC are/will be located is owned by GM Holdings, LLC. However, it leases 12,017 GSF of the building to American Access Care of Chicago, LLC, a subsidiary of Fresenius Medical Care. The latter currently leases the space to MakrisMD, LLC. It will now separate the space between the Practice and the proposed surgery center. See attached letter of intent.


Angelo Makris, M.D.

Subscribed and sworn to before me
this 2nd day of February, 20 17.


Notary Public



AMERICAN ACCESS CARE OF CHICAGO, LLC

52 East Swedesford Road, Suite 110

Malvern, PA 19355

January 23, 2017

Angelo Makris, M.D.
Chicago Vascular ASC, LLC
700 Pasquinelli Drive
Westmont, IL 60559

RE: Letter of Intent – Westmont, IL

Dear Dr. Makris,

American Access Care of Chicago, LLC presents this letter of intent to sublease space to your ambulatory surgical center as follows:

SUBLESSOR: American Access Care of Chicago, LLC
52 E. Swedesford Road, Suite 110
Malvern, PA 19312
Attn: Jeffrey E. Snodgrass, Manager

SUBLESSEE: Chicago Vascular ASC, LLC

LOCATION: 700 Pasquinelli Drive, Westmont, IL 60559 ("Subleased Premises")

INITIAL SPACE: Approximately 12,017 contiguous usable square feet.

PRIMARY TERM: An initial Sublease term of eight (8) years. The Sublease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Sublease that may be tied to a commencement date.

CONDITION AND ACCEPTANCE OF SUBLEASED PREMISES: Sublessee shall accept possession of the Subleased Premises in their "as is" condition existing as of the Effective Date. Sublessee's occupancy of the Subleased Premises shall be conclusive evidence of Sublessee's acceptance of all improvements constituting the Subleased Premises.

OPTIONS TO RENEW: Three (3), five (5) year options to renew the Sublease. Option rental rates for second and third options shall be based upon the lower of Fair Market Value or the increase in the Consumer Price Index over the previous five years, capped at 2.5% per year. Sublessee shall provide ninety (90) days' prior written notification of its desire to exercise the option.

RENTAL RATE: \$22.06 per usable square foot from Commencement Date – 10/17/18
\$22.61 per usable square foot from 10/18/18 – 10/17/19
\$23.18 per usable square foot from 10/18/19 – 10/17/20

~~\$23.76 per usable square foot from 10/18/20 – 10/17/21~~

~~\$24.35 per usable square foot from 10/18/21 – 10/17/22~~

~~\$24.96 per usable square foot from 10/18/22 – 10/17/23~~

~~\$25.59 per usable square foot from 10/18/23 – 10/17/24~~

~~\$26.23 per usable square foot from 10/18/24 – 10/17/25~~

USE:

Sublessee shall use and occupy the Premises for the purpose of an ambulatory surgical center and related office uses and for no other purposes except those authorized in writing by Sublessor, which shall not be unreasonably withheld, conditioned or delayed.

**CORPORATE
IDENTIFICATION:**

Sublessee shall have signage rights in accordance with local code.

SURRENDER:

At any time prior to the expiration or earlier termination of the Sublease, Sublessee may remove any or all the alterations, additions or installations, installed by or on behalf of Sublessee, in such a manner as will not substantially injure the Premises. Sublessee agrees to restore the portion of the Premises affected by Sublessee's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Sublease, Sublessee shall turn over the Premises to Sublessor in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Sublessee shall become the property of Sublessor without liability on Sublessor's part to pay for the same.

**ZONING AND
RESTRICTIVE COVENANTS:**

Sublessor confirms that the current property zoning is acceptable for the proposed use as an ambulatory surgical center. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of Sublessee.

ENVIRONMENTAL:

Sublessor confirms that there is no asbestos present in the building and that there are no contaminants or environmental hazards in or on the property.

SUBLEASE EXECUTION:

Both parties agree that they will make best efforts to reach a fully executed sublease document no later than thirty days prior to occupancy of the space.

CONFIDENTIAL:

The material contained herein is confidential. It is intended for use of Sublessor and Sublessee solely in determining whether they desire to enter into a Sublease, and it is not to be copied or discussed with any other person.

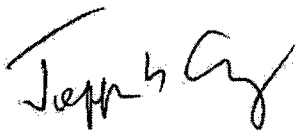
NON-BINDING NATURE:

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Sublease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any

agreement or obligation by either party to negotiate a definitive Sublease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

Sincerely,



Jeffrey E. Snodgrass
Manager

AGREED AND ACCEPTED this 27 day of January, 2017

CHICAGO VASCULAR ASC, LLC

By 

Title: Owner

Operating Identity/Licensee**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Chicago Vascular ASC, LLC d/b/a Chicago Vascular ASC

Address: 700 Pasquinelli Drive, Westmont, IL 60559

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------|
| ☐ | Non-profit Corporation | ☐ | Partnership | |
| ☐ | For-profit Corporation | ☐ | Governmental | |
| ☒ | Limited Liability Company | ☐ | Sole Proprietorship | ☐ |
| | Other | | | |

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

See Certificate of Good Standing at Attachment 1.

Organizational Relationships

Not applicable. Sole LLC licensee.

Itemization of Costs

Modernization	
Carpentry	127,000
Walls, Ceilings, Floors, Painting	22,140
Plumbing	10,000
Wiring, Fire Alarm System, Lighting	150,000
Miscellaneous Construction Costs	12,500
	\$321,640
Architecture/Engineering Fees	
	\$30,000
Moveable or Other Equipment	
Furniture, Misc. Clinical Equipment	1,076,442
	\$1,076,442
Consulting Fees	
	\$50,000
Fair Market Value of Leased Space	
FMV Leased Space (12,017 GSF)	2,316,157
	\$2,316,157
Grand Total	\$3,794,239

Cost Space Requirements

Dept. / Area	Cost (\$)	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE*							
Ambulatory Surgery	1,846,654		2,924		2,924		
Total Clinical	1,846,654		2,924		2,924		
NON REVIEWABLE							
Administrative, Physician Offices, Common Areas (Lobby/public areas)	1,947,585		9,093		9,093		
Total Non-clinical	1,947,585		9,093		9,093		
TOTAL	\$3,794,239		12,017		12,017		

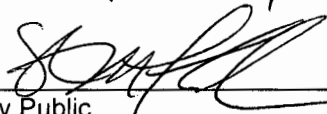
Criterion 1110.230 – Background

1. N/A
2. None
3. In regards to section III, A (3) of the Illinois Health Facilities Services & Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.
4. N/A

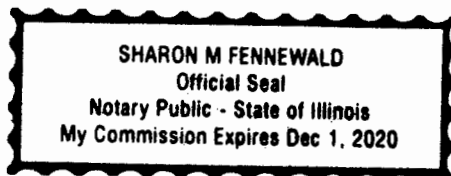


Angelo Makris, M.D.

Subscribed and sworn to before me
this 3rd day of February, 20 17.



Notary Public



Criterion 1120.230 – Purpose

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

- The establishment of Chicago Vascular Ambulatory Surgery Center (CVASC) is being proposed in order to meet the requirements of Illinois ASC licensing regulations, keep healthcare costs down relating to vascular access creation/maintenance and to optimize vascular access care for End Stage Renal Disease (ESRD) patients while improving clinical outcomes. The center, located in Westmont, serves and will continue to serve thousands of patients in the greater Chicagoland area.
- Dr. Makris and his partners, who are interventional radiologists, currently perform vascular access procedures for ESRD patients along with other minimally invasive procedures as a part of the Practice. Due to his concern that these procedures, that are surgical in nature, are approaching 50% of the total of the services offered by the Practice, (which would require a surgery center license) he desires to convert the current procedure space into a limited surgery center.
- The 3 operating rooms at CVASC's main purpose will be to offer ESRD patients a full range of necessary vascular services from surgical creation of the vascular access for dialysis treatment to ongoing maintenance. In addition, other minimally invasive procedures such as venous ablation, ovarian vein embolization, microphlebectomy and varicocele treatment will also be performed.
- The benefits to performing vascular services for ESRD patients in the ASC setting is far reaching.
 - First and foremost, clinical outcomes are increased for those patients receiving access procedures in an ASC rather than in a hospital.
 - Access creation/maintenance in the ASC setting will improve continuity of care by permitting the same interventional care team to follow the patient, while also offering ESRD patients increased specialization and procedural expertise.
 - It is less costly to perform these procedures in the ASC than the hospital setting, thereby reducing the strain on the healthcare system. The use of the ASC will also decrease the demand on valuable hospital resources.

2. Define the planning area or market area, or other, per the applicant's definition.

The market area is 45 minutes from the proposed ASC, which is the current Practice site. This makes up most of the greater Chicagoland area. See map at page 35.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The Practice, which provides minimally invasive outpatient procedures along with physician office services, is concerned it is or will be approaching 50% or more of its services being surgical in nature. While these procedures could move into hospitals, that would result in increased costs and decreased patient access to procedures, all of which impact the Practice's ability to improve quality outcomes and focus on the ESRD access patient's continuity of care.

4. Cite the sources of the information provided as documentation.

Patient data was received from Dr. Makris' practice. Population data from The U.S. Census Bureau and ESRD numbers/growth from The Renal Network. Microsoft MapPoint was utilized in determining the 45-minute travel radius of the proposed ASC. (See study data at attachment 13.)

Alternatives

1. Continue to perform procedures in office. This alternative was rejected because the procedures currently being done by the Practice are only anticipated to increase in volume, which could put the Practice at risk for not having a surgery center license. This alternative has no costs associated with it.

This alternative would also force Dr. Makris to refer the increased number of procedures to the hospital setting resulting in an increased demand on hospital resources and higher cost to the health system, as well as hinder the Practice's ability to focus on patient outcomes and the ESRD access patient's continuum of care.

2. Establish a surgery center at a different location than the Practice. This alternative was rejected because the Practice already has space and procedure rooms to perform the procedures. Further, it is more convenient for Dr. Makris' patients to see him for consultation and follow-up at the same location where they have their procedures done. This alternative would be more costly even if leasing space would cost the same, because modernization would undoubtedly have to occur. Also it would duplicate reception space and staff.
3. Joint venture. This alternative was rejected by Dr. Makris, as his practice is wholly owned, and he prefers to practice in this manner.

Comparison of Alternatives

	Total Cost	Patient Access	Quality
Joint Venture	N/A	same	undetermined
Utilize Area Providers	N/A	N/A	N/A
Chosen Project	\$3,794,239	ESRD patients will be able to continue to have all of their access care in one location.	ESRD patient will continue to have access to services allowing better clinical outcomes, continuity of care and lower overall cost.

3. **Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.** See attached

Studies/Information on Benefits of Vascular Access for ESRD

ESRD, commonly known as kidney failure, currently affects about 650,000 Americans and is growing nationally at 5% per year. An ESRD patient has two options for survival: kidney transplantation or dialysis treatment. The predominant dialysis modality is hemodialysis, which patients typically receive in outpatient dialysis clinics 3 times per week for 4 hours at a time. At each hemodialysis treatment, a dialysis machine removes a large volume of blood from the patient's body, filters the blood through a dialyzer to mimic the function of the kidneys, and returns the filtered blood to the patient. A necessary component of hemodialysis treatment is the patient's vascular access, a shunt that is surgically created with a vein and an artery.

The proposed Chicago Vascular ASC would will maintain improved clinical outcomes, greater continuity and coordination of care while further reducing the overwhelming costs of caring for the complex ESRD patient population.

- A 2006 study examining the implementation of a VAC offering both vascular access creation and maintenance services in Phoenix, AZ, with a dialysis patient population of nearly 6,000, documented a demonstrated improvement in clinical outcomes, with approximately 0.6 fewer hospital days per patient year and decreased missed dialysis treatments of approximately 0.3 per patient year as compared to a national sample. Mishler R, Sands JJ, Ofsthun NJ, Teng M, Schon D, Lazarus JM. Dedicated outpatient vascular access center decreases hospitalization and missed outpatient dialysis treatments. *Kidney Int.* 2006;69(2):393-398. <http://www.ncbi.nlm.nih.gov/pubmed/16408132>.
- A recent study comparing ESRD patients of Fresenius Kidney Care ("FKC") who received vascular access care at a Fresenius Vascular Care ("FVC") affiliated access center to patients who received vascular access care from hospitals or other VACs or received no care at all found that the FKC hemodialysis patients exhibited 33% lower 6-month mortality. Han H, Chaudhuri S, Usvyat L, et al. Associations between coordinated vascular care visits and decreased rates of hospitalizations and mortality in hemodialysis patients. *J Vasc Access.* 2016;(17):e37-e64. Notably, these observations of improvements in outcomes are similar to the findings reported by other institutions regarding the benefits of freestanding vascular access centers. Dobson A, El-Gamil AM, Shimer MT, et al. Clinical and economic value of performing dialysis vascular access procedures in a freestanding office-based center as compared with the hospital outpatient department among Medicare ESRD beneficiaries. *Semin Dial.* 2013;26(5):624-632. doi:10.1111/sdi.12120.
- The Centers for Medicare and Medicaid Services ("CMS") has developed the Dialysis Facility Compare ("DFC") star ratings to measure the quality of kidney care and allow consumers to use quality data to make informed decisions. On an internal evaluation, FKC determined that DFC ratings are higher when the FKC facility is affiliated with a VAC, reflecting fewer complications and decreased costs of care.
- The 2013 Dobson study discussed above determined that the cost of care per patient per month for patients who received services at freestanding VACs was, on average, \$584 lower than for other patients – a trend that will only continue to advance in an ESRD focused ASC setting.

Criterion 1110.234 – Project Scope, Utilization, and Unfinished/Shell Space

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASC	2,924	1,660 – 2,200	724	Over Standard

Chicago Access ASC will be in existing space that is part of an established physician practice doing vascular access procedures. The space housing the practice is 12,017 with 9,093 BGSF being non reviewable. The 2,924 BGSF attributed to the ASC, while over, is more in line with the State standards.

Criterion 1110.234 – Project Services Utilization

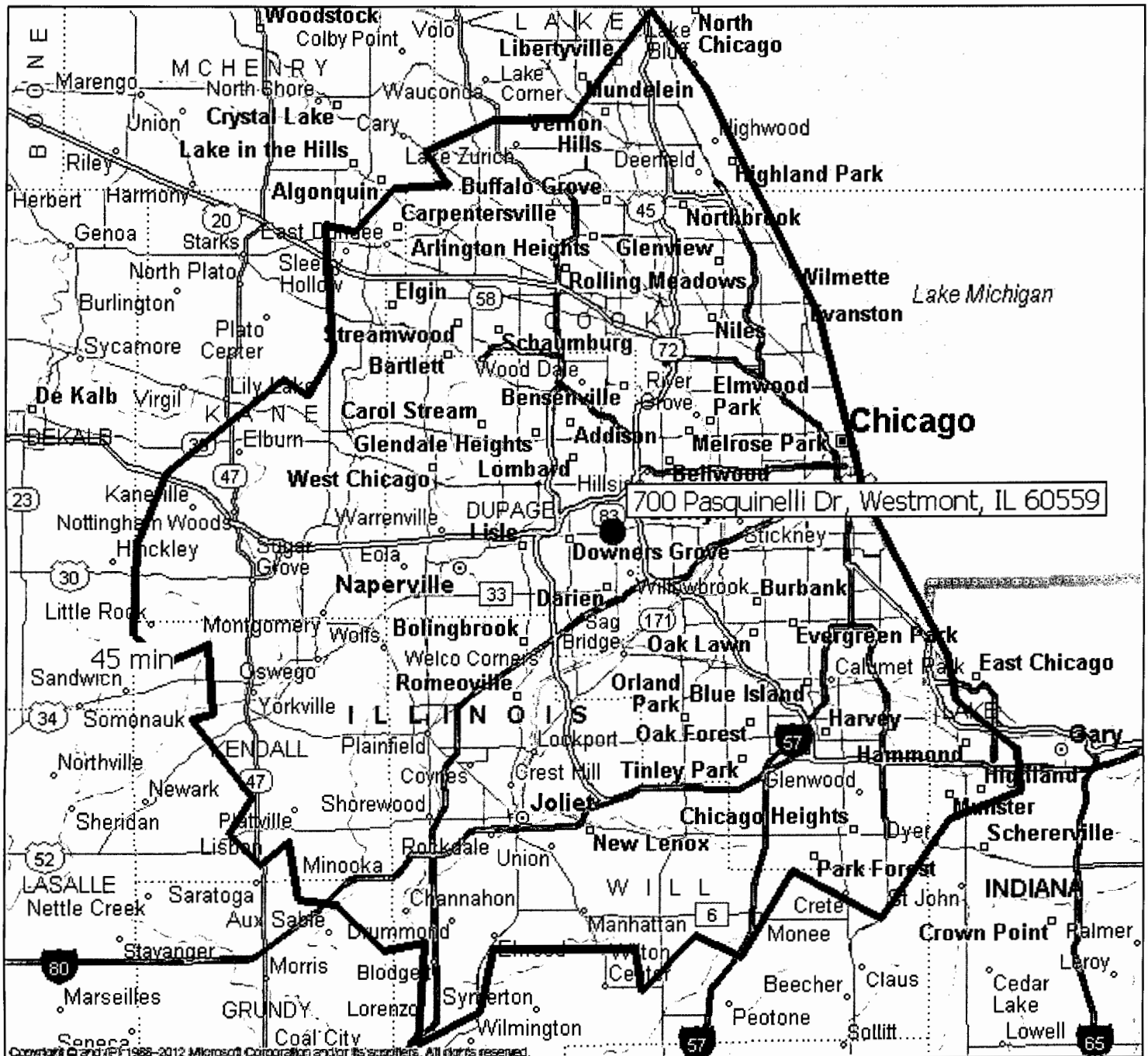
Utilization with 3 Operating Rooms					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASC	4,773	same as historical or higher	1500 hours per room	yes*
YEAR 2	ASC	4,773	same as historical or higher	1500 hours per room	yes*

* Based on average procedure time of 60 minutes.

Criterion 110.1540(b) Target Population

- a. The population of the GSA is 7,671,497 based on the U.S. Census Bureau 2015 American Community Survey estimates (see attached list of zip codes).
- b. Approximately 45 minutes (as calculated by Microsoft MapPoint travel zone tool).

General Service Area (45-minute travel radius from proposed site)



45-minute travel radius was obtained utilizing Microsoft MapPoint's drive-time zone mapping tool.

General Service Area Population

The GSA is made of all of Cook and DuPage Counties and the zip codes within the 45-minute travel zone that lie outside of these counties as listed below. The total GSA population is 7,671,497 as determined by the U.S. Census Bureau 2015 American Community Survey Population Estimates per zip code/county.

Zip Code/ County	U.S. Census 2015 American Community Survey Estimates Population
Cook	5,236,393
DuPage	930,412
60010	44,331
60015	27,356
60035	29,806
60040	5,391
60044	9,715
60045	20,514
60047	42,330
60048	28,966
60061	26,352
60069	8,572
60089	41,594
60110	39,334
60118	15,681
60119	9,812
60123	48,890
60134	29,769
60151	4,263
60174	31,747
60175	26,268
60177	22,869
60184	2,296
60403	18,415
60404	18,025
60410	13,045
60417	16,022
60421	3,954
60423	18,415
60431	23,273
60432	20,851
60433	17,145
	continued

Zip Code/ County	U.S. Census 2015 American Community Survey Estimates Population
60435	49,789
60436	18,145
60439	23,139
60440	53,587
60441	35,843
60442	9,983
60446	40,135
60447	13,939
60448	25,332
60449	9,519
60451	34,826
60484	6,648
60490	20,784
60491	22,479
60502	23,749
60503	17,394
60505	76,016
60506	55,089
60510	29,395
60511	1,584
60512	2,052
60538	27,606
60539	414
60542	17,283
60543	39,987
60544	25,307
60545	13,273
60554	11,635
60560	22,628
60564	41,635
60585	23,306
60586	47,190
Total	7,671,497

Criterion 110.1540(c) Projected Patient Volume*a. The number of anticipated referrals.*

For the calendar year 2016 Dr. Makris' practice performed 4,773 procedures on over 2,000 patients utilizing 3 procedure rooms with 96% of these patients coming from the general service area (GSA) in which the facility is located. This was a 10% increase over 2015 when there were 4,354 procedures performed. The majority of the procedures he performs are for ESRD patients. According to The Renal Network's data there were over 13,000 ESRD patients residing in the GSA in June 2016, which is up 6% from June 2015. According to The Renal Network Annual Statistical Report for 2015, Illinois saw 5,295 new dialysis patients admitted to State clinics. There are also 70 dialysis clinics in this same GSA. Given the Practice and GSA ESRD growth along with increasing incidence of ESRD, it is reasonable to project that Dr. Makris' patients/procedures will increase accordingly and the center will maintain utilization standards.

Contributing further to the need for ASC services for vascular access is the Medicare incentives to reduce central venous catheter (CVA) use and promote the vascular access performed in surgery centers. Reduced CVA use increases patient outcomes and reduces infection/hospitalization rates creating a cost savings to the healthcare system. Of Fresenius Medical Care's nearly 8,000 plus patients in the Chicago area, roughly 15% are dialyzing through a CVA. With CMS and Fresenius' push to reduce CVA use that could potentially send approximately 1,000 patients for vascular access surgery in the upcoming year. This does not include those patients who will be new to dialysis or patients requiring maintenance services to their access who will be needing procedures.

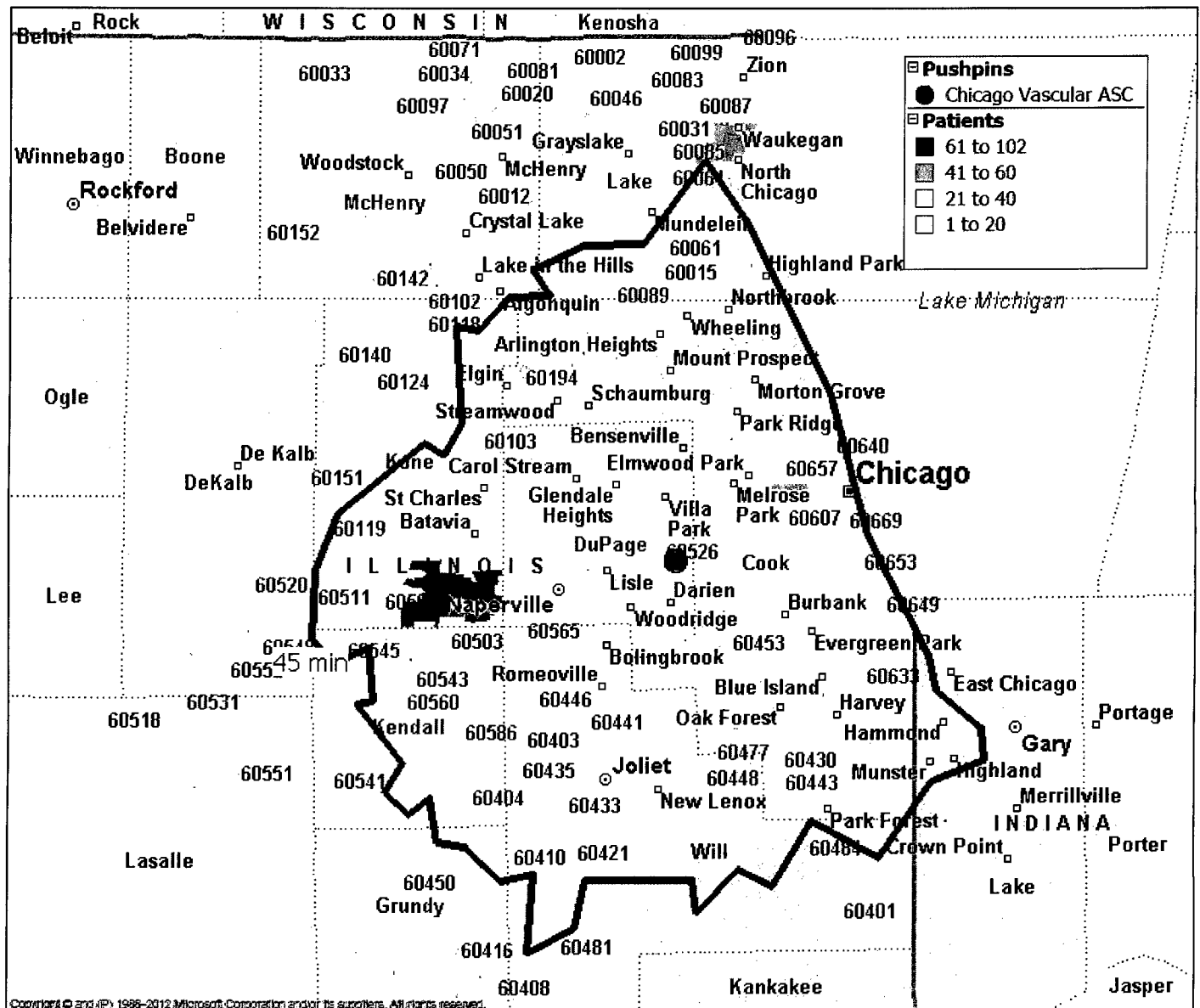
b. Past 12 month's healthcare facilities to which patients were referred.

Dr. Makris does not refer patients out to any ASCs or hospitals. The majority of the practice is referred ESRD patients by nephrologists who practice in the service area. Other physicians also refer a small number of patients for vascular procedures.

c. Will projected patient volume come from GSA?

In 2016 96% of Dr. Makris' patients came from the GSA in which it is located. It is reasonable to expect the same going forward. See map on following pages.

d. Statement certifying the information is true and correct is attached.

Map of Dr. Makris' 2016 Patients



700 Pasquinelli Drive, Westmont, Illinois 60559
Phone: 630-990-9729 | Fax: 630-990-9730 | MakrisMD.com

January 30, 2017

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Certificate of Need Chicago Vascular ASC, LLC

Dear Sir/Madam:

MakrisMD, LLC, the physician practice that is the sole member of the proposed ASC, performed 4,773 procedures in 2016 as part of its practice. The average procedure time is 60 minutes. This supports the three proposed procedure rooms.

In the past 12 months, my practice's vascular access procedures have been referred as follows:

number	where patients were referred*
4,773	MakrisMD, LLC

* The practice is referred ESRD patients by nephrologists who practice in the service area. This is a large majority (over 90% of the patients). Other physicians refer a small number of patients for other vascular procedures. The practice does not refer patients to other surgical facilities.

Given the practice patient origin by zip code, the majority of patients will come from the general service area.

A copy of my curriculum vitae is attached.

The information contained in this letter is true and correct, and has not been used to support any other Certificate of Need Application.

Sincerely,

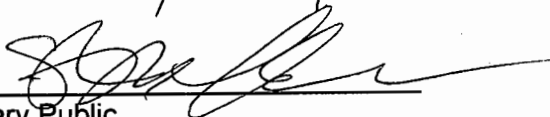
A handwritten signature in black ink, appearing to read 'Angelo', with a large, looping flourish extending to the right.

Angelo N. Makris, M.D.
on behalf of MakrisMD, LLC

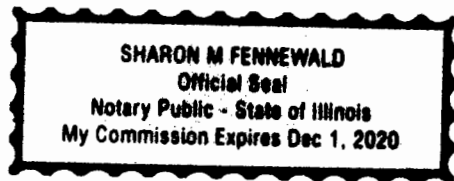


700 Pasquinelli Drive, Westmont, Illinois 60559
Phone: 630-990-9729 | Fax: 630-990-9730 | MakrisMD.com

Subscribed and sworn to before me
this 26 day of January, 2017.



Notary Public



Criterion 110.1540(d)

Dr. Makris' Historical Patient Volume for 2016

Zip Code	Patients	Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
30012	1	60118	1	60432	12	60559	6
30019	1	60119	3	60433	17	60560	19
30274	1	60120	4	60435	13	60561	7
30281	1	60123	7	60436	15	60563	10
32839	1	60124	2	60438	6	60564	2
33511	1	60126	26	60439	2	60565	5
38116	1	60130	4	60440	19	60585	2
45406	1	60131	4	60441	4	60586	6
46321	1	60133	3	60443	5	60598	1
46324	1	60134	11	60445	1	60605	2
46342	1	60136	1	60446	10	60607	3
46373	2	60137	4	60447	1	60608	25
46408	1	60139	10	60448	4	60609	23
53142	1	60140	3	60450	11	60610	1
53179	1	60142	2	60451	7	60612	18
60002	9	60143	2	60453	14	60613	3
60004	2	60148	10	60455	2	60614	2
60010	1	60151	1	60456	3	60615	2
60012	1	60152	1	60457	3	60616	4
60013	1	60153	17	60458	6	60617	9
60014	1	60154	10	60459	4	60618	6
60015	1	60155	6	60461	2	60619	17
60016	1	60160	14	60462	2	60620	24
60020	3	60162	11	60464	1	60621	17
60022	1	60163	3	60465	1	60622	23
60025	2	60164	7	60466	6	60623	40
60030	14	60165	1	60467	4	60624	15
60031	9	60169	4	60471	2	60625	3
60033	2	60171	1	60472	2	60628	21
60034	1	60172	4	60473	9	60629	28
60035	5	60174	19	60475	7	60630	2
60045	1	60175	6	60477	6	60631	1
60046	7	60176	2	60478	14	60632	20
60047	2	60177	5	60481	1	60633	2
60048	6	60181	13	60484	1	60634	6
60050	10	60185	4	60490	2	60636	10
60051	4	60187	1	60491	1	60637	10
60053	2	60188	2	60502	8	60638	5
60056	1	60189	3	60503	10	60639	33
60060	11	60190	1	60504	33	60640	1
60061	7	60191	5	60505	102	60641	9
60062	6	60193	4	60506	75	60642	3
60064	14	60194	1	60510	13	60643	12
60067	2	60201	1	60511	1	60644	31
60069	2	60302	8	60513	3	60645	3
60071	3	60304	4	60514	1	60646	1
60073	23	60305	6	60515	4	60647	19
60074	2	60401	2	60516	6	60649	8
60076	1	60402	7	60517	3	60651	47
60077	1	60403	11	60518	1	60652	9
60081	1	60404	7	60520	3	60653	9
60082	1	60406	1	60521	6	60655	2
60083	2	60408	1	60523	6	60657	4
60084	3	60409	12	60525	9	60659	2
60085	47	60410	4	60526	1	60660	3
60087	17	60411	12	60527	6	60669	1
60089	3	60412	1	60531	1	60680	1
60090	2	60415	3	60534	3	60706	2
60096	2	60416	2	60538	26	60707	8
60097	1	60417	2	60540	5	60714	2
60098	3	60419	13	60541	3	60803	3
60099	16	60420	1	60542	21	60804	15
60101	10	60421	5	60543	24	60827	11
60102	1	60422	1	60544	6	60914	1
60103	3	60423	2	60545	7	61104	1
60104	21	60424	3	60546	2	62794	1
60106	6	60425	3	60548	17	62864	1
60107	3	60426	26	60551	3	78852	1
60108	7	60428	6	60552	3	91789	1
60110	1	60429	3	60554	8		
60112	1	60430	5	60555	1		
60115	4	60431	9	60558	2		
	Cont'd		Cont'd		Cont'd	Total	2022

CURRICULUM VITAE
ANGELO NICHOLAS MAKRIS, M.D.

Office Address: MakrisMD Vascular Center
700 Pasquinelli Drive
Westmont, Illinois 60559

Date of Birth: May 16, 1964

Citizenship: United States

Marital Status: Married

Social Security Number:

Education:

1982-1986 B.A. (Chemistry), Case Western Reserve University, Cleveland, OH

1986-1990 M.D., University of Medicine and Dentistry of New Jersey - Robert Wood Johnson Medical School (*formerly Rutgers Medical School*), Piscataway, NJ

Postgraduate Training and Fellowship Appointments:

1990-1992 Resident in General Surgery, Dartmouth-Hitchcock Medical Center, West Lebanon, NH

1992-1996 Resident in Diagnostic Radiology, Pennsylvania Hospital, Philadelphia, PA

1997-1998 Fellow in Vascular/Interventional Radiology, Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL

Licensure and Board Certification:

Virginia Medical Licensure	0101239677
Illinois Medical Licensure	036-095364
Pennsylvania Medical Licensure	MD048472L
District of Columbia Medical Licensure	MD036586
Maryland Medical Licensure	D0066551
New York Medical Licensure	247676-1

1996 American Board of Radiology, Diagnostic Radiology

1999 American Board of Radiology with Added Qualifications in Vascular and Interventional Radiology

Awards and Honors:

1982-1986 Phi Beta Kappa Honor Society, Western Reserve Scholar, Dean's List, Magna Cum Laude graduate, Case Western Reserve University, Cleveland, OH

Society Membership:

Member, Society of Interventional Radiology

Member, American College of Radiology

Member, Phi Beta Kappa Honor Society

Staff Appointments:

1996-1997 Attending Physician; Sharpe Associates:
Department of Diagnostic Radiology, Taylor Hospital, Ridley Park, PA

1998-2001 Attending Physician, Affiliated Radiologists:
Department of Diagnostic Radiology: Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL

2001-2006 Attending Physician, Midwest Heart Specialists, Ltd.
Departments of Radiology and Surgery: Elmhurst Memorial Hospital, Elmhurst, IL
Central DuPage Hospital, Winfield, IL
Edward Hospital, Naperville, IL
Edward Cardiovascular Institute, Naperville, IL

2006 – 2007 Attending Physician, Association of Alexandria Radiologists, PC.
Department of Cardiovascular and Interventional Radiology
Inova Alexandria Hospital
Inova Mount Vernon Hospital
Potomac Hospital

2008-present Medical Director, Chicago Access Care/MakrisMD Vascular Center
Westmont, IL

2008- present Volunteer Staff Physician
Department of Radiology, John H. Stroger Cook County Hospital
Chicago, IL

Faculty Appointments:

1998-2006 Assistant Professor of Radiology, Rush Medical College of Rush University, Chicago, IL

Administrative Appointments/Committees:

1999-2001 Fellowship Director, Section of Cardiovascular and Interventional Radiology; Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL

2000-2001 Residency Director, Diagnostic Radiology; Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL

Post-Doctoral Training:

1992-1996 RSNA/AUR/ARRS, "Introduction to Research Program"

2000 VNUS, *Closure* Interstitial Ablation for treatment of varicose veins"

2000 AVE, "*Aneurix* Abdominal Aortic Stent Graft"

2000 Guidant, "*Ancure* Abdominal Aortic Stent Graft"

2004 Bard, "*Recovery* IVC filter"

2004 Cook, "*Zenith* Abdominal Aortic Stent Graft"

2007 Kyphon, "Kyphoplasty"

Research:

1985-1986 Department of Chemistry, Case Western Reserve University; Monoacylation of symmetrical diamines

1987 Department of Cardiology and Cardiac Surgery, UMDNJ-Robert Wood Johnson Medical School; Evaluation of a coronary perfusion catheter

1994-1996 Department of Diagnostic Radiology, Pennsylvania Hospital; Correlation of *Oncoscint* imaging findings with CT guided fine needle aspiration. *Data presented at the Thomas Bond Symposium, 04/28/95*

1997-1998 Department of Diagnostic Radiology, Rush-Presbyterian-St. Luke's Medical Center; Evaluation of slipknots for hemostasis after dialysis graft interventions

- 1998-2000 Co-Investigator; Multi-center, Double Blind Study of Pentasccharide vs Enoxaparin in the Prevention of Deep Vein Thrombosis and Symptomatic Pulmonary Embolism after Elective Hip Replacement or Revision
- 1999-2001 Co-Investigator; Multi-center, Comparative, Two Arm, Phase 3 Study to Determine the Safety and Efficacy of AngioMARK – Enhanced MRA for the Evaluation of Aortoiliac Occlusive Disease in Patients with Known or Suspected Peripheral Vascular Disease or Aortic Aneurysm
- 2002 Principal Investigator; Beta Radiation for Treatment of Arterial-Venous Graft Outflow: BRAVO
- 2002 Sub-Investigator; OmniSonics Resolution System (Model EV-2) Thrombosed Dialysis Access Graft Indication Pivotal Clinical Study
- 2002 Principal Investigator; The MOBILE Clinical Trial: A Prospective, Randomized Trial to Evaluate the Safety and Effectiveness of the Novoste™ Corona™ System for the Treatment of In-Stent Restenosis of Native Superficial Femoral Arteries (SFA) and Popliteal Arteries When Used Immediately After Successful Percutaneous Intervention
- 2004 Principal Investigator; CREATE: Carotid Revascularization with ev3 Arterial Technology Evolution
- 2004 Principal Investigator; Acculink for Revascularization of Carotids in High Risk Patients, “The ARCHER Long Term Follow-up (LTFU) Trial”
- 2010 Principal Investigator, Prospective, Multi-Center, Randomized, Concurrently-Controlled Study of the FLUENCY® PLUS Endovascular Stent Graft in the Treatment of In-stent Restenosis in the AV Access Venous Outflow Circuit (RESCUE)
- 2012 Principal Investigator, A Prospective, Global, Multicenter, Randomized, Controlled Study Comparing Lutonix® 035 AV Drug Coated Balloon PTA Catheter vs. Standard Balloon PTA Catheter for the Treatment of Dysfunctional AV Fistulae (Lutonix AV)
- 2017 Principal Investigator, Prospective, Multi-Center Clinical Study of the Bard® COVERATM Arteriovenous (AV) Stent Graft in the Treatment of Stenosis at the Graft-Vein Anastomosis of AV Graft Circuits (AVeVA)
- 2017 Principal Investigator, A Prospective, Multi-Center, Randomized, Concurrently-Controlled Clinical Study of the BARD® COVERATM Arteriovenous (AV) Stent Graft in the Treatment of Stenosis in the Venous Outflow of AV Fistula Access Circuits (AVeNEW)

Select Presentations:

- 09/98 "X-Ray Reading in Primary Care". Nurse Practitioner Associates for Continuing Education. National Primary Care Conference, Chicago, IL.
- 11/98 "Hands-on Workshop". Faculty, RSNA Refresher Course. Real-Time Interventional Ultrasound, Chicago, IL.
- 11/99 "Hands-on Workshop". Faculty, RSNA Refresher Course. Real-Time Interventional Ultrasound, Chicago, IL.
- 11/00 "Hands-on Workshop". Course Director, RSNA Refresher Course. Real-Time Interventional Ultrasound, Chicago, IL.
- 12/00 "Insertion of the *Optiflow* Hemodialysis Catheter". Instructional Video.
- 03/01 "Puncture Site Management Workshop". SCVIR Faculty, San Antonio, TX.
- 11/01 "Hands-on Workshop". Course Director, RSNA Refresher Course. Real-Time Interventional Ultrasound, Chicago, IL.
- 03/02 "Puncture Site Management Workshop". SCVIR Faculty, Baltimore, MD.
- 11/02 "Hands-on Workshop". Course Director, RSNA Refresher Course. Real-Time Interventional Ultrasound, Chicago, IL.
- 11/03 "Hands-on Workshop". Faculty, RSNA Refresher Course. Real-Time Interventional Ultrasound, Chicago, IL.
- 10/04 "Carotid Simulator Proctor". Faculty, Midwest Institute for Interventional Therapy (MIIT). 13th Annual MIIT Interventional Radiology & Endovascular Therapy Seminar, Chicago, IL.

Original Publications:

1. Moreyra AB, Makris A, Kostis JB, Scholz P: Coronary perfusion catheter: Its effectiveness in an experimental model of acute coronary occlusion. Am Heart J 120:1031-1038, 1990.
2. Makris AN, Sher S, Bertoli, C Latour MG: Pulmonary stronglyloidiasis: An unusual opportunistic pneumonia in a patient with AIDS. Am J Radiol 161:545-547, 1993.

Abstracts:

1. Moreyra AB, Scholz PM, Makris A, Kostis JB: Preservation of myocardial function by a coronary perfusion catheter. J Am Coll Cardiol 13:52A, 1989.

2. OSullivan GJ, Makris A, Levin J, et al: Prospective randomized trial between covered stents and bare stents in the venous outflow of dialysis grafts. J Vasc Intervent Radiol (Suppl S1-S165):13(2, Part 2):Abstract #22, 2002. *Presented at the 27th Annual Scientific Meeting SCVIR, Baltimore, MD; April 6-11, 2002.*

Reviews and Chapters:

1. Campbell RE, Barone CA, Makris AN, et al: Image interpretation session: 1993. Radiographics 14:197-213, 1994.

Posters:

1. Chopra PS, Kalra A, Velan P, O'Sullivan G, Makris A, et al: Pharmacomechanical thrombolysis of clotted hemodialysis grafts: "Lyse and Go" technique using tPA. *Presented at the 27th Annual Scientific Meeting SCVIR, Baltimore, MD; April 6-11, 2002.*

Criterion 110.1540(d) Treatment Room Need Assessment and Assurances

- a. The proposed number of ORs is 3 (procedure rooms).
- b. The estimated time per procedure (including clean up and set up) is 60 minutes.

The historical number of procedures in 2016 (4,773) supports the proposed treatment rooms.

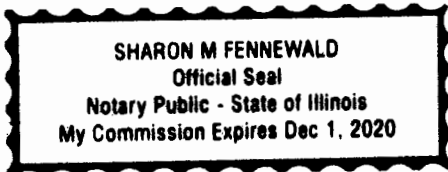
The applicant attests that based on historical procedure volume of MakrisMD LLC and an anticipated increase in the volume of ESRD patients requiring vascular access procedures, the proposed surgery center will be operating at target utilization within two years of operation, if not immediately.


Angelo Makris, M.D.

Subscribed and sworn to before me

this 3rd day of February, 20 17.


Notary Public



Criterion 110.1540(e) Impact on Other Facilities

It is anticipated that the impact will be minimal since these procedures are already being done at the medical practice site.

Criterion 110.1540(f) Establishment of New Facilities

- a. N/A
- b. Other surgical facilities doing vascular access and other minimally invasive procedures in the service area, to the applicant's knowledge, are mostly hospitals. While there may not be restrictive admission policies at hospitals, the impact is the same. In the hospital setting, ESRD patients in need of non-emergent vascular procedures are subject to unknown variables affecting hospital scheduling such as OR time being devoted to more complex procedures. This can result in long delays in access to necessary care for the hemodialysis patient. If the procedure is difficult to obtain, the patient may forego it reducing quality of treatment outcome. At times, ESRD patients need emergency procedures to repair an existing access. Delays put the patient's health at risk, because the patient cannot receive dialysis treatment if the vascular access is dysfunctional. It also compounds the vast time investment ESRD patients already commit to for life-sustaining dialysis treatment. The proposed ASC will be equipped to provide this service, drastically reducing the time and cost as compared to the emergency procedure done in the hospital setting. For all of these reasons, Medicare has structured reimbursement to facilitate vascular access in an ASC setting going forward.
- c. N/A

Criterion 110.1540(g) Charge Commitment

a-b. A list of the procedures and charges with the proposed ASC is below.

CPT Description	2017 CPT Code	2017 POS 24 Charge ASC Amount
Fistulogram	36901	\$ 924.00
Venous Angioplasty	36902	\$ 7,799.00
Arterial Angioplasty	36902	\$ 7,799.00
Stent + Angioplasty	36903	\$ 15,064.00
Thrombectomy + Angioplasty	36905	\$ 15,064.00
Stent + Thrombectomy	36906	\$ 23,355.00
Central Venous Cath Insertion	36558	\$ 3,187.00
	77001	\$ -
	76937	\$ -
Central Venous Cath Removal	36589	\$ 924.00
Central Venous Cath Exchange	36581	\$ 3,187.00
	77001	\$ -
Cephalic Vein Transposition Fistula	36818	\$ 5,297.00
BVT Fistula	36819	\$ 5,297.00
Forearm Vein Transposition Fistula	36820	\$ 5,297.00
Direct Anastomosis Fistula	36821	\$ 3,187.00
AV Graft Creation	36830	\$ 5,297.00
PD Catheter Insert	49418	\$ 3,632.00
PD Catheter Removal	49422	\$ 3,187.00
Fistula Revision	36832	\$ 5,297.00
Pseudoaneurysm	36901	\$ 923.00
Injection w/Fistulagram	36002	\$ 462.00
Vein Mapping	36005	
	75820	
	75827	
Direct Brachial Puncture w/Fistula Imaging	36140	\$ 923.00
	36901-52	
Angioplasty w/Selective Cath & Imaging	36902	\$ 7,798.00
	36215	
	75710	
Thrombectomy no Angioplasty	36904	\$ 7,798.00
Central Venous Angioplasty	36902	\$ 7,798.00
	36907	
Central Venous Stenting	36902	\$ 7,798.00
	36908	
Embolization	36901	\$ 923.00
	36909	
Thrombectomy w/Arterial Thrombus	36905	\$ 15,064.00
	37186	
	36215	
	75710	
Embolization w/Foreign Body Retrieval	36901	\$ 462.00
	36909	
	37197	\$ 3,186.00
Arterial Angioplasty	37246	\$ 7,798.00
Outside Fistula	36902	\$ 3,900.00
	36215	
	75710	
Venous Angioplasty	37248	\$ 7,798.00
No Fistula Cannulation	36581	\$ 1,593.00
	77001	
Angioplasty w/IVUS	36902	\$ 7,798.00
	37252	
Ligation Collateral Vessel	37607	\$ 3,186.00
Fistula Superficialization Revision	36832	\$ 5,297.00
PQRS Measures	Fluoro time	\$ -
	Sterile Cath Conditions	\$ -



700 Pasquinelli Drive, Westmont, Illinois 60559
Phone: 630-990-9729 | Fax: 630-990-9730 | MakrisMD.com

Date: 2-3-, 2017

To Whom it May Concern:

Chicago Vascular ASC will maintain the charges provided in this CON application for at least the first two (2) years of operation as an ASC.

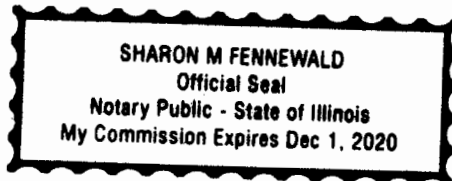


Angelo Makris, M.D.

Subscribed and sworn to before me
this 3rd day of February, 2017.



Notary Public



Criterion 110.1540(h) Change in Scope of Service

To the applicant's knowledge, there are currently no ASCs in the general service area performing vascular access procedures.

Criterion 1120.120 - Availability of Funds

The project will be funded through cash.

AMERICAN ACCESS CARE OF CHICAGO, LLC

52 East Swedesford Road, Suite 110
Malvern, PA 19355

January 23, 2017

Angelo Makris, M.D.
Chicago Vascular ASC, LLC
700 Pasquinelli Drive
Westmont, IL 60559

RE: **Letter of Intent – Westmont, IL**

Dear Dr. Makris,

American Access Care of Chicago, LLC presents this letter of intent to sublease space to your ambulatory surgical center as follows:

SUBLESSOR: American Access Care of Chicago, LLC
52 E. Swedesford Road, Suite 110
Malvern, PA 19312
Attn: Jeffrey E. Snodgrass, Manager

SUBLESSEE: Chicago Vascular ASC, LLC

LOCATION: 700 Pasquinelli Drive, Westmont, IL 60559 ("Subleased Premises")

INITIAL SPACE: Approximately 12,017 contiguous usable square feet.

PRIMARY TERM: An initial Sublease term of eight (8) years. The Sublease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Sublease that may be tied to a commencement date.

CONDITION AND ACCEPTANCE OF SUBLEASED PREMISES: Sublessee shall accept possession of the Subleased Premises in their "as is" condition existing as of the Effective Date. Sublessee's occupancy of the Subleased Premises shall be conclusive evidence of Sublessee's acceptance of all improvements constituting the Subleased Premises.

OPTIONS TO RENEW: Three (3), five (5) year options to renew the Sublease. Option rental rates for second and third options shall be based upon the lower of Fair Market Value or the increase in the Consumer Price Index over the previous five years, capped at 2.5% per year. Sublessee shall provide ninety (90) days' prior written notification of its desire to exercise the option.

RENTAL RATE: \$22.06 per usable square foot from Commencement Date – 10/17/18
\$22.61 per usable square foot from 10/18/18 – 10/17/19
\$23.18 per usable square foot from 10/18/19 – 10/17/20

\$23.76 per usable square foot from 10/18/20 – 10/17/21

\$24.35 per usable square foot from 10/18/21 – 10/17/22

\$24.96 per usable square foot from 10/18/22 – 10/17/23

\$25.59 per usable square foot from 10/18/23 – 10/17/24

\$26.23 per usable square foot from 10/18/24 – 10/17/25

USE:

Sublessee shall use and occupy the Premises for the purpose of an ambulatory surgical center and related office uses and for no other purposes except those authorized in writing by Sublessor, which shall not be unreasonably withheld, conditioned or delayed.

**CORPORATE
IDENTIFICATION:**

Sublessee shall have signage rights in accordance with local code.

SURRENDER:

At any time prior to the expiration or earlier termination of the Sublease, Sublessee may remove any or all the alterations, additions or installations, installed by or on behalf of Sublessee, in such a manner as will not substantially injure the Premises. Sublessee agrees to restore the portion of the Premises affected by Sublessee's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Sublease, Sublessee shall turn over the Premises to Sublessor in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Sublessee shall become the property of Sublessor without liability on Sublessor's part to pay for the same.

**ZONING AND
RESTRICTIVE COVENANTS:**

Sublessor confirms that the current property zoning is acceptable for the proposed use as an ambulatory surgical center. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of Sublessee.

ENVIRONMENTAL:

Sublessor confirms that there is no asbestos present in the building and that there are no contaminants or environmental hazards in or on the property.

SUBLEASE EXECUTION:

Both parties agree that they will make best efforts to reach a fully executed sublease document no later than thirty days prior to occupancy of the space.

CONFIDENTIAL:

The material contained herein is confidential. It is intended for use of Sublessor and Sublessee solely in determining whether they desire to enter into a Sublease, and it is not to be copied or discussed with any other person.

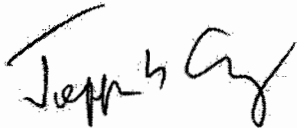
NON-BINDING NATURE:

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Sublease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any

agreement or obligation by either party to negotiate a definitive Sublease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

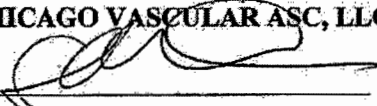
Sincerely,



Jeffrey E. Snodgrass
Manager

AGREED AND ACCEPTED this 27 day of January, 2017

CHICAGO VASCULAR ASC, LLC

By 

Title: Owner

Criterion 1120.140 – Economic Feasibility**Criterion 1120.310 (c) Reasonableness of Project and Related Costs**

Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ASC		110.00*			2,924			321,640	321,640
Total Clinical		\$110.00			2,924			\$321,640	\$321,640
Non Clinical		\$0			9,093			0	0
Total Non		\$0			9,093			0	0

*Construction costs are minimal and are related only to the ASC clinical to bring the facility up to ASC standards

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019 - Direct Costs per Day \$31,685

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2019 - \$784 per equivalent patient day (\$200,000/255 working days)

Safety Net Impact

The project will have no impact on safety net services. Vascular access procedures are not what would be considered a safety net procedure. If anything, doing these procedures in an ASC setting versus a hospital will lessen the burden on hospitals, which do provide safety net services. Further, it will decrease the costs of payers for safety net services, such as Medicaid and Medicare.

Safety Net Information

CHARITY CARE			
	2014	2015	2016
Net Revenue	\$10,225,911	\$10,968,672	\$12,716,021
Charity*(# of self-pay patients)	62	28	34
Charity (cost in dollars)	\$112,087	\$32,662	\$52,152
Ratio Charity Care Cost to Net Patient Revenue	1.10%	0.30%	0.41%

Medicaid			
	2014	2015	2016
Medicaid (# of patients)	253	256	204
Medicaid (revenue)	\$102,191	\$105,688	\$86,340
Ratio Medicaid to Net Patient Revenue	1.00%	0.96%	0.68%

Information is provided for Dr. Makris' practice.

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