



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-06	BOARD MEETING: May 2, 2017	PROJECT NO: 17-005	PROJECT COST: Original: \$3,794,239
FACILITY NAME: Chicago Vascular ASC		CITY: Westmont	
TYPE OF PROJECT: Substantive			HSA: VII

PROJECT DESCRIPTION: The applicant (Chicago Vascular ASC, LLC) is proposing to establish a limited specialty ambulatory surgical treatment facility (ASTC) in Westmont at a cost of \$3,794,239. The project completion date as stated in the application is December 31, 2018.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant (Chicago Vascular ASC, LLC) is proposing to establish a limited specialty ambulatory surgical treatment facility at a 700 Pasquinelli Drive, Westmont. The project cost is \$3,794,239. The project completion date as stated in the application is December 31, 2018.
- The proposed facility will be a limited-specialty ASTC with three (3) procedure rooms, and focus on vascular access establishment/maintenance for ESRD patients, with other minimally invasive procedures.
- Chicago Vascular ASC, LLC, houses the practice for Dr. Angelo Makris. Dr Makris' practice is managed by an affiliate of Fresenius Vascular Care, and works closely with Fresenius dialysis clinics and their patient base.
- The proposed project is a substantive project subject to part 1110 and 1120 review. A Safety Net Impact statement accompanied the application.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

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

PURPOSE OF THE PROJECT:

- The applicants stated:
"The 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 in relation to vascular access creation/maintenance and to optimize vascular access care for End Stage Renal Disease (ESRD) patients while improving clinical outcomes. Dr. Makris and his partners, who are interventional radiologists, currently perform vascular access procedures for ESRD patients along with other minimally invasive procedures as part of the practice. Due to his concern that these procedures are surgical in nature are approaching 50% of the total 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 three operating rooms at CVASC's main purpose will be to offer ESRD patients a full range of necessary vascular services from surgical creation of 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."(Application, p. 30)

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but no public hearing was requested.
Letters of support were received from:
 - **Grant Asay, General Manager, Fresenius Kidney Care**
"I am writing to express my full support for Chicago Vascular ASC located in Westmont. In Chicago and the Metropolitan area we serve over 7,500 patients suffering from end stage renal disease (ESRD) that require dialysis services. For these patients a highly functioning vascular access site for dialysis treatment is imperative. Dr. Makris and fellow surgeons at his vascular access practice served over 4,600 dialysis patients last year, of which 1,974 were dialyzing at a Fresenius clinic. They have a long-standing commitment to high quality patient care. Through their vascular expertise they provide optimum services that are easily accessible, conveniently scheduled, readily available for emergencies and result in quality outcomes for dialysis patients. Our clinical staff witnessed firsthand the difference there is in the quality of the patient's treatment when they have readily available access to a vascular access surgery center with highly skilled surgeons who perform vascular access on a regular basis. The center also provides continuity of care as the patients are able to return to the same surgeons for ongoing maintenance of their access."
 - **Dr. Jeffrey Alexander, Well Foot and Ankle** *"I am writing this letter in support of Illinois Vascular Center's application for a Certificate of Need (CON). I have been referring patients to Dr Makris and Dr Shah for the last 7 years and have had nothing but success and excellent results in terms of the care they have provided for my patients. Throughout the last 7 years, my patients have received the most ethical and compassionate treatment from the doctors and staff at Dr Makris' office. My patients give me such glowing*

reports of the physicians and staff and the care they receive. One of the most difficult parts of what they do is to provide a safe and comfortable setting for the interventions they provide. I urge you to approve Dr Makris' application for a surgery center so that he may continue to provide excellent care for my patients."

- **Dr. Ivan Begov, Fox Valley Dialysis** "Our dialysis patients have been referred to Chicago Access Center to maintain the gold standard in vascular access, an arteriovenous fistula, from Dr. Makris's practice since August 2008. Our patients are always satisfied with the care and services they receive. The service is an important component of our patients' care as it helps to meet the golden standard of care for our dialysis patients."
- **James J. Rydel, MD** "Please be advised of the need for interventional nephrology in the Chicago area due to the shortage of vascular surgeons and hospital availability. Vascular access centers provide timely service to our dialysis population at lower cost, as well as allowing for maintenance of compliance with their treatment requirements. Fewer hospital admissions result as our patients are cared for expediently by trained, qualified staff."
- **Dr. Pardeep Sood, Fox Valley Dialysis** "I have referred my dialysis patients to obtain the gold standard, vascular access, from Dr. Makris' practice since August 2008. Our patients are always satisfied with the care and services they receive. The service is an important component of our patients' care as it helps to meet the golden standard of care for our dialysis patients."
- **Dr. Jonathon A. Levine, Chicago Access Care** "I am one of the physicians who works closely with Doctor Makris at the Vascular Center. I have known him professionally in varying capacities for nearly two decades. The service that he provides to his patients is unsurpassed and I know he wants nothing more than the absolute best for them. To that end, I am writing this letter to support the application to have his center granted Ambulatory Surgery center status, as he and his partners strive to provide the highest level of care for their current and future patients alike."
- **Dr. Samuel Ramirez, DPM, Ramirez Foot and Ankle** "I am a podiatrist practicing in the Chicago area for the past 20 years, and have been lucky enough to have Dr Markris as a referral clinic for many of my diabetic patients as well as other patients with chronic venous insufficiency for the past 7 years. I have been referring my patients to Dr Makris for various conditions such as kidney dialysis; and peripheral vascular disease as well as chronic venous insufficiency. The vast majority of my patients speak Spanish and say that the customer service and attention as well as ease of being booked for various procedures, was excellent as opposed to the hospital setting which can be more confusing and time consuming as well as costly. I have noticed that some of my patients that were referred to some hospital facilities have related that the time from initial consult to actual procedure could take weeks on the other hand Dr. Makris's facility has been very accommodating and prompt especially with some the more urgent cases involving intermittent claudication and non-healing diabetic ulcers in need of vascular reperfusion of the lower extremity."
- **Carol Newell, Patient** "As a patient of Dr. Makris I receive excellent care from him and his staff and it is easy for me to go there in order to maintain my vascular access. Also, the lack of one-on-one attention that I receive at the hospital does not happen at his facility. It would be so much more difficult and costly for me to go to a hospital and possibly be there all day. If this were the case I might forego or delay having my vascular access check if my only alternative would be a hospital setting. The ease of scheduling appointments cannot be compared to a hospital setting. I am taken back to the pre-op area minutes after I am registered, I do not have to wait for potential trauma cases that take precedence like at a hospital."
- **Kevin H. Motley, Patient** "I have been patient of Dr. Makris and his partners for several years now and I am very grateful to have an alternative to a hospital setting. Dr. Makris and his staff are very welcoming and treat you as a person not a medical record number - it is very nice to walk into a place that knows you by name. My vascular access checks are done in a timely manner and I never have to wait to be seen by any of his staff, they are a stellar group of individuals. You can never count on that when you go to a hospital for care - they make you wait and if there is an emergency case that comes in they go before you."
- **No opposition letters were received by the Board Staff in regard to the proposed project.**

SUMMARY:

- The State Board Staff reviewed the application for permit and additional information provided by the applicants and note the following:
- The proposed project is a request by the applicant for the State Board to determine the need to convert a physician's office practice to a licensed ASTC. The Illinois Department of Public Health defines an ambulatory surgery center as *"Any institution or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures, and any place that meets and complies with the definition of an ambulatory surgical treatment center under the Act and this Part, as evidenced by use of the facilities by physicians, podiatrists or dentists in the performance of surgical procedures that constitutes more than 50 percent of the activities at that location (77 IAC 205.110).* The applicant believes the vascular access procedures performed at the physician practice are approaching fifty percent (50%) of the total activities performed at the facility.
- **Reviewer Note:** While the Illinois Department of Public Health (IDPH) defines what constitutes a licensed surgical center the Department does not determine the need for an ASTC. The Illinois Health Facilities and Services Review Board determine the need for an ASTC. Should the State Board approve this project the applicant will then petition IDPH to license the approved ASTC. The applicant is currently operating an office-based practice performing vascular access surgery. All of the projected patients are coming from this office-based practice. By rule referrals to health care providers other than IDPH-licensed ASTCs or hospitals (i.e. office based practices) are not to be included in determining patient volume. **The Act states** *"nothing in this Act (Illinois Health Facilities Planning Act) shall be intended to include facilities operated as a part of the practice of a physician or other licensed health care professional, whether practicing in his individual capacity or within the legal structure of any partnership, medical or professional corporation or unincorporated medical or professional group."* [20 ILCS 3960]
- **Reviewer Note:** In November 2016 CMS released its Final Rule on the 2017 Medicare Physician Fee Schedule in which dialysis vascular access services provided by interventional nephrologists will be reduced because of the CMS policy requiring services that are billed together more than 75% of the time to be bundled. This became effective January 1, 2017.
- There is excess capacity in the proposed 45-minute geographical service area at hospitals and the multi-specialty ASTCs. Limited specialty ASTCs are not considered in the evaluation of excess capacity because these facilities are required to submit an application for permit to the State Board to add additional specialties. (See Table Five at the end of this report)
- The applicant argues that the proposed ASTC will provide vascular access surgery, and minor minimally invasive surgical procedures exclusively in an outpatient setting. The applicant notes vascular access procedures are non-emergent in nature, and often under-prioritized in the inpatient hospital setting for more complex, emergent surgical needs. These delays often result in the patient forgoing the vascular access procedure and jeopardizing the likelihood of a quality outcome. The applicant proposes to transform his office-based practice to a limited specialty ASTC, based on the recent historical volume of access procedures being performed.

The applicant addressed a total of twenty-two (22) criteria and was not compliant with the following:

Criteria	Reasons for Non-Compliance
77 IAC 1110.1540 d) – Service Demand	By rule referrals to health care providers other than licensed IDPH-ASTCs or hospitals are not included in determining projected patient volume (i.e. patient demand). The applicant’s referrals are all from the office based setting which is not a licensed ASTC or hospital.
77 IAC 1110.1540 f) –Treatment Room Need Assessment	By rule referrals to health care providers other than licensed IDPH-ASTCs or hospitals are not included in determining projected patient volume. The applicant is basing the treatment room need assessment on referrals from a health care provider (i.e. office based practice) that is not currently licensed. The applicants are proposing three (3) operating rooms and cannot justify the number of rooms based upon the office-based referrals.
77 IAC 1110.1540 g) - Service Accessibility	There is unused surgical capacity at both hospitals and multi-specialty ASTCs in the proposed geographical service area that would be able to absorb the workload of the proposed facility. (See Table Five at the end of this report)
77 IAC 1110.1540 h) 1) – Unnecessary Duplication of Service	There are forty-nine (49) hospitals within forty-five (45) minutes of the proposed project twenty-seven (27) are not at target occupancy. Of the forty-seven operating ASTCs within forty-five (45) minutes thirty-nine (39) are not at target occupancy. (See Table Five at the end of this report)

**Chicago Vascular ASC
STATE BOARD STAFF REPORT
Project #17-005**

APPLICATION CHRONOLOGY	
Applicants(s)	Chicago Vascular ASC, LLC d/b/a Chicago Vascular ASC
Facility Name	Chicago Vascular ASC
Location	700 Pasquinelli Drive Westmont, IL
Permit Holder	Chicago Vascular ASC, LLC
Operating Entity/Licensee	Chicago Vascular ASC, LLC
Owner of Site	GM Holdings, LLC
Gross Square Feet	12,017 GSF
Application Received	February 7, 2017
Application Deemed Complete	February 8, 2017
Financial Commitment Date	Upon Permit Issuance
Anticipated Completion Date	December 31, 2018
Review Period Ends	July 8, 2017
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. Project Description

The applicant (Chicago Vascular ASC, LLC) is proposing to establish a limited-specialty ambulatory surgical treatment facility at a cost of \$3,794,239, located at 700 Pasquinelli Drive, Westmont. The project completion date is December 31, 2018.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is not in conformance with all relevant provisions of Part 1110.
- B. The State Board Staff finds the proposed project is in conformance with all relevant provisions of Part 1120.

III. General Information

The applicant is Chicago Vascular ASC, LLC. The proposed project is essentially the licensing of an existing physician's practice to an ASTC. Chicago Vascular ASC is located at 701 Pasquinelli Drive, Westmont. The facility is currently a physicians practice specializing in vascular access procedures, and other minimally invasive procedures.

IV. Health Service Area/Health Planning Area

The proposed ASTC will be located in DuPage County in Health Service Area 07. HSA-07 includes DuPage and suburban Cook counties. There are forty-nine (49) Ambulatory Surgical Treatment Centers in HSA-07, with none reported as specializing in vascular access surgical services.

V. Project Description

Chicago Vascular ASC is currently operating as the physician's practice for Dr. Angelo Makris, M.D., and two other physicians. Chicago Vascular ASC specializes in vascular access and the following minimally invasive procedures:

- Venous Ablation is a procedure where laser or radio-frequency energy cauterizes or burns dilated veins.
- Ovarian Vein Embolization is a minimally invasive treatment for pelvic congestion syndrome, a painful condition resulting from the presence of enlarged or varicose veins in the pelvis.
- Microphlebectomy is the medical term for the removal of a large or medium sized varicose vein through a tiny incision in the leg.
- A varicocele is an anatomic abnormality that can impair sperm production and function.

The physician's practice currently contains three procedure rooms, and the applicant proposes to reclassify the existing facility as an Ambulatory Surgery Treatment Center, due to the fact that they are nearing the performance of 50% of their procedures as vascular access, requiring an ASTC license. Dr. Makris' practice is managed by an affiliate of Fresenius Vascular Care, and works closely with Fresenius clinics and patients, to ensure optimum vascular access care. Fresenius Medical Care, nor any of its affiliates will own, operate, or assume any financial responsibility for the project. Reviewer Note: Should this project be approved the applicants have a signed transfer agreement with Advocate Good Samaritan Hospital.

VI. Project Costs

The applicants are proposing to fund the project with a combination of cash in the amount of \$401,640, gifts and bequests totaling \$1,076,442, and the fair market value (FMV) of leases totaling \$2,316,157. There were no estimated start-up costs or operating deficit reported for this project.

Table Three Project Uses and Sources of Funds			
Use of Funds	Reviewable	Non Reviewable	Total
Modernization Contracts	\$321,640	\$0	\$321,640
Architectural/engineering Fees	\$7,000	\$23,000	\$30,000
Consulting and Other Fees	\$0	\$50,000	\$50,000
Moveable & Other Equipment	\$954,442	\$122,000	\$1,076,442
Fair Market Value of Leased Space/Equipment	\$563,572	\$1,752,585	\$2,316,157
Total Use of Funds	\$1,846,654	\$1,947,585	\$3,794,239
Sources of Funds			
Cash and Securities	\$328,640	\$73,000	\$401,640
Gifts and Bequests*	\$954,442	\$122,000	\$1,076,442*
FMV of Leases	\$563,572	\$1,752,585	\$2,316,157
Total Source of Funds	\$1,846,654	\$1,947,585	\$3,794,239
Source: Application for Permit Page 5			
*Gifts and bequests identified as equipment owned by the physician's practice that will be gifted to Chicago Vascular ASC, LLC.			

VII. Purpose of the Project, Safety Net Impact Statement, Alternatives

A) Criterion 1110.230(a) – Purpose of the Project

The applicants are asked to:

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 area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.
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.

The applicants stated the following:

“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 in relation to vascular access creation/maintenance and to optimize vascular access care for End Stage Renal Disease (ESRD) patients while improving clinical outcomes. Dr. Makris and his partners, who are interventional radiologists, currently perform vascular access procedures for ESRD patients along with other minimally invasive procedures as part of the practice. Due to his concern that these procedures are surgical in nature are approaching 50% of the total 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 three operating rooms at CVASC's main purpose will be to offer ESRD patients a full range of necessary vascular services from surgical creation of 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.”(Application, p. 30)

B) Criterion 1110.230(b) – Safety Net Impact Statement

The applicants are asked to document:

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.

The applicants stated the following:

“The project will have no impact on safety net services. Vascular access procedures are not 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.” [Application for Permit Page 48]

TABLE FOUR			
Charity Care Information Chicago Vascular ASC			
Net Patient Revenue	\$10,225,911	\$10,968,672	\$12,716,021
CHARITY			
	2014	2015	2016
# of Charity Care (Self-Pay)	62	28	34
Cost of Charity Care	\$112,087	\$32,662	\$52,152
Ratio of Charity Care to Net Patient Revenue	1.10%	.30%	.41%
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	253	256	204
Medicaid (revenue)	\$102,191	\$105,688	\$86,340
% of Medicaid to Net Revenue	1.0%	.96%	.68%
Source: Application for Permit pages 48-49			

C) Criterion 1110.230(c) Alternatives to the Project

To demonstrate compliance with this criterion the applicants must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The applicants considered three alternatives in total. [Application for Permit page 31-32]

1. Establish a Surgery Center at a Different Location Other Than the Practice

The applicants rejected this option, because the practice already has space and procedure rooms to perform the procedures mentioned. Further, the convenience of seeing Dr. Makris for follow up appointments at the same location of the ASTC allows the patients the opportunity for greater outcomes and cost savings. There were no costs identified with this alternative.

2. Continue to Perform Procedures in Office

The applicants rejected this alternative because the procedures performed currently in the physicians practice are expected to increase in volume, placing the practice at risk of operating without an ASTC license. There were no costs identified with this alternative.

3. Joint Venture

This alternative was rejected by the applicant, as his practice is wholly owned, and he prefers to practice in this manner. There were no costs identified with this option.

VIII. Size of the Project, Projected Utilization of the Project, Assurances

A) Criterion 1110.234(a) – Size of the Project

To document compliance with this criterion the applicants must document that the proposed surgical rooms and recovery stations meet the State Board GSF Standard's in Section 1110.Appendix B.

The applicants are proposing three (3) procedure rooms, in 2,924 GSF of clinical space, which is approximately 975 GSF per room. The State standard for ASTC rooms is 1600-2,200DSF per room, and it appears the applicant has met the requirements of the criterion.

B) 1110.234(b) – Projected Utilization

To document compliance with this criterion the applicants must document that the proposed surgical/procedure rooms will be at target utilization or 1,500 hours per operating/procedure room by the second year after project completion. Section 1110.Appendix B

The State Board Standard is 1,500 hours per operating room or a total of 4,500 hours for the proposed three (3) procedure rooms. The applicants are projecting a total of 4,773 hours by the second year of operation, based on historical utilization data (application, p. 34).

C) Criterion 1110.234 (e) – Assurances

To document compliance with this criterion the applicants must provide an attestation that the proposed project will be at target occupancy two years after project completion.

The applicants have provided the necessary attestation at page 40 of the Application for Permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA SIZE OF THE PROJECT, PROJECTED UTILIZATION, AND ASSURANCES (77 IAC 1110.234(a), (b), and (e))

IX. Establish an Ambulatory Surgical Treatment Center

A) Criterion 1110.1540(b)(1) to (3) - Background of the Applicant

To demonstrate compliance with this criterion the applicants must provide documentation of the following:

- 1) Any adverse action taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.
- 2) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

Chicago Vascular ASC, LLC is the parent corporation of and has sole ownership interest in The Chicago Vascular ASC. Dr. Angelo Makris, M.D., is the sole member of Chicago Vascular ASC, LLC and the sole member of MAKRISMD, LLC. MAKRISMD, LLC is the sole member of the proposed surgery center. The applicant supplied proof of its Certificate of Good Standing, and licensure/accreditation will occur should the project be approved. The applicants supplied a letter permitting the State Board, and IDPH to verify any information contained in this application. [Source: Application for Permit pg. 29]

Dr. Angelo Makris, M.D., the only physician who submitted a referral letter for the proposed ASTC is licensed in the State of Illinois. www.idfpr.com

A copy of the non-binding term sheet for the lease of the building between American Access Care of Chicago and Chicago Vascular ASC, LLC was provided at pages 24b-24d as evidence of site ownership.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 IAC 1110.1540 (b) (1) to (3))

B) Criterion 1110.1540(c) (2) (A) and (B) – Service to GSA Residents

To demonstrate compliance with this criterion the applicants must provide a list of zip codes that comprise the geographic service area. The applicant must also provide patient origin information by zip code for the prior 12 months. This information must verify that at least 50% of the facility's admissions were residents of the geographic service area.

1. By rule the applicants are to identify all zip codes within forty-five (45) minutes of the proposed ASTC. The applicants provided this information on page 36 of the application for permit. In addition to the populations of Dosage and suburban Cook counties, there are also sixty two (62) zip codes within this forty-five (45) minute geographical service area with a population of 7,671,497.

Based upon the information provided in the application for permit and summarized above it appears that the proposed ASTC will provide services to the residents of the forty-five (45) minute geographic service area.

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

C) Criterion 1110.1540(d) (1) and (2) - Service Demand – Establishment of an ASTC Facility

To demonstrate compliance with this criterion the applicants must provide physician referral letters that attest to the total number of treatments for each ASTC service that was referred to an existing IDPH-licensed ASTC or hospital located in the GSA during the 12-month period prior to the application. The referral letter must contain:

1. Patient origin by zip code of residence;
2. Name and specialty of referring physician;
3. Name and location of the recipient hospital or ASTC; and
4. Number of referrals to other facilities for each proposed ASTC service for each of the latest two years;
5. Estimated number of referrals to the proposed ASTC within 24 months after project completion
6. Physician notarized signature signed and dated; and
7. An attestation that the patient referrals have not been used to support another pending or approved CON application for the subject services.

By rule the referrals to a proposed ASTC must be from IDPH licensed ASTC or hospitals. The applicant submitted a referral letter attesting to the referral of approximately 4,773 patients to the ASTC, by the second year after project completion. However these referrals were not from IDPH licensed ASTCs or hospitals in the proposed GSA and cannot be accepted. These referrals are from Dr. Angelo Makris, M.D physician practice which is not licensed by the Illinois Department of Public Health. The applicant has not met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT CONFORMANCE WITH CRITERION SERVICE DEMAND (77 IAC 1110.1540(d) (1) and (2))

D) Criterion 1110.1540(f) (1) and (2) - Treatment Room Need Assessment

To document compliance with this criterion the applicants must provide the projected patient volume or hours to justify the number of operating rooms being requested. The applicants must document the average treatment time per procedure.

1. Based upon the State Board Staff's review of the referral letters the applicants can justify 4,773 hours in the first year after project completion. This number of operating/procedure hours will justify the three (3) procedure rooms being requested by the applicants $[4,773/1,500 = 3.18 \text{ rooms}]$
2. The applicants supplied an estimated time per procedure (application, p. 39), which includes prep/clean-up. This time was gathered from historical access procedures performed at Chicago Vascular ASC in the past 12 months (2016). The average time per procedure was 60 minutes.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION TREATMENT ROOM NEED ASSESSMENT (77 IAC 1110.1540(f) (1) and (2))

E) Criterion 1110.1540 (g) - Service Accessibility

To document compliance with this criterion the applicants must document that the proposed ASTC services being established is necessary to improve access for residents of the GSA by documenting one of the following:

1. There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;
2. The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;
3. The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have

restrictive admission policies;

4. The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:
 - A) The existing hospital is currently providing outpatient services to the population of the subject GSA;
 - B) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100;
 - C) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and
 - D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.
1. There are existing ASTCs in the identified GSA. [See Table Five at the end of this report.]
2. There are underutilized ASTC and hospital surgical/treatment rooms in the identified GSA. [See Table Five at the end of this report]
3. The proposed surgical services are available in the GSA. However, Dr Maris' practice will provide vascular access surgery, and minor minimally invasive surgical procedures exclusively in an outpatient setting. The applicant notes vascular access procedures are non-emergent in nature, and often under-prioritized in the inpatient hospital setting for more complex, emergent surgical needs. These delays often result in the patient forgoing the vascular access procedure and jeopardizing the likelihood of a quality outcome. The applicant proposes to transform his office-based practice to a limited specialty ASTC, based on the recent historical volume of Access procedures being performed, and the desire to remain compliant with the State Board rules. (Application p. 42).
4. The State Board Staff does not consider the proposed project a cooperative venture with one of the persons operating an existing hospital.

Table Five shows that there are existing ASTCs and hospitals in the service area with surgical services functioning beneath the State Board standard. The applicant has not met the requirements of this criterion.

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

F) Criterion 1110.1540(h) (1), (2), and (3) - Unnecessary Duplication/Mal-distribution/Impact on Other Providers

1. To demonstrate compliance with this criterion the applicants must provide a list of all licensed hospitals and ASTCs within the proposed GSA and their historical utilization (within the 12-month period prior to application submission) for the existing surgical/treatment rooms.
- 2) To demonstrate compliance with this criterion the applicants must document the ratio of surgical/treatment rooms to the population within the proposed GSA that exceeds one and one half-times the State average.
- 3) To demonstrate compliance with this criterion the applicants must document that, within 24 months after project completion, the proposed project:
 - A) Will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and
 - B) Will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

The applicants stated the following to address this criterion:

State Board Staff identified a general service area (GSA), extending 45 minutes in all directions from the site of the proposed ASTC. This GSA includes 62 zip codes outside of Cook and DuPage counties, and the 2015 population estimates for this GSA is 7,671,497, per Nielsen Pop-Facts.

There are a total of forty-nine (49) hospitals and seventy-four (74) ASTCs in the identified 45-minute service area. [See Table Five at the end of this report].

1. Unnecessary Duplication of Service

1. Limited Specialty ASTC:

There are twenty-three (23) limited specialty ASTCs within forty-five minutes, four (4) are not yet operational and eleven (11) of the remaining nineteen (19) facilities are at target occupancy. Twelve (12) of the nineteen (19) facilities did not provide Medicaid services in CY 2015. **Reviewer Note:** A limited specialty ASTC would have to submit an application for a certificate of need to add the specialty proposed by this project.

2. Multi-Specialty ASTC

There are fifty-one (51) multi-specialty ASTCs within forty-five minutes, four (4) are not operational and of the remaining forty-seven (47) multi-specialty ASTCs, eight (8) are at target occupancy. Twenty-four (24) of the forty-seven (47) multi-specialty ASTC did not provide Medicaid services in CY 2015. **Reviewer Note:** Multi-specialty ASTC can add a specialty without approval of the State Board until January 2018.

3. Hospitals

There are forty-nine (49) hospitals within the proposed 45-minute GSA, twenty-one (21) hospitals are at the target occupancy of 1,500 hours per surgery/procedure room.

2. Mal-Distribution

According to the applicants, the proposed ASTCs geographic service area has an estimated population of 7,671,497. The number of operating/procedure rooms within this area is approximately 1,083 operating/procedure rooms. That equates to one (1) operating/procedure room per every 7,084 individuals. The State of Illinois estimated population for 2015 is 12,900,879. The number of operating/procedure rooms in the State of Illinois is 3,054 rooms. The ratio of population to operating/procedure rooms is one (1) operating/procedure room per every 4,224 individuals. Based upon this analysis it does not appear there is a surplus of operating/procedure rooms in this forty-five minute geographical service area.

Reviewer Note: A surplus is defined as the ratio of operating/procedure rooms to the population within the forty-five (45) minute GSA [GSA Ratio], to the State of Illinois ratio that is 1.5 times the GSA ratio.]

3. Impact on Other Facilities

The applicants stated that no other provider within the forty-five (45) minute service area will be impacted because the proposed project calls for the licensing of an existing physicians practice with an existing patient base, providing vascular access service for dialysis treatments. The procedure is considered specialized and is normally performed in hospital operating/procedure rooms. The proposed project will actually allow the applicant to perform more of the specialized procedures in an ASTC setting, and allow practicing physicians in the service area to increase their referral volume. The propose project will not negatively impact area facilities.

The applicant has not met this requirement because there are number of existing ASTCs and hospitals currently underutilized in the proposed GSA.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE, MALDISTRIBUTION/ IMPACT ON OTHER FACILITIES (77 IAC 1110.1540 (h) (1), (2), and (3))

G) **Criterion 1110.1540 (i) - Staffing**

To demonstrate compliance with this criterion, the applicants must provide documentation that relevant clinical and professional staffing needs will be

met and a medical director will be selected that is board certified.

To address this criterion the applicant provided curriculum vitae for Dr. Angel Makris, M.D. (application, p. 39c). The applicant facility is currently operating as a physicians practice, and is already staffed in accordance with applicable licensing standards. Based upon the information provided in the application for permit, it appears that the proposed ASTC will be properly staffed.

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

H) Criterion 1110.1540 (j) - Charge Commitment

To document compliance with this criterion the applicants must provide the following:

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

The applicants supplied a statement of charges (application, p. 43), and certified attestation that the identified charges will not increase for at least the first two years in operation as an ASTC (application, p. 44). [See Table Six at the end of this report]

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

I) Criterion 1110.1540 (k) - Assurances

To demonstrate compliance with this criterion the applicants must attest that a peer review program will be implemented and the proposed ASTC will be at target occupancy two years after project completion.

The applicants provided certified attestation (see project file), that Chicago Vascular ASC will continue to maintain quality patient care standards, and meet or exceed the utilization standards specified in 77 IAC 11100, by the second year of operation.

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

X. FINANCIAL VIABILITY

The purpose of the Illinois Health Facilities Act *“This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs.” [20 ILCS 3960]*

A) Criterion 1120.120 - Availability of Funds

B) Criterion 1120.130 - Financial Viability

To demonstrate compliance with this criterion the applicants must provide evidence that sufficient resources are available to fund the project.

The applicants are funding this project with a combination of cash/securities in the amount of \$401,640, leases with a fair market value totaling \$2,316,157, and gifts and bequests emanating from the “gifting” of equipment currently owned in the physicians practice to Chicago Vascular ASC, LLC, totaling \$1,076,442.

The applicant included a letter from Makris Vascular practice, attesting to the funding origins, and the existence of sufficient funds in personal accounts to account for the cash/securities portion (\$401,640), of the project costs. The applicant notes the gifts and bequests are attributed to the value of equipment currently owned by the practice that will be gifted to Chicago Vascular ASC. Lastly, the applicant supplied a copy of the lease for the current facility. The lease (application, p. 46b), reveals a gradually increasing rate per GSF that increases annually to \$26.23 per GSF by October 2024. The lease is for 15 years, and contains three five (5) year options for lease renewal.

Approximately eleven percent (11%) of the project is being funded from cash and approximately twenty-eight percent (28%) is a transfer of the value of the equipment from the physician’s office practice to the ASTC. Sixty-one percent (61%) of the total cost of the project is the FMV of an operating lease that will be paid out over term of the lease. The applicant provided the most recent bank statement that indicated that the sole member of the ASC (MAKRISMD LLC) does have sufficient cash (approximately \$832,000 as of 3/31/2017) to fund the cash portion of the project. (See supplemental information provided April 5, 2017)

Sources	Reviewable	Non Reviewable	Total	% of Total
Cash and Securities	\$328,640	\$73,000	\$401,640	10.60%
Gifts and Bequests*	\$954,442	\$122,000	\$1,076,442*	28.40%
FMV of Leases	\$563,572	\$1,752,585	\$2,316,157	61.00%
Total Source of Funds	\$1,846,654	\$1,947,585	\$3,794,239	
Source: Application for Permit Page 5				
*Gifts and bequests identified as equipment owned by the physician's practice that will be gifted to Chicago Vascular ASC, LLC.				

Based upon the information reviewed it appears funds are available.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS AND FINANCIAL VIABILITY (77 IAC 1120.120 and 77 IAC 1120.130)

XI. ECONOMIC FEASIBILITY

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

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

The applicants are funding this project with a combination of cash/securities in the amount of \$401,640, gifts and bequests totaling \$1,076,442, and other funds and the fair market value of the lease totaling \$2,316,157. The applicants provided documentation proving financing for the proposed project comes from internal sources, and that sufficient financial viability exists to fund the project in its entirety. Therefore, these criteria have been met

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

C) Criterion 1120.140 (c) - Reasonableness of Project Costs

The State Board staff applied the reported clinical costs against the applicable State Board standards.

Modernization Costs – These costs total \$321,640 or \$110.00/GSF. (\$321,640/2,924 GSF=\$110.00). This appears reasonable when compared to the State Board Standard of \$272.82/GSF (2018 mid-point of construction).

Architectural and Engineering Fees – These costs total \$7,000 and are 2.1% of modernization and contingencies. These costs appear reasonable when compared to the State Board Standard of 8.34% - 12.52%.

Moveable Equipment Not in Construction Contracts – These costs total \$954,442. The State Board does not have a standard for these costs.

Listing of Equipment to be Transferred Equipment at Fair Market Value ⁽¹⁾	
Furniture and Fixtures	\$102,000
IT Cabling/Phone/Etc.	\$44,000
Computer Equipment	\$27,000
Autoclave	\$5,600
Procedure Tables	\$11,286
Ultrasound	\$18,200
ABI Unit BP w/cuff & Stand	\$2,100
Cardiac Monitors	\$17,800
Narcotic Cabinets	\$1,000
Exam Table	\$3,346
Blanket Warmer	\$3,955
Backup Battery UPS	\$12,405

Listing of Equipment to be Transferred Equipment at Fair Market Value ⁽¹⁾	
Anesthesia Cart	\$940
Venacure Machine	\$15,314
Lead Aprons	\$2,747
C-Arms (3)	\$808,729
Total	\$1,076,422
1.	Includes both reviewable and non reviewable costs
2.	Source: Supplemental Information provided 4/4/2017

Fair Market Value of Lease Space/Equipment – These cost total \$563,572. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1120.140(c))

D) Criterion 1120.140(d) Projected Operating Costs

To determine compliance with this criterion the applicants must provide documentation of the projected operating costs per procedure.

The applicants provided the necessary information as required. The projected operating cost per day is \$31,685. The State Board has no applicable standard for these costs.

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

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

To determine compliance with this criterion the applicants must provide documentation of the projected capital costs per equivalent patient day.

The applicants provided the necessary information as required. The projected capital cost per patient day is \$784.00. The State Board has no applicable standard for these costs.

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

TABLE FIVE

Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
Chicago Prostate Cancer Surgery Ctr.	Westmont	Limited	1	2	629	N	Y	N
Eye Surgery Ctr. of Hinsdale	Hinsdale	Limited	3	2/1	1,633	N	Y	N
Ambulatory Surgery Ctr. of Downers	Downers Grove	Limited	6	3	951	N	N	N
Elmwood Park Same Day Surgery Ctr.	Elmwood Park	Limited	28	3	289	N	N	N
Regenerative Surgery Ctr.	Des Plaines	Limited	28	3	1,193	Y	Y	N
DuPage Eye Surgery Ctr.	Wheaton	Limited	32	3/2	2,559	Y	Y	N
Albany Medical Surgical Ctr.	Chicago	Limited	34	2	2,476	N	N	N
Midwest Eye Ctr.	Calumet City	Limited	39	2/1	1,411	Y	Y	N
Elmhurst Foot & Ankle	Elmhurst	Limited	8	1	161	N	Y	Y
United Urology Ctr. LaGrange	LaGrange	Limited	10	1	2,480	Y	Y	Y
Naperville Fertility Ctr.	Naperville	Limited	18	1	814	N	N	Y
Advantage Heath Care	Wood Dale	Limited	21	2	1,940	N	N	Y
Oak Lawn Endoscopy Ctr.*	Oak Lawn	Limited	21	2	5,513	Y	Y	Y
Illinois Hand & Upper Extremity	Arlington	Limited	28	1	875	Y	Y	Y
Midwest Endoscopy Ctr.*	Naperville	Limited	34	2	6,458	N	Y	Y
Chicago Endoscopy Ctr.	Chicago	Limited	35	1	604	N	Y	Y
Ravine Way Surgery Ctr.	Glenview	Limited	36	3/1	3,463	N	Y	Y
The Glen Endoscopy Ctr.	Glenview	Limited	36	3	3,357	Y	Y	Y
DMG Pain Management Surgery Ctr.	Naperville	Limited	38	2	3,029	N	Y	Y
Presence Lakeshore Gastroenterology	Des Plaines	Limited	29	N/A	N/A	N/A	N/A	N/A
Northwest Endoscopy Ctr.	Arlington	Limited	31	N/A	N/A	N/A	N/A	N/A
Chicago Surgical Clinic, Ltd	Arlington	Limited	35	N/A	N/A	N/A	N/A	N/A

TABLE FIVE

Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
Schaumburg Surgery Ctr.	Schaumburg	Limited	36	N/A	N/A	N/A	N/A	N/A
Total				44	39,835			
Salt Creek Surgery Ctr.	Westmont	Multi	3	4	3,573	N	Y	N
Hinsdale Surgical Ctr.	Hinsdale	Multi	4	6	5,316	Y	Y	N
Rush Oak Brook Surgical Centre	Oak Brook	Multi	9	6	2,807	Y	Y	N
Midwest Ctr. for Day Surgery	Downers Grove	Multi	9	5	3,433	N	Y	N
Loyola Ambulatory Surgery Center at	Oakbrook	Multi	10	3	2,465	Y	Y	N
Elmhurst Outpatient Surgery Ctr	Elmhurst	Multi	11	8	3,331	N	Y	N
Children's Outpatient Services at	Westchester	Multi	11	3	2,793	Y	Y	N
Loyola University ASTC	Maywood	Multi	17	8	9,883	Y	Y	N
Forest Medical-Surgical Ctr.	Justice	Multi	18	4	765	N	Y	N
Novamed Ctr. for Reconstructive Surgery	Oak Lawn	Multi	18	4	1,589	Y	Y	N
Cadence Ambulatory Surgery Ctr.	Warrenville	Multi	20	4	4,341	Y	Y	N
The Center for Surgery	Naperville	Multi	22	11	4,205	Y	Y	N
Aiden Ctr. for Day Surgery	Addison	Multi	23	4	530	N	Y	N
UroPartners, LLC	Des Plaines	Multi	23	2	132	N	N	N
Novamed Surgery Ctr. of River Forest	River Forest	Multi	23	2	545	Y	Y	N
Palos Surgicenter	Palos Heights	Multi	25	5	3,052	N	Y	N
Magna Surgical Ctr.	Bedford Park	Multi	28	3	2,192	Y	Y	N
Golf Surgical Ctr.	Des Plaines	Multi	29	8	5,180	Y	Y	N
Preferred Surgicenter, LLC	Orland Park	Multi	31	5	248	Y	Y	N
Advanced Ambulatory Surgical Ctr.	Chicago	Multi	31	3	948	N	Y	N

TABLE FIVE

Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
Northwest Community Day Surgery	Arlington	Multi	32	11	9,620	Y	Y	N
Illinois Sports Medicine & Ortho Surgery	Morton Grove	Multi	33	5	3,444	Y	Y	N
Dreyer Ambulatory Surgery Ctr.	Aurora	Multi	33	10	7,975	Y	Y	N
Belmont/Harlem Surgery Ctr.	Chicago	Multi	34	4	1,852	Y	Y	N
Edward Plainfield Surgery Ctr.	Plainfield	Multi	34	4	2,500	N	N	N
Naperville Surgical Ctr.	Naperville	Multi	35	3	1,664	N	Y	N
Northwest Surgicare Healthsouth	Arlington	Multi	36	6	2,516	N	Y	N
Six Corners Same Day Surgery	Chicago	Multi	36	5	199	N	N	N
Ingalls Same Day Surgery	Tinley Park	Multi	38	4	4,295	N	Y	N
Fullerton Surgery Ctr.	Chicago	Multi	39	3	2,048	Y	Y	N
Tinley Woods Surgery Ctr.	Tinley Park	Multi	40	5	3,783	N	Y	N
Fullerton Kimball Surgical Ctr.	Chicago	Multi	40	2	842	N	Y	N
Castle Surgicenter	Aurora	Multi	42	2	1,473	Y	Y	N
Fox Valley Orthopaedic Associates	Geneva	Multi	42	4	4,335	N	Y	N
Ashton Ctr. for Day Surgery	Hoffman Estates	Multi	43	4	1,704	Y	Y	N
Southwest Surgery Ctr.	Mokena	Multi	43	5	6,320	Y	Y	N
25 East Same Day Surgery	Chicago	Multi	43	4	2,248	Y	Y	N
Grand Avenue Surgical Ctr.	Chicago	Multi	43	3	851	N	N	N
Western Diversey Surgical Ctr.	Chicago	Multi	45	2	1,344	N	N	N
DuPage Medical Group Surgery Ctr	Lombard	Multi	13	8	16,736	N	Y	Y
Palos Hills Surgery Ctr.	Palos Hills	Multi	20	2	1,670	Y	Y	Y
Rush Surgicenter	Chicago	Multi	32	4	6,254	N	Y	Y
Amsurg Surgery Ctr.	Joliet	Multi	39	7	8,871	Y	Y	Y

TABLE FIVE

Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
Hoffman Estates Surgery Center	Hoffman Estates	Multi	42	4	5,609	N	Y	Y
Hyde Park Same Day Surgery Ctr.	Chicago	Multi	42	1	449	N	N	Y
River North Same Day Surgery Ctr.	Chicago	Multi	43	4	5,019	Y	Y	Y
Gold Coast Surgicenter	Chicago	Multi	45	4	4,381	N	Y	Y
Orland Park Surgical Ctr.	Orland Park	Multi	37	N/A	N/A	N/A	N/A	N/A
Silver Cross Ambulatory Treatment Ctr.	New Lenox	Multi	32	N/A	N/A	N/A	N/A	N/A
Palos Health Surgery Ctr.	Orland Park	Multi	33	N/A	N/A	N/A	N/A	N/A
Lurie Children's Hospital ASTC	Northbrook	Multi	36	N/A	N/A	N/A	N/A	N/A
				218	165,330			

TABLE FIVE (continued)
HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
Adventist Hinsdale Hospital	Hinsdale	6	16	23,393	Y	Y	Y
Advocate Good Samaritan Hospital	Downers Grove	10	22	24,226	Y	Y	Y
Adventist LaGrange Hospital	Lagrange	12	15	16,322	Y	Y	N
Elmhurst Memorial Hospital	Elmhurst	17	20	31,828	Y	Y	Y
VHS Westlake Hospital	Melrose Park	20	11	13,510	Y	Y	N
Loyola Health System at Gottlieb	Melrose Park	23	11	13,510	Y	Y	N
Loyola University Medical Ctr.	Maywood	24	9	3,280	Y	Y	N
Adventist Bolingbrook Hospital	Bolingbrook	24	9	11,242	Y	Y	N
Adventist Glen Oaks Hospital	Glendale Heights	25	6	4,160	Y	Y	N
Alexian Brothers Medical Ctr.	Elk Grove Village	25	23	34,696	Y	Y	Y
MacNeal Memorial Hospital	Berwyn	25	18	18,148	Y	Y	N
Rush University Medical Ctr.	Chicago	25	42	74,205	Y	Y	Y
John H. Stroger Hospital	Chicago	25	28	43,907	Y	Y	Y
Shriners' Hospital for Children	Elmwood Park	25	4	3,121	Y	Y	N
Mount Sinai Hospital Medical Ctr.	Chicago	26	13	13,890	Y	Y	N
Advocate Lutheran General Hospital	Park Ridge	26	33	54,030	Y	Y	Y
University of Illinois Hospital	Chicago	27	27	50,645	Y	Y	Y
St. Anthony Hospital	Chicago	27	5	3,547	Y	Y	N
Presence Resurrection Medical Center	Chicago	27	23	16,442	Y	Y	N

TABLE FIVE (continued)
HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
Loretto Hospital	Chicago	28	7	832	Y	Y	N
Norwegian American Hospital	Chicago	28	7	2,818	Y	Y	N
Edward Hospital	Naperville	28	25	30,427	Y	Y	Y
Advocate Christ Hospital	Oak Lawn	28	49	86,448	Y	Y	Y
Palos Community Hospital	Palos Heights	30	18	25,832	Y	Y	Y
Silver Cross Hospital	New Lenox	30	16	27,575	Y	Y	Y
St. Mary of Nazareth Hospital	Chicago	30	13	13,348	Y	Y	N
VHS West Suburban Hospital	Oak Park	31	12	17,023	Y	Y	Y
Rush Oak Park Hospital	Oak Park	31	12	9,232	Y	Y	N
Central DuPage Hospital	Winfield	32	32	50,055	Y	Y	Y
Ingalls Memorial Hospital	Harvey	33	13	10,660	Y	Y	N
Glenbrook Hospital	Glenview	33	16	28,871	Y	Y	Y
Presence Holy Family Hospital	Des Plaines	34	10	2,151	Y	Y	N
MetroSouth Medical Center	Blue Island	34	15	11,456	Y	Y	N
Little Company of Mary Hospital	Evergreen Park	36	16	13,312	Y	Y	N
Presence Mercy Medical Ctr.	Aurora	36	14	6,806	Y	Y	N
Advocate South Suburban Hospital	Hazel Crest	36	11	16,379	Y	Y	Y
Rush Copley Memorial Hospital	Aurora	38	16	22,775	Y	Y	Y
St. Bernard Hospital	Chicago	38	7	2,311	Y	Y	N

TABLE FIVE (continued)
HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
Provident Hospital of Cook	Chicago	39	8	3,287	Y	Y	N
Northwest Community Hospital	Arlington Heights	39	23	33,399	Y	Y	Y
University of Chicago Medical	Chicago	41	50	93,784	Y	Y	Y
St. Alexius Medical Ctr.	Hoffman Estates	41	20	27,603	Y	Y	Y
Mercy Hospital & Medical Ctr.	Chicago	42	12	16,517	Y	Y	Y
Skokie Hospital	Skokie	43	17	23,327	Y	Y	N
Roseland Community Hospital	Chicago	43	7	1,260	Y	Y	N
Presence St. Joseph Medical Ctr.	Joliet	45	25	23,993	Y	Y	N
Holy Cross Hospital	Chicago	45	12	4,824	Y	Y	N
Jackson Park Hospital	Chicago	45	6	2,136	Y	Y	N
St. Elizabeth's Hospital	Chicago	45	6	939	Y	Y	N
Total Hospitals			830	1,063,482			
Travel time determined using formula in 77IAC 1100.510 (d) Data taken from CY 2015 Hospital/ASTC Profiles NA – information not available							

TABLE SIX		
Charges for Procedures Performed at Proposed ASTC		
CPT Description	2017 CPT Code	Charge
Fistulogram	36901	\$924
Venous Angioplasty	36902	\$7,799
Arterial Angioplasty	36902	\$7,799
Stent + Angioplasty	36903	\$15,064
Thrombectomy + Angioplasty	36905	\$15,064
Stent + Thrombectomy	36906	\$23,355
Central Venous Cath Insertion	36558	\$3,187
Central Venous Cath Removal	36589	\$924
Central Venous Cath Exchange	36581	\$3,187
Cephalic Vein Transposition Fistula	36818	\$5,297
BVT Fistula	36819	\$5,297
Forearm Vein Transposition Fistula	36820	\$5,297
Direct Anastomosis Fistula	36821	\$3,187
AV Graft Creation	36830	\$5,297
PD Catheter Insert	49418	\$3,632
PD catheter Removal	49422	\$3,187
Fistula Revision	36832	\$5,297
Pseudoaneuysm	36901	\$923
Injection w Fistuagram	36002	\$462
Vein Mapping	36005	
	75820	
	75827	
Direct Brachial Puncture w/Fistula Imaging	36140	\$923
	36901.52	
Angioplasty w/Selective Cath & Imaging	36902	\$7,798
	36215	
	75710	
Thrombectomy no Angioplasty	36904	\$7,798
Central Venous Angioplasty	36902	\$7,798
Central Venous Stenting	36902	\$7,798
	36908	
Embolilation	36901	\$923
	36909	
Thrombectomy w/ Arterial Thrombus	36905	\$15,064
	37186	
	36215	
	75710	
Embolization w/Foreign Body Retrieval	36901	\$462
	36909	
	37197	\$3,186
Arterial Angioplasty	37246	\$7,798
Outside Fistula	36902	\$3,900
	36215	
	75710	
Venous Angioplasty	37248	\$7,798
No Fistula cannulation	36581	\$1,593
	77001	
Angioplasty w/IVUS	36902	\$77,798
	37252	
Ligation Collateral Vessel	37607	\$3,186

Fistula Superficialization Revision	36832	\$5,297
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17-005 Chicago Vascular ASC - Westmont

