



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

TRANSMITTED ELECTRONICALLY

July 27, 2020

Anne Cooper
Polsinelli P.C.
150 N. Riverside Plaza, Suite 3000
Chicago, Illinois 60606

Re: 20-020 - Request for Additional Information

Dear Ms. Cooper:

We are still in the process of reviewing the application for permit. Please respond to the following:

1. The information on Page 67 of the Application for Permit references the creation of a new health system as the reason for the proposed ASTC. That health system is not going to materialize. Why is the Applicant proposing this ASTC?
2. Please provide a table with the 5-highest volume procedures to be performed at this surgery center.

	# of Procedures	Procedure Code	Description	ASTC Fee	HOPD Fee
1					
2					
3					
4					
5					

3. This is an office-based practice and should the Board approve this project the ASTC is going to be required to meet current ASTC code, and I do not see an A&E expense or construction or modernization expenses. Also, I cannot find the equipment costs. We are going to need an explanation for this. Given the number of ASCs that have tried to convert from an office-based setting to an ASC and then coming back to the Board for multiple renewals and eventually withdrawing we will need a letter from an Architect that the facility will meet current ASC code.
4. It is difficult to accept 15% Medicaid Revenue for the proposed ASC when the State average for Medicaid Revenue is 3%. For each physician identified in Appendix I please explain whether each physician continuously accepts new Medicaid patients, has a quota on the number of Medicaid patients in his/her practice at a given time or does not see any Medicaid patients.

5. Will the Applicants pursue Joint Commission accreditation, or accreditation from Accreditation Association for Ambulatory Health Care.
6. Please provide the floor plan of the proposed ASTC.
7. It is unclear to me if the two rooms proposed are procedure rooms or operating rooms. Please clarify.
8. Please complete the table below. I read through the lease I could not find an annual adjustment in the lease amount or the option years if any.

Lease	
Effective Date	
Premises (sq. footage)	
Owner	
Tenant	
Rent per month	
Additional Costs	
Rental Increase (Annual Increase %)	
Initial Term (Years)	
Option Years	

9. Is RES Investments, LLC a “related party” to this transaction? Does Dr. Shifrin own or control this entity?
10. Please provide the calculation of the FMV of the leased space.
11. We are going to need the projected financial information for the first two years of operation. And the assumptions used in making those projections. See Excel file attached.