ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Rockford Gastroenterology Associates
Street Address: 401 Roxbury Road
City and Zip Code: Rockford 61107
County: Winnebago Health Service Area: 001 Health Planning Area: 201

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Rockford Gastroenterology Associates, LTD. d/b/a Rockford Endoscopy Center
Street Address: 401 Roxbury Road
City and Zip Code: Rockford 61107
Name of Registered Agent: Philip R Frankfort
Registered Agent Street Address: 800 N Church Street
Registered Agent City and Zip Code: Rockford 61103-6919
Name of Chief Executive Officer: Don Schreiner
CEO Street Address: 401 Roxbury Road
CEO City and Zip Code: Rockford 61107
CEO Telephone Number: (815) 397-7340

Type of Ownership of Applicants

☐ 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 they are 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: Juan Morado, Jr.
Title: Partner
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago, IL 60606
Telephone Number: (312) 212 - 4967
E-mail Address: JMorado@beneschlaw.com
Fax Number: (312) 767 - 9192

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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

Name: Don Schreiner
Title: Chief Executive Officer
Company Name: Rockford Gastroenterology Associates LTD. d/b/a Rockford Endoscopy Center
Address: 401 Roxbury Road, Rockford, IL 61107
Telephone Number: (815) 397-7340
E-mail Address: DSchreiner@rockfordgi.com
Fax Number: (815) 387-7388

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Rockford Gastroenterology Associates, LTD.
Address of Site Owner: 401 Roxbury Road, Rockford, IL 61107
Street Address or Legal Description of the Site: 401 Roxbury Road, Rockford, IL 61107 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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.

Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Rockford Gastroenterology Associates, LTD. d/b/a Rockford Endoscopy Center
Address: 401 Roxbury Road, Rockford, IL 61107

☐ 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 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 [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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 #2006-5 **(http://www.hfsrb.illinois.gov)**. **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements [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 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☐ Substantive

☒ Non-substantive

2. Narrative Description

In the space below, provide 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.

The Applicant is proposing a modernization of an existing ambulatory surgical treatment center ("ASTC") located at 401 Roxbury Road in Rockford, Illinois 61107. The Applicant proposes to modernize the ASTC, which will include the addition of two operating rooms, recovery rooms, and the reconfiguration of existing space in the ASTC.

The proposed project is classified as non-substantive, as it does not propose a new or replacement facility and it does not propose establishment or discontinuation of a category of service. This project requires the filing of this application because its costs are in excess of the capital expenditure threshold.

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 be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	$183,178	$16,822	$200,000
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	$3,608,158	$658,912	$4,267,070
Contingencies	$503,738	$46,262	$550,000
Architectural/Engineering Fees	$387,464	$35,583	$423,047
Consulting and Other Fees	$418,701	$38,452	$457,153
Movable or Other Equipment (not in construction contracts)	$3,000,000	$298,010	$3,298,010
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	$602,559	$55,337	$657,896
Fair Market Value of Leased Space or Equipment	-	-	-
Other Costs to Be Capitalized	-	-	-
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	**$8,703,797**	**$1,149,379**	**$9,853,176**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	**$63,797**	**$189,379**	**$253,176**
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	**$8,640,000**	**$960,000**	**$9,600,000**
Leases (fair market value)	-	-	-
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	**$8,703,797**	**$1,149,379**	**$9,853,176**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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: Not Applicable

Fair Market Value: Not Applicable

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 Not Applicable.

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): July 1, 2025

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

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

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

☒ Financial Commitment 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 [Section 1130.620(c)]

Are the following submittals up to date as applicable?

☒ Cancer Registry

☐ APORS- **Not Applicable**

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

☐ All reports regarding outstanding permits- **Not Applicable**

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 **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet** (**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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: *means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers.* [20 ILCS 3960/3]

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ASC	$8,703,797	6,215	14,504	-	14,504	-	-
Total Clinical	$8,703,797	6,215	14,504	-	14,504	-	-
NON-REVIEWABLE							
Administrative	$1,149,379	5,754	1,332	-	1,332	-	-
Total Non-clinical	$1,149,379	5,754	1,332	-	1,332	-	-
TOTAL	**$9,853,176**	**11,969**	**15,836**	**-**	**15,836**	**-**	**-**
APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Facility Bed Capacity and Utilization – NOT APPLICABLE

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is 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 representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Rockford Gastroenterology Associates, LTD. d/b/a Rockford Endoscopy Center **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 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 fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

DON SCHREINER
PRINTED NAME

CHIEF EXECUTIVE OFFICER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28 day of August

Signature of Notary

Seal

MICHELE CHAMPION
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 4, 2026

SIGNATURE

Aaron Shiels
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28 day of August

Signature of Notary

Seal

MICHELE CHAMPION
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 4, 2026

*Insert the 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.

1110.110(a) – Background of the Applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. 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.**

5. 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 that the information was 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 can 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.

Criterion 1110.110(b) & (d)

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 relevant 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 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 the age and condition of the project site, as well as 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 Staff 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** 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 1110.120 - 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 and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
    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 and certified by the facility's Medical Director.
    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
    c. The project involves the conversion of existing space that results in excess square footage.
    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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?**
ASTC (7 Operating Rooms)	**14,504**	**19,250**	**-4,746**	**YES**

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**	**MEET STANDARD?**
YEAR 1	**ASTC(4 Operating Rooms)**	**15,517 Cases 6,726 Hours**	**18,103 Cases 7,845 Hours**	**>9,000 Hours**	**NO**
YEAR 2	**ASTC (4 Operating Rooms)**	**15,517 Cases 6,726 Hours**	**20,999 Cases 9,099 Hours**	**>9,000 Hours**	**YES**

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:

1. Total gross square footage (GSF) 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 is 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:

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.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☒ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☐ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☐ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☐ Urology
☐ Other_____

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS ATTACHMENT 25, 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)**

SECTION VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those 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]:**

$253,176	**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.**
_____	**b) Pledges − for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.**
_____	**c) Gifts and Bequests − verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.**
$9,600,000	**d) Debt − a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, 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.**
_____	**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.**
_____	**f) Grants − a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.**
_____	**g) All Other Funds and Sources − verification of the amount and type of any other funds that will be used for the project.**
$9,853,176	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 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

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

1. "A" Bond rating or better
2. All the project's 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 35, 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.

	Historical 3 Years			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.

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 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 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 the cash and equivalents must be retained in the balance sheet asset accounts 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

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:

1) 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		Gross Sq. Ft.		Gross Sq. Ft.		Const. $	Mod. $	
	New	Mod.	New	Circ.*	Mod.	Circ.*	(A x C)	(B x E)	
ASTC	-	$248.77	-	-	14,504	-	-	$3,608,158	$3,608,158
Contingency	-	$34.73	-	-	1,332	-	-	$503,738	$503,738
TOTALS	-	$283.50	-	-	15,836	-	-	$4,111,896	$4,111,896

* Include the percentage (%) of space for circulation

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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, ***including the impact on racial and health care disparities 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 each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all 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 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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 39.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

SECTION XI. SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Rockford Gastroenterology Associate, LTD. (Name) 401 Roxbury Road (Address)

Rockford (City) Illinois (State) 61107 (ZIP Code) (815) 397-7340 (Telephone Number)

2. Project Location: 401 Roxbury Road (Address) Rockford (City) Illinois (State)

Winnebago (County) Rockford Township (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go to NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the icon in the top corner of the page. Select the pin tool icon and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes ___ No _X__

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? NO

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address:_____

_____
(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

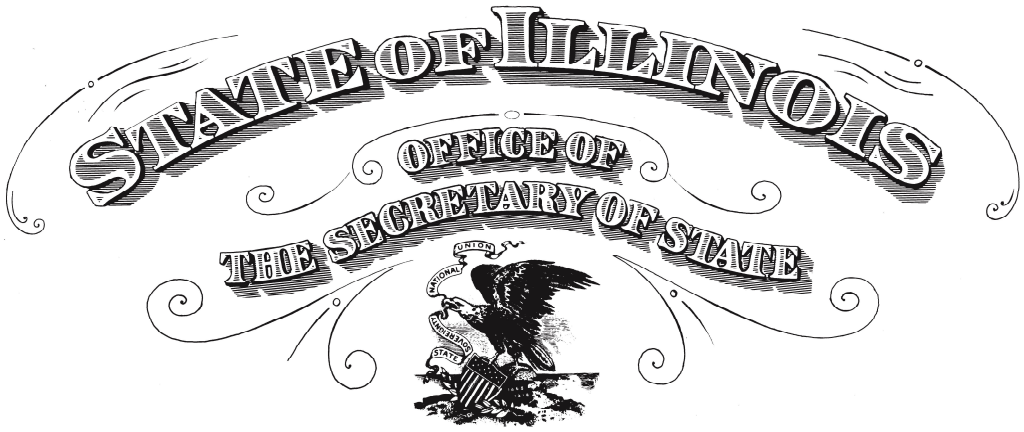
Attachment 1
Applicant Identification including Certificate of Good Standing

Included with this attachment are:

The Certificate of Good Standing for Rockford Gastroenterology Associates, LTD.

Attachment 1
Certificate of Good Standing - Rockford Gastroenterology Associates, LTD.

File Number 5208-845-3



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias***, 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*

ROCKFORD GASTROENTEROLOGY ASSOCIATES, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 01, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 10TH *day of* JULY ***A.D.*** 2023 .

Authentication #: 2319100562 verifiable until 07/10/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 2
Site Ownership

The site located at 401 Roxbury Road, Rockford in Illinois, 61107 is owned by Rockford Gastroenterology Associates, LTD, an Illinois domestic for-profit corporation. Attached is the 2022 property tax record showing Rockford Gastroenterology Associates, LTD. as the owner.

Attachment 2
Site Ownership

Detailed Property Information

Parcel Number	*Alternate Parcel Number*	*Property Location*	*Township*
12-21-377-010	165C308A	401 ROXBURY RD	ROCKFORD

Taxpayer	*Owner*
ROCKFORD GASTROENTEROLGY ASSOCIATES LIMITED	ROCKFORD GASTROENTEROLGY ASSOCIATES LIMITED
401 ROXBURY RD	401 ROXBURY RD
ROCKFORD, IL 61107	ROCKFORD, IL 61107

Information for the Assessment year: 2022 ***SA Equalization Factor:*** 1.090600 *(included in current value)*

Assessment Level	*Land/Lot*	*Dwelling*	*Farm Land*	*Farm Building*	*Total*	*CNST/DEM*
Current Available Assessed Value	122214	843214	0	0	965428	0
Prior Year Equalized Assessment Value	112061	773165	0	0	885226	0

1977 EAV: 0 ***Class Code:*** 0071--Commercial Office-Impr ***Acres:*** 0.0000
Section: ***Township(Lot):*** 16 ***Range(Block):***

Exemption Information

Fraternal Asmnt Freeze	NO	
Owner Occupied	NO	
50% Special Ownr Occupied	NO	
Senior Citizen	NO	
Home Improvement	NO	for the total amount of: 0
Historic Freeze	NO	
Senior Assessment Freeze	NO	with a base value of: 0
Disabled Veteran	NO	
Veteran Freeze	NO	
Disabled Vet 50%	NO	
Disabled Vet 75%	NO	
Disabled Vet 70-100%	NO	
Disabled Person	NO	
Exempt Parcel	NO	

Abbreviated Legal Description: ST ANTHONY MEDICAL SUB NO 2 PT S 1/2 SEC 21 & PT N 1/2 SEC 28-44-2 (EXC N 5 FT) LT 7 & ALL LOT 8
(not to be used as a recordable legal description)

Abstract:
Parent Codes:
1. 12-21-377-007, 12-21-377-009,

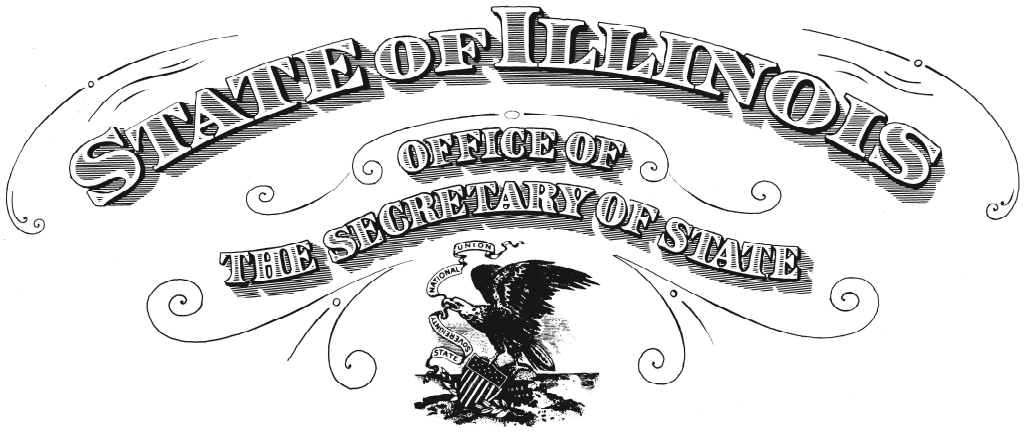
Interactive Version

Attachment 3
Operating Entity

Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by the Illinois Secretary of State for the licensee, Rockford Gastroenterology Associates, LTD. Additionally, a copy of the ASTC License from IDPH for Rockford Gastroenterology Associates, LTD. is attached.

Attachment 3
Operating Entity
Certificate of Good Standing – Rockford Gastroenterology Associates, LTD.

File Number 5208-845-3



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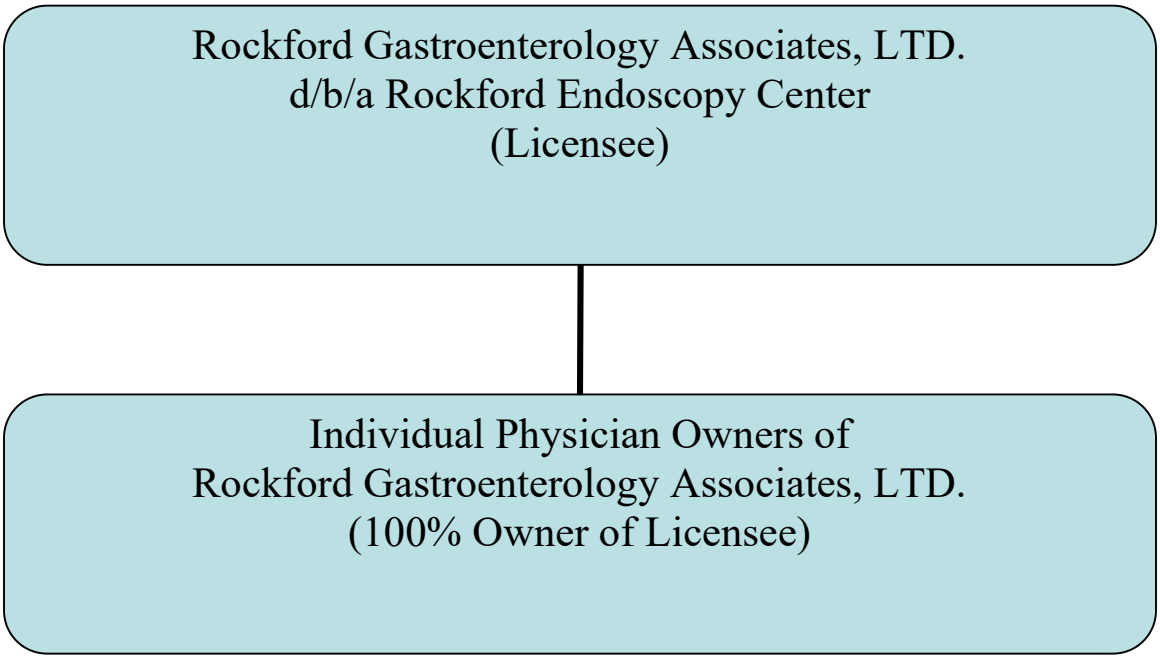
Authentication #: 2319100562 verifiable until 07/10/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 4
Organizational Chart



List of individual Physician Owners (All physician Owners Own Equal Share in the Practice which wholly owns the facility):

- Nabil Baddour, DO
- Benjamin Bick, MD
- Steven Ikenberry, MD
- Ilche Nonevski, MD
- Sunil Patel, MD
- Kevin Peifer, MD
- Talha Qureshi, MD
- Aaron Sheils, MD
- Clinton Snedegar, MD
- Matthew Steir, MD
- George Tannous, MD
- Summet Tewani, MD
- Chandrashekhar Thukral, MD

Attachment 5
Flood Plain Requirement

ROCKFORD GASTROENTEROLOGY ASSOCIATES

August 28, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Rockford Gastroenterology Associates, LTD. - Flood Plain Requirements

Dear Mr. Kniery:

As representative of Rockford Gastroenterology Associates, LTD. and Rockford Endoscopy Center, I, Don Schreiner, affirm that the location of the ambulatory surgical center complies with Illinois Executive Order #2005-5. The facility location is 401 Roxbury Road, Rockford, Illinois 61107 and is not located in a flood plain. As evidence, please find enclosed map from the Federal Emergency Management Agency ("FEMA").

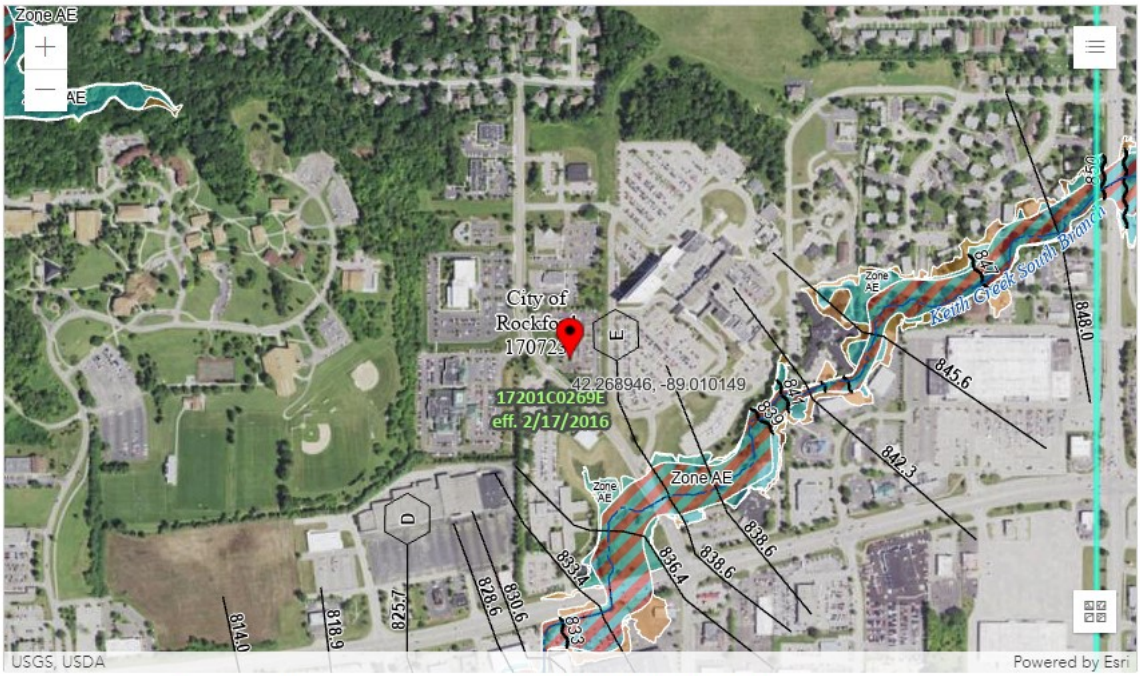
I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

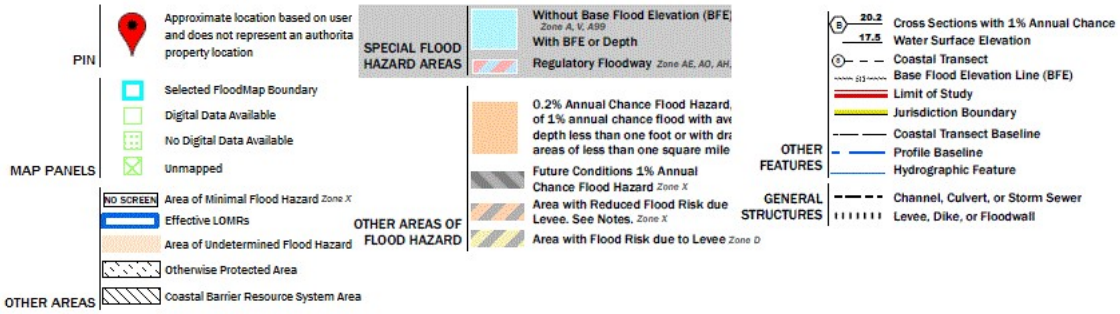
Sincerely,

Don Schreiner
Chief Executive Officer
Rockford Gastroenterology Associates, LTD.

401 Roxbury Road • Rockford, IL 61107 | P: 815.397.7340 • F: 815.397.7388 www.rockfordgi.com

Attachment 5
Flood Plain Requirement





Attachment 6
Historic Resources Preservation Act Requirement

The applicant submitted a request for determination to the Illinois Department of Natural Resources – Preservation Services Division on July 7, 2023. A final determination and letter of clearance has been received and is enclosed.

Attachment 6
Historic Resources Preservation Act Requirement

Juan Morado, Jr.
71 South Wacker Drive, Suite 1600
Chicago, IL 60606
Direct Dial: 312.212.4967
Fax: 312.757.9192
jmorado@beneschlaw.com

July 7, 2023

VIA EMAIL

Jeffrey Kruchten
Chief Archaeologist
Preservation Services Division
Illinois Historic Preservation Office
Illinois Department of Natural Resources
1 Natural Resources Way
Springfield, IL 62702
SHPO.Review@illinois.gov

Re: Certificate of Need Application for the Establishment of Ambulatory Surgical Center at Rockford Gastroenterology Associates, LTD.

Dear Jeffrey:

I am writing on behalf of my client, Rockford Gastroenterology Associates, LTD. ("Rockford GI"), to request a review of the project area under Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). Rockford GI is submitting an application for a Certificate of Need from the Illinois Health Facilities and Services Review Board. Rockford GI operates an existing ambulatory surgical treatment center at 401 Roxbury Road, Rockford, Illinois 61107 and is proposing to modernize it.

The proposed modernization of the ambulatory surgical treatment center will include the addition of two operating rooms, recovery rooms, and the reconfiguration of existing space in the surgery center. For your reference, we have included a topographic map and area map (Attachments 1-2) showing the location of the project.

We respectfully request review of the project area and a determination letter at your earliest convenience. Thank you in advance for all of the time and effort that will be going into this review.

Attachment 6
Historic Resources Preservation Act Requirement

Page 2

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

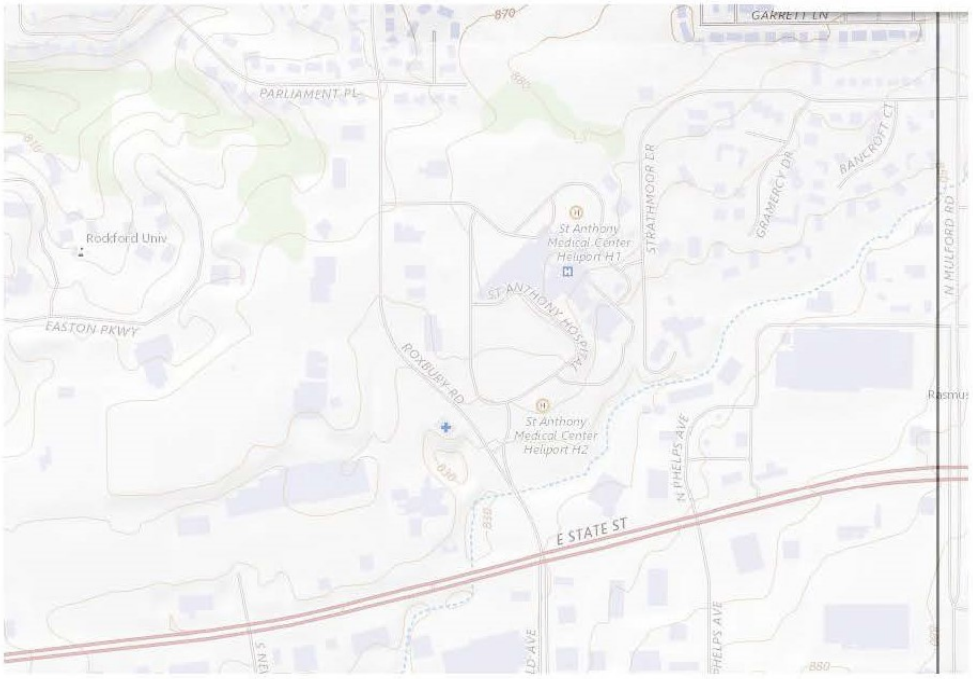
Juan Morado, Jr.

JM:
Enclosures

Attachment 6
Historic Resources Preservation Act Requirement

Page 3

Topographic Map



Attachment 6
Historic Resources Preservation Act Requirement

Page 4

Aerial Map

Attachment 6
Historic Resources Preservation Act Requirement

Page 5

Front View of Property from parking lot

Attachment 6
Historic Resources Preservation Act Requirement

Winnebago County
Rockford
CON - Modernization of an Ambulatory Surgical Treatment Center
401 Roxbury Road
SHPO Log #008070723

August 4, 2023

Juan Morado
Benesch, Friedlander, Coplan and Aronoff LLP
71 S. Wacker Dr., Suite 1600
Chicago, IL 60606

Dear Mr. Morado:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at Rita.E.Baker@illinois.gov.

Sincerely,

Carey L. Mayer

Carey L. Mayer, AIA
Deputy State Historic
Preservation Officer

Attachment 7
Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	$183,178	$16,822	$200,000
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	$3,608,158	$658,912	$4,267,070
Contingencies	$503,738	$46,262	$550,000
Architectural/Engineering Fees	$387,464	$35,583	$423,047
Consulting and Other Fees	$418,701	$38,452	$457,153
Movable or Other Equipment (not in construction contracts)	$3,000,000	$298,010	$3,298,010
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	$602,559	$55,337	$657,896
Fair Market Value of Leased Space or Equipment	-	-	-
Other Costs to Be Capitalized	-	-	-
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	**$8,703,797**	**$1,149,379**	**$9,853,176**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	**$63,797**	**$189,379**	**$253,176**
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	**$8,640,000**	**$960,000**	**$9,600,000**
Leases (fair market value)	-	-	-
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	**$8,703,797**	**$1,149,379**	**$9,853,176**

Attachment 7
Project Costs and Sources of Funds

Site Preparation- The proposed project involves the modernization of an existing facility and the various costs related to site work, landscaping, and utilities. The clinical costs associated with this site work amounts to $183,178.

Landscaping	$16,822
Utility Work (Concrete, earthwork and related equipment costs, grading)	$133,178
Site Work (Demolition)	$50,000

Modernization Construction Contracts - The proposed project will modernize an existing facility and expand the number of operating rooms from 4 to 7. The project's building costs are based on national architectural and construction standards and adjusted to compensate for several factors. The clinical construction costs are estimated to be $3,608,158 or $248.77 per clinical square foot.

General Building Contractor	$2,690,840
Mechanical MEPFP T Construction	$1,576,230
Signage	$50,000

Contingencies - The contingency costs listed are for unforeseeable events relating to construction costs that are not included in the construction contracts. The clinical costs are estimated to be $503,158 or 13.96% of the modernization construction contract costs which is reasonable compared to the state standard which calls for contingency costs to be between 10-15% of the total modernization construction costs.

Architectural/Engineering Fees - The clinical project cost for architectural/engineering fees are projected to be $387,464 or 9.4% of the modernization construction and contingencies costs which is reasonable compared to the state standard which call for Architectural and Engineering fees to be between 6.54-9.82% for projects whose construction and contingency costs amount to under $5,000,000.

Saavedra Group Architects	$300,000
Eckenoff Saunders	$123,047

Consulting and Other Fees - The Project's consulting fees are primarily comprised of various project related fees, additional state/local fees, and other CON related costs.

Legal Fees	$185,000
CON Related Fees	$25,000
City Plan Review and Permits	$80,000
Project Management Fees	$100,00
Testing Fees Related to Mechanicals and New Equipment	$10,000
Miscellaneous	$30,000

Attachment 7
Project Costs and Sources of Funds

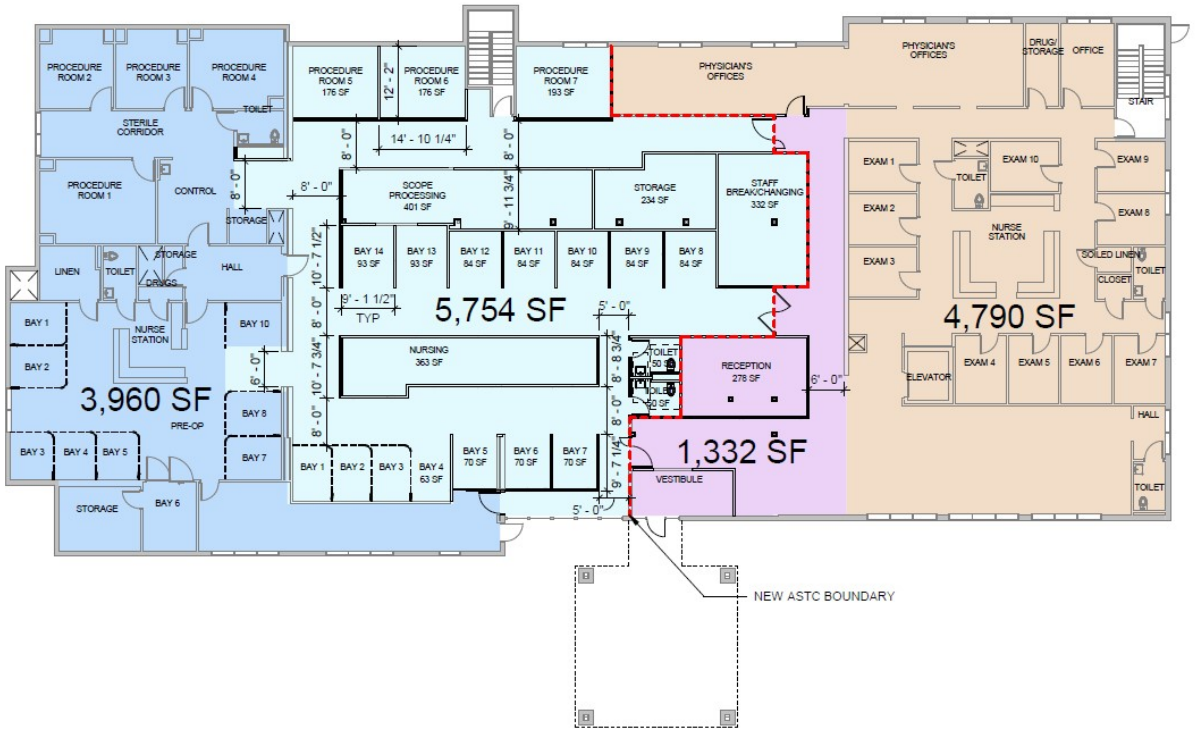
Moveable Equipment Costs - The moveable equipment costs are necessary component for the operation of the updated operating rooms at the facility. The clinical costs divided among the remaining operating rooms equals $428,571 per operating room. The proposed project calls for the replacement of existing equipment and the necessary outfitting of equipment for the new operating rooms.

Instrument Allowance ($100,000 per room)	$700,000
Common Space Furniture and Non-Medical Furniture in Clinical Space	$298,010
Artwork	$50,000
Updated HVAC System, MEP and Generator	$725,000
CO2 Insufflation Machines ($5,000 per room)	$35,000
Medical Supplies	$200,000
New OR Tables ($50,000 per room)	$350,000
Stretcher Chairs and Or Carts ($25,000 per room)	$175,000
Anesthesia Machines ($35,000 per room)	$245,000
IT Related Updates, Data Room, Software	$120,000
Nursing Call System	$50,000
Sterilizer Machine (x2)	$50,000
Endoscopy Electrosurgical System ($40,000 per room)	$280,000
Miscellaneous	$20,000

Net Interest Expense During Construction- The net interest expense during construction includes the interest associated with both loans sought by the Applicant for the project and accounts for expense during the first year of the loan, during which construction will be taking place.

Attachment 8
Project Status and Completion Schedule

The proposed project plans are still at a schematic stage. The proposed project completion date is July 1, 2025. Financial commitment for the project will occur following permit issuance, but in accordance with HFSRB regulations.



Attachment 9
Cost Space Requirements

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ASC	$8,703,797	6,215	14,504	-	14,504	-	-
Total Clinical	$8,703,797	6,215	14,504	-	14,504	-	-
NON-REVIEWABLE							
Administrative	$1,149,379	5,754	1,332	-	1,332	-	-
Total Non-clinical	$1,149,379	5,754	1,332	-	1,332	-	-
TOTAL	**$9,853,176**	**11,969**	**15,836**	**-**	**15,836**	**-**	**-**

Attachment 11
Background of the Applicant

The following information is provided to illustrate the qualifications, background, and character of the Applicant, and to assure the Health Facilities and Services Review Board that the proposed facility will provide a proper standard of health care services for the community.

This proposed project is brought forth by the Applicant, Rockford Gastroenterology Associates, LTD. d/b/a Rockford Endoscopy Center. The Applicant is committed to high-quality, cost-conscious patient care through a spirit of teamwork, communication, dedication, and professional growth. All the Applicant's physicians and staff members are committed to working in a collaborative manner with patients, families, other healthcare providers, and payors.

The Applicant consistently seeks new and effective methods of treating acute and chronic digestive disorders in a manner that emphasizes quality improvement, effective outcomes, and cost effectiveness. The Applicant's main goals are health promotion and prevention, teaching of medical students and residents, clinical research, and providing leadership to the national community of gastroenterologists and gastrointestinal endoscopists.

The Applicant takes pride in having the reputation of being one of the premier gastroenterology physician groups in the nation. All of the Applicant's physicians are on the faculty of the University of Illinois College of Medicine - Rockford, assume leadership responsibilities as active staff members at SwedishAmerican, Saint Anthony, and Mercyhealth hospitals, serve on various church, civic and community organizations, and participate in professional organizations on the national level. The Applicant continues to implement the latest technology available in treating patients with digestive diseases and are responsive to the changes occurring in managed health care delivery systems locally and regionally.

In July 1975, Dr. Roger Greenlaw started a solo gastroenterology practice as a hospital-based physician at SwedishAmerican Hospital, becoming the hospital's first gastroenterologist. Two years later, Dr. William Baskin joined Dr. Greenlaw. Dr. Frakes joined the practice in 1980, the same time a decision was made to establish an independent group practice, Rockford Gastroenterology Associates, Ltd.

The first office was one of the first office based diagnostic endoscopy labs in the United States. The practice continued to expand as a regional referral practice for state-of-the-art, hospital based therapeutic endoscopy services. In 1988, the practice outgrew its location and moved to the current location at 401 Roxbury Road in 1990. The new location included a freestanding endoscopy center.

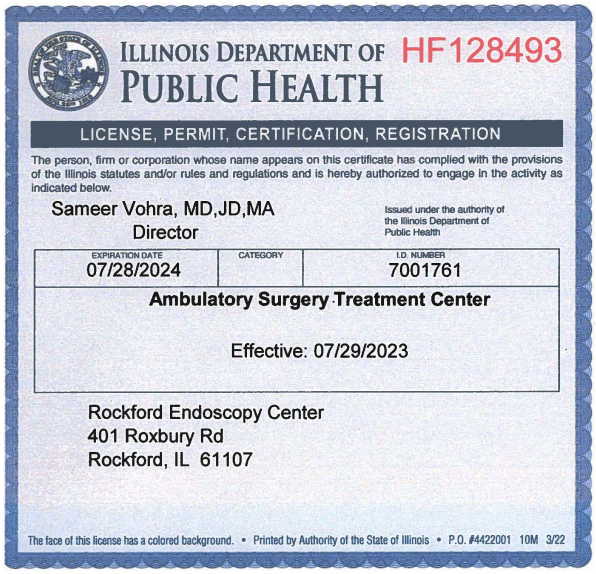
A building and remodeling project was started in 1993 to become a state licensed and Medicare certified Ambulatory Surgery Center that received accreditation with commendation by the Joint Commission Accreditation of Health Care Organizations. In 1997, the Applicant formed a clinical research department and hired a Clinical Research Nurse Coordinator to participate in national pharmaceutical patient studies. In March 2003, the Applicant received accreditation from AAAHC (Accreditation Association for Ambulatory Health Care) and has maintained continuous accreditation ever since.

As is further discussed in the Purpose of the Project section, approval for this project is being sought to redesign the facility, account for increased need for these services in the area, and to ensure the next generation of this community has access to care for the foreseeable future.

Attachment 11
Background of the Applicant

Rockford Endoscopy Center

Attachment 11
Background of the Applicant



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF128493

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/28/2024		7001761

Ambulatory Surgery Treatment Center

Effective: 07/29/2023

Rockford Endoscopy Center
401 Roxbury Rd
Rockford, IL 61107

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 07/28/2024

Lic Number 7001761

Date Printed 07/17/2023

Rockford Endoscopy Center

401 Roxbury Rd
Rockford, IL 61107-5070

FEE RECEIPT NO.

Attachment 11
Background of the Applicant

ROCKFORD GASTROENTEROLOGY ASSOCIATES

August 28, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Rockford Gastroenterology Associates, LTD. - Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Rockford Gastroenterology Associates, LTD. and Rockford Endoscopy Center, I, Don Schreiner, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that the owners of the facility, Rockford Gastroenterology Associates, LTD. have no ownership interest in other healthcare facilities. Rockford Endoscopy Center has had no adverse actions to report for the past three (3) years.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Don Schreiner
Chief Executive Officer
Rockford Gastroenterology Associates, LTD.

401 Rockton Road • Rockford, IL 61107 • P: 815.397.7540 • F: 815.397.7585 www.rockfordgi.com

Attachment 12
Purpose of the Project

The Applicant, Rockford Gastroenterology Associates, LTD d/b/a Rockford Endoscopy Center ("Rockford GI"), has served the surrounding community since 1975. Since then, the patient population has grown due to the importance of gastroenterology procedures as well as technological innovations in the field. This project is about improved and increased access to these types of procedures for an already established patient population. The availability of quality facilities and improved access is a core tenet of the CON program. Rockford GI focuses on high-quality, cost-conscious patient care through a spirit of teamwork, communication, dedication, and professional growth.

The market area as defined by regulation is 17 miles from the location which the ASTC will be established.[1] The service area in which Rockford GI is located is Service Area 001, encompassing portions from north and northwest Illinois. Many patients from this area are already being treated by Rockford GI. However, Rockford GI would increase access to a larger patient base to be treated at its facility through the approval of this project, would alleviate it's four month waiting list and provide for additional capacity in area hospitals currently performing these procedures. The approval of the project will provide for increased availability, space, and scope of care for patients in the service area.

Gastrointestinal disorders are on the rise.[2] The geriatric population that is more likely to suffer from these disorders is growing.[3] There is a rising preference for ambulatory services to avoid unnecessary hospitalization.[4] These are important factors behind the purpose of the proposed project. The trends in healthcare, both by government and private payers, are encouraging physicians and facilities to move procedures that can safely and efficiently be performed in an ambulatory setting from the hospital setting because of quality and cost.

In terms of quality, a 2016 study of Medicare claims in the Journal of Health Economics shows that ASTCs, on average, provide higher-quality care for outpatient procedures than hospitals.[5] The ability to specialize within the limited scope of the ASTCs makes providers more effective and efficient at the procedures offered. In terms of cost, hospital-based outpatient care prices grew at four times the rate of physician prices from 2007 to 2014.[6] The average Medicare facility payment for a basic colonoscopy was more than twice as much in a hospital setting.[7]

Advancements in medical science and technology have revolutionized the field of gastroenterology, particularly in the realm of surgical procedures. Traditional approaches to gastroenterological surgeries in the past have required inpatient stays, posing challenges related to patient comfort, resource utilization, and healthcare costs. However, recent innovations in surgical techniques and equipment have led to a paradigm shift towards performing gastroenterology surgeries in outpatient settings.

Minimally invasive procedures, such as laparoscopy and endoscopy, have significantly transformed the field of gastroenterological surgeries. These techniques involve smaller incisions, reduced tissue trauma, and shorter recovery times compared to traditional open surgeries. These minimally invasive procedures are already being performed in the facility due to their lower complication rates and improved patient outcomes. Endoscopy has evolved from diagnostic tool to therapeutic modality. Innovative endoscopic procedures like endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) enable the removal of early-stage gastrointestinal tumors without the need for invasive surgery.

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[1] 77 Il. Admin. Code § 1100.510(d).
[2] https://www.grandviewresearch.com/industry-analysis/us-gastroenterology-ambulatory-surgery-center-market
[3] *Id.*
[4] *Id.*
[5] https://www.sciencedirect.com/science/article/abs/pii/S0167629617310743?via%3Dihub
[6] https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05424
[7] https://nihcr.org/wp-content/uploads/2016/07/Research_Brief_No._16.pdf

Attachment 12
Purpose of the Project

Hospital-acquired infections are still a significant concern for patients undergoing surgical procedures. Outpatient settings inherently expose patients to a lower risk of nosocomial infections, resulting in improved overall patient safety.

The minimally invasive nature of many outpatient gastroenterology surgeries facilitates faster recovery times and earlier resumption of normal activities. Patients are often able to return to work and daily routines sooner, leading to improved quality of life. Performing gastroenterology surgical procedures in outpatient settings optimizes the utilization of healthcare resources, including hospital beds, operating rooms, and nursing staff. This approach allows hospitals to allocate resources more efficiently and accommodate a larger number of patients, thereby reducing waiting times for surgical procedures. As previously mentioned there is currently a waiting list for cancelled patients at Rockford GI that has over 600 patients on it. The average patient who calls Rockford GI faces a 3-4 month wait before being able to obtain an appointment.

Currently, Rockford GI operates in a collaborative manner that allows the facility to seek new and effective methods of treating acute and chronic digestive disorders that emphasizes quality improvement, effective outcomes, and cost effectiveness. By offering patients an affordable alternative to hospital-based surgical services, the result is often lower copayments for patients and less costly reimbursement by all payor types. With additional rooms and improved facilities, this proposed project will address several existing problems in the service area, including allowing for more space for prospective patients and aligning with the push by CMS, private payors and other for transition surgical procedures to an outpatient ASTC setting.

With increased access and reduced costs, the purposes of this project align entirely with the purposes of the CON program.

Attachment 13
Alternatives

Alternative #1: Maintain the Status Quo (No additional cost)

Maintaining the status quo would have no capital costs associated with it. However, this alternative would not address the issue that the Applicant is seeking to solve. The Applicant already serves the community in the capacity of an ASTC and is familiar with the patient population. Currently, the Applicant requires more space and resources to serve the community in an expanded way. Without expansion, possible patients may have to face more limited access to these services and could possibly have to travel long distances for care. This would create increased costs and greater restrictions on the provision of care. For these reasons, this alternative was not selected.

Alternative #2: Propose a Project of Greater Scope (Increased Cost Commensurate with Increase in size)

A project of a greater scope would increase the capital expenditure associated with the proposed project. Additionally, the proposed project is for the modernization of existing space that simply has limitations with how many operating rooms could be fit in the space. The application could have also sought to add additional specialties and thus increasing the scope of this project, but that is not necessary, as it is not reflective of the current needs of this market area nor the specialty area of the Applicant. A project of increased scope would not offer sufficient financial benefits to displace the project as designed and, for these reasons, this alternative was not selected.

Alternative #3: Project As Proposed

This project has been given significant thought, including the timing, the purpose, the design, and the goals that will be achieved. This project will provide increased access to care in an expanded setting that meets the needs of existing patients of the Applicant. The Applicants work closely with area hospitals and appreciate their support for the proposed project. The existing facility has a very long wait for patients to have a procedure performed and with 4 new physicians poised to join the practice over the next 2 years there is absolutely a need for additional space. That is why this was the option selected.

Attachment 14
Size of the Project

The square footage identified in this application for the proposed projects, includes 15,836 gross square feet of which 14,504 is clinical space, and the remaining 1,332 is non-clinical space. This gross square footage is necessary, not excessive, and consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110, as documented below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ASTC (7 Operating Rooms)	**14,504**	**19,250**	**-4,746**	**YES**

Attachment 15
Project Services Utilization

The annual target utilization of an ASTC is 1,500 hours per surgical or procedure room. The proposed project would take the existing facility from 4 operating rooms to 7 operating rooms, making the objective for demonstrating the need for additional rooms an excess of 9,000 surgical hours. Based on historical utilization and proposed patient volume, the facility should meet the standard by year two of operation.

UTILIZATION					
	DEPT / SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1	**ASTC (4 Operating Rooms)**	**15,517 Cases 6,726 Hours**	**18,103 Cases 7,845 Hours**	**80%**	**NO**
YEAR 2	**ASTC (4 Operating Rooms)**	**15,517 Cases 6,726 Hours**	**20,999 Cases 9,099 Hours**	**80%**	**YES**

In 2021, the facility served a total of 15,250 patients at the facility. In 2022, the facility's utilization increased and a total of 15,517 patients were served at the facility. The average procedure time at the facility according to their 2022 annual ASTC questionnaire is 26 minutes. While the Rockford Gastroenterology Associates practice performs the overwhelming majority of its procedures at the existing facility, they also perform procedures at area hospitals including UW Health Swedish American and OSF Saint Anthony Medical Center when appropriate for a patient. Ultimately, patient choice drives the decision as to where a procedure is performed and patients who have co-morbidities or who require complicated procedures have them completed in a hospital surgical suite. Applicants will continue to direct patients to the Hospital who require a higher level of care than can be offered in an ASTC setting.

There are currently 12 physicians that make up the Rockford Gastroenterology Associates practice and that support the facility. In 2022, there were 15,517 procedures performed or, on average about 1,293 procedures per physician. The practice has already identified and interviewed two new physicians to join the practice in 2024 and intends to hire two additional physicians in the following year. In this past year, the practice on boarded a new physician and their schedule was full within a month of being hired. Given the waiting list of 3-4 months to schedule a procedure and the continued growth of the practice, it is expected that the new physicians joining the practice will perform as many procedures as their colleagues in each year they are with the practice. That accounts for an additional 2,586 procedures performed (1,293 times 2 physicians) in the first year and in the second year an additional 2,624 procedures performed and 1.5% increase in overall procedures which is consistent with the practice's historical growth. With a total of 20,099 procedures and an average procedure time of 26 minutes it is expected that facility will have an excess of 9,000 surgical hours, thus justifying 7 procedure rooms.

Attachment 15
Project Services Utilization

State Standard for One Operating Room	1500
Proposed Facility Utilization in Hours	7845
Total Projected Referrals in Year 1	18,103
Average Procedure Time (in Minutes)	26
Percentage of Utilization- Year 1	60%
Total Projected Referrals in Year 2	20,999
Proposed Facility Utilization in Hours	9099
Percentage of Utilization- Year 2	69%
Utilization Calculation	
Operational Days	250
Average Hours of Operation	7.5
Procedure Hours Per Operating Room	1875
Number of Operating Rooms	7
Target Utilization	1500
Target Utilization for 7 Operating Rooms	>9000
First Year Proposed Procedures	18,103
Second Year Proposed Procedures	21,312

Attachment 16
Unfinished or Shell Space

NOT APPLICABLE - The proposed project does not include plans for shell space.

Attachment 17
Assurances

NOT APPLICABLE - The proposed project does not include plans for shell space.

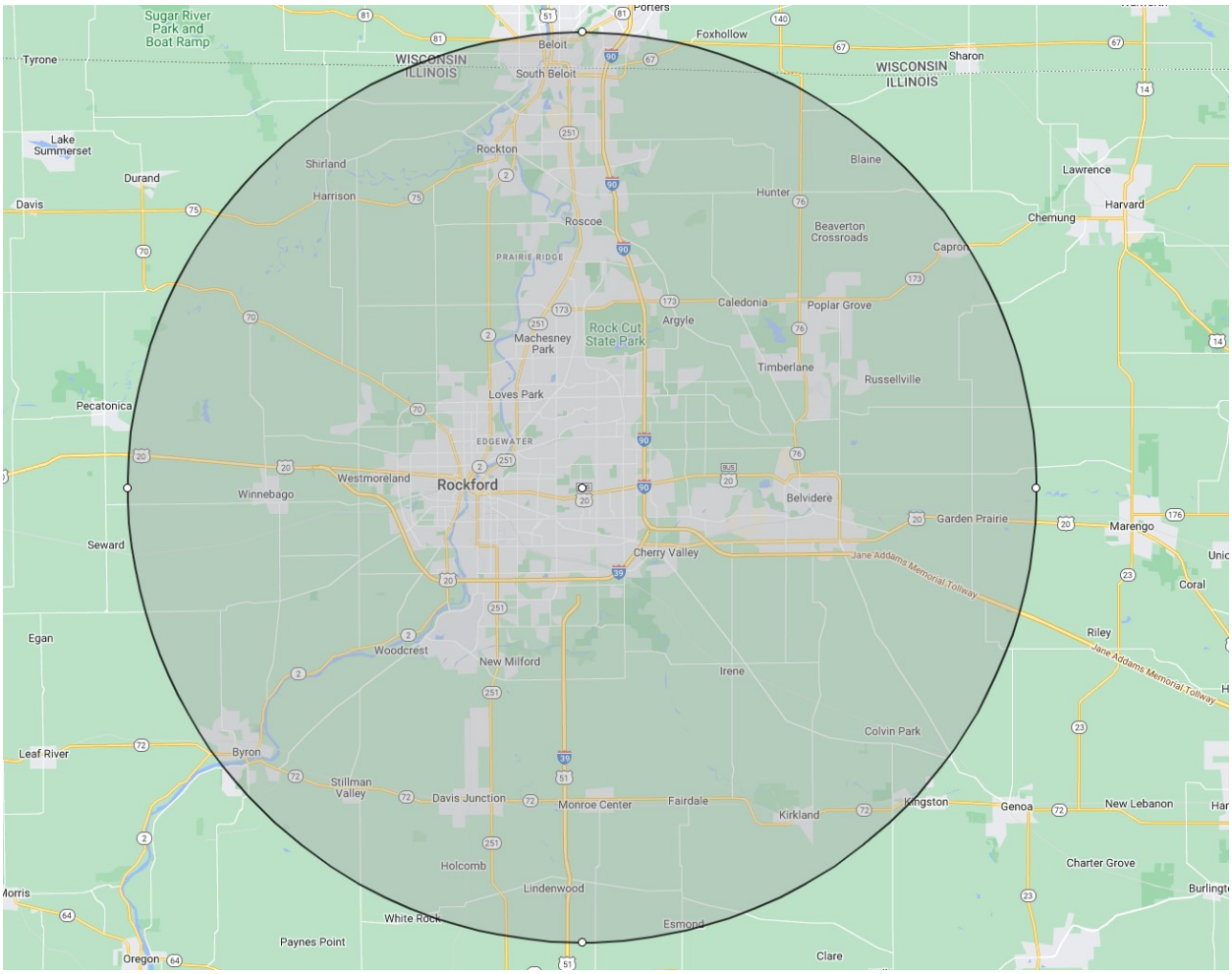
Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

The proposed modernization project seeks to add 3 procedure rooms at the existing facility, and this is necessary to reduce the facility's historical high utilization and to meet the projected demand for service in the community. The primary purpose of the project will be to provide necessary health care to residents of the geographic service area in which the facility is located in. Below is a list of all zip codes within the geographic service area that are located within the established radii outlined in 77 Ill. Admin. Code Section 110.510(d) for the project's site. The geographic service area includes all zip codes within 17 miles of the existing facility.

Zip Code	Population
61107	30,722
61114	15,569
61108	29,582
61111	23,028
61112	139
61104	17,354
61103	23,294
61115	22,599
61016	4,738
61109	26,958
61101	19,784
61011	2,899
61008	33,747
61102	17,281
61073	19,936
61065	11,206
61052	1,041
61020	3,267
61072	11,259
61080	11,252
61088	5,966
61038	1,175
61084	3,036
60146	2,420
61079	226
61012	2,160
61043	133
61010	7,733

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

17 Mile Radius from 401 Roxbury Road, Rockford, IL 61107



Included with this attachment are the number of patients served in 2022 and the zip code associated with those patients. All patients listed in the following list had their procedures performed at the facility. The applicant attests that the patient origination for calendar year 2022 is in excess of 50% of residents of the geographic service area.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 14225	2.00
Totals for 19063	2.00
Totals for 20155	1.00
Totals for 21156	1.00
Totals for 28173	1.00
Totals for 28451	2.00
Totals for 29078-9572	2.00
Totals for 30043	2.00
Totals for 32141	1.00
Totals for 32827	2.00
Totals for 33042	1.00
Totals for 33410	1.00
Totals for 33467-7142	1.00
Totals for 33471-5723	2.00
Totals for 33907-1835	1.00
Totals for 33909	1.00
Totals for 33909-3358	1.00
Totals for 33913	3.00
Totals for 34114	1.00
Totals for 34145	1.00
Totals for 34145-6654	1.00
Totals for 34286-4370	1.00
Totals for 34609-5449	1.00
Totals for 34761	3.00
Totals for 36536	2.00
Totals for 38125	1.00
Totals for 42120	1.00
Totals for 44133	2.00
Totals for 46385	3.00
Totals for 46825	2.00
Totals for 49938	1.00
Totals for 51557-2048	2.00
Totals for 52001	1.00
Totals for 52070	3.00
Totals for 53004	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 53027	2.00
Totals for 53029	1.00
Totals for 53105	1.00
Totals for 53115	2.00
Totals for 53121	2.00
Totals for 53128	1.00
Totals for 53144-2443	1.00
Totals for 53147	4.00
Totals for 53184	1.00
Totals for 53190	1.00
Totals for 53202-1893	1.00
Totals for 53511	66.00
Totals for 53511-1431	1.00
Totals for 53511-1987	1.00
Totals for 53511-8933	1.00
Totals for 53511-9565	1.00
Totals for 53512	2.00
Totals for 53516	1.00
Totals for 53520	2.00
Totals for 53525	10.00
Totals for 53527	1.00
Totals for 53533	1.00
Totals for 53534	1.00
Totals for 53545	4.00
Totals for 53546	7.00
Totals for 53548	5.00
Totals for 53555	1.00
Totals for 53561	1.00
Totals for 53563	2.00
Totals for 53563-0095	1.00
Totals for 53566	3.00
Totals for 53566-2142	1.00
Totals for 53575	1.00
Totals for 53585	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 53711	1.00
Totals for 53949	3.00
Totals for 54121	1.00
Totals for 54125	2.00
Totals for 54246	1.00
Totals for 54554	1.00
Totals for 56308	2.00
Totals for 57006-7055	1.00
Totals for 57049-5260	3.00
Totals for 57104-7048	1.00
Totals for 57719	1.00
Totals for 60002	2.00
Totals for 60007	4.00
Totals for 60008	2.00
Totals for 60010	2.00
Totals for 60012	2.00
Totals for 60014	4.00
Totals for 60020	3.00
Totals for 60026	1.00
Totals for 60033	58.00
Totals for 60033-2418	1.00
Totals for 60033-2744	1.00
Totals for 60034	4.00
Totals for 60041	1.00
Totals for 60042	1.00
Totals for 60048	2.00
Totals for 60050	4.00
Totals for 60051	1.00
Totals for 60067	2.00
Totals for 60073	1.00
Totals for 60073-2029	1.00
Totals for 60081	1.00
Totals for 60085	4.00
Totals for 60097	3.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 60098	15.00
Totals for 60098-3925	1.00
Totals for 60098-3965	1.00
Totals for 60098-8503	1.00
Totals for 60103	2.00
Totals for 60108	3.00
Totals for 60110	4.00
Totals for 60111	1.00
Totals for 60113	5.00
Totals for 60115	36.00
Totals for 60115-4569	1.00
Totals for 60120	5.00
Totals for 60123	3.00
Totals for 60123-1009	3.00
Totals for 60124	6.00
Totals for 60124-8755	1.00
Totals for 60129	8.00
Totals for 60133	2.00
Totals for 60135	28.00
Totals for 60135-7520	1.00
Totals for 60135-8040	1.00
Totals for 60135-8207	1.00
Totals for 60135-8341	2.00
Totals for 60136	2.00
Totals for 60140	7.00
Totals for 60140-8368	1.00
Totals for 60142	5.00
Totals for 60142-7569	3.00
Totals for 60145	33.00
Totals for 60146	47.00
Totals for 60146-8130	1.00
Totals for 60146-8333	1.00
Totals for 60146-8618	1.00
Totals for 60150	6.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 60151	2.00
Totals for 60152	125.00
Totals for 60152-2964	2.00
Totals for 60152-3058	1.00
Totals for 60152-3221	1.00
Totals for 60152-3642	1.00
Totals for 60152-8913	1.00
Totals for 60152-9162	1.00
Totals for 60154	1.00
Totals for 60159	1.00
Totals for 60174	2.00
Totals for 60176	1.00
Totals for 60177	3.00
Totals for 60177-3903	3.00
Totals for 60178	31.00
Totals for 60178-1110	1.00
Totals for 60180	2.00
Totals for 60181	2.00
Totals for 60189	2.00
Totals for 60190	1.00
Totals for 60423	1.00
Totals for 60435	3.00
Totals for 60442	1.00
Totals for 60446	1.00
Totals for 60447-8203	1.00
Totals for 60453	2.00
Totals for 60459	1.00
Totals for 60505	5.00
Totals for 60506	1.00
Totals for 60510	1.00
Totals for 60518	5.00
Totals for 60530	2.00
Totals for 60549	1.00
Totals for 60550	2.00
Totals for 60553	6.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 60561	1.00
Totals for 60585	1.00
Totals for 60601	1.00
Totals for 60613	2.00
Totals for 60617	1.00
Totals for 60618	2.00
Totals for 60619	1.00
Totals for 60628	1.00
Totals for 60639	2.00
Totals for 60639-4643	2.00
Totals for 60645	2.00
Totals for 60647	2.00
Totals for 60647-3198	1.00
Totals for 60804	2.00
Totals for 60964	1.00
Totals for 61006	36.00
Totals for 61006-9217	1.00
Totals for 61007	5.00
Totals for 61007-9710	1.00
Totals for 61008	1,195.00
Totals for 61008-0166	1.00
Totals for 61008-1135	1.00
Totals for 61008-1237	2.00
Totals for 61008-1432	1.00
Totals for 61008-1721	1.00
Totals for 61008-1738	3.00
Totals for 61008-2413	2.00
Totals for 61008-2425	1.00
Totals for 61008-2507	1.00
Totals for 61008-2564	1.00
Totals for 61008-2616	1.00
Totals for 61008-2932	2.00
Totals for 61008-3124	3.00
Totals for 61008-3139	3.00
Totals for 61008-3140	3.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61008-3214	1.00
Totals for 61008-3315	1.00
Totals for 61008-3334	2.00
Totals for 61008-3422	2.00
Totals for 61008-3628	2.00
Totals for 61008-3952	1.00
Totals for 61008-4015	1.00
Totals for 61008-4045	2.00
Totals for 61008-4046	1.00
Totals for 61008-4099	1.00
Totals for 61008-4412	2.00
Totals for 61008-5115	1.00
Totals for 61008-5248	2.00
Totals for 61008-5350	1.00
Totals for 61008-5480	1.00
Totals for 61008-5602	1.00
Totals for 61008-5631	1.00
Totals for 61008-5637	3.00
Totals for 61008-5642	2.00
Totals for 61008-5651	1.00
Totals for 61008-5658	1.00
Totals for 61008-5672	3.00
Totals for 61008-5673	2.00
Totals for 61008-5714	2.00
Totals for 61008-5812	2.00
Totals for 61008-5933	2.00
Totals for 61008-6002	1.00
Totals for 61008-6009	1.00
Totals for 61008-6455	2.00
Totals for 61008-6467	1.00
Totals for 61008-6468	1.00
Totals for 61008-6472	1.00
Totals for 61008-7017	1.00
Totals for 61008-7138	1.00
Totals for 61008-7154	3.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61008-7181	1.00
Totals for 61008-7334	1.00
Totals for 61008-7402	1.00
Totals for 61008-7427	2.00
Totals for 61008-7521	1.00
Totals for 61008-7728	1.00
Totals for 61008-7944	1.00
Totals for 61008-8156	2.00
Totals for 61008-8159	1.00
Totals for 61008-8180	1.00
Totals for 61008-8224	1.00
Totals for 61008-8511	1.00
Totals for 61008-8519	1.00
Totals for 61008-8715	2.00
Totals for 61008-9003	1.00
Totals for 61008-9031	1.00
Totals for 61008-9297	1.00
Totals for 61008-9366	1.00
Totals for 61008-9564	1.00
Totals for 61008-9612	1.00
Totals for 61008-9614	2.00
Totals for 61008-9615	1.00
Totals for 61008-9676	2.00
Totals for 61008-9706	1.00
Totals for 61010	344.00
Totals for 61010-0037	2.00
Totals for 61010-1539	2.00
Totals for 61010-8615	2.00
Totals for 61010-8904	1.00
Totals for 61010-8911	1.00
Totals for 61010-8942	1.00
Totals for 61010-8974	1.00
Totals for 61010-9381	2.00
Totals for 61010-9577	1.00
Totals for 61010-9610	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61010-9620	1.00
Totals for 61010-9629	1.00
Totals for 61010-9651	1.00
Totals for 61010-9652	2.00
Totals for 61010-9683	2.00
Totals for 61011	169.00
Totals for 61011-9000	1.00
Totals for 61011-9006	1.00
Totals for 61011-9015	1.00
Totals for 61011-9139	1.00
Totals for 61011-9309	1.00
Totals for 61011-9516	1.00
Totals for 61011-9667	1.00
Totals for 61011-9759	1.00
Totals for 61011-9797	2.00
Totals for 61012	49.00
Totals for 61012-0432	1.00
Totals for 61012-9592	2.00
Totals for 61014	1.00
Totals for 61015	37.00
Totals for 61016	242.00
Totals for 61016-8803	2.00
Totals for 61016-8807	2.00
Totals for 61016-8817	1.00
Totals for 61016-8818	2.00
Totals for 61016-9132	3.00
Totals for 61016-9148	1.00
Totals for 61016-9149	1.00
Totals for 61016-9210	1.00
Totals for 61016-9220	2.00
Totals for 61016-9336	2.00
Totals for 61016-9358	1.00
Totals for 61016-9442	1.00
Totals for 61016-9538	1.00
Totals for 61016-9545	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61016-9668	2.00
Totals for 61016-9707	2.00
Totals for 61016-9717	2.00
Totals for 61016-9734	1.00
Totals for 61018	4.00
Totals for 61019	62.00
Totals for 61019-9365	1.00
Totals for 61019-9636	1.00
Totals for 61020	132.00
Totals for 61020-0157	1.00
Totals for 61020-9402	2.00
Totals for 61020-9425	1.00
Totals for 61020-9443	1.00
Totals for 61020-9503	1.00
Totals for 61020-9509	1.00
Totals for 61020-9540	1.00
Totals for 61020-9761	1.00
Totals for 61021	90.00
Totals for 61021-3132	1.00
Totals for 61021-3408	3.00
Totals for 61021-7351	1.00
Totals for 61021-8275	1.00
Totals for 61021-9180	4.00
Totals for 61024	58.00
Totals for 61024-9200	1.00
Totals for 61024-9621	1.00
Totals for 61024-9734	1.00
Totals for 61028	5.00
Totals for 61030	12.00
Totals for 61030-9215	1.00
Totals for 61031	12.00
Totals for 61031-9532	3.00
Totals for 61031-9544	1.00
Totals for 61032	101.00
Totals for 61032-2902	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61032-3549	1.00
Totals for 61032-3925	1.00
Totals for 61032-4	1.00
Totals for 61032-5310	2.00
Totals for 61032-6651	1.00
Totals for 61032-6822	2.00
Totals for 61032-7804	1.00
Totals for 61032-8138	3.00
Totals for 61032-8327	1.00
Totals for 61032-8865	1.00
Totals for 61032-9179	1.00
Totals for 61032-9453	1.00
Totals for 61036	3.00
Totals for 61038	53.00
Totals for 61039	11.00
Totals for 61039-0016	1.00
Totals for 61039-9613	1.00
Totals for 61041	3.00
Totals for 61042	3.00
Totals for 61043	1.00
Totals for 61046	12.00
Totals for 61046-9313	2.00
Totals for 61047	59.00
Totals for 61047-9601	3.00
Totals for 61047-9759	1.00
Totals for 61048	7.00
Totals for 61048-9133	2.00
Totals for 61049	10.00
Totals for 61049-9519	1.00
Totals for 61051	2.00
Totals for 61052	44.00
Totals for 61052-9449	1.00
Totals for 61052-9709	1.00
Totals for 61053	3.00
Totals for 61054	77.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61054-1038	1.00
Totals for 61054-1408	2.00
Totals for 61054-1524	3.00
Totals for 61054-9626	1.00
Totals for 61060	5.00
Totals for 61061	188.00
Totals for 61061-1805	1.00
Totals for 61061-1824	2.00
Totals for 61061-2124	1.00
Totals for 61061-2228	1.00
Totals for 61061-8704	1.00
Totals for 61061-8801	1.00
Totals for 61061-9306	1.00
Totals for 61061-9478	1.00
Totals for 61061-9763	1.00
Totals for 61062	5.00
Totals for 61063	116.00
Totals for 61063-0533	1.00
Totals for 61063-8703	1.00
Totals for 61063-9065	1.00
Totals for 61063-9318	1.00
Totals for 61063-9459	3.00
Totals for 61063-9755	2.00
Totals for 61064	19.00
Totals for 61065	368.00
Totals for 61065-0518	1.00
Totals for 61065-6	1.00
Totals for 61065-7813	2.00
Totals for 61065-8305	2.00
Totals for 61065-8311	3.00
Totals for 61065-8411	1.00
Totals for 61065-8521	1.00
Totals for 61065-8534	3.00
Totals for 61065-8569	1.00
Totals for 61065-8935	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61065-8946	2.00
Totals for 61065-8964	1.00
Totals for 61065-9015	2.00
Totals for 61065-9078	1.00
Totals for 61065-9096	1.00
Totals for 61065-9287	2.00
Totals for 61067	6.00
Totals for 61067-0066	2.00
Totals for 61068	225.00
Totals for 61068-1120	1.00
Totals for 61068-1658	1.00
Totals for 61068-1738	2.00
Totals for 61068-4560	1.00
Totals for 61068-8800	1.00
Totals for 61068-8827	1.00
Totals for 61068-9376	2.00
Totals for 61068-9723	1.00
Totals for 61068-9762	1.00
Totals for 61070	13.00
Totals for 61070-9500	1.00
Totals for 61071	13.00
Totals for 61072	374.00
Totals for 61072-1308	1.00
Totals for 61072-2002	1.00
Totals for 61072-2103	1.00
Totals for 61072-2206	2.00
Totals for 61072-2414	1.00
Totals for 61072-2748	1.00
Totals for 61072-2840	2.00
Totals for 61072-2866	1.00
Totals for 61072-2869	2.00
Totals for 61072-2960	2.00
Totals for 61072-3047	1.00
Totals for 61072-3218	2.00
Totals for 61072-3230	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61072-3248	1.00
Totals for 61072-3311	1.00
Totals for 61072-3424	2.00
Totals for 61072-9432	2.00
Totals for 61072-9470	1.00
Totals for 61072-9751	1.00
Totals for 61073	708.00
Totals for 61073-6000	1.00
Totals for 61073-6413	2.00
Totals for 61073-6813	2.00
Totals for 61073-7007	1.00
Totals for 61073-7121	1.00
Totals for 61073-7205	1.00
Totals for 61073-7250	1.00
Totals for 61073-7439	1.00
Totals for 61073-7757	1.00
Totals for 61073-7759	1.00
Totals for 61073-7774	1.00
Totals for 61073-7907	1.00
Totals for 61073-7926	2.00
Totals for 61073-7928	1.00
Totals for 61073-7934	1.00
Totals for 61073-7957	1.00
Totals for 61073-7959	1.00
Totals for 61073-7968	1.00
Totals for 61073-8061	1.00
Totals for 61073-8166	1.00
Totals for 61073-8355	1.00
Totals for 61073-8492	1.00
Totals for 61073-8587	2.00
Totals for 61073-8614	1.00
Totals for 61073-8659	2.00
Totals for 61073-8901	1.00
Totals for 61073-9128	2.00
Totals for 61073-9249	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61073-9519	3.00
Totals for 61073-9645	1.00
Totals for 61074	3.00
Totals for 61078	3.00
Totals for 61078-9411	2.00
Totals for 61079	2.00
Totals for 61080	237.00
Totals for 61080-1160	2.00
Totals for 61080-2473	1.00
Totals for 61080-2491	1.00
Totals for 61080-2517	1.00
Totals for 61080-2583	1.00
Totals for 61080-9237	4.00
Totals for 61080-9704	2.00
Totals for 61081	26.00
Totals for 61081-9536	1.00
Totals for 61084	150.00
Totals for 61084-0305	2.00
Totals for 61084-0356	1.00
Totals for 61084-8805	2.00
Totals for 61084-8946	2.00
Totals for 61084-9010	1.00
Totals for 61084-9243	1.00
Totals for 61084-9340	1.00
Totals for 61084-9486	1.00
Totals for 61084-9621	1.00
Totals for 61084-9721	1.00
Totals for 61084-9725	1.00
Totals for 61084-9736	5.00
Totals for 61084-9767	1.00
Totals for 61085	7.00
Totals for 61085-9006	1.00
Totals for 61088	249.00
Totals for 61088-8005	1.00
Totals for 61088-8015	2.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61088-8569	2.00
Totals for 61088-9620	1.00
Totals for 61088-9731	2.00
Totals for 61088-9766	1.00
Totals for 61089	3.00
Totals for 61101	516.00
Totals for 61101-0	1.00
Totals for 61101-1024	2.00
Totals for 61101-1141	2.00
Totals for 61101-1700	1.00
Totals for 61101-1808	3.00
Totals for 61101-2418	2.00
Totals for 61101-2508	1.00
Totals for 61101-2615	2.00
Totals for 61101-2765	1.00
Totals for 61101-2772	1.00
Totals for 61101-3324	1.00
Totals for 61101-3410	2.00
Totals for 61101-3425	2.00
Totals for 61101-3548	2.00
Totals for 61101-3553	2.00
Totals for 61101-3556	1.00
Totals for 61101-4929	3.00
Totals for 61101-4963	1.00
Totals for 61101-5072	2.00
Totals for 61101-5238	1.00
Totals for 61101-5329	1.00
Totals for 61101-5407	2.00
Totals for 61101-5463	2.00
Totals for 61101-5516	1.00
Totals for 61101-5623	2.00
Totals for 61101-5703	2.00
Totals for 61101-5805	1.00
Totals for 61101-5809	1.00
Totals for 61101-5821	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61101-5822	1.00
Totals for 61101-5901	1.00
Totals for 61101-6047	1.00
Totals for 61101-6079	1.00
Totals for 61101-6116	3.00
Totals for 61101-6606	1.00
Totals for 61101-6615	1.00
Totals for 61101-7273	1.00
Totals for 61101-7953	1.00
Totals for 61101-8801	1.00
Totals for 61101-8809	1.00
Totals for 61101-8810	1.00
Totals for 61101-9133	1.00
Totals for 61101-9203	1.00
Totals for 61101-9403	1.00
Totals for 61101-9548	2.00
Totals for 61102	558.00
Totals for 61102-1091	2.00
Totals for 61102-1313	1.00
Totals for 61102-1337	1.00
Totals for 61102-1730	1.00
Totals for 61102-1735	1.00
Totals for 61102-1781	2.00
Totals for 61102-1810	2.00
Totals for 61102-1825	1.00
Totals for 61102-2042	1.00
Totals for 61102-2201	2.00
Totals for 61102-2203	1.00
Totals for 61102-2716	1.00
Totals for 61102-2731	3.00
Totals for 61102-2749	1.00
Totals for 61102-2803	2.00
Totals for 61102-2835	1.00
Totals for 61102-2958	2.00
Totals for 61102-3038	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61102-3109	2.00
Totals for 61102-3120	1.00
Totals for 61102-3140	1.00
Totals for 61102-3345	2.00
Totals for 61102-3350	2.00
Totals for 61102-3351	2.00
Totals for 61102-3372	1.00
Totals for 61102-3409	1.00
Totals for 61102-3630	1.00
Totals for 61102-4240	2.00
Totals for 61102-4769	1.00
Totals for 61102-5531	1.00
Totals for 61103	747.00
Totals for 61103-1107	1.00
Totals for 61103-1509	2.00
Totals for 61103-1652	1.00
Totals for 61103-1960	1.00
Totals for 61103-2005	2.00
Totals for 61103-2032	1.00
Totals for 61103-2044	1.00
Totals for 61103-2049	2.00
Totals for 61103-2865	2.00
Totals for 61103-2908	1.00
Totals for 61103-2931	3.00
Totals for 61103-2975	2.00
Totals for 61103-3109	1.00
Totals for 61103-3139	2.00
Totals for 61103-3613	1.00
Totals for 61103-3626	1.00
Totals for 61103-3710	2.00
Totals for 61103-3722	1.00
Totals for 61103-3818	1.00
Totals for 61103-3938	2.00
Totals for 61103-4005	2.00
Totals for 61103-4018	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61103-4035	1.00
Totals for 61103-4116	2.00
Totals for 61103-4337	1.00
Totals for 61103-4338	2.00
Totals for 61103-4409	1.00
Totals for 61103-4525	1.00
Totals for 61103-4531	2.00
Totals for 61103-4668	2.00
Totals for 61103-4715	1.00
Totals for 61103-4732	1.00
Totals for 61103-4759	2.00
Totals for 61103-4817	2.00
Totals for 61103-5937	1.00
Totals for 61103-6022	1.00
Totals for 61103-6106	1.00
Totals for 61103-6249	2.00
Totals for 61103-6303	1.00
Totals for 61103-6709	2.00
Totals for 61103-8708	1.00
Totals for 61103-8725	2.00
Totals for 61103-8865	1.00
Totals for 61104	404.00
Totals for 61104-1547	1.00
Totals for 61104-1558	2.00
Totals for 61104-2434	1.00
Totals for 61104-3107	2.00
Totals for 61104-3131	2.00
Totals for 61104-3300	1.00
Totals for 61104-4911	2.00
Totals for 61104-4986	1.00
Totals for 61104-5044	1.00
Totals for 61104-5214	3.00
Totals for 61104-5221	2.00
Totals for 61104-5320	1.00
Totals for 61104-5448	2.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61104-5456	2.00
Totals for 61104-5643	2.00
Totals for 61104-7165	2.00
Totals for 61105	7.00
Totals for 61106	8.00
Totals for 61107	1,207.00
Totals for 61107-1008	1.00
Totals for 61107-1039	1.00
Totals for 61107-1219	1.00
Totals for 61107-1318	2.00
Totals for 61107-1339	1.00
Totals for 61107-1349	1.00
Totals for 61107-1504	2.00
Totals for 61107-1549	2.00
Totals for 61107-1622	2.00
Totals for 61107-1638	1.00
Totals for 61107-1716	1.00
Totals for 61107-1916	1.00
Totals for 61107-1938	1.00
Totals for 61107-2120	2.00
Totals for 61107-2167	2.00
Totals for 61107-2232	1.00
Totals for 61107-2430	1.00
Totals for 61107-2440	1.00
Totals for 61107-2502	1.00
Totals for 61107-2563	1.00
Totals for 61107-2664	1.00
Totals for 61107-2712	1.00
Totals for 61107-2713	1.00
Totals for 61107-2714	1.00
Totals for 61107-2719	1.00
Totals for 61107-2732	1.00
Totals for 61107-2771	1.00
Totals for 61107-2789	1.00
Totals for 61107-2790	2.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61107-2813	1.00
Totals for 61107-2834	1.00
Totals for 61107-3001	3.00
Totals for 61107-3242	1.00
Totals for 61107-3279	2.00
Totals for 61107-3313	1.00
Totals for 61107-3361	2.00
Totals for 61107-3404	2.00
Totals for 61107-3457	1.00
Totals for 61107-3514	2.00
Totals for 61107-3526	1.00
Totals for 61107-3562	1.00
Totals for 61107-3753	2.00
Totals for 61107-3804	3.00
Totals for 61107-3838	2.00
Totals for 61107-3849	1.00
Totals for 61107-4	1.00
Totals for 61107-4126	1.00
Totals for 61107-4142	1.00
Totals for 61107-4144	7.00
Totals for 61107-4225	1.00
Totals for 61107-4535	1.00
Totals for 61107-4551	1.00
Totals for 61107-4604	1.00
Totals for 61107-4608	1.00
Totals for 61107-4612	4.00
Totals for 61107-4628	2.00
Totals for 61107-4633	1.00
Totals for 61107-4722	1.00
Totals for 61107-4819	2.00
Totals for 61107-4820	1.00
Totals for 61107-4912	1.00
Totals for 61107-4936	2.00
Totals for 61107-5094	1.00
Totals for 61107-5111	3.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61107-5112	2.00
Totals for 61107-5140	3.00
Totals for 61107-5205	3.00
Totals for 61107-5238	1.00
Totals for 61107-5351	2.00
Totals for 61107-5504	2.00
Totals for 61107-5506	1.00
Totals for 61107-6000	2.00
Totals for 61107-6408	1.00
Totals for 61108	1,053.00
Totals for 61108-1200	5.00
Totals for 61108-1215	1.00
Totals for 61108-1592	3.00
Totals for 61108-1631	2.00
Totals for 61108-1652	2.00
Totals for 61108-1670	3.00
Totals for 61108-1858	2.00
Totals for 61108-1951	1.00
Totals for 61108-2109	1.00
Totals for 61108-2305	2.00
Totals for 61108-2348	1.00
Totals for 61108-2374	1.00
Totals for 61108-2559	1.00
Totals for 61108-2590	1.00
Totals for 61108-2637	2.00
Totals for 61108-2917	1.00
Totals for 61108-3229	1.00
Totals for 61108-3503	1.00
Totals for 61108-3737	1.00
Totals for 61108-3804	1.00
Totals for 61108-3874	1.00
Totals for 61108-4051	2.00
Totals for 61108-4322	1.00
Totals for 61108-4395	1.00
Totals for 61108-4428	2.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61108-4450	1.00
Totals for 61108-4528	1.00
Totals for 61108-4571	1.00
Totals for 61108-4581	1.00
Totals for 61108-5202	3.00
Totals for 61108-5704	1.00
Totals for 61108-5727	1.00
Totals for 61108-5938	2.00
Totals for 61108-5952	2.00
Totals for 61108-6025	1.00
Totals for 61108-6170	2.00
Totals for 61108-6242	2.00
Totals for 61108-6346	1.00
Totals for 61108-6444	1.00
Totals for 61108-6655	1.00
Totals for 61108-6707	2.00
Totals for 61108-6751	1.00
Totals for 61108-6757	2.00
Totals for 61108-6828	1.00
Totals for 61108-6951	2.00
Totals for 61108-7509	3.00
Totals for 61108-7612	1.00
Totals for 61108-7635	3.00
Totals for 61108-7637	1.00
Totals for 61108-7701	1.00
Totals for 61108-7709	1.00
Totals for 61108-8	1.00
Totals for 61108-8079	2.00
Totals for 61109	919.00
Totals for 61109-1023	2.00
Totals for 61109-1137	2.00
Totals for 61109-1350	1.00
Totals for 61109-1524	1.00
Totals for 61109-1612	3.00
Totals for 61109-1616	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61109-1657	1.00
Totals for 61109-1914	2.00
Totals for 61109-1961	1.00
Totals for 61109-2104	3.00
Totals for 61109-2105	1.00
Totals for 61109-2128	3.00
Totals for 61109-2137	2.00
Totals for 61109-2337	1.00
Totals for 61109-2349	1.00
Totals for 61109-2444	1.00
Totals for 61109-2446	1.00
Totals for 61109-2541	1.00
Totals for 61109-2864	1.00
Totals for 61109-3045	2.00
Totals for 61109-3205	1.00
Totals for 61109-3763	1.00
Totals for 61109-3771	1.00
Totals for 61109-3780	1.00
Totals for 61109-3847	1.00
Totals for 61109-3897	1.00
Totals for 61109-3928	1.00
Totals for 61109-3993	2.00
Totals for 61109-4314	2.00
Totals for 61109-4453	1.00
Totals for 61109-4622	1.00
Totals for 61109-4763	3.00
Totals for 61109-4910	2.00
Totals for 61109-4912	1.00
Totals for 61109-5512	1.00
Totals for 61109-6030	2.00
Totals for 61109-6070	1.00
Totals for 61109-6086	1.00
Totals for 61109-6420	2.00
Totals for 61109-6914	1.00
Totals for 61110	5.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61110-0121	2.00
Totals for 61111	912.00
Totals for 61111-1602	2.00
Totals for 61111-1959	1.00
Totals for 61111-3213	1.00
Totals for 61111-3223	2.00
Totals for 61111-3264	1.00
Totals for 61111-3301	1.00
Totals for 61111-3381	1.00
Totals for 61111-3438	1.00
Totals for 61111-3440	1.00
Totals for 61111-3535	1.00
Totals for 61111-3912	2.00
Totals for 61111-3978	1.00
Totals for 61111-4	2.00
Totals for 61111-4019	3.00
Totals for 61111-4024	1.00
Totals for 61111-4144	2.00
Totals for 61111-4204	1.00
Totals for 61111-4262	1.00
Totals for 61111-4313	1.00
Totals for 61111-4340	1.00
Totals for 61111-4384	1.00
Totals for 61111-4441	1.00
Totals for 61111-4443	3.00
Totals for 61111-4460	2.00
Totals for 61111-4485	1.00
Totals for 61111-4519	1.00
Totals for 61111-4572	2.00
Totals for 61111-4580	1.00
Totals for 61111-4617	1.00
Totals for 61111-4630	1.00
Totals for 61111-4637	1.00
Totals for 61111-4653	1.00
Totals for 61111-5	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61111-5050	1.00
Totals for 61111-5052	2.00
Totals for 61111-5078	2.00
Totals for 61111-5108	3.00
Totals for 61111-5138	1.00
Totals for 61111-5163	2.00
Totals for 61111-5817	1.00
Totals for 61111-5819	3.00
Totals for 61111-5845	1.00
Totals for 61111-5906	1.00
Totals for 61111-6207	1.00
Totals for 61111-6922	1.00
Totals for 61111-6941	2.00
Totals for 61111-7121	1.00
Totals for 61111-7130	1.00
Totals for 61111-7188	3.00
Totals for 61111-7502	1.00
Totals for 61111-7619	1.00
Totals for 61111-7630	2.00
Totals for 61111-7672	1.00
Totals for 61111-7678	1.00
Totals for 61111-8654	1.00
Totals for 61111-8658	1.00
Totals for 61111-8660	2.00
Totals for 61111-8900	1.00
Totals for 61111-8915	1.00
Totals for 61111-8931	1.00
Totals for 61111-8933	1.00
Totals for 61112-1062	1.00
Totals for 61114	733.00
Totals for 61114-4771	3.00
Totals for 61114-4863	1.00
Totals for 61114-4902	1.00
Totals for 61114-4910	2.00
Totals for 61114-5232	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61114-5281	1.00
Totals for 61114-5282	1.00
Totals for 61114-5497	3.00
Totals for 61114-5540	1.00
Totals for 61114-5568	1.00
Totals for 61114-5707	1.00
Totals for 61114-6075	1.00
Totals for 61114-6087	1.00
Totals for 61114-6110	1.00
Totals for 61114-6121	1.00
Totals for 61114-6159	1.00
Totals for 61114-6239	1.00
Totals for 61114-6243	1.00
Totals for 61114-6280	1.00
Totals for 61114-6342	2.00
Totals for 61114-6409	1.00
Totals for 61114-6411	1.00
Totals for 61114-6468	2.00
Totals for 61114-6486	1.00
Totals for 61114-6551	1.00
Totals for 61114-6611	2.00
Totals for 61114-6612	1.00
Totals for 61114-6801	1.00
Totals for 61114-7331	1.00
Totals for 61114-7361	1.00
Totals for 61114-7812	1.00
Totals for 61114-7815	1.00
Totals for 61114-7816	1.00
Totals for 61114-7835	1.00
Totals for 61114-8041	2.00
Totals for 61114-8065	2.00
Totals for 61114-8104	1.00
Totals for 61114-8167	1.00
Totals for 61114-8410	2.00
Totals for 61114-8516	2.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61115	868.00
Totals for 61115-1008	1.00
Totals for 61115-1040	1.00
Totals for 61115-1135	2.00
Totals for 61115-1246	1.00
Totals for 61115-1379	1.00
Totals for 61115-1500	1.00
Totals for 61115-1502	2.00
Totals for 61115-1517	2.00
Totals for 61115-1532	1.00
Totals for 61115-1550	1.00
Totals for 61115-1575	1.00
Totals for 61115-1681	3.00
Totals for 61115-1716	3.00
Totals for 61115-1721	1.00
Totals for 61115-1730	1.00
Totals for 61115-1805	1.00
Totals for 61115-1825	1.00
Totals for 61115-1934	1.00
Totals for 61115-1982	4.00
Totals for 61115-2092	1.00
Totals for 61115-2144	1.00
Totals for 61115-2155	1.00
Totals for 61115-2156	2.00
Totals for 61115-2224	1.00
Totals for 61115-2245	1.00
Totals for 61115-2302	2.00
Totals for 61115-2306	1.00
Totals for 61115-2348	1.00
Totals for 61115-2369	1.00
Totals for 61115-2380	1.00
Totals for 61115-2404	2.00
Totals for 61115-2416	1.00
Totals for 61115-2552	1.00
Totals for 61115-2593	1.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61115-2608	1.00
Totals for 61115-2667	1.00
Totals for 61115-2808	1.00
Totals for 61115-3050	1.00
Totals for 61115-3059	6.00
Totals for 61115-4416	2.00
Totals for 61115-4443	1.00
Totals for 61115-7154	1.00
Totals for 61115-7157	1.00
Totals for 61115-7204	1.00
Totals for 61115-7422	2.00
Totals for 61115-7461	1.00
Totals for 61115-7607	2.00
Totals for 61115-7901	1.00
Totals for 61115-7939	2.00
Totals for 61115-8226	1.00
Totals for 61115-8246	1.00
Totals for 61115-8288	1.00
Totals for 61115-8327	1.00
Totals for 61125	6.00
Totals for 61125-1896	2.00
Totals for 61125-9999	1.00
Totals for 61126	8.00
Totals for 61126-8843	1.00
Totals for 61131	1.00
Totals for 61132	15.00
Totals for 61132-2848	1.00
Totals for 61132-5696	2.00
Totals for 61243	1.00
Totals for 61250	1.00
Totals for 61252	4.00
Totals for 61270	4.00
Totals for 61277	1.00
Totals for 61283	1.00
Totals for 61310	8.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 61310-1826	1.00
Totals for 61310-9451	1.00
Totals for 61318	1.00
Totals for 61326	2.00
Totals for 61327	3.00
Totals for 61330	2.00
Totals for 61341-9491	3.00
Totals for 61342	26.00
Totals for 61348	1.00
Totals for 61349	3.00
Totals for 61350	2.00
Totals for 61353	5.00
Totals for 61354	2.00
Totals for 61356	1.00
Totals for 61367	2.00
Totals for 61373	2.00
Totals for 61376	2.00
Totals for 61378	7.00
Totals for 61379-4543	1.00
Totals for 61443	2.00
Totals for 61560	4.00
Totals for 61604	1.00
Totals for 61614	4.00
Totals for 61820-2392	1.00
Totals for 61842	1.00
Totals for 61874-7110	1.00
Totals for 61924	1.00
Totals for 62044	1.00
Totals for 62450	1.00
Totals for 65550	2.00
Totals for 65757-9341	1.00
Totals for 67208	1.00
Totals for 74014	1.00
Totals for 76011-5511	1.00
Totals for 78572	2.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Zip Code Total	Number of Patients
Totals for 78578	2.00
Totals for 80516	1.00
Totals for 85139-3320	2.00
Totals for 85268-4313	1.00
Totals for 85351	1.00
Totals for 86401	2.00
Totals for 92078	1.00
Totals for 92262	1.00
Totals for 92373	2.00
Totals for 98277	6.00
TOTALS	**15,521.00**

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents – 1110.235(c)(2)(B)

Facilities within a 17 Mile Radius from 401 Roxbury Road, Rockford, IL 61107

Facility	Distance from Applicant	Categories of Services
Rockford Ambulatory Surgery Center	1.8 miles	-Cardiovascular -Gastroenterology -General Surgery -Laser Eye Surgery -Neurological -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
Rockford Endoscopy Center	0 miles	N/A
Rockford Orthopedic Surgery Center d/b/a OrthoIllinois	.2 miles	-Orthopedic -Pain Management -Podiatry
NorthPointe Surgery Center	17 miles	-Ophthalmology -Orthopedic -Podiatry

Attachment 25
Service Demand
Expansion of Existing ASTC Service - 1110.235(c)(4)

Below are calculations based on the annual HFSRB ASTC questionnaires which show that the average utilization of the facility exceeds the standards specified for a 4 procedure room facility each of the last two years.

State Standard for One Operating Room	1500
Facility Utilization in Hours	6608
Total Procedures in Year 2021	15,250
Average Procedure Time (in Minutes)	26
Percentage of Utilization- 2021	88%
Total Procedures in Year 2022	15,521
Facility Utilization in Hours	6726
Percentage of Utilization- Year 2022	90%
Utilization Calculation	
Operational Days	250
Average Hours of Operation	7.5
Procedure Hours Per Operating Room	1875
Number of Operating Rooms	4
Target Utilization	1500
Target Utilization for 4 Operating Rooms	>6000
2021 Procedures	15,250
2022 Year Procedures	15,521

In 2021, 88% of the available surgical time was utilized at the facility based on the state's standards, and in 2022, 90% of the available surgical time was utilized at the facility based on the state's standard utilization formula as outlined in 77 Illinois Admin. Code 1100. Additionally, included with this attachment is a referral letter from the practice outlining the number of proposed referrals to the facility in the next 24 months. Zip code data for the patients served at the facility in calendar year 2022 is included in the attachment addressing service to the geographic service area herein.

As of the filing of this application, there is currently a waiting list with over 600 people waiting for a cancellation of someone else's appointment so that they can be treat earlier than their scheduled appointment. The wait for an appointment to have a procedure performed at the facility at the time of filing of this application is 3-4 months.

Attachment 25
Service Demand
Expansion of Existing ASTC Service - 1110.235(c)(4)

ROCKFORD GASTROENTEROLOGY ASSOCIATES

August 28, 2023

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Floor 2
Springfield, IL 62761

Re: Referral Letter - Rockford Endoscopy Center

Dear Mr. Kniery,

My name is Matthew Stier, MD and I am a Gastroenterologist with the Rockford Gastroenterology Associates LTD. owners and operators of Rockford Endoscopy Center. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(4)(B). During the 12-month period prior to submission of this letter, our practice referred a total of 15,517 procedures to the Rockford Endoscopy Center.

Based on my historical referrals, our existing waiting list, and plans to hire up to 4 additional physicians in the next two years, our practice anticipates referring 20,099 surgical cases by the second year of operation following completion of our modernization project. Enclosed with this letter is a list of patient origins by zip code of residence. I certify that the patients we propose to refer, reside within the proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Thank you,

Matthew Stier, MD

Physician's Signature

Date 8/29/23

Matthew Stier, MD

(Please Print/Type Name)

MICHELE CHAMPION
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 4, 2026

Subscribed and sworn to before me this 29 day of August

Seal

Notary Public

My commission expires: 11-04-2026

401 Roxbury Road • Rockford, IL 61107 • P: 815.397.7340 • F: 815.397.7388 www.rockfordgi.com

Attachment 25
Non Hospital Based Ambulatory Surgery
Treatment Room Need Assessment - 1110.235(c)(5)

The annual target utilization of an ASTC is 1,500 hours per surgical or procedure room. The proposed project would take the existing facility from 4 operating rooms to 7 operating rooms, making the objective for demonstrating the need for additional rooms an excess of 9,000 surgical hours. Based on historical utilization and proposed patient volume, the facility should meet the standard by year two of operation.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC (4 Operating Rooms)	15,517 Cases 6,726 Hours	18,103 Cases 7,845 Hours	80%	NO
YEAR 2	ASTC (4 Operating Rooms)	15,517 Cases 6,726 Hours	20,999 Cases 9,099 Hours	80%	YES

In 2021, the facility served a total of 15,250 patients at the facility. In 2022, the facility's utilization increased and a total of 15,517 patients were served at the facility. The average procedure time at the facility according to their 2022 annual ASTC questionnaire is 26 minutes. While the Rockford Gastroenterology Associates practice performs the overwhelming majority of its procedures at the existing facility, they also perform procedures at area hospitals including UW Health Swedish American and OSF Saint Anthony Medical Center when appropriate for a patient. Ultimately patient choice drives the decision as to where a procedure is performed and patients who have co-morbidities or who require complicated procedures have them completed in a hospital surgical suite. Applicants will continue to direct patients to the Hospital who require a higher level of care than can be offered in an ASTC setting.

There are currently 12 physicians that make up the Rockford Gastroenterology Associates practice and that support the facility. In 2022, there were 15,517 procedures performed or on average about 1,293 procedures per physician. The practice has already identified and interviewed two new physicians to join the practice in 2024 and intends to hire two additional physicians in the following year. In this past year, the practice on boarded a new physician and their schedule was full within a month of being hired. Given the waiting list of 3-4 months to schedule a procedure and the continued growth of the practice, it is expected that the new physicians joining the practice will perform as many procedures as their colleagues in each year they are with the practice. That accounts for an additional 2,586 procedures performed (1,293 times 2 physicians) in the first year and in the second year an additional 2,624 procedures performed and 1.5% increase in overall procedures which is consistent with the practice's historical growth. With a total of 20,099 procedures and an average procedure time of 26 minutes it is expected that the facility will have an excess of 9,000 surgical hours, thus justifying 7 procedure rooms.

Attachment 25
Non Hospital Based Ambulatory Surgery
Treatment Room Need Assessment - 1110.235(c)(5)

State Standard for One Operating Room	1500
Proposed Facility Utilization in Hours	7845
Total Projected Referrals in Year 1	18,103
Average Procedure Time (in Minutes)	26
Percentage of Utilization- Year 1	60%
Total Projected Referrals in Year 2	20,999
Proposed Facility Utilization in Hours	9099
Percentage of Utilization- Year 2	69%
Utilization Calculation	
Operational Days	250
Average Hours of Operation	7.5
Procedure Hours Per Operating Room	1875
Number of Operating Rooms	7
Target Utilization	1500
Target Utilization for 7 Operating Rooms	>9000
First Year Proposed Procedures	18,103
Second Year Proposed Procedures	21,312

Attachment 25
Non Hospital Based Ambulatory Surgery
Treatment Room Need Assessment - 1110.235(c)(5)

12. SURGICAL UTILIZATION FOR CALENDAR YEAR 2021 - PROCEDURE ROOMS (Class B)*

For each listed surgical procedure category, indicate the number of dedicated procedure (non-operating) rooms, the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

If your facility performs other, unlisted non-operating room procedures, use lines e. - h. to report these procedures. Indicate the type(s) of procedure(s), the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Total multi-purpose procedure rooms are to be reported in the line below the table.

NOTE - For reporting purposes, a case is defined as a **PATIENT TREATED**. If a patient has 3 procedures performed, that is counted as **1 CASE**. **TOTAL PROCEDURE ROOMS** must equal Procedure Rooms reported on line b., Question 9. Total Procedure Room Cases shown here plus Total Operating Room Cases from Question 11 on Page 9 must equal Total Patients Served reported in Questions 5 and 6.

The green figures on the last three lines are automatically calculated. You cannot change these figures.

Dedicated Procedure Rooms (Class B)*	Rooms	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
a. Dedicated Gastro-Intestinal Procedures	4	15,250	762.50	5,032.50	762.50
b. Dedicated Laser Eye Procedures					
c. Dedicated Pain Management Procedures					
d. Cardiac Catheterization Procedures					

	Multipurpose Rooms (Specify Procedure)	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
e.					
f.					
g.					
h.					

Total Multi-Purpose Procedure Rooms					
TOTALS - PROCEDURE ROOMS	4	15,250	762.50	5,032.50	762.50
TOTAL CASES Questions 11 and 12 TOTAL		15,250	These two figures must match.		
PATIENTS Reported on Page 6		15,250			

*Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Attachment 25
Non Hospital Based Ambulatory Surgery
Treatment Room Need Assessment - 1110.235(c)(5)

12. SURGICAL UTILIZATION FOR CALENDAR YEAR 2022 - PROCEDURE ROOMS (Class B)*

For each listed surgical procedure category, indicate the number of dedicated procedure (non-operating) rooms, the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

If your facility performs other, unlisted non-operating room procedures, use lines e. - h. to report these procedures. Indicate the type(s) of procedure(s), the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Total multi-purpose procedure rooms are to be reported in the line below the table.

NOTE - For reporting purposes, a case is defined as a **PATIENT TREATED**. If a patient has 3 procedures performed, that is counted as **1 CASE**. **TOTAL PROCEDURE ROOMS** must equal Procedure Rooms reported on line b., Question 9. Total Procedure Room Cases shown here plus Total Operating Room Cases from Question 11 on Page 9 must equal Total Patients Served reported in Questions 5 and 6.

The green figures on the last three lines are automatically calculated. You cannot change these figures.

Dedicated Procedure Rooms (Class B)*	Rooms	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
a. Dedicated Gastro-Intestinal Procedures	4	15,517	776.00	5,120.00	776.00
b. Dedicated Laser Eye Procedures					
c. Dedicated Pain Management Procedures					
d. Cardiac Catheterization Procedures					

	Multipurpose Rooms (Specify Procedure)	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
e.					
f.					
g.					
h.					
	Total Multi-Purpose Procedure Rooms				
	TOTALS - PROCEDURE ROOMS 4	15,517	776.00	5,120.00	776.00
	TOTAL CASES Questions 11 and 12 TOTAL	15,517	These two figures must match.		
	PATIENTS Reported on Page 6	15,517			

*Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Attachment 25
Non-Hospital Based Ambulatory Surgery
Staffing - 1110.235(c)(8)

The facility's Medical Director is Dr. Kevin Peifer, and he will continue to serve in that role following the completion of this project. The applicant has not traditionally had any difficulties in staffing their existing office nor do they anticipate difficulty in staffing the proposed ASTC. As part of the expansion the facility will add additional staff utilizing existing job search and professional placement services. Enclosed is the CV for the Medical Director of Rockford Gastroenterology Associates, LTD. – Dr. Kevin Peifer.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Staffing - 1110.235(c)(8)

Kevin J. Peifer, MD
401 Roxbury Road
Rockford, IL 61107
drpeifer@rockfordgi.com

Professional Experience:	***Rockford Gastroenterology Associates, Ltd.***	*2006 – present*
	OSF Saint Anthony Medical Center - Director of Endoscopy	*2012 – present*
	2nd Vice President of Staff	*1/2018-3/2018*
	Vice President of Staff	*3/2018-6/2019*
	President of Staff	*6/2019-12/31/2019*
	University of Illinois College of Medicine – Assistant Professor of Medicine	*2006 - Present*
	OSF Saint Anthony Medical Center ***Staff Physician***	*2006 – present*
	SwedishAmerican Hospital ***Staff Physician***	*2006 – present*
	Rockford Memorial Hospital/MercyCare ***Staff Physician***	*2013 – 2017*
Advanced Training:	**Advanced Endoscopy Fellowship** Barnes-Jewish Hospital/Washington University St. Louis, Missouri	2005–2006
	Gastroenterology Fellowship Barnes-Jewish Hospital/Washington University St. Louis, Missouri	2002–2005
	Internal Medicine Residency Barnes-Jewish Hospital/Washington University St. Louis, Missouri	1999 – 2002
Degrees:	**Doctor of Medicine** Medical College of Ohio Toledo, Ohio	1999
	Bachelor of Arts Miami University Oxford, Ohio	1995
Certifications:	Gastroenterology (Diplomate number: 213901)	2005 - Present

Publications:

Maple JT, Peifer KJ, Edmundowicz SA, Early DS, Meyers BF, Jonnalagadda S, Azar RR. The impact of endoscopic ultrasonography with fine needle aspiration (EUS-FNA) on esophageal cancer staging: a surgery of thoracic surgeons and gastroenterologists. Dis Esophagus. 2008;31(6):480-7.

Peifer KJ, Shiels AJ, Azar R, Rivera RE, Eagon JC, Jonnalagadda S. Successful endoscopic management of gastrojejunal anastomotic strictures after Roux-en-Y gastric bypass. Gastrointest Endosc. 2007 Aug;66(2):248-52.

Peifer KJ. The Fellows' Corner: An Introduction. Gastrointest Endosc 2005;61:98.

Peifer KJ, Edmundowicz SA, Early DS, Janec EM, Azar R. Endoscopic Ultrasonography with Fine Needle Aspiration (EUS-FNA) for Esophageal Cancer Staging and Its Impact on Therapy: A Survey of Gastroenterologists. Am J Gastroenterol 2005;100:AB13.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Staffing - 1110.235(c)(8)

Publications (Continued):

Janec EM, Edmundowicz SE, Peifer KJ, Azar R, et al. Utilization Trends and Outcomes for Endoscopic Retrograde Cholangiopancreatography (ERCP) in the Pediatric Population. Am J Gastroenterol 2005;100:AB1051.

Peifer KJ, Zuckerman GR, Prakash C. Predicting Outcome After Endoscopic Variceal Ligation (EVL) in Acute Variceal Bleeding. Gastrointest Endosc 2005; 61:AB S1195.

Peifer KJ, Zuckerman GR, Prakash C. Outcome of Endoscopic Therapy in Recurrent Variceal Bleeding After Initial Endoscopic Variceal Ligation (EVL). Abstract, ACG November 2004.

Peifer KJ, Zuckerman GR, Lisker-Melman M, Prakash C. Frequency of Variceal Upper Gastrointestinal Bleeding (UGIB) in Patients with Established Varices. Gastrointest Endosc 2004;59:AB163.

Peifer KJ. Diarrhea. Washington University Subspecialty Series: Handbook of Gastroenterology. Philadelphia:Lippencott, 2004.

Peifer, KJ, Rosen GP, Rubin AM. Tinnitus: etiology and management. Clin Geriatr Med 1999 Feb:15(1): 193-204.

Society Membership:

2004 – Present	American Society for Gastrointestinal Endoscopy (ASGE)
2004 – Present	American College of Gastroenterology (ACG)
2004 – Present	American Gastroenterological Association (AGA)

Attachment 25
Charge Commitment - 1110.235(c)(9)

ROCKFORD GASTROENTEROLOGY ASSOCIATES

August 28, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Rockford Gastroenterology Associates, LTD. – Charge Commitment

Dear Mr. Kniery:

As representative of Rockford Gastroenterology Associates, LTD. and Rockford Endoscopy Center, I, Don Schreiner, hereby attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

Furthermore, I hereby attest that in order to meet the objectives of the Illinois Health Facilities Planning Act, which are to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services, that we have enclosed a list of CPT codes and a proposed fee schedule. We hereby commit that the charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code Section 1130.310(a).

Sincerely,

Don Schreiner
Chief Executive Officer
Rockford Gastroenterology Associates, LTD.

401 Rockton Road • Rockford, IL 61107 • P: 815.397.7540 • F: 815.397.7558 www.rockfordgi.com

Attachment 25
Charge Commitment - 1110.235(c)(9)

ASC Procedure List for Rockford Endoscopy Center

Procedure	Charge Amount
Colonoscopy with or without polypectomy 45385	$1330
Colonoscopy with biopsy 45380	$1156
Colonoscopy with electrocautery 45384	$1219
Esophagogastroduodenoscopy with or without biopsy 43235-43259	$735
Esophagogastroduodenoscopy with injection 43236	$830
Esophagogastroduodenoscopy with EUS esophagus only 43237	$563
Upper endoscopy with ultrasound fine needle bx 43238	$740
Esophagogastroduodenoscopy with bx with mx 43239	$811
Esophagogastroduodenoscopy dilation (all methods) 43249	$2110
Colonoscopy with polypectomy 45380-45385	$1156
Colonoscopy with injection 45381	$1094
Colonoscopy with bleeding control 45382	$1450
Colonoscopy with ablation of lesion 45383	$1351
Colonoscopy with lesion removal-fo 45384	$1219
Colonoscopy with lesion removal 45385	$1333
Esophagogastroduodenoscopy with PEG placement 43246	$1050
Esophagogastroduodenoscopy with removal of polyp/tumor using hot bx forceps 43250	$920
BRAVO pH probe 91035	$1205
Capsule Endoscopy 91110	$2500
Flexible Sigmoidoscopy 45330	$330
Flexible Sigmoidoscopy with Biopsy 45331	$500
InterStim Therapy 64561/64590/64595/64585	$1900
Colonoscopy with Foreign body removal 45379	$1145
EGD with foreign body removal 43247	$820

Attachment 25
Assurances - 1110.235(c)(10)

ROCKFORD GASTROENTEROLOGY ASSOCIATES

August 28, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Rockford Gastroenterology Associates, LTD. – Assurances and Peer Review Program

Dear Mr. Kniery:

As representative of Rockford Endoscopy Center, I, Don Schreiner, attest that that that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated. Furthermore, it is the Applicant's full anticipation that following the project completion and increase in patient volume that the proposed facility will operate at or in excess of the utilization standards identified in 77 Illinois Admin. Code Section 1125.210(c).

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Don Schreiner
Chief Executive Officer
Rockford Gastroenterology Associates, LTD.

401 Rockford Road • Rockford, IL 61107 • P: 815.397.7540 • F: 815.397.7588 www.rockfordgi.com

Attachment 34
Availability of Funds

The total estimated project cost is $9,853,176. Rockford Gastroenterology Associates, LTD. will fund a majority of the project through debt by obtaining two loans from Midland States Bank for a total of $9,600,000. The $6,600,000 loan is being obtained to finance construction at the current facility and the $3,000,000 loan is being obtained to finance the purchase of new and replacement equipment for the facility. The practice will also put up $253,176 in cash for costs associated with the project. Included with this attachment as evidence of availability of funds are two letters from Midland States Bank. One letter is a commitment letter related to the two loans being sought to finance the project, and the other letter is confirmation by the bank that the practice maintains enough cash in their accounts to finance the portion of the project that will utilize cash.

Attachment 34
Availability of Funds

Midland States Bank

August 24, 2023

John Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

RE: Rockford Gastroenterology Associates, LTD.

Dear Mr. Kniery:

Rockford Gastroenterology Associates, LTD. (borrower) is a long-term valued customer of Midland States Bank (bank). Discussions have been held between the borrower and bank to provide the financing needed to support improvements of the current facility located at 401 Roxbury Rd., Rockford, IL, as well as anticipated equipment needs (project).

Please be advised that the bank has reviewed preliminary information to complete the project, and below is an outline of discussed financing needs. Midland States Bank has the capacity and commitment to finance the project; however, a final approval to extend credit remains subject to additional documentation, due diligence, and credit approval.

Project:
$6,600,000 construction and permanent financing for improvements of current facility located at 401 Roxbury Rd.
$3,000,000 term financing for the purchase of new/replacement equipment needs at 401 Roxbury Rd.
Total financing package of $9,600,000.

We appreciate the opportunity to provide this information for your review and look forward to continuing discussions with regards to your financial needs.

If you should need further information, please contact me at (815)904-5614.

Sincerely,

Jennifer Horner

Jennifer L.Horner
Commercial Relationship Manager

Attachment 34
Availability of Funds

Midland States Bank

August 24, 2023

John Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

RE: Rockford Gastroenterology Associates, LTD.

Dear Mr. Kniery:

The purpose of this letter is to introduce, Rockford Gastroenterology Associates, LTD. (RGA), as a long-term valued customer of Midland Sates Bank (bank).

Please be advised that RGA has sufficient funds at the bank to cover excess project costs at 401 Roxbury Rd., Rockford, in the amount of $254,000.

If you should need further information, please contact me at (815)904-5614.

Sincerely,

Jennifer Horner

Jennifer L. Horner
Commercial Relationship Manager

Attachment 37
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

August 28, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Rockford Gastroenterology Associates, LTD. – Economic Feasibility

Dear Mr. Kniery:

As representative of Rockford Gastroenterology Associates, LTD. and Rockford Endoscopy Center, I, Don Schreiner, attest that the project costs will be $9,852,176. The project will be funded with two loans from Midland States Bank for a total of $9,600,000 and cash from Rockford Gastroenterology Associates, LTD in the amount of $253,176. The practice has sufficient and readily accessible internal resources to fund their obligation required by the project, and to fully fund other ongoing obligations.

I further certify that our analysis of the funding options for this project reflected that the funding strategy outlined herein is the lowest net cost option available.

Sincerely,

Don Schreiner
Chief Executive Officer
Rockford Gastroenterology Associates, LTD.

401 Roxbury Road • Rockford, IL 61107 • P: 815.397.5340 • F: 815.397.7308 www.rockfordgi.com

Attachment 37
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

Rockford Gastroenterology Associates, Ltd.
Endoscopy Center
Projected Balance Sheets

	Current	Year 1	Year 2	Year 3
ASSETS				
Current Assets				
Cash and Cash Equivalents	500,000	3,326,163	3,332,211	3,431,106
Accounts Receivable, Net	1,000,000	1,500,000	1,605,000	1,717,350
Inventory	200,000	300,000	330,000	363,000
Total Current Assets	1,700,000	5,126,163	5,267,211	5,511,456
Property and Equipment				
Land	30,000	30,000	30,000	30,000
Land Improvements	25,000	25,000	25,000	25,000
Building	1,165,000	7,765,000	7,765,000	7,765,000
Furniture and Equipment	3,185,000	6,185,000	6,385,000	6,585,000
Total Property and Equipment	4,405,000	14,005,000	14,205,000	14,405,000
Less Accumulated Depreciation	3,698,000	4,496,571	5,323,714	6,179,429
Property and Equipment, Net	707,000	9,508,429	8,881,286	8,225,571
Total Assets	2,407,000	14,634,591	14,148,497	13,737,028
LIABILITIES AND EQUITY				
Liabilities				
Current Liabilities				
Bank Line of Credit	-		-	-
Current Maturities of Long Term Debt	-	477,000	512,000	549,000
Accounts Payable and Accrued Expenses	190,000	285,000	313,500	344,850
Total Current Liabilities	190,000	762,000	825,500	893,850
Long Term Debt, less current maturities	-	8,678,000	8,166,000	7,617,000
Total Liabilities	190,000	9,440,000	8,991,500	8,510,850
Stockholders' Equity				
Common Stock	10,000	10,000	10,000	10,000
Retained Earnings	2,207,000	5,184,591	5,146,997	5,216,178
Stockholder's' Equity	2,217,000	5,194,591	5,156,997	5,226,178
Total Liabilities and Members' Equity	2,407,000	14,634,591	14,148,497	13,737,028

Attachment 37
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

Rockford Gastroenterology Associates, Ltd.
Endoscopy Center
Projected Statements of Income

	Current	Year 1	Year 2	Year 3
Revenues, net of allowances	9,290,000	13,935,000	14,910,450	15,954,182
Operating expenses:				
Wages	2,328,000	3,492,000	3,736,440	3,997,991
Payroll taxes	175,000	270,630	289,574	309,844
Retirement plan contributions	162,000	244,440	261,551	279,859
Employee benefits	606,000	907,920	971,474	1,039,478
Total employment expenses	3,271,000	4,914,990	5,259,039	5,627,172
Clinical supplies	1,006,000	1,532,850	1,640,150	1,754,960
Repairs and maintenance	110,000	165,000	176,550	188,909
Real estate taxes	60,000	72,000	75,600	79,380
Computer and IT expenses	121,000	181,500	194,205	207,799
Telephone expense	11,000	13,200	14,124	15,113
Office expense	122,000	152,500	163,175	174,597
Professional services	107,000	133,750	143,113	153,130
Meetings, recruitment, meals and dues	34,000	51,000	54,570	58,390
Utilities	33,000	41,250	44,138	47,227
Malpractice and business insurance	193,000	289,500	309,765	331,449
Management expense	372,000	557,400	596,418	638,167
Bad debts	138,000	209,025	223,657	239,313
Depreciation	186,000	798,571	827,143	855,714
Total operating expenses	5,764,000	9,112,536	9,721,645	10,371,320
Operating income	3,526,000	4,822,464	5,188,805	5,582,861
Other expense:				
Interest expense	10,000	658,000	626,000	591,000
Income before income taxes	3,516,000	4,164,464	4,562,805	4,991,861
Income tax provision	1,002,060	1,186,872	1,300,399	1,422,681
Net income	2,513,940	2,977,591	3,262,405	3,569,181

Attachment 37
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

Rockford Gastroenterology Associates, Ltd.
Endoscopy Center
Projected Statements of Cash Flow

	Year 1	Year 2	Year 3
Cash Flows From Operating Activities			
Net income	2,977,591	3,262,405	3,569,181
Adjustments to reconcile net income to cash provided by operating activities:			
Depreciation	798,571	827,143	855,714
Net changes in assets and liabilities:			
Accounts receivable	(500,000)	(105,000)	(112,350)
Inventory	(100,000)	(30,000)	(33,000)
Accounts payable and accrued expense	95,000	28,500	31,350
Net cash provided by operating activities	3,271,163	3,983,048	4,310,895
Cash Flows From Investing activities			
Purchase Property and Equipment	(9,600,000)	(200,000)	(200,000)
Net cash applied to investing activities	(9,600,000)	(200,000)	(200,000)
Cash Flows From Financing Activities			
Bank line of credit	-	-	-
Proceeds from long term debt	9,600,000	-	-
Payments of long term debt	(445,000)	(477,000)	(512,000)
Shareholders' dividends	-	(3,300,000)	(3,500,000)
Net cash provided by (applied to) financing activities	9,155,000	(3,777,000)	(4,012,000)
Increase (decrease) in cash and cash equivalents	2,826,163	6,048	98,895
Cash and cash equivalents			
Beginning	500,000	3,326,163	3,332,211
Ending	3,326,163	3,332,211	3,431,106

Attachment 37
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

Rockford Gastroenterology Associates, Ltd.
Endoscopy Center
Projected Viability Financial Ratios

	Year 1	Year 2	Year 3
Current Ratio (a)/(b):			
(a) Current Assets	5,126,163	5,267,211	5,511,456
(b) Current Liabilities	762,000	825,500	893,850
Ratio	6.73	6.38	6.17
State Target	> 1.5	> 1.5	> 1.5
Net Margin Percentage (d)/(c):			
(c) Net Operating Revenues	13,935,000	14,910,450	15,954,182
(d) Net Income	2,977,591	3,262,405	3,569,181
Ratio	21.37%	21.88%	22.37%
State Target	> 3.5%	> 3.5%	> 3.5%
*Long Term Debt to Capitalization (f)/[(f)+(g)]*100:*			
(f) Long Term Debt	8,678,000	8,166,000	7,617,000
(g) Net Assets	5,194,591	5,156,997	5,226,178
Ratio	62.56	61.29	59.31
State Target	< 80	< 80	< 80
Projected Debt Service Coverage [(e)+(h)+(i)]/[(i)+(j)]:			
(e) Net Income	2,977,591	3,262,405	3,569,181
(h) Depreciation	798,571	827,143	855,714
(i) Interest Expense	658,000	626,000	591,000
(j) Principal Payments	445,000	477,000	512,000
Ratio	4.02	4.28	4.55
State Target	> 1.75	> 1.75	> 1.75
Days Cash on Hand (k)/[(l)-(h)]/365:			
(k) Cash	3,326,163	3,332,211	3,431,106
(l) Operating Expenses	9,112,536	9,721,645	10,371,320
(h) Depreciation	798,571	827,143	855,714
Ratio	146.03	136.74	131.61
State Target	> 45	> 45	> 45
Cushion Ratio (k)/[(i)+(j))]:			
(k) Cash	3,326,163	3,332,211	3,431,106
(i) Interest Expense	658,000	626,000	591,000
(j) Principal Payments	445,000	477,000	512,000
Ratio	3.02	3.02	3.11
State Target	> 3	> 3	> 3

Attachment 37
Economic Feasibility
Cost and GSF by Service

Pursuant to Illinois Admin. Code Section 1120.Appendix A (a)(3) a project's cost must be at or below the RS Means for the modernization of an ASTC. At the time of this application, the RS Means for the modernization of an ASTC in this area of the state with a projected completion date of July 1, 2025 is $316.27 per GSF of clinical space. The proposed cost per GSF of clinical space for this project is $283.50, and thus this project meets the Board's criteria.

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		Gross Sq. Ft.		Gross Sq. Ft.		Const. $ (A x C)	Mod. $ (B x E)	
	New	Mod.	New	Circ.*	Mod.	Circ.*			
ASTC	-	$248.77	-	-	14,504	-	-	$3,608,158	$3,608,158
Contingency	-	$34.73	-	-	1,332	-	-	$503,738	$503,738
TOTALS	-	$283.50	-	-	15,836	-	-	$4,111,896	$4,111,896
* Include the percentage (%) of space for circulation									

Criterion 1120.140(d) Direct Operating Costs and Criterion 1120.140(e) Total Effect of the Project on Capital Costs

It is expected that the facility will meet state target utilization during their second year of operation following completion of the modernization with a total of 20,099 patient procedures performed. The direct operating costs for the first full fiscal year at target utilization in current dollars is $9,721,645, which includes fully allocated costs of salaries, benefits, and supplies for services.

Therefore, the direct cost per equivalent patient unit of service when considering all procedures performed is $483.68.

The total capital costs are $9,853,176 and the total effect of the project on capital costs per equivalent patient visit is $490.23.

Attachment 38
Safety Net Impact Statement

Below is the Rockford Endoscopy Center historical data for this section of the application. However, it is anticipated that the proposed facility will have a positive material impact on essential safety net services in the community. Rockford Gastroenterology Associates has long maintained a commitment to serving diverse communities in Northern Illinois and the Rockford community. That includes both economic and racial diversity.

The facility works closely with area hospital providers and serves all patients who walk through their doors regardless of ability to pay. That is evidenced by their historical charitable care data, and by their acceptance of several Illinois Medicaid insurance products.

There should not be any impact on the ability of another provider to cross-subsidize safety net services since those facilities are not currently nor do they intend to treat these patients.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2020**	**2021**	**2022**
Inpatient	-	-	-
Outpatient	52	160	166
Total			
Charity (cost in dollars)			
Inpatient	-	-	-
Outpatient	$160,382	$165,339	$189,771
Total	**$160,382**	**$165,339**	**$189,771**
MEDICAID			
Medicaid (# of patients)	**2020**	**2021**	**2022**
Inpatient	-	-	-
Outpatient	1,460	1,810	1,653
Total			
Medicaid (revenue)			
Inpatient	-	-	-
Outpatient	$295,571	$405,826	$398,491
Total	$295,571	$404,826	$398,491

Attachment 39
Charity Care

CHARITY CARE			
	2020	**2021**	**2022**
Net Patient Revenue	$8,315,461	$10,093,360	$11,345,548
Amount of Charity Care (charges)	-	-	-
Cost of Charity Care	$160,382	$165,339	$189,771

Attachment 40
Flood Zone Letter

ROCKFORD GASTROENTEROLOGY ASSOCIATES

August 28, 2023

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Rockford Gastroenterology Associates, LTD. - Flood Plain Requirements

Dear Mr. Kniery:

As representative of Rockford Gastroenterology Associates, LTD. and Rockford Endoscopy Center, I, Don Schreiner, affirm that the location of the ambulatory surgical center complies with Illinois Executive Order #2005-5. The facility location is 401 Roxbury Road, Rockford, Illinois 61107 and is not located in a flood plain. As evidence, please find enclosed map from the Federal Emergency Management Agency ("FEMA").

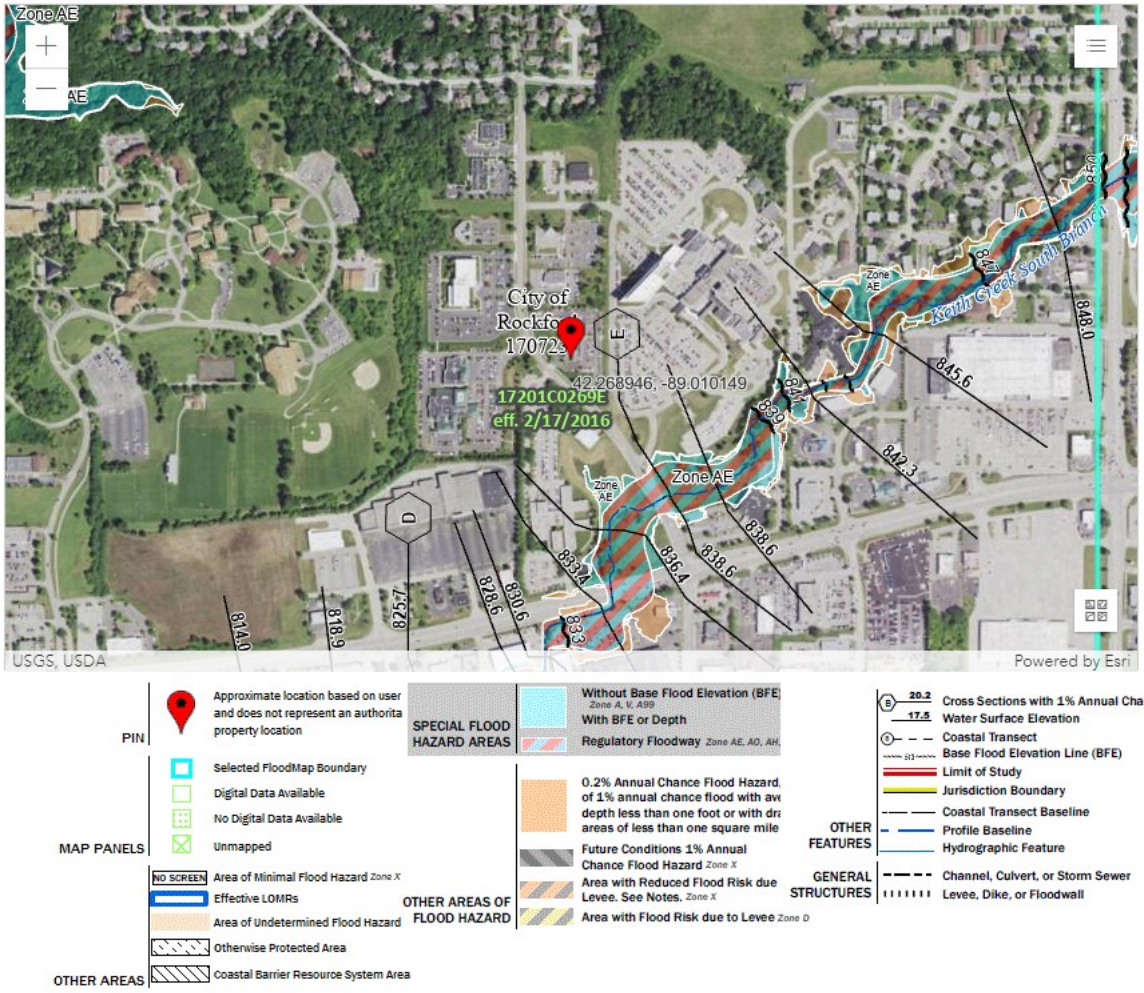
I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Don Schreiner
Chief Executive Officer
Rockford Gastroenterology Associates, LTD.

401 Roxbury Road • Rockford, IL 61107 • P: 815.397.7340 • F: 815.397.7358 www.rockfordgi.com

Attachment 40
Flood Zone Letter



INDEX OF ATTACHMENTS