

24-041

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**RECEIVED**

DEC 23 2024

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****HEALTH FACILITIES &  
SERVICES REVIEW BOARD****This Section must be completed for all projects.****Facility/Project Identification**

Facility Name: Metroeast Surgery Center			
Street Address: 5023 N. Illinois St., Suite 3			
City and Zip Code: Fairview Heights, IL 62208			
County: St. Clair	Health Service Area: 11	Health Planning Area: n/a	

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

Exact Legal Name: Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center			
Street Address: 5023 North Illinois Street, Suite 3			
City and Zip Code: Fairview Heights, Illinois 62208			
Name of Registered Agent: Shakeel Ahmed			
Registered Agent Street Address: 5023 North Illinois Street, Suite 3			
Registered Agent City and Zip Code: Fairview Heights, Illinois 62208			
Name of Chief Executive Officer: Shakeel Ahmed, M.D.			
CEO Street Address: 5023 North Illinois Street, Suite 3			
CEO City and Zip Code: Fairview Heights, Illinois 62208			
CEO Telephone Number: 618-239-0678			

**Type of Ownership of Applicants**

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> 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: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com

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

Name: Shakeel Ahmed, M.D.
Title: Chief Executive Officer
Company Name: Metroeast Endoscopic Surgery Center, LLC
Address: 5023 North Illinois Street, Fairview Heights, Illinois 62208
Telephone Number: 618-239-0678
E-mail Address: ShakeelAhmedGI@gmail.com

**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: Metroeast Surgery Center			
Street Address: 5023 N. Illinois St., Suite 3			
City and Zip Code: Fairview Heights, IL 62208			
County: St. Clair	Health Service Area: 11	Health Planning Area: n/a	

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

Exact Legal Name: Haris Assets, LLC			
Street Address: 5023 North Illinois Street			
City and Zip Code: Fairview Heights, Illinois 62208			
Name of Registered Agent: Shakeel Ahmed			
Registered Agent Street Address: 5023 North Illinois Street			
Registered Agent City and Zip Code: Fairview Heights, Illinois 62208			
Name of Chief Executive Officer: Shakeel Ahmed, M.D.			
CEO Street Address: 5023 North Illinois Street			
CEO City and Zip Code: Fairview Heights, Illinois 62208			
CEO Telephone Number: 618-239-0678			

**Type of Ownership of Applicants**

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> 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: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com

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

Name: Shakeel Ahmed, M.D.
Title: Chief Executive Officer
Company Name: Metroeast Endoscopic Surgery Center, LLC
Address: 5023 North Illinois Street, Fairview Heights, Illinois 62208
Telephone Number: 618-239-0678
E-mail Address: ShakeelAhmedGI@gmail.com

**Post Permit Contact**

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

Name: Shakeel Ahmed, M.D.
Title: Chief Executive Officer
Company Name: Metroeast Endoscopic Surgery Center, LLC
Address: 5023 North Illinois Street, Fairview Heights, Illinois 62208
Telephone Number: 618-239-0678
E-mail Address: ShakeelAhmedGI@gmail.com

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Haris Assets, LLC
Address of Site Owner: 5023 North Illinois Street, Fairview Heights, Illinois 62208
Street Address or Legal Description of the Site: 5023 N. Illinois St., Suite 3, Fairview Heights, Illinois 62208
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 <b>ATTACHMENT 2</b> , 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: Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center
Address: 5023 North Illinois Street, Fairview Heights, Illinois 62208
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o 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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
APPEND DOCUMENTATION AS <b>ATTACHMENT 3</b> , 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 <b>ATTACHMENT 4</b> , 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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>).

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.

Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center and Haris Assets, LLC (collectively, the "Applicants") propose to add urology to Metroeast Surgery Center which is an existing ambulatory surgical treatment center ("ASTC") located at 5023 N. Illinois St., Suite 3, Fairview Heights, Illinois 62208 (the "Existing ASTC").

The Existing ASTC includes two procedure rooms. There will not be any construction or other building alterations associated with the project.

This project does not propose to establish a new category of service or a new health care facility as defined in the Illinois Health Facilities Planning Act (the "Planning Act"). Accordingly, this is a non-substantive project.

**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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	\$50,000	\$0	\$50,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$50,000	\$0	\$50,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$ _____		
Fair Market Value: \$ _____		

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \_\_\_\_\_.

**Project Status and Completion Schedules**

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

Indicate the stage of the project's architectural drawings:

- None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2025

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

0

- 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

**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 department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

**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**.

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>	<b>to:</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
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)					
<b>TOTALS:</b>					

Not applicable because the Applicant is an ASTC.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 10/2019 Edition

**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 Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery 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

Shazeel Ahmed, M.D.  
\_\_\_\_\_  
PRINTED NAME

Owner  
\_\_\_\_\_  
PRINTED TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED TITLE

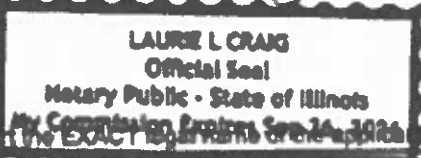
Notarization:  
Subscribed and sworn to before me  
this 11 day of December, 2014

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of Notary

Seal



Seal

\*Insert the EXACT name of the entity on the application

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Haris Assets, LLC in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

Shakeel Ahmed, M.D.  
PRINTED NAME

Sole Member and Manager  
PRINTED TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 11 day of December, 2004

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

  
Signature of Notary

\_\_\_\_\_  
Signature of Notary

Seal **LAURIE L CRAIG**  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Sep 26, 2026  
Insert the EXACT legal name of the applicant

Seal

**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 is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

**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** of the alternatives to the proposed project:

Alternative options **must** include:

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

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

**SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.120 - 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?

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					
YEAR 2					

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

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 V. 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	
<input type="checkbox"/>	Cardiovascular
<input type="checkbox"/>	Colon and Rectal Surgery
<input type="checkbox"/>	Dermatology
<input type="checkbox"/>	General Dentistry
<input checked="" type="checkbox"/>	General Surgery
<input checked="" type="checkbox"/>	Gastroenterology
<input type="checkbox"/>	Neurological Surgery
<input type="checkbox"/>	Nuclear Medicine
<input checked="" type="checkbox"/>	Obstetrics/Gynecology
<input checked="" type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Oral/Maxillofacial Surgery
<input type="checkbox"/>	Orthopedic Surgery
<input type="checkbox"/>	Otolaryngology
<input checked="" type="checkbox"/>	Pain Management
<input type="checkbox"/>	Physical Medicine and Rehabilitation
<input checked="" type="checkbox"/>	Plastic Surgery
<input checked="" type="checkbox"/>	Podiatric Surgery
<input type="checkbox"/>	Radlology
<input type="checkbox"/>	Thoracic Surgery
<input checked="" type="checkbox"/>	Urology
<input type="checkbox"/>	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 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



	<p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>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;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p><b>\$50,000</b></p>	<p><b>TOTAL FUNDS AVAILABLE</b></p>

**APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT 34, 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
<b>Enter Historical and/or Projected Years:</b>				
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 35, IN NUMERIC ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

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 New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

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

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

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

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

**A table in the following format must be provided as part of Attachment 37.**

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

APPEND DOCUMENTATION AS ATTACHMENT 37, 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 38**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	27-28
2	Site Ownership	29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32
6	Historic Preservation Act Requirements	33
7	Project and Sources of Funds Itemization	34
8	Financial Commitment Document if required	35
9	Cost Space Requirements	36
10	Discontinuation	n/a
11	Background of the Applicant	37-39
12	Purpose of the Project	40-43
13	Alternatives to the Project	44
14	Size of the Project	45
15	Project Service Utilization	46
16	Unfinished or Shell Space	47
17	Assurances for Unfinished/Shell Space	48
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	49-62
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	63
34	Financial Waiver	64
35	Financial Viability	n/a
36	Economic Feasibility	65-69
37	Safety Net Impact Statement	70
38	Charity Care Information	71
Appendix -	Physician Referral Letter	72-73

**Section I, Identification, General Information, and Certification  
Applicants**

Certificates of Good Standing for Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center (the "Existing ASTC") and Haris Assets, LLC. (collectively, the "Applicants") are attached at Attachment – 1.

Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center is the licensee of the Existing ASTC. As the site owner with affiliated ownership to Metroeast Surgery Center, Haris Assets, LLC is named as an applicant for this certificate of need ("CON") application.

**File Number** 0378969-1



**To all to whom these Presents Shall Come, Greeting:**

**I, Alexi Giannoulis, 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**

**METROEAST ENDOSCOPIC SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 30, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.**



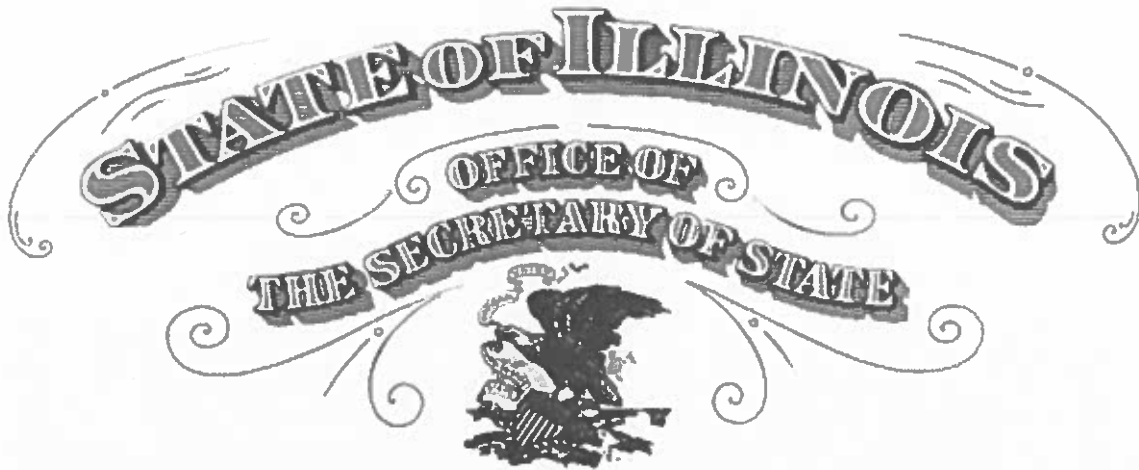
**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of DECEMBER A.D. 2024 .**

Authentication #: 2434801822 verifiable until 12/11/2025  
Authenticate at: <https://www.isos.gov>

*Alexi Giannoulis*  
SECRETARY OF STATE

File Number

0751673-8



**To all to whom these Presents Shall Come, Greeting:**

*I, Alexi Giannoulas, 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*

HARIS ASSETS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 31, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 11TH day of DECEMBER A.D. 2024 .**

Authentication #: 2434601972 verifiable until 12/11/2025  
Authenticate at: <https://www.sos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Site Ownership**

By signing the certification pages within this application, the Applicants attest that Haris Assets, LLC controls the site located at 5023 N. Illinois St., Suite 3, Fairview Heights, Illinois 62208.

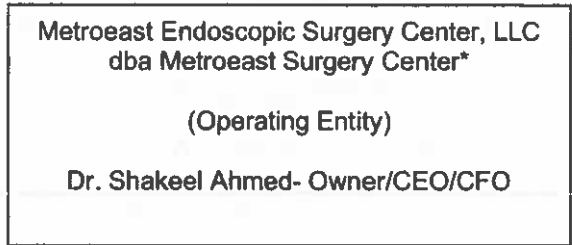
**Section I, Identification, General Information, and Certification**  
**Operating Identity/Licensee**

Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center is the licensee and operator of the Existing ASTC. Copies of the Existing ASTC's IDPH license and accreditation are attached at Attachment- 11.

**Section I, Identification, General Information, and Certification**

**Organizational Relationships**

The organizational chart for Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center is below:



**Section I, Identification, General Information, and Certification**  
**Flood Plain Requirements**

The proposed project is for the addition of a surgical specialty to the Existing ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.



**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The proposed project is for the addition of a surgical specialty to the Existing ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.

**Section I, Identification, General Information, and Certification**  
**Project Costs and Sources of Funds**

<b>Table 1120.110</b>			
<b>Project Cost</b>	<b>Clinical</b>	<b>Non-Clinical</b>	<b>Total</b>
Movable and other equipment	\$50,000	\$0	\$50,000
<b>Total Project Costs</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>

**Active CON Permits**

The Existing ASTC MESC does not have any active Certificate of Need permits.

**Cost Space Requirements**

The proposed project is for the addition of a surgical specialty to the Existing ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.110 (a), Project Purpose, Background and Alternatives**

**Background of the Applicant**

1. Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center owns and operates the following healthcare facility:

**Metroeast Surgery Center**

License Number: 7003185

Accreditation Identification Number: TJC 508160

Shakeel Ahmed, M.D. owns and operates the following healthcare facility:

**O'Fallon Surgical Center, LLC**

License Number: 7003229

Accreditation Identification Number: 643948

2. Proof of current licensure and Joint Commission accreditation for Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center is attached at Attachment – 11A.
3. By signing the certification pages within this application, the Applicants attest that no adverse action has been taken against any facility owned and/or operated by the Applicants during the three years prior to filing this application.
4. By signing the certification pages within this application, the Applicants authorize the State Board and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations.

**Attachment- 11A**

	<b>ILLINOIS DEPARTMENT OF PUBLIC HEALTH</b>	<b>HF130027</b>
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>		
<small>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.</small>		
<b>Sameer Vohra, MD,JD,MA</b> Director		<small>Issued under the authority of the Illinois Department of Public Health</small>
<small>EXPIRATION DATE</small> <b>3/9/2025</b>	<small>CATEGORY</small>	<small>LIC. NUMBER</small> <b>7003185</b>
<b>Ambulatory Surgery Treatment Center</b>		
<b>Effective: 03/10/2024</b>		
<b>Metroeast Endoscopic Surgery Center</b> 5023 N Illinois St Fairview Heights, IL 62208		
<small>The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. 44422001 10M 3/22</small>		

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

**Exp. Date 3/9/2025**  
**Lic Number 7003185**

**Date Printed 2/13/2024**

**Metroeast Endoscopic Surgery Center**  
5023 North Illinois St  
Fairview Heights, IL 62208

**FEE RECEIPT NO.**

**Attachment- 11A**



**The Joint Commission**

October 13, 2023

Shakeel Ahmed, MD  
Owner, MD  
Metroeast Endoscopic Surgery Center  
5023 North Illinois Street  
Fairview Heights, IL 62208

Re: # 508160  
CCN: # 14C0001160  
Deemed Program: Ambulatory Surgical Center  
Accreditation Expiration Date: August 2, 2026

Dear Dr. Ahmed:

This letter confirms that your July 31, 2023 - August 1, 2023 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for ambulatory surgical centers through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on September 27, 2023. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of August 2, 2023.

The Joint Commission is also recommending your organization for continued Medicare certification effective August 2, 2023. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location:

Metroeast Endoscopic Surgery Center, LLC  
5023 N Illinois, Suite 3, Fairview Heights, IL, 62208

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in black ink, appearing to be 'Shakeel Ahmed'.

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice



**Ken Grubbs, DNP, MBA, RN**  
**Executive Vice President and Chief Nursing Officer**  
**Division of Accreditation and Certification Operations**

**cc: CMS/Baltimore Office/Survey & Certification Group/Division of Acute Care Services**  
**CMS/SOG Location 5 /Survey and Certification Staff**

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice



**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.110(b), Project Purpose, Background and Alternatives**

**Purpose of the Project**

The Applicants seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to add urology services to an existing surgery center. There are not currently any ASTCs in the GSA that offer urology services. As described in the physician referral letter attached as Appendix- 1, Dr. Robert Hatchett plans to establish an office practice near MESC pending approval of this CON permit. The primary purpose of this project is to improve access to urological surgical services to residents of the geographic service area ("GSA") and to increase utilization at Metroeast Surgery Center ("MESC"), which currently has capacity.

Bringing a urologist and associated surgical services to the GSA is particularly important given the demographics of the GSA, which has a large and growing elderly population that is more likely to experience urological conditions. Urological surgeries play a crucial role in addressing age-related complications in men's urinary tract function and reproductive health. As men age, they are more susceptible to various urological conditions, such as prostate enlargement, erectile dysfunction, and urinary incontinence. These conditions can significantly impact quality of life, making surgical interventions not only necessary but also beneficial for maintaining health and well-being. Further, the prevalence of prostate cancer has increased due to several factors, including improved detection, patient demographics and increased awareness.

The Project will address the following:

**A. Patients residing in the GSA are currently experiencing long wait times for urology appointments and leaving the area to undergo urology procedures**

It is well known that many Illinois residents living in the metropolitan St. Louis area travel to St. Louis, Missouri to get appointments with specialists, including for urology. In fact, the demand of surgical services in the GSA is evidenced by information contained within HSHS St. Elizabeth's recent application for CON Permit #24-032. The HSHS application includes the following statements:

- "Currently, approximately 40% of identified service area residents leave the market to seek care in St. Louis, Missouri"
- "St. Elizabeth's surgery platform is at 120% capacity creating difficulties for Primary Care physicians to refer patients for care resulting in surgeons having lengthy patient wait times for necessary ambulatory surgeries..."

The HSHS St. Elizabeth surgery center is being developed to address specific demand identified for its patients and physicians and in consideration of demographic changes that are driving an increase in demand for surgical services. Because MESC is not adding capacity, the MESC plan is entirely consistent with the HSHS St. Elizabeth efforts to address the demand for care and the Applicant's do not oppose it. With Dr. Hatchett coming to the GSA to accept patients residing in the GSA, the Applicants expect to be able to serve Illinois residents locally and with shorter wait times for new patients. From a health planning perspective, the option of adding urology to MESC is much more optimal than having Illinois residents leave Illinois to obtain urological care.

As a general matter, certain parts of Illinois, including this area, struggle to attract and retain specialists and given that this urologist is willing to establish office hours in this area and, relatedly, to perform urology surgical procedures at Metroeast Surgery Center, the Applicants hope that the State Board agrees this service should be available more readily in the immediate community. While it may be reasonable to expect that patients will have to travel to more distant cities for tertiary care, routine urology monitoring and procedures can be safely performed in an ASTC, and, specifically, at Metroeast Surgery Center.

**B. Patients residing in the GSA are currently undergoing surgical procedures in the hospital setting even though the ASTC represents a more convenient, lower cost, high quality option**

Utilizing hospitals for procedures that can be safely performed in an outpatient surgery center is not an efficient use of scarce healthcare resources. A 2019 article in Modern Healthcare noted hospital prices are the main driver of inflation in U.S. health care spending. This article highlighted that hospital consolidation has led to growth in market power and an ability to not only raise prices but to resist new, more sensible payment reforms. In fact, from 2007 to 2014, hospital prices for outpatient care increased at over 4 times the rate of physician care (25% increase for hospitals compared to 6% for physician prices). Further, according to the March 2023 MedPac Report to Congress, ASCs can offer more convenient locations, shorter waiting times, lower cost sharing, and easier scheduling relative to hospital outpatient departments (“HOPDs”). Additionally, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient in ASTCs due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care.

Urology is not currently offered by any ASTCs within the GSA, so patients must seek these services in the hospital setting to obtain care locally. When they do, they are often faced with long appointment wait times, as highlighted in the above quote from HSHS St. Elizabeth’s application for permit #24-032, since hospital operating rooms are at maximum capacity and not able to meet the demand for outpatient surgery. By offering additional ASTC services in Fairview Heights, the Applicants will improve access and allow patients to obtain this same high-quality care in a more convenient, lower cost setting without the risk for hospital-acquired infections, including MRSA. Doing so aligns with the preferences of patients, providers and insurance companies.

**C. There is unused capacity at MESC**

MESC currently has unused capacity. Accordingly, healthcare resources such as procedure rooms and staff are underutilized. Adding an additional specialty would allow MESC to lower the cost of care by better utilizing its existing space and staffing resources.

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

MESC is centrally located in Fairview Heights near a large patient population and multiple public transportation options. Additionally, since it is not part of a hospital campus, MESC is much more easily accessible in terms of parking, wayfinding, family waiting areas and drop-off/pick-up. The addition of a surgical specialty at MESC will provide patients and payors a convenient, high quality, lower cost alternative to hospital outpatient departments for urology services.

- 2. Define the planning area or market area, or other, per the applicant’s definition.**

MESC serves patients in Metro East Illinois within 17 miles of the ASTC. A map of the market area of MESC is attached at Attachment – 12A. The distance from MESC to the GSA borders are as follows:

- East: Clinton County, Illinois (17 miles)
- South: Waterloo, Illinois (17 miles)
- West: Eastern Missouri (17 miles)
- North: Edwardsville, Illinois (17 miles)

As shown in 1110.235 (c) (2) (B) (ii), which is attached as Attachment 12A, MESC serves and will continue to serve residents of the 17-mile GSA. Specifically, 92.3% of the patients who receive care at MESC reside within 17 miles of the ASTC and the addition of the planned specialty will not affect the ratio of the patients residing within and outside the GSA in a meaningful way.

**3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

As discussed in greater detail above, the Project would allow GSA residents to obtain urology care in an in-state ASTC as opposed to the higher cost, less convenient hospital setting or a Missouri surgery center. The Project would also lower the cost of care by increasing use of underutilized resources at MESC. Accordingly, the Applicant seeks to provide a high-quality, lower cost option to area residents.

Access to ambulatory surgical care is essential to the overall well-being of the community, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort. As set forth in a letter from the ASC Advocacy Committee to Secretary Sebelius regarding implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses to patients. In fact, based on United Healthcare's desire to cover certain procedures only in the ASTC setting, the payor has announced prior authorization guidelines in Fairview Heights for certain surgical procedures in outpatient hospital settings that will not apply to ASTCs. MESC expects other payors to follow suit in the near future.

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

Medicare Payment Advisory Commission, Report to the Congress: Medicare Payment Policy (Mar. 15, 2023) available at <https://www.medpac.gov/document/march-2023-report-to-the-congress-medicare-payment-policy/> (last visited December 9, 2024).

Alex Kacik, *Hospital Price Growth Driving Healthcare Spending*, MODERN HEALTHCARE, Feb. 4, 2019 available at <https://www.modernhealthcare.com/article/20190204/NEWS/190209984/hospital-price-growth-driving-healthcare-spending> (last visited December 9, 2024).

Letter from ASC Advocacy Committee to Secretary Sebelius available at <http://wasca.net/wp-content/uploads/2010/10/Final-ASCAC-ASCA-VBP-letter-to-Sebelius.pdf> (last visited December 9, 2024).

United Healthcare's prior authorization requirements for HOPDs available at <https://www.uhcprovider.com/en/prior-auth-advance-notification/adv-notification-plan-reqs.html> (last visited December 9, 2023).

**5. Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

As discussed in greater detail above, by offering an additional surgical specialty, MESC can better meet the needs of patients residing in the Metro East St. Louis Region of Illinois. Since the ASTC is the lowest cost and most convenient setting for these procedures, the addition of urology will increase access to high quality health services for patients residing in MESC's service area.

**6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

The Applicants' prevailing objectives are to enhance access to ambulatory surgical care for patients and to improve the cost of these services. Specifically, the goals of the Project are:

- To meet the demand for lower cost ambulatory surgery services in the defined service area.

- To increase utilization of MESC.

These goals can be achieved at the time of project completion.

**Attachment 12-A**

The table below lists the patient origin by zip code for all patients treated at MESC during calendar year 2023. As documented in Attachment- 24, 2,947 (or 92.3%) of the cases were from patients residing in the GSA.

Zip	Cases
38125	2
45202	1
46815	3
61554	1
61615	1
62002	5
62209	3
62010	3
62018	2
62024	8
62025	34
62033	2
62034	23
62035	1
62040	122
62048	2
62052	4
62058	2
62059	4
62060	30
62061	3
62062	27
62077	2
62084	1
62090	3
62095	9
62201	22
62202	1
62203	71
62204	50
62205	66
62206	93
62207	78
62208	232
62214	7
62215	7
62216	3

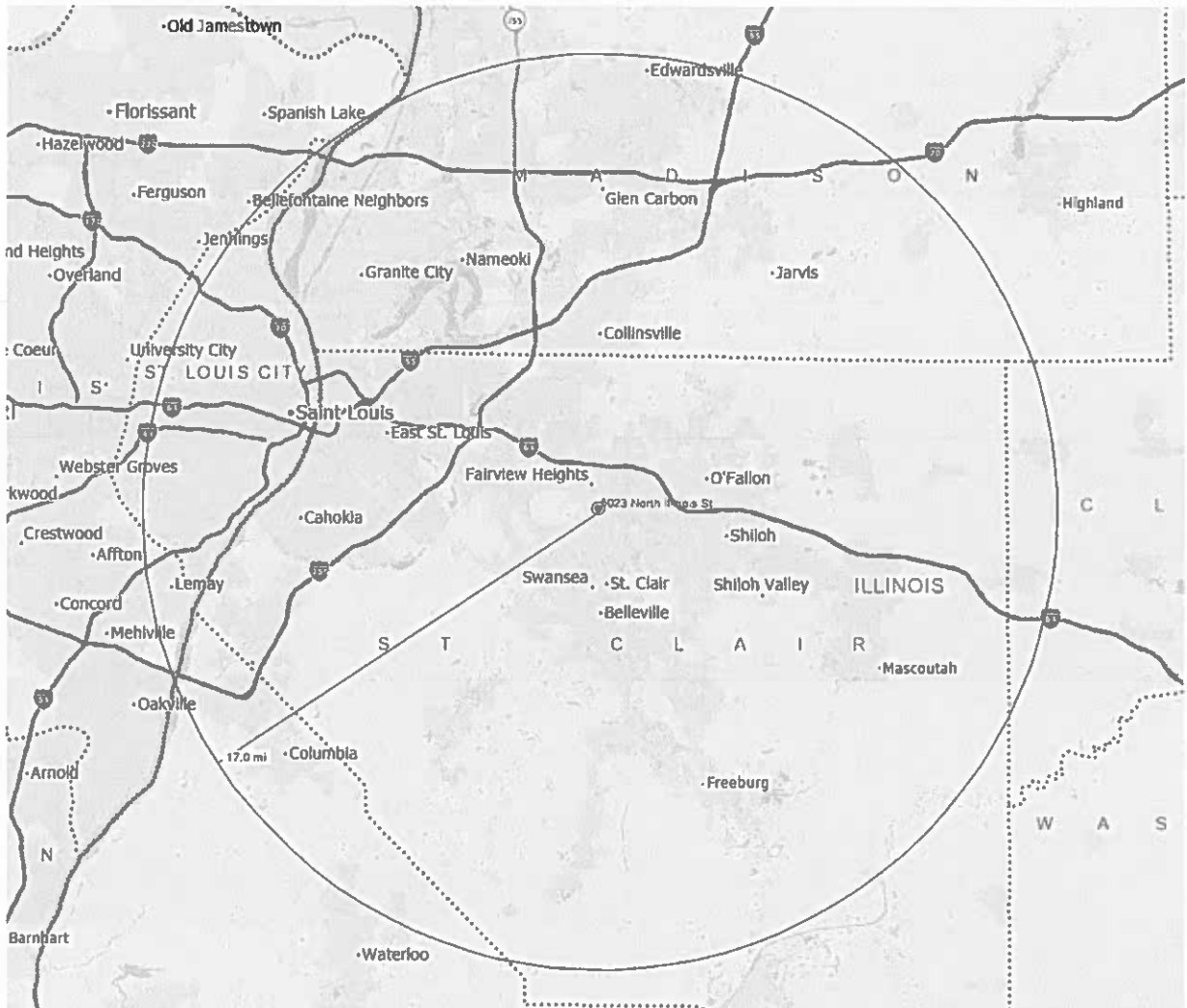
62217	3
62218	2
62220	188
62221	284
62222	2
62223	176
62225	19
62226	384
62230	6
62231	8
62232	85
62234	166
62236	15
62237	1
62238	2
62239	11
62240	7
62241	4
62242	1
62243	32
62245	2
62246	2
62248	2
62249	20
62250	2
62252	1
62254	45
62255	9
62256	2
62257	16
62258	64
62260	41
62263	13
62264	18
62265	21
62266	3
62269	394
62271	4
62272	3
62274	1
62275	8
62278	14
62281	4

62282	2
62285	25
62286	2
62289	3
62292	4
62293	18
62294	31
62295	3
62298	22
62640	1
62801	4
62812	1
62864	2
62891	1
62988	1
63021	1
63026	1
63028	1
63034	4
63039	2
63042	1
63043	2
63050	1
63052	3
63080	1
63088	1
63104	2
63108	1
63110	2
63114	2
63115	1
63116	2
63117	1
63119	1
63123	4
63125	8
63126	2
63129	1
63133	3
63138	1
63139	1
63143	1
63357	1

63755	1
63873	1
68130	1
77399	1
78412	3
80537	2



**MESC 17-mile Geographic Service Area**



**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.110(d), Project Purpose, Background and Alternatives**

**Alternatives**

The Applicants explored several options prior to deciding to add urology to their ASTC. The options considered are as follows:

- a. Do nothing;
- b. Utilize existing facilities;
- c. Add urology procedures to the existing ASTC.

After exploring these options, which are discussed in more detail below, the Applicants decided to add urology procedures to their ASTC. A review of each of the options considered and the reasons they were rejected follows.

**Do Nothing**

The first alternative considered was to maintain the status quo, whereby the Applicants would continue to perform only general surgery, gastroenterology, obstetrics/gynecology, ophthalmology, pain management, plastic surgery, and podiatry procedures at MESC. The primary purpose of this project is to improve access to urology procedures to medically underserved residents within MESC's geographic service area (GSA) and to increase utilization at MESC, which currently has capacity. This alternative would not address these goals, as it would require patients to continue undergoing procedures in Missouri and in the hospital setting. It would not improve access to high-quality, lower cost ASTC care as described throughout this application. Furthermore, doing nothing would not increase utilization at MESC. For these reasons, this alternative was rejected.

**Utilize Other Health Care Facilities (Undetermined Cost)**

Another alternative the Applicant considered was utilizing existing healthcare facilities to provide an option for urology services. However, this was not a viable alternative. As shown in Attachment- 24, there are not any ASTCs within MESC's GSA that offer urology. Accordingly, this alternative would require patients to continue undergoing urology procedures the hospital setting. As described throughout this application, ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at a lower cost than HOPDs.

Due to the underutilization of the surgery center and infeasibility of utilizing other ASTCs, this alternative was rejected.

**Add Urology Procedures to the Existing ASTC (\$50,000)**

As more fully discussed above, MESC has capacity to add more procedures. To increase utilization at the surgery center while at the same time increasing access to urology services in a lower cost setting, MESC decided to request the addition of this surgical specialty to its existing ASTC. After weighing this low-cost option against others, it was determined that this alternative would provide the greatest benefit in terms of increased utilization and increased access to healthcare services.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120 – Size of the Project**

The proposed project is for the addition of a surgical specialty to an existing ambulatory surgical treatment center ("ASTC"). There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120 - Project Services Utilization**

The ASTC's annual utilization will improve to be closer to the State Board's utilization standard. Importantly, MESC is not adding capacity to the planning area but is trying to increase utilization of its existing surgery center to be closer to the State Board standard by adding cases. In 2023, 3,187 surgical procedures (or 1,175 surgical hours) were performed at MESC. As documented in the physician referral letter attached at Appendix – 1, Dr. Hatchett anticipates referring 122 urology cases to MESC within the first year after project completion. Based upon the state average for hours per case, additional estimated surgical hours, including prep and cleanup, in the first year after project completion are as follows:

<b>Surgical Specialty</b>	<b>Projected Referrals</b>	<b>Estimated Surgical Time</b>	<b>Estimated Total Surgical Hours After First Year Project Completion</b>
Urology	122	1.22	149

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(d) Unfinished or Shell Space**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(e) Assurances**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section V, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(2)(B), Service to GSA Residents**

- a. Attached at Attachment – 24A is a map outlining the intended GSA for MESC. As set forth in Criterion 1110.110(b), the surgery center serves patients residing in and around Fairview Heights. Accordingly, the intended primary GSA consists of those areas within a 17-mile radius of MESC.
- b. Pursuant to Section 1100.510(d) of the State Board’s rules, the normal travel radius should be based upon the location of the applicant facility. MESC is located in Fairview Heights, and therefore the intended GSA is the radius of 17 miles from MESC. A list of all zip codes located, in whole or in part, within a 17-mile radius of MESC as well as the 2022 U.S. Census estimates for each zip code is provided in Table 1110.235(c)(2)(B)(i).

<b>Table 1110.235(c)(2)(B)(i)</b>		
<b>Population within Geographic Service Area</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
62040	Granite City	40,716
62269	O Fallon	35,467
62234	Collinsville	32,491
62025	Edwardsville	35,947
62226	Belleville	29,333
62221	Belleville	29,454
62220	Belleville	19,277
62223	Belleville	16,534
62208	Fairview Heights	16,690
62298	Waterloo	17,192
62249	Highland	16,649
62206	East Saint Louis	13,477
62294	Troy	15,289
62236	Columbia	14,630
62034	Glen Carbon	14,497
62258	Mascoutah	10,572
62204	East Saint Louis	5,908
62207	East Saint Louis	6,637
62205	East Saint Louis	5,754
62201	East Saint Louis	5,166
62203	East Saint Louis	6,076
62062	Maryville	8,461
62260	Millstadt	6,461
62232	Caseyville	6,920
62254	Lebanon	6,586
62243	Freeburg	6,271
62239	Dupo	4,076
62060	Madison	3,534
62265	New Baden	4,418

62285	Smithton	4,512
62293	Trenton	4,392
62225	Scott Air Force Base	5,359
62264	New Athens	3,237
62026	Edwardsville	1,054
62281	Saint Jacob	2,811
62257	Marissa	1,897
62087	South Roxana	2,121
62240	East Carondelet	2,197
62084	Roxana	1,601
62048	Hartford	1,626
62061	Marine	1,672
62090	Venice	1,053
62059	Lovejoy	629

Source: U.S. Census Bureau, American Community Survey

- c. Pursuant to Section 1100.510(d) of the State Board's rules, the intended geographic service area shall be a 17-mile radius time from the proposed ASTC. As set forth throughout this application, MESC serves Fairview Heights and the surrounding areas within a 17-mile radius of the surgery center. The distance from MESC to the GSA borders are as follows:
- East: Clinton County, Illinois (17 miles)
  - South: Waterloo, Illinois (17 miles)
  - West: Eastern Missouri (17 miles)
  - North: Edwardsville, Illinois (17 miles)
- d. Table 1110.235(c)(2)(B)(ii) below lists the patient origin by zip code for all patients treated at MESC during calendar year 2023. 2,947 (or 92.3%) of the cases were from patients residing in the GSA.

Table 1110.235(c)(2)(B)(ii)	
MESC Patient Origin by Zip Code	
Zip Code	Patients
38125	2
45202	1
46815	3
61554	1
61615	1
62002	5
62209	3
62010	3
62018	2
62024	8
62025	34
62033	2
62034	23
62035	1

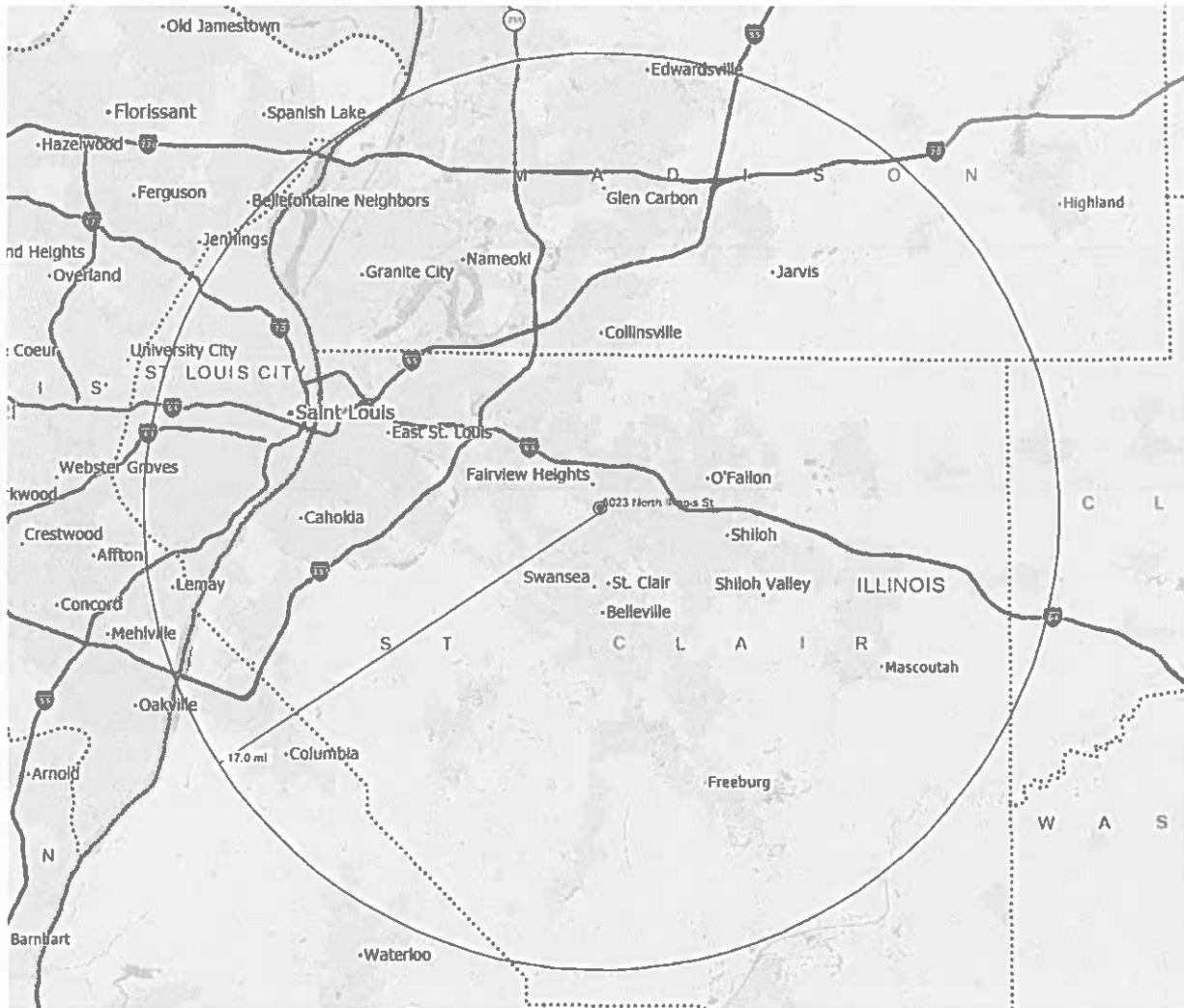


62040	122
62048	2
62052	4
62058	2
62059	4
62060	30
62061	3
62062	27
62077	2
62084	1
62090	3
62095	9
62201	22
62202	1
62203	71
62204	50
62205	66
62206	93
62207	78
62208	232
62214	7
62215	7
62216	3
62217	3
62218	2
62220	188
62221	284
62222	2
62223	176
62225	19
62226	384
62230	6
62231	8
62232	85
62234	166
62236	15
62237	1
62238	2
62239	11
62240	7
62241	4
62242	1
62243	32
62245	2
62246	2
62248	2

62249	20
62250	2
62252	1
62254	45
62255	9
62256	2
62257	16
62258	64
62260	41
62263	13
62264	18
62265	21
62266	3
62269	394
62271	4
62272	3
62274	1
62275	8
62278	14
62281	4
62282	2
62285	25
62286	2
62289	3
62292	4
62293	18
62294	31
62295	3
62298	22
62640	1
62801	4
62812	1
62864	2
62891	1
62988	1
63021	1
63026	1
63028	1
63034	4
63039	2
63042	1
63043	2
63050	1
63052	3

63080	1
63088	1
63104	2
63108	1
63110	2
63114	2
63115	1
63116	2
63117	1
63119	1
63123	4
63125	8
63126	2
63129	1
63133	3
63138	1
63139	1
63143	1
63357	1
63755	1
63873	1
68130	1
77399	1
78412	3
80537	2

**Attachment- 24A: MESC's 17-Mile GSA**



**Section V, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(3) – Service Demand-Additional ASTC Service**

A physician referral letter providing the number of patients referred to healthcare facilities within the past 12 months and the projected number of referrals to the MESC is attached at Appendix - 1. A summary of the physician referral letter is provided in Table 1110.235(c)(3) below.

<b>Table 1110.235(c)(3)</b>		
<b>Name and Location of Licensed Facility</b>	<b>Outpatient Cases (6/19/23-6/13/24)</b>	<b>Projected Referrals to MESC (Cases)</b>
Marion Healthcare Surgery Center Marion, IL	141	18
SSM Health Good Samaritan Hospital Mt. Vernon, IL	15	2
Heartland Regional Medical Center Marion, IL	4	1
Herrin Hospital Herrin, IL	19	2
Harrisburg Medical Center Harrisburg, IL	380	49
Additional cases due to planned office practice in GSA	0	50
<b>Total</b>	<b>559</b>	<b>122</b>

**Section V, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(5) Treatment Room Need Assessment**

- a. Pursuant to Section 1100.640(c) of the State Board's rules, ambulatory surgical treatment centers should operate 1,500 hours per room per year (including setup and cleanup time). MESC currently has two procedure rooms for a total capacity of 3,000 hours per year. In 2023, 3,187 surgical procedures (or 1,175 surgical hours) were performed at MESC. Based on Dr. Hatchett's referral letter, MESC projects that 122 additional cases (or 149 surgical hours) will be referred to MESC.
- b. MESC estimates the average length of time will be 1.22 hours per urology procedure (including prep and cleanup).<sup>1</sup>

---

<sup>1</sup> Average surgical times from 2021 Illinois Ambulatory Surgical Treatment Center State Summary available at <https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/astc-summaries/STATE%20Summary%20Report%202021.pdf> (last visited October 13, 2024).

**V, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(6), Service Accessibility**

The Applicant seeks to add urology services at an existing ASTC to improve access to surgical services for residents within MESC's geographic service area and to increase utilization at MESC, which currently has capacity. As discussed throughout this application, patients are currently undergoing urology procedures in Missouri and in the hospital setting. The Applicant hopes to be able to serve these patients locally in the ASTC setting rather than having them travel outside of Illinois or utilize a hospital to obtain healthcare.

Offering an ASTC option for patients within the GSA to obtain urology services is important for a number of reasons. Not only are hospital outpatient departments (HOPDs) more costly, less efficient, and less convenient than ASTCs, they also carry an increased risk of patients being exposed to hospital-acquired infections. By offering urology surgery services, MESC will allow physicians to schedule their surgeries to maximize efficiency. Furthermore, ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Additionally, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient in ASTCs due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care.

Through MESC, patients residing in the Metro East Illinois area have access to surgical procedures that would cost three to four times more in local hospitals. Accordingly, it is imperative that MESC provides an additional surgical specialty to extend access to a larger and growing population. Based on the above, this project will improve access to care for residents of the geographic service area.

**Section V, Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgery  
 Criterion 1110.235(c)(7), Unnecessary Duplication/Maldistribution**

**1. Unnecessary Duplication of Services**

- a. MESC will remain in its current location at 5023 North Illinois Street, Fairview Heights, Illinois 62208. A map of MESC's market area is attached at Attachment – 24A. A list of all zip codes located, in whole or in part, within a 17-mile radius of MESC as well as the 2018 U.S. Census estimates figures for each zip code is provided in Table 1110.235(c)(7)(A).

<b>Table 1110.235(c)(7)(A) Population within Geographic Service Area</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
62040	Granite City	40,716
62269	O Fallon	35,467
62234	Collinsville	32,491
62025	Edwardsville	35,947
62226	Belleville	29,333
62221	Belleville	29,454
62220	Belleville	19,277
62223	Belleville	16,534
62208	Fairview Heights	16,690
62298	Waterloo	17,192
62249	Highland	16,649
62206	East Saint Louis	13,477
62294	Troy	15,289
62236	Columbia	14,630
62034	Glen Carbon	14,497
62258	Mascoutah	10,572
62204	East Saint Louis	5,908
62207	East Saint Louis	6,637
62205	East Saint Louis	5,754
62201	East Saint Louis	5,166
62203	East Saint Louis	6,076
62062	Maryville	8,461
62260	Millstadt	6,461
62232	Caseyville	6,920
62254	Lebanon	6,586
62243	Freeburg	6,271
62239	Dupo	4,076
62060	Madison	3,534
62265	New Baden	4,418
62285	Smithton	4,512



62293	Trenton	4,392
62225	Scott Air Force Base	5,359
62264	New Athens	3,237
62026	Edwardsville	1,054
62281	Saint Jacob	2,811
62257	Marissa	1,897
62087	South Roxana	2,121
62240	East Carondelet	2,197
62084	Roxana	1,601
62048	Hartford	1,626
62061	Marine	1,672
62090	Venice	1,053
62059	Lovejoy	629

Source: U.S. Census Bureau, American Community Survey

- b. There are not any ASTCs within MESC's GSA that offer urology. A list of the hospitals located within the GSA that offer urology are identified in the table below:

Type	Facility Name	Address	City	County	Zip	Travel Distance (Miles)
Hospital	Memorial Hospital	4500 Memorial Dr.	Belleville	St. Clair	62226	4
Hospital	Memorial Hospital - East	1404 Cross St.	Shiloh	St. Clair	62226	5
Hospital	HSHS St. Elizabeth's Hospital	1 St. Elizabeth's Blvd.	O'Fallon	St. Clair	62269	6
Hospital	Anderson Hospital	6800 State Route 162	Maryville	Madison	62062	12
Hospital	Gateway Regional Medical Center	2100 Madison Ave.	Granite City	Madison	62040	17

## 2. Maldistribution of Services

Expansion of services at MESC will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of surgical/treatment rooms characterized by such factors as, but not limited to: (1) ratio of surgical/treatment rooms to population exceeds one and one-half times the State Average; (2) historical utilization of existing surgical/treatment rooms is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

**a. Ratio of operating rooms to population.**

As shown in Table 110.235(c)(7)(B), the ratio of population to operating/procedure rooms is 113% of the State Average. Since access to operating and procedure rooms is more limited than in other parts of the state, it is important that MESC is able to offer an additional specialty to increase access to surgical services in the GSA. This is particularly true because there are far more operating/procedure rooms in the hospital setting than in the lower cost ASTC setting, which is more appropriate for simple surgical procedures. Specifically, there are 86 surgical suite rooms in the GSA, and 82.6% of those rooms are operated under a hospital license with a much higher cost to patients, the government, employers and private payors.

	<b>Population</b>	<b>Operating/ Procedure Rooms</b>	<b>Rooms to Population</b>	<b>Standard Met?</b>
<b>Geographic Service Area</b>	468,644	86	1:5,449	YES
<b>State</b>	12,671,821	2,639	1:4,802	

**b. Historical Utilization of Existing Healthcare Facilities**

Since ASTCs offer patients and payors a convenient, high quality, lower cost alternative to hospital outpatient departments for urology surgery, it is important that patients within the GSA have access to urology services in the ASTC setting. Additionally, since it is not part of a hospital campus, MESC is much more easily accessible in terms of parking, wayfinding, family waiting areas and drop-off/pick-up.

**c. Sufficient Population to Provide the Necessary Volume or Caseload**

MESC currently operates an ASTC with two procedure rooms and proposes to add a surgical specialty to increase its utilization closer to the State Board's standard of 1,500 surgical hours per operating/procedure room. In 2023, 3,187 surgical procedures (or 1,175 surgical hours) were performed at MESC. Based on Dr. Hatchett's referral letter, MESC projects 122 cases (or 149 surgical hours) will be referred to MESC. There is sufficient population to yield this case volume.

**3. Impact on Other Health Care Facilities**

The Project will not have an adverse impact on existing facilities in the GSA or lower utilization of other area providers that are operating below the occupancy standards but will improve utilization of MESC, which has capacity to credential more physicians. Importantly, this project is not adding surgical capacity to the GSA. The MESC ASTC will have two key rooms as it currently has. MESC is merely seeking authority from the State Board to add a surgical specialty at its existing ASTC.

**Section V, Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgery  
Criterion 1110.235(c)(8), Staffing**

MESC is staffed in accordance with all IDPH and Medicare staffing requirements.

**Section V, Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgery  
Criterion 1110.235(c)(9) Charge Commitment**

a. A list of the procedures to be performed at MESC with the proposed charge is provided in Table 1110.235(c)(9).

CPT	Amount	CPT Description
11005	\$6,506.00	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11426	\$11,016.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
49525	\$14,948.00	Repair inguinal hernia, sliding, any age
50590	\$21,050.00	Lithotripsy, extracorporeal shock wave
51040	\$15,431.00	Cystostomy, cystostomy with drainage
51700	\$6,506.00	Bladder irrigation, simple, lavage and/or instillation
51703	\$6,506.00	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51710	\$6,595.00	Change of cystostomy tube; complicated
51715	\$14,858.00	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52000	\$6,595.00	Cystourethroscopy (separate procedure)
52001	\$9,846.00	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	\$10,657.00	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
52204	\$10,657.00	Cystourethroscopy, with biopsy(s)
52234	\$12,647.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	\$12,647.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	\$12,647.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52276	\$10,657.00	Cystourethroscopy with direct vision internal urethrotomy
52287	\$5,494.00	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52310	\$7,991.00	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	\$10,657.00	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	\$12,647.00	Litholapaxy; crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	\$12,647.00	Litholapaxy; crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52332	\$12,647.00	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52351	\$10,657.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	\$12,647.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus
52353	\$17,395.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	\$12,647.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52356	\$23,205.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent
52441	\$7,991.00	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	\$7,991.00	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant
52450	\$11,708.00	Transurethral incision of prostate
52500	\$12,647.00	Transurethral resection of bladder neck (separate procedure)
52601	\$17,395.00	Transurethral electrocautery resection of prostate, including control of postoperative bleeding, complete
52630	\$17,395.00	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete
53020	\$10,302.00	Meatotomy, cutting of meatus (separate procedure); except infant
53520	\$14,858.00	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	\$6,506.00	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53854	\$7,991.00	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
54085	\$11,173.00	Destruction of lesion(s), penis
54160	\$11,219.00	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161	\$11,219.00	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54162	\$11,219.00	Lysis or excision of penile post-circumcision adhesions
54300	\$16,563.00	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54360	\$16,563.00	Plastic operation on penis to correct angulation
54520	\$12,507.00	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54530	\$14,948.00	Orchiectomy, radical, for tumor; inguinal approach
54620	\$12,507.00	Fixation of contralateral testis (separate procedure)
54840	\$14,948.00	Orchiopexy, inguinal approach, with or without hernia repair
54700	\$12,507.00	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54860	\$12,507.00	Epididymectomy, unilateral
55040	\$14,948.00	Excision of hydrocele; unilateral
55060	\$12,507.00	Repair of tunica vaginalis hydrocele (Bottle type)
55160	\$12,507.00	Resection of scrotum
55250	\$12,507.00	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55500	\$12,507.00	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55700	\$7,062.00	Biopsy, prostate; needle or punch, single or multiple, any approach
57220	\$20,853.00	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
64561	\$27,962.00	Percutaneous implantation of neurostimulator electrode array, sacral nerve (transforaminal placement) including image guidance, if performed
64585	\$11,275.00	Revision or removal of peripheral neurostimulator electrode array
64590	\$84,470.00	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	\$17,670.00	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
95972	\$4,300.00	Electronic analysis of implanted neurostimulator pulse generator system
76000.28	\$4,300.00	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time
76872.28	\$4,300.00	Ultrasound, transrectal
76942.28	\$4,300.00	Ultrasound
J0585	\$4,300.00	Injection, onabotulinumtoxinA, 1 unit

Table 1110.235(c)(9) above is a non-exhaustive list of the procedures by primary CPT code that will be typically performed within the new specialty. Each line shows anticipated maximum charges for two years for a surgical case with the primary CPT code shown.

b. A letter from Dr. Shakeel Ahmed, committing to maintain the charges listed in Table 1110.235(c)(9) is attached below.

Debra Savage, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**RE: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances**

Dear Chair Savage:

- The charge schedule submitted as part of this certificate of need application will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1130.310(a).
- Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center will continue its existing peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for surgical services. If outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.
- By the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms at Metroeast Endoscopic Surgery Center, LLC dba Metroeast Surgery Center will meet or exceed the utilization standard specified in 77 Ill. Admin. Code 1100.

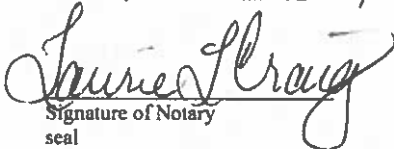
Sincerely,



Shakeel Ahmed, MD

Notarization:

Subscribed and sworn to before  
me this 11 day of December, 2024



Signature of Notary  
seal



**Section V, Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgery  
Criterion 1110.235(c)(10), Assurances**

A letter from Dr. Shakeel Ahmed attesting that a peer review program exists at MESC is attached above.

**Section VI, Availability of Funds**  
**Criterion 1120.120**

The Project will be funded through cash on hand. To support the fact that there are sufficient funds to cover the cost of the proposed project, the Applicants provided the letter below noting the sufficiency of cash available for the Project.



8182 Maryland Ave.  
Suite 500  
St. Louis, MO 63105

800.711.2027  
314.725.0455

December 11, 2024

To Whom It May Concern:

My name is Aaron Vickar and I serve as the Wealth Advisor for Dr. Shakeel Ahmed. I can confirm that he has well in excess of \$50,000 available that has not been earmarked for another project and can be accessed, in cash, within 24 hours.

If you have any questions, please let me know.

Thank you.

Aaron Vickar

A handwritten signature in black ink, appearing to read 'AV' with a stylized flourish.

Aaron Vickar  
Wealth Advisor  
**BUCKINGHAM STRATEGIC WEALTH**  
avickar@bamadvisor.com | 314.743.2241 (direct) | 800.711.2027, ext. 241  
8182 Maryland Ave. Suite 500, St. Louis, MO 63105

**Section VII, 1120.130 Financial Viability**  
**Financial Viability Waiver**

The project will be funded through internal resources (cash on hand) and qualifies for the financial viability waiver.



**VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140(A), Reasonableness of Financing Arrangements**

By signing the certification pages within this application, the Applicants attest that the total estimated project costs will be funded entirely with cash.

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140(B), Conditions of Debt Financing**

No debt will be necessary to fund the addition of a surgical specialty. Accordingly, this criterion is not applicable.

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140C. Reasonableness of Project and Related Costs**

1. This project will not include any construction. Accordingly, this criterion is not applicable.

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
CLINICAL									
Contingency									
<b>TOTAL CLINICAL</b>									
<b>NON- CLINICAL</b>									
Admin									
Contingency									
<b>TOTAL NON- CLINICAL</b>									
<b>TOTAL</b>									

\* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

<b>Table 1120.310(c)</b>			
	<b>Proposed Project</b>	<b>State Standard</b>	<b>Above/Below State Standard</b>
Movable or Other Equipment (Not in Construction Contracts)	\$50,000	\$551,212 per room	Below State Standard

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140D, Projected Operating Costs**

Operating Expenses:	\$45,488
Procedures:	122 procedures
Operating Expense per Procedure:	\$614.70 per procedure

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140E, Total Effect of Project on Capital Costs**

Capital Costs: \$50,000  
Procedures: 122 procedures  
Capital Costs per Procedure: \$409.84 per procedure

**Section IX, Safety Net Impact Statement**

The proposed project is non-substantive as it involves the addition of urology procedures to an existing ASTC. Accordingly, this criterion is not applicable.

**Section X, Charity Care Information**

The table below provides charity care information for the most recent three years for MESC.

<b>CHARITY CARE</b>			
	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>Net Patient Revenue</b>	<b>\$2,133,753</b>	<b>\$2,008,640</b>	<b>\$1,942,572</b>
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

The ASTC operator does not have the benefit of a tax exemption. Accordingly, the operator tracks bad debt rather than charity care.

**Appendix I – Physician Referral Letter**

Below is a referral letter from Dr. Robert Hatchett projecting that 122 patients will be referred to MESC within 12 to 24 months of project completion.

Debra Savage, Chair  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Re: Metroeast Endoscopic Surgery Center Addition of Surgical Specialty CON Permit Application

Dear Chair Savage:

Please accept this letter to verify my plans to refer patients to Metroeast Endoscopic Surgery Center ("MESC") upon approval of the soon to be filed certificate of need ("CON") permit application to allow urologists to perform cases at MESC. I am a highly accomplished urologist who has practiced in Southern Illinois for well over 25 years. As an African American physician, I can significantly benefit communities of color by improving health outcomes through better patient-physician racial concordance. This often leads to enhanced communication, trust, and cultural competence in healthcare delivery, resulting in more effective and personalized care. Additionally, African American surgeons serve as important role models, inspiring future generations of medical professionals from underrepresented groups. Their presence can also contribute to addressing health disparities and promoting health equity in communities of color. More broadly, my practice is known for its patient-friendly approach and by offering telehealth services to ensure quality urological care is more accessible for patients residing in Southern Illinois.

Urological surgeries play a crucial role in addressing age-related complications in men's urinary tract function and reproductive health. As men age, they are more susceptible to various urological conditions, such as prostate enlargement, erectile dysfunction, and urinary incontinence. These conditions can significantly impact quality of life, making surgical interventions not only necessary but also beneficial for maintaining health and well-being.

During the past twelve months, I performed a total of 559 outpatient procedures at hospitals and surgery centers as outlined in Table 1 below. Outpatient procedures have always been a vital and necessary part of my practice, and I expect similar or larger case volumes going forward. With the addition of urology at MESC, I expect to refer the projected patient volume in Table 1 below. Referrals will be based on patients' zip codes of residence as outlined in Attachment A.

**Table 1: Robert L. Hatchett, MD- Historical & Projected Outpatient Surgical Cases**

Name and Location of Licensed Facility	Outpatient Cases (6/19/23-6/13/24)	Projected Referrals to MESC (Cases)
Marion Healthcare Surgery Center Marion, IL	141	18
SSM Health Good Samaritan Hospital Mt. Vernon, IL	15	2
Heartland Regional Medical Center	4	1



Ms. Debra Savage  
Page 2

Name and Location of Licensed Facility	Outpatient Cases (6/19/23-6/13/24)	Projected Referrals to MESC (Cases)
Marion, IL		
Herrin Hospital Herrin, IL	19	2
Harrisburg Medical Center Harrisburg, IL	380	49
<b>Total</b>	<b>559</b>	<b>72</b>

In addition to the cases projected above, I plan to establish an office practice near MESC on a periodic basis once this CON permit is approved. I anticipate that this clinic will generate another 50 or more outpatient surgical cases per year that I will perform at MESC – a total of 122 cases per year.

Given the significant benefits these surgeries provide in managing age-related urological conditions, it is imperative that states like Illinois approve and support their performance in ambulatory surgery centers. Ensuring access to these procedures can greatly enhance men's health outcomes and quality of life as they age. I urge the Illinois Health Facilities and Services Review Board to approve MESC in its plans to add urologists to its medical staff.

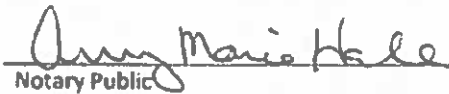
The information contained in this letter is true and correct to the best of my knowledge. The anticipated referral volume noted above has not been used to support another pending or approved CON application.

Sincerely,



Robert L. Hatchett, MD  
3401 Heartland St.  
Marion, IL 62959  
Specialty: Urology

Subscribed and sworn to me  
This 4 day of December, 2024

  
Notary Public



**Attachment A**  
**Historical & Projected Referrals by Zip Code**

Patient Zip Code	Historical Volume	Projected Volume
42029	1	0
42459	1	0
47629	3	0
62086	2	2
62230	2	2
62257	1	1
62259	1	0
62262	1	1
62263	1	1
62268	1	1
62273	2	0
62274	12	12
62294	1	1
62426	1	0
62448	2	0
62471	1	0
62801	22	22
62810	1	0
62812	31	0
62816	3	0
62821	3	0
62822	4	0
62828	1	0
62831	2	2
62832	19	19
62836	2	0
62839	2	0
62846	6	0
62854	2	0
62859	9	0
62864	22	0
62865	3	0
62869	2	0
62870	1	0
62881	6	0
62882	1	1
62884	6	0

62888	7	7
62889	4	0
62890	2	0
62891	1	0
62895	3	0
62896	33	0
62898	2	0
62899	1	0
62901	8	0
62902	5	0
62903	2	0
62905	2	0
62906	14	0
62907	1	0
62908	1	0
62912	6	0
62915	2	0
62916	1	0
62917	6	0
62918	16	0
62919	2	0
62921	2	0
62922	8	0
62924	8	0
62926	3	0
62927	3	0
62930	12	0
62932	4	0
62933	2	0
62934	1	0
62935	4	0
62938	2	0
62939	10	0
62942	1	0
62946	33	0
62947	2	0
62948	26	0
62949	3	0
62951	15	0
62952	2	0
62953	1	0
62954	2	0

Ms. Debra Savage  
Page 5

62958	4	0
62959	42	0
62960	4	0
62964	1	0
62966	15	0
62969	4	0
62972	5	0
62974	9	0
62975	2	0
62982	4	0
62983	1	0
62984	1	0
62987	1	0
62990	4	0
62995	13	0
62996	1	0
62999	3	0
78232	1	0
<b>Total</b>	<b>559</b>	<b>72</b>