#24-005

RECEIVED
MAR - 4 2024
HEALTH FACILITIES & SERVICES REVIEW BOARD

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: NANI Vascular South ASC
Street Address: 12250 South Cicero Avenue
City and Zip Code: Alsip 60803
County: Cook Health Service Area: 7 Health Planning Area:

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

Exact Legal Name: NANI Vascular South ASC LLC
Street Address: 120 West 22nd Street
City and Zip Code: Oak Brook 60523
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703-4261
Name of Manager: Brian O'Dea
Manager Street Address: 120 West 22nd Street
Manager City and Zip Code: Oak Brook 60523
Manager Telephone Number: 630-573-5000

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado Jr. and Mark Silberman
Title: CON Counsel
Company Name: Benesch, Friedlander, Coplan & Aronoff LLP
Address: 71 S. Wacker Dr., Suite 1600, Chicago, IL 60606
Telephone Number: 312-212-4952 / 312-212-4967
E-mail Address: JMorado@Beneschlaw.com & MSilberman@Beneschlaw.com
Fax Number: 312-767-9192

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

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

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: NANI Vascular South ASC
Street Address: 12250 South Cicero Avenue
City and Zip Code: Alsip 60803
County: Cook Health Service Area: 7 Health Planning Area:

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

Exact Legal Name: Nephrology Associates of Northern Illinois, Ltd.
Street Address: 120 West 22nd Street
City and Zip Code: Oak Brook 60523
Name of Registered Agent: Brian J. O'Dea
Registered Agent Street Address: 120 West 22nd Street
Registered Agent City and Zip Code: Oak Brook 60523
Name of Chief Executive Officer: Brian O'Dea
CEO Street Address: 120 West 22nd Street
CEO City and Zip Code: Oak Brook 60523
CEO Telephone Number: 630-573-5000

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado Jr. and Mark Silberman
Title: CON Counsel
Company Name: Benesch, Friedlander, Coplan & Aronoff LLP
Address: 71 S. Wacker Dr., Suite 1600, Chicago, IL 60606
Telephone Number: 312-212-4952 / 312-212-4967
E-mail Address: JMorado@Beneschlaw.com & MSilberman@Beneschlaw.com
Fax Number: 312-767-9192

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

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

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: NANI Vascular South ASC
Street Address: 12250 South Cicero Avenue
City and Zip Code: Alsip 60803
County: Cook Health Service Area: 7 Health Planning Area:

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

Exact Legal Name: NANI Vascular ASC LLC
Street Address: 120 West 22nd Street
City and Zip Code: Oak Brook 60523
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703-4261
Name of Manager: Brian O'Dea
Manager Street Address: 120 West 22nd Street
Manager City and Zip Code: Oak Brook 60523
Manager Telephone Number: 630-573-5000

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado Jr. and Mark Silberman
Title: CON Counsel
Company Name: Benesch, Friedlander, Coplan & Aronoff LLP
Address: 71 S. Wacker Dr., Suite 1600, Chicago, IL 60606
Telephone Number: 312-212-4952 / 312-212-4967
E-mail Address: JMorado@Beneschlaw.com & MSilberman@Beneschlaw.com
Fax Number: 312-767-9192

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

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

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: NANI Vascular South ASC
Street Address: 12250 South Cicero Avenue
City and Zip Code: Alsip 60803
County: Cook Health Service Area: 7 Health Planning Area:

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

Exact Legal Name: Willow Springs Surgery Center, Ltd.
Street Address: 120 West 22nd Street
City and Zip Code: Oak Brook 60523
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703-4261
Name of President: Arthur Morris, M.D.
President Street Address: 120 West 22nd Street
President City and Zip Code: Oak Brook 60523
President Telephone Number: 630-573-5000

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado Jr. and Mark Silberman
Title: CON Counsel
Company Name: Benesch, Friedlander, Coplan & Aronoff LLP
Address: 71 S. Wacker Dr., Suite 1600, Chicago, IL 60606
Telephone Number: 312-212-4952 / 312-212-4967
E-mail Address: JMorado@Beneschlaw.com & MSilberman@Beneschlaw.com
Fax Number: 312-767-9192

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

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

Flood Plain Requirements [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org. This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov)**. **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements [Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☒ Substantive

☐ Non-substantive

2. Narrative Description

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

NANI Vascular South ASC, LLC ("NVC") is proposing to establish a single-specialty surgery center located at 12250 South Cicero Avenue in Alsip, Illinois 60803, as replacement for the Willow Springs Surgery Center. As an establishment of a new ambulatory surgical treatment center, this is classified as a substantive project. NVC is wholly owned by NANI Vascular ASC, LLC, itself wholly owned by Nephrology Associate of Northern Illinois, Ltd. ("NANI"), thus making NANI the appropriate applicant. Concurrently, NANI is filing a CON application to discontinue the Willow Springs Surgery Center, also an entity wholly owned by NANI.

The facility will be licensed for the "General/Other" category of service with the focus being on vascular access procedures to support and maintain end-stage renal dialysis ("ESRD") patients. The facility will have two operating rooms and provide the full spectrum of general surgical procedures supporting the vascular health of ERSD patients.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	$2,048,742	$926,777	$2,975,519
Modernization Contracts	-	-	-
Contingencies	$159,777	$72,728	$232,055
Architectural/Engineering Fees	$132,003	$59,713	$191,716
Consulting and Other Fees	$280,166	$126,737	$406,903
Movable or Other Equipment (not in construction contracts)	$482,635	$34,920	$517,555
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space or Equipment	$1,172,238	$317,549	$1,489,786
Other Costs to Be Capitalized	-	-	-
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	**$4,275,561**	**$1,537,973**	**$5,813,534**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$3,103,323	$1,220,424	$4,323,748
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value)	$1,172,238	$317,549	$1,489,786
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	**$4,477,258**	**$1,336,276**	**$ 5,813,534**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $ N/A
Fair Market Value: $ N/A

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 $ $1,489,786.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): July 1, 2026

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?

☐ Cancer Registry- NOT APPLICABLE
☐ 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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ASTC	$4,275,561	-	-	5,500	-	-	-
Total Clinical	$4,275,561	-	-	5,500	-	-	-
NON-REVIEWABLE							
Administrative	$1,537,973	-	-	2,488	-	-	-
Total Non-clinical	$1,537,973	-	-	2,488	-	-	-
TOTAL	**$5,813,534**	-	-	**7,988**	-	-	-

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization – NOT APPLICABLE

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

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

CERTIFICATION

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

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

This Application is filed on the behalf of NANI Vascular ASC, LLC, NANI Vascular South ASC, LLC, Willow Springs Surgery Center, Ltd., and Nephrology Associates of Northern Illinois LTD. 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	SIGNATURE
Manish Tanna M.D.	Arthur Morris, M.D.
PRINTED NAME	PRINTED NAME
Manager	Manager
PRINTED TITLE	PRINTED TITLE
Notarization:	Notarization:
Subscribed and sworn to before me this 17 day of January, 2024	Subscribed and sworn to before me this 11 day of January, 24
Signature of Notary	Signature of Notary
Seal	Seal

Official Seal
Victoria Bryant
Notary Public State of Illinois
My Commission Expires 12/28/2028

*Insert the EXACT legal name of the applicant

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

   Alternative options **must** include:

   A) Proposing a project of greater or lesser scope and cost.

   B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.

   C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

   D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE
Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
    c. The project involves the conversion of existing space that results in excess square footage.
    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ASTC	**5,500 GSF**	**5,500 GSF**	**-**	**YES**

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

PROJECT SERVICES UTILIZATION:

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

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

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

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1	**ASTC**	**2,408 Procedures**	**2,408 Procedures**	**>1500 Hours**	**YES**
YEAR 2	**ASTC**	**2,408 Procedures**	**2,528 Procedures**	**>1500 Hours**	**YES**

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

G. Non-Hospital Based Ambulatory Surgery

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

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

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

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

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

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

SECTION VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

$4,323,747	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
$1,489,786	d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment. 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$5,813,533	**TOTAL FUNDS AVAILABLE**

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY- WAIVER MET

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available.

2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ASTC	$372.50	-	5,500	-	-	-	$372.50	-	$2,048,742
Contingency	$29.05	-	5,500	-	-	-	$29.05	-	$159,777
TOTALS	$401.55	-	5,500	-	-	-	$401.55	-	$2,208,519

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, ***including the impact on racial and health care disparities in the community,*** to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

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

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

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

1. Applicant: NANI Vascular South ASC, LLC (Name) 12250 South Cicero Avenue (Address)

Alsip (City) IL (State) 60803 (ZIP Code) 630-573-5000 (Telephone Number)

2. Project Location: NANI Vascular South ASC (Address) Alsip (City) IL (State)

Cook (County) Worth (Township) (Section)

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

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

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No X

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

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

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

FIRM Panel Number: _____ Effective Date: _____

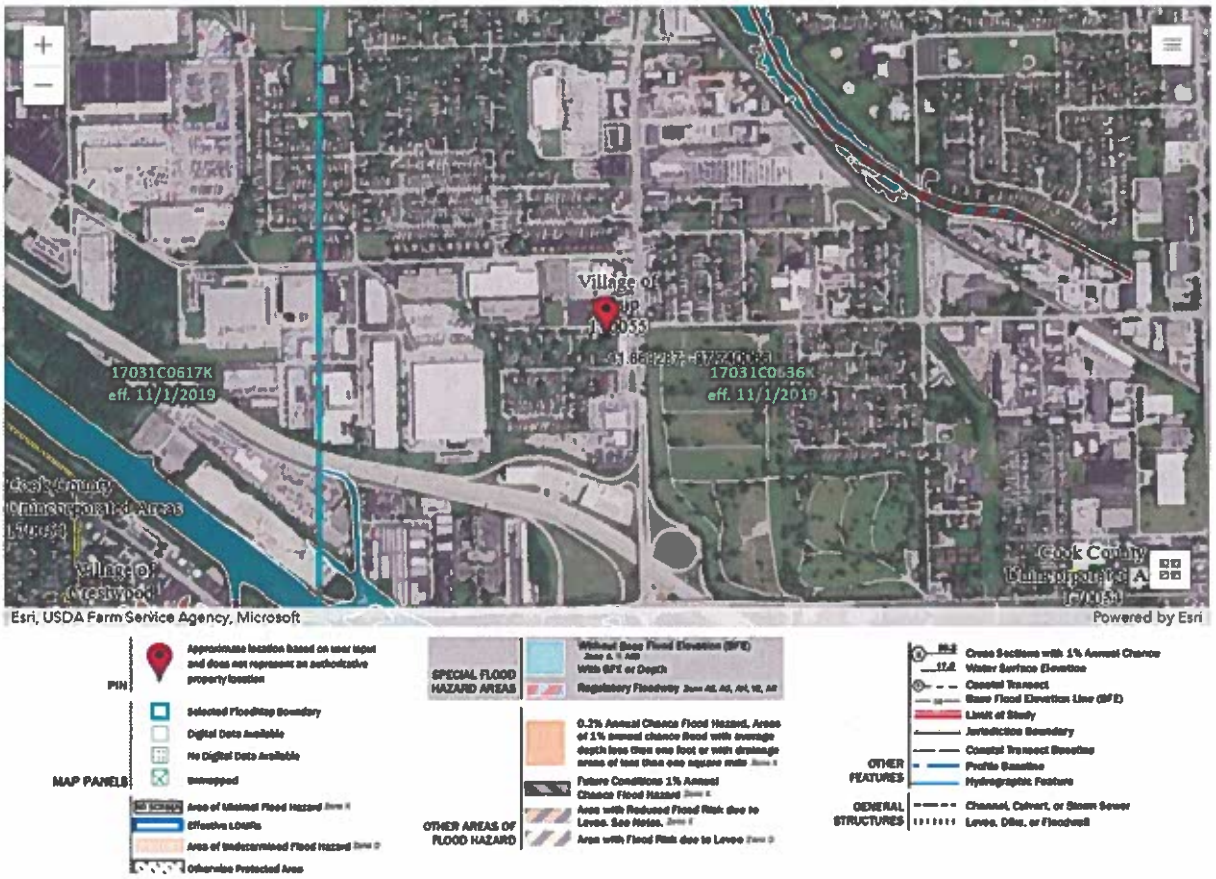
Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

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

Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.
If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428


Village of
17031C0617K
eff. 11/1/2019
17031C0636K
eff. 11/1/2019
Esri, USDA Farm Service Agency, Microsoft
Powered by Esri
PIN
MAP PANELS
SPECIAL FLOOD HAZARD AREAS
OTHER AREAS OF FLOOD HAZARD
OTHER FEATURES
GENERAL STRUCTURES

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	26-30
2	Site Ownership	31-34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	35-36
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37
5	Flood Plain Requirements	38-39
6	Historic Preservation Act Requirements	40-45
7	Project and Sources of Funds Itemization	46-47
8	Financial Commitment Document if required	48
9	Cost Space Requirements	49
10	Discontinuation	n/a
11	Background of the Applicant	50-52
12	Purpose of the Project	53-63
13	Alternatives to the Project	64-65
14	Size of the Project	66
15	Project Service Utilization	67-68
16	Unfinished or Shell Space	69
17	Assurances for Unfinished/Shell Space	70
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
20	Comprehensive Physical Rehabilitation	n/a
21	Acute Mental Illness	n/a
22	Open Heart Surgery	n/a
23	Cardiac Catheterization	n/a
24	In-Center Hemodialysis	n/a
25	Non-Hospital Based Ambulatory Surgery	71-98
26	Selected Organ Transplantation	n/a
27	Kidney Transplantation	n/a
28	Subacute Care Hospital Model	n/a
29	Community-Based Residential Rehabilitation Center	n/a
30	Long Term Acute Care Hospital	n/a
31	Clinical Service Areas Other than Categories of Service	n/a
32	Freestading Emergency Center Medical Services	n/a
33	Birth Center	n/a
	Financial and Economic Feasibility:	
34	Availability of Funds	99
35	Financial Waiver	100
36	Financial Viability	101
37	Economic Feasibility	102-103
38	Safety Net Impact Statement	104

INDEX OF ATTACHMENTS

ATTACHMENT 1
Type of Ownership of Applicants

Included with this attachment are:

1. The Certificate of Good Standing for the applicant facility, NANI Vascular South ASC LLC.
2. The Certificate of Good Standing for NANI Vascular South ASC.
3. The Certificate of Good Standing for Nephrology Associates of Northern Illinois, Ltd.
4. The Certificate of Good Standing for Willow Springs Surgery Center, Ltd.

ATTACHMENT 1
Certificate of Good Standing
NANI Vascular South ASC, LLC

File Number 1284022-5

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

NANI VASCULAR SOUTH ASC LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 14, 2023, 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* 24TH *day of* JANUARY *A.D.* 2024 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2402402552 verifiable until 01/24/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
NANI Vascular ASC, LLC

File Number 1284000-4

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

NANI VASCULAR ASC LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 14, 2023, 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* 24TH *day of* JANUARY *A.D.* 2024 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2402402622 verifiable until 01/24/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Nephrology Associates of Northern Illinois, Ltd.

File Number 5112-723-4

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

NEPHROLOGY ASSOCIATES OF NORTHERN ILLINOIS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 01, 1977, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* AUGUST *A.D.* 2022 .

Authentication #: 2222303080 verifiable until 08/11/2023
Authenticate at: https://www.ilsos.gov

Jesse White
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Willow Springs Surgery Center, Ltd.

File Number 6124-611-8

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WILLOW SPRINGS SURGERY CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 19, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* FEBRUARY *A.D.* 2024 .

Authentication #: 2403400480 verifiable until 02/03/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

The owner of the property where the proposed facility will be located is Hickory Properties, Inc. NANI Vascular South ASC, LLC has entered into a letter of intent to lease the space and enclosed with this attachment as evidence of control is a copy of the letter of intent and most recent property taxes for the proposed facility location.

ATTACHMENT 2
Site Ownership

NANI Vascular South ASC LLC

120 W 22nd Street • Oak Brook, IL 60523 • Phone 630-873-6000 • Fax 630-368-0280

January 9, 2024

Peter Gianakas
Hickory Properties Inc.
8201 W. 95th Street, Hickory Hills, IL 60457

RE: Letter of Intent to Lease

This Letter of Intent shall serve to outline a proposal for the lease of space at 12250 South Cicero Avenue, Alsip, IL 60803, IL. As explained below, this proposal does not constitute a binding agreement between the parties. It only evidence Tenant's offer to negotiate in good faith with Landlord for a lease of space in the Center. The basic terms of the proposal are as follows:

Landlord:	Hickory Properties, Inc.
Tenant:	NANI Vascular South ASC LLC and or assigns
Premises:	12250 South Cicero Avenue, Alsip, IL 60803 Approximately 7,988 sf. (suite 106, 107, 108, 109)
Tenant's Pro Rata Share:	28%
Effective Date:	Upon issuance of State Licenseses.
Term:	10 years
Rent:	
Base: Years: 1-3	$17.00 psf
Years: 4-6	$18.50 psf
Years: 7-10	$20.00 psf
CAM:	$2.50 psf
Taxes:	Proportionate share of increase over 2022 / pay 2023 taxes
Security Deposit:	$20,000
Rent abatement:	None
Signage:	Tenant shall be allowed panel(s) on the monument sign. Subject to Landlord's reasonable consent, Tenant allowed to install signage on the building façade above tenant space, subject to compliance with all applicable laws, coded and regulations.
Relocation Clause:	Landlord agrees to waive all relocation right under the lease.
Tenant Improvement Allowance:	None

ATTACHMENT 2
Site Ownership

Landlord Work:	Deliver demised premises in vanilla box condition. Water provided to demised Premises. HVAC in working condition. Provide 800 Amp service to Premises.

Non-Binding: This letter of intent, whether countersigned or not, is not intended to be a legally binding agreement for either party. Nothing contained herein shall be used or relied upon by either party hereto in any evidentiary manner, or otherwise, to subsequently attempt to demonstrate that the parties hereto have entered into a binding agreement or for any other purpose. It is the intent of the parties that no such legally binding agreement shall exist unless and until a formal and definitive lease agreement has been negotiated, drafted and approved by the respective parties and their legal counsel and executed and delivered by such parties.

LANDLORD:
Hickory Properties, Inc.
By: _____
Print: Peter Giannikas
Date: 1/9/2024

TENANT:
NANI Vascular South ASC LLC.
By: _____
Print: William Brenna
Date: 1/9/2024

ATTACHMENT 2
Site Ownership

TOTAL PAYMENT DUE	2023 First Installment Property Tax Bill - Cook County Electronic Bill					
$13,722.25 By 03/01/2024	Property Index Number (PIN)	Volume	Code	Tax Year	(Payable in)	Township	Classification
	24-28-207-020-0000	248	39037	2023	(2024)	WORTH	5-17

IF PAYING LATE, PLEASE PAY	03/02/24-04/01/24	04/02/24-05/01/24	05/02/24-06/01/24	LATE INTEREST IS 0.75% PER MONTH, BY STATE LAW
	$13,825.17	$13,928.09	$14,031.01	

TAXING DISTRICT DEBT AND FINANCIAL DATA

Your Taxing Districts	Money Owed by Your Taxing Districts	Pension and Healthcare Amounts Promised by Your Taxing Districts	Amount of Pension and Healthcare Shortage	% of Pension and Healthcare Costs Taxing Districts Can Pay
South Cook Mosquito Abatement Harvey	$2,448,895	$5,149,150	$86,554	98.32%
Metro Water Reclamation Dist of Chicago	$4,169,828,820	$3,832,806,000	$1,846,684,080	68.84%
Alsip Merrionette Park Pub Library Dist	$129,202	$6,193,782	$706,536	88.89%
Alsip Park District	$2,975,631	$7,765,202	$995,434	87.18%
Moraine Valley Comm Coll 524 (Palos Hts)	$86,278,835	$17,830,139	$17,830,139	0.00%
Community HS District 218 (Oak Lawn)	$134,891,191	$83,221,840	$1,181,687	98.13%
Alsip Hazelgreen and Oak Lawn SD 126	$1,481,141	$17,218,979	-$1,481,141	108.43%
Village of Alsip	$58,883,832	$226,329,209	$128,448,687	41.70%
Town of Worth	$2,357,819	$7,683,423	-$1,492,379	119.42%
Cook County Forest Preserve District	$214,441,242	$617,234,880	$362,843,780	38.87%
County of Cook	$8,893,882,880	$27,896,882,844	$12,815,325,282	52.71%
Total	$13,366,878,941	$31,142,088,148	$14,390,938,508	

For a more in-depth look at government finances and how they affect your taxes, visit cookcountytreasurer.com

PAY YOUR TAXES ONLINE
Pay at cookcountytreasurer.com from your bank account or credit card.

IMPORTANT MESSAGES

TAX CALCULATOR

2022 TOTAL TAX		24,949.55
2023 ESTIMATE	X	55%
2023 1st INSTALLMENT	=	13,722.25

The First Installment amount is 55% of last year's total taxes. All exemptions, such as homeowner and senior exemptions, will be reflected on your Second Installment tax bill.

PROPERTY LOCATION

12250 S CICERO AVE
ALSIP IL 60803

MAILING ADDRESS

HICKORY PROPERTIES PDM
8201 W 95TH ST
HICKORY HLS IL 604571941

*** Please see 2023 First Installment Payment Coupon next page ***

ATTACHMENT 3
Operating Entity/License

NANI Vascular South ASC, LLC will be licensed by the Illinois Department of Public Health following approval of this project. Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State.

ATTACHMENT 3
Operating Entity/License
Certificate of Good Standing for
NANI Vascular South ASC, LLC

File Number 1284022-5

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

NANI VASCULAR SOUTH ASC LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 14, 2023, 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.

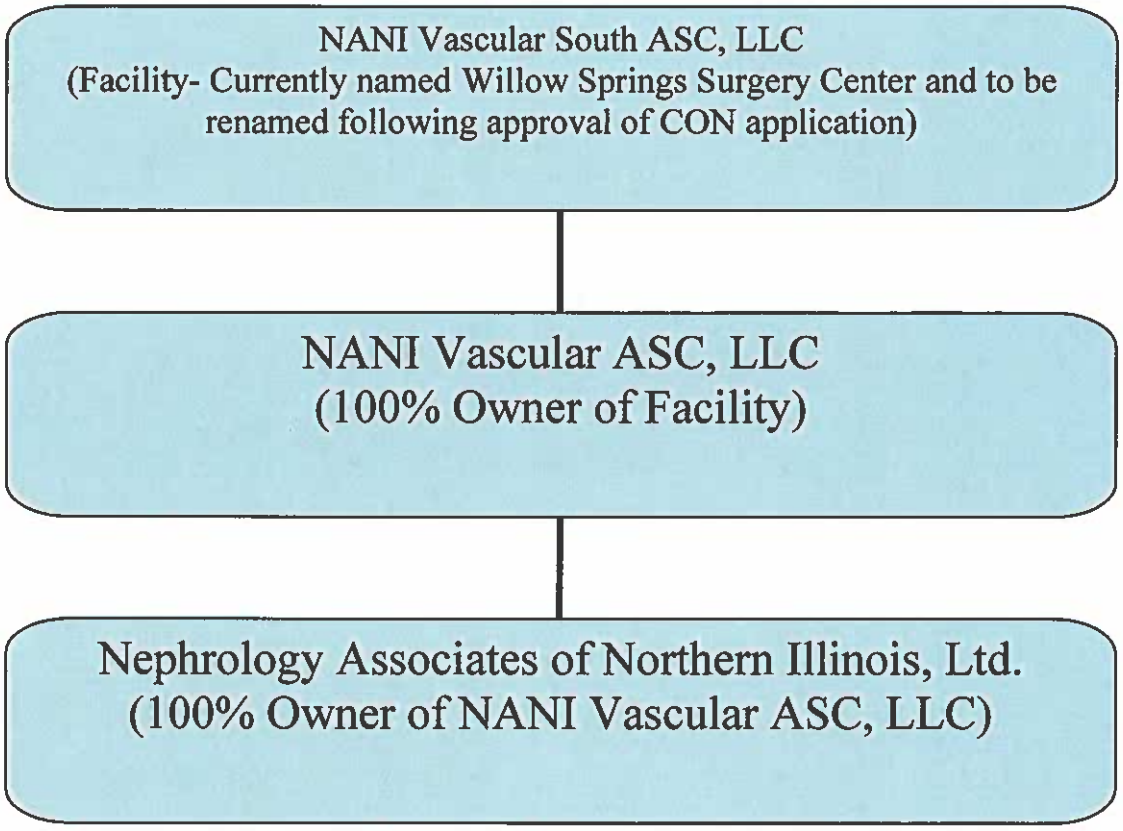
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* JANUARY *A.D.* 2024 .

Authenticator #: 2402402562 verifiable until 01/24/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 4
Organizational Relationships

The proposed facility will be owned by the Applicant, NANI Vascular South ASC, LLC. That entity is a wholly owned subsidiary of NANI Vascular ASC, LLC which along with Willow Springs Surgery Center, Ltd. are wholly owned by Nephrology Associates of Northern Illinois, Ltd., a physician practice based in the State of Illinois.



ATTACHMENT 5
Flood Plain Requirements

NANI
Nephrology Associates of Northern Illinois and Indiana

120 W 22nd Street, Oak Brook IL 60123
(630) 573-5000
www.nephdocs.com

January 17, 2024

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

Re: Flood Plain Letter - NANI Vascular South ASC, LLC

Dear Mr. Kniery:

As a representative of Nephrology Associates of Northern Illinois, LTD., NANI Vascular ASC, LLC, and NANI Vascular South ASC, LLC, I, Arthur Morris, M.D., affirm that the proposed location for the establishment of NANI Vascular South ASC, LLC complies with Illinois Executive Order #2005-5. The facility location of 12250 South Cicero Avenue, Alsip, Illinois 60803, is not located in a flood plain; as evidence, please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

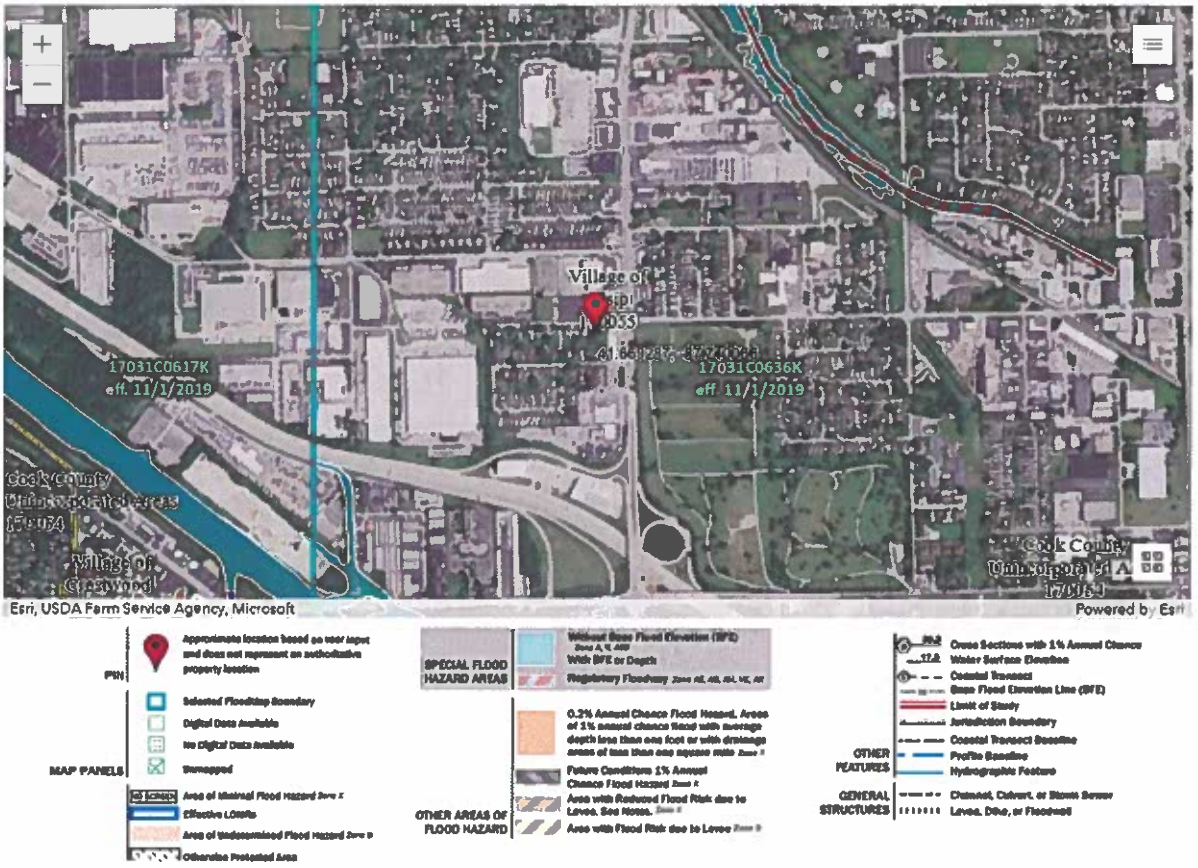
I hereby certify that this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Arthur Morris, MD

Arthur Morris, M.D.
Authorized Representative
NANI Vascular South ASC, LLC

ATTACHMENT 5
Flood Plain Requirements



ATTACHMENT 6
Historic Preservation Act Requirements

The Applicant submitted a request for determination to the Illinois Department of Natural Resources - Preservation Services Division on January 12, 2024, a copy of which is enclosed with this attachment. A final determination has not been received by the Applicant at the time of the filing of this application. The Applicant, through the certification included with this application, will not financially commit the project without first obtaining the clearance letter and supplying a copy of the same to the HFSRB.

ATTACHMENT 6
Historic Preservation Act Requirements

Benesch
Attorneys at Law

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

January 12, 2024

VIA EMAIL

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

Re: Certificate of Need Application for the Establishment of an Ambulatory Surgical Treatment Center – NANI Vascular South ASC, LLC

Dear Jeffrey:

I am writing on behalf of my client, NANI Vascular South ASC, LLC ("NVS") to request a review of the project area under Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). NVS is submitting an application for a Certificate of Need from the Illinois Health Facilities and Services Review Board. NVS is proposing to establish an Ambulatory Surgical Treatment Center, to be located at 12250 S. Cicero, Alsip, IL 60803 (the "Project").

The proposed Project will occupy approximately 7,988 gross square feet in an existing building and will contain a patient waiting room, physician office space, nursing station, examination rooms, mechanical space, and two operating rooms. For your reference, we have included pictures of the topographic maps, areal maps, and existing lot images (Attachments 1-3) showing the general location of the project.

ATTACHMENT 6
Historic Preservation Act Requirements

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

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

Juan Morado, Jr.

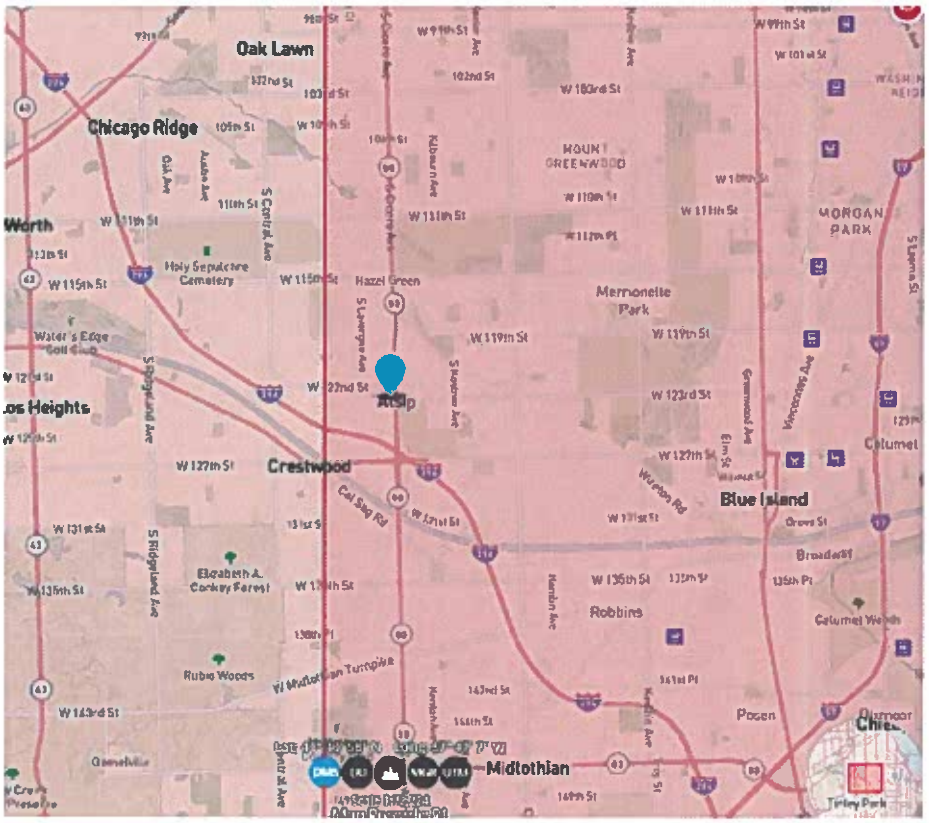
JM:
Enclosures

ATTACHMENT 6
Historic Preservation Act Requirements

Page 3

ATTACHMENT 1

Topographic Map



ATTACHMENT 6
Historic Preservation Act Requirements

Page 5

ATTACHMENT 3

Street View of Property

ATTACHMENT 6
Historic Preservation Act Requirements

Page 6

Behind Property

ATTACHMENT 7
Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	$2,048,742	$926,777	$2,975,519
Modernization Contracts	-	-	-
Contingencies	$159,777	$72,728	$232,055
Architectural/Engineering Fees	$132,003	$59,713	$191,716
Consulting and Other Fees	$280,166	$126,737	$406,903
Movable or Other Equipment (not in construction contracts)	$482,635	$34,920	$517,555
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space or Equipment	$1,172,238	$317,549	$1,489,786
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	**$4,275,561**	**$1,537,973**	**$5,813,534**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$3,103,323	$1,220,424	$4,323,748
Pledges	---	---	---
Gifts and Bequests	---	---	---
Bond Issues (project related)	---	---	---
Mortgages	---	---	---
Leases (fair market value)	$1,172,238	$317,549	$1,489,786
Governmental Appropriations	---	---	---
Grants	---	---	---
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$4,477,258**	**$1,336,276**	**$ 5,813,534**

ATTACHMENT 7
Project Costs and Sources of Funds

New Construction Costs	• General Contractor cost, material, and labor cost	$2,957,519
Contingencies	• Unexpected costs associated with matter not covered under construction contract	$232,055
Architectural/Engineering Fees	• A/E Site Plans Preparation, Review Process	$191,716
Consulting and Other Fees	• CON and Legal Related Fees- $180,000 • Project Management- $120,000 • Permit Fees- $50,000 • Miscellaneous- $40,000 • Moving Costs-$16,903	$406,903
Moveable or Other Equipment (not in construction contracts)	• Medical Supplies-90,000 • Furniture- $34,920 • Vacuum System for ASTC-$40,000 • C-ARM Phillips Estimated Cost- $180,000 • Generator- $100,000 • Ultrasound- $72,635	$517,555
FMV of Leased Space	• Leasing Cost for 10 year- An annual base rent starting at $17 per GSF during years 1-3 with an increase to $18.50 per GSF during years 4-6, and a final increase to $20 per GSF during years 7-10.	$1,489,786
Total Uses of Funds	**$5,813,534**	**$5,813,534**

New Construction Contracts - The proposed project will modernize an existing building to construct a surgery center with two operating rooms. The project building costs are based on national architectural and construction standards and adjusted to compensate for several factors. The clinical construction costs are estimated to be $2,048,742 or $372.50 per clinical square foot.

Contingencies - The contingency costs listed are for unforeseeable events relating to construction costs that are not included in the construction contracts. The clinical costs are estimated to be $159,777 or 7.77% of the new construction contract costs.

Architectural/Engineering Fees - The clinical project cost for architectural/engineering fees are projected to be $132,003 or 5.9% of the new construction and contingencies costs.

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

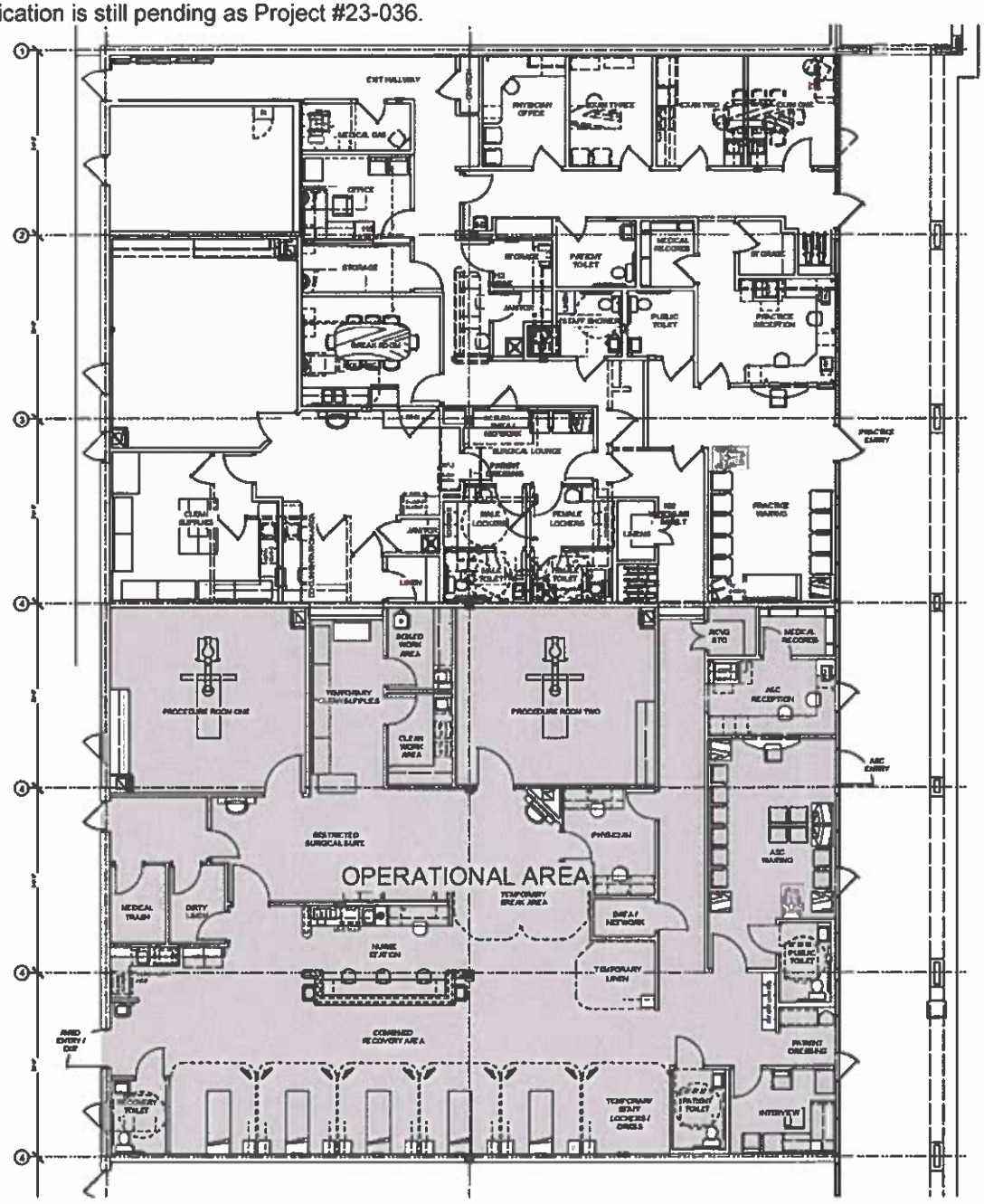
Moveable Equipment Costs - The moveable equipment costs are a necessary component for the operation of the updated operating rooms at the facility. The clinical costs divided among the remaining operating rooms equals $258,777.50 per operating room. The applicant is able to keep equipment costs down for this project by repurposing existing equipment from their office-based labs.

FMV of Leased Space - The applicant intends to enter into a 10-year lease with an annual base rent starting at $17 per GSF during years 1-3 with an increase to $18.50 per GSF during years 4-6, and a final increase to $20 per GSF during years 7-10.

ATTACHMENT 8
Project Status and Completion Schedules

The proposed project plans are still at a schematic stage. The proposed project completion date is July 1, 2026. Financial commitment for the project will occur following permit issuance, but in accordance with HFSRB regulations.

Additionally, one of the Applicants, Nephrology Associate of Northern Illinois Ltd. obtained approval for NANI Sycamore Dialysis, a 10 station ESRD facility to be located in Sycamore, Illinois. The project was approved under Permit# 21-019 and is under construction at this time. The same Applicants has filed a CON application to establish an ambulatory surgical treatment facility in Addison, Illinois. The application is still pending as Project #23-036.



ATTACHMENT 9
Cost Space Requirement

The proposed project involves the establishment of two operating rooms in an existing structure.

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ASTC	$4,275,561	-	-	5,500	-	-	-
Total Clinical	$4,275,561	-	-	5,500	-	-	-
NON-REVIEWABLE							
Administrative	$1,537,973	-	-	2,488	-	-	-
Total Non-clinical	$1,537,973	-	-	2,488	-	-	-
TOTAL	**$5,813,534**	-	-	7,988	-	-	-

ATTACHMENT 11
Background of the Applicant-1110.110(a)

NANI Vascular South ASC, LLC

NANI Vascular South ASC, LLC and Nephrology Associates of Northern Illinois, Ltd. ("NANI") both possess the qualifications, background, and character necessary, as well as possess the financial resources to adequately provide services for the community.

NANI Vascular South ASC, LLC does not own nor operate any healthcare facilities in Illinois or elsewhere. However, its parent company NANI is also the parent company of NANI Sycamore Dialysis, an ESRD facility currently under construction and approved by this Board as Permit #21-019. NANI also currently owns and operates Willow Spring Surgery Center in Justice, Illinois which also focuses on vascular access procedures and which will be discontinued at it's current location and renamed, NANI Vascular South ASC and relocated to the proposed site described in this application.

Further incorporated in the certification is the authorization necessary for both the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") to access records necessary to verify this information.

NANI, NANI Vascular ASC, LLC, Willow Springs Surgery Center, Ltd.

NANI is a physician-owned Nephrology practice in the State of Illinois. NANI has been providing access to care, innovation, and results in the field of nephrology ***for over 45 years***. When the field of nephrology was just developing, NANI was already beginning to serve the community. Many years ago, some of the physicians associated with NANI began operating some of the first outpatient dialysis centers in the country. Since then, NANI has added locations, and doctors have joined their group from all around the Chicago area and throughout Northern Indiana and continued its commitment to providing care to those suffering from end-stage renal disease and requiring dialysis. Today, NANI is moving forward to increase quality of care for their patients by establishing vascular access surgery centers for outpatient procedures and now an in-center hemodialysis unit.

With a specific focus on wanting to provide care for patients closer to their homes, the founders of NANI created a new model for dialysis that set the foundation for the dynamic physician group NANI. The care was provided outside the hospital in a safe medical environment closer to patients' homes and within communities in which their patients lived. That is a part of NANI's past, and with the approval of the application, the hopes are that this can be a part of its future.

The overwhelming majority of care available for chronic kidney conditions are under the control/direction of one of two global providers. This application is not intended to be a vilification of those global providers, nor should it be manipulated into being so by others. Those providers are, and will remain, an important component of the healthcare delivery system. But, so too are independent providers. As described more fully below, this project is designed to maintain the necessary balance and to ensure increased access to care in a community in which such care is needed.

NANI Vascular ASC, LLC is a wholly owned subsidiary of NANI that was set up to hold the ownership of the proposed ASTC. The proposed facility will allow for the relocation of Willow Springs Surgery Center, Ltd. and the consolidation of that facility's operations along with an existing office based lab operated by NANI in Alsip, Illinois.

ATTACHMENT 11
Background of the Applicant

NANI
Nephrology Associates of
Northern Illinois and Indiana

120 W 22nd Street, Oak Brook IL 60123
(630) 573-5000
www.nephdocs.com

January 17, 2024

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

Re: Certification and Authorization - NANI Vascular South ASC, LLC

Dear Mr. Kniery:

As a representative of Nephrology Associates of Northern Illinois, LTD., NANI Vascular ASC, LLC, and NANI Vascular South ASC, LLC, I, Arthur Morris, M.D., give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, Nephrology Associates of Northern Illinois, Ltd. has an ownership interest in the following Illinois healthcare facility:

- Willow Springs Surgery Center

Additionally, the health care facility listed above has not been cited for an adverse action in the past three (3) years.

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

Sincerely,

Arthur Morris, MD

Arthur Morris M.D.
President
Nephrology Associates of Northern Illinois, LTD.

Subscribed and sworn to before me this 17 day of January, 24.

Signature of Notary

Seal

Official Seal
Victoria Bryant
Notary Public State of Illinois
My Commission Expires [illegible]

ATTACHMENT 11
Background of the Applicant –
List of Nephrology Associates of Northern Illinois, Ltd. Facilities

Nephrology Associates of Northern Illinois, Ltd., owns and operates an ambulatory surgical treatment center known as:

Willow Springs Surgery Center
9050 W. 81st St.
Justice, Illinois 60458

A copy of the facility's current license can be found below:

Illinois Department of PUBLIC HEALTH

HF 125411

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

Amaal V.E. Tokars
Acting Director

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/13/2023		7002744

Ambulatory Surgery Treatment Center

Effective: 06/14/2022

Willow Springs Surgery Center, LTD
dba Willow Springs Surgery Center
9050 W 81st St

Justice, IL 60458

VOID

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/13/2023

Lic Number 7002744

Date Printed 4/22/2022

Willow Springs Surgery Center, LTD
dba Willow Springs Surgery Center
9050 W 81st St
Justice, IL 60458-1350

FEE RECEIPT NO.

ATTACHMENT 12
Purpose of the Project

The purpose of this project is to ensure the residents of the community and the patients historically served by Nephrology Associates of Northern Illinois, Ltd. ("NANI") will continue to have access to the vascular care surgical procedures they need. The surgeons that will support this project through patient referrals that are currently utilizing the Willow Springs Surgery Center or the NANI Alsip office-based lab setting. It should be noted that there several limitations with office-based model including the level of sedation that the Illinois Department of Public Health will allow for a patient to receive and types of procedure available for patients. More substantive levels of sedation for outpatient procedures requires a license as an ambulatory surgical treatment center. The proposed facility will allow for the orderly transition of services at the office-based lab setting and transfer of patients utilizing Willow Springs Surgery Center and for the increase in available vascular access for NANI patients.

The Applicant intend to discontinuation of Willow Springs Surgery Center an existing facility whose location is less than 10 miles from the proposed facility and within the same office park that the NANI Alsip office based lab is located. This application is part of a larger realignment of NANI vascular services as evidenced by the pending NANI Vascular ASC South application which calls for the consolidation of two other NANI office based labs in their north patient service region. The physical plant were Willow Springs Surgery Center operates is in need of renovations and the Applicants do not currently have a long-term lease at the site.

The market area, as defined by regulation, is a 10-mile radius from the location at which the ASTC will be established. This, technically, includes a substantial part of the Chicagoland area. However, historically, ESRD patients seek care close to home and within their immediate communities. For this reason and because of available office space the Applicants chose this location as it is centrally located for NANI patients in their south patient service region.

The welfare of the patient remains the core priority for those in the industry and the ability to co-exist has always been key to this industry. The expectation is the primary clientele served will be those already served by NANI in this immediate area and the ASTC will be available to patients from any other provider who find their access to these surgical services otherwise and unexpectedly compromised or unavailable. These procedures have not been sufficiently accommodated in hospital settings, and the result has been significant on patients. This is a result of the effects of dialysis treatment on patients. Often patients deal with nausea and extreme fatigue after treatments, and the closer a facility is to their home, the better. In the life span of a dialysis patient, these procedures can be frequent and are often time sensitive. One of NANI's core values is to ensure that patients receive the best possible care and to work with them so they may continue living/working within a relatively normal schedule.

Vascular access procedures are essential for dialysis patients as they provide a way for patients to receive life-sustaining treatments such as hemodialysis. Hemodialysis is a medical treatment that is used to remove waste and excess fluid from the blood of patients with kidney failure. The procedure works by drawing the patient's blood through a dialysis machine, where it is filtered before being returned to the patient's body. Vascular access procedures play a critical role in ensuring that hemodialysis can be performed safely and effectively.

The importance of vascular access procedures to dialysis patients cannot be overstated. Patients with kidney failure require frequent dialysis sessions, and access to their blood vessels is crucial for the success of these sessions. Vascular access procedures are performed to create a way for dialysis patients to access their blood vessels easily and safely, without causing further harm or damage to their circulatory system.

ATTACHMENT 12
Purpose of the Project

There are different types of vascular access procedures, and the type of procedure used will depend on a patient's individual needs and medical history. The three primary types of vascular access procedures are arteriovenous (AV) fistulas, arteriovenous (AV) grafts, and central venous catheters. AV fistulas are created by surgically joining an artery to a vein, typically in the forearm or upper arm. Over time, the fistula grows larger and stronger, making it easier for dialysis needles to be inserted and removed. AV grafts are similar to AV fistulas, but they use a synthetic tube to connect an artery to a vein. Central venous catheters are flexible tubes that are inserted into a large vein in the neck, chest, or groin. These catheters are usually used as a temporary measure when other types of access are not possible. Additionally, an ASTC setting will afford the surgeons at this location to utilize tools only available in this setting or a hospital surgical suite, such as drug coated ballons.

The type of sedation used during vascular access procedures will depend on the type of procedure being performed, the patient's medical history, and their personal preferences. For less invasive procedures such as the insertion of central venous catheters, local anesthesia or conscious sedation may be used. For more invasive procedures such as the creation of AV fistulas or grafts, general anesthesia may be required.

Vascular access procedures can also improve a patient's quality of life by reducing the amount of time they spend in the hospital or clinic receiving treatment. Patients with reliable access to their blood vessels can receive dialysis treatments at home or at an outpatient dialysis center, which can save them time and money and allow them to spend more time with their families and pursuing their interests.

Vascular access procedures performed in an ASTC setting can have several benefits for patients, including reduced wait times, increased convenience, and lower costs. ASTCs are also equipped with advanced medical technology and staffed by highly trained healthcare professionals, ensuring that patients receive the highest quality of care possible. One study published in the Journal of Vascular Access compared the outcomes of vascular access procedures performed in a hospital setting versus those performed in an ASTC. The study found that patients who underwent procedures in an ASTC experienced significantly shorter hospital stays, lower rates of post-operative complications, and lower overall costs compared to patients who underwent procedures in a hospital setting. The authors of the study concluded that ASTCs are a safe and effective alternative to hospital-based care for patients undergoing vascular access procedures.

Another study published in the Journal of the American Society of Nephrology compared the outcomes of patients who underwent vascular access procedures in a hospital versus those who underwent the procedures in an ASTC. The study found that patients who underwent procedures in an ASTC experienced significantly lower rates of post-operative complications, shorter hospital stays, and lower overall costs compared to those who underwent procedures in a hospital setting. The authors of this study also concluded that ASTCs are a safe and effective alternative to hospital-based care for patients undergoing vascular access procedures.

A third study published in the Journal of Vascular Surgery compared the outcomes of patients who underwent vascular access procedures in a hospital versus those who underwent the procedures in an ASTC. The study found that patients who underwent procedures in an ASTC experienced significantly lower rates of post-operative complications, shorter hospital stays, and lower overall costs compared to those who underwent procedures in a hospital setting. The authors of this third study concluded that ASTCs are a safe and effective alternative to hospital-based care for patients undergoing vascular access procedures.

In addition to the benefits of improved outcomes and lower costs, performing vascular access procedures in an ASTC can also provide greater convenience for patients. Because the proposed facility will be located in community that does have access to public transit and the majority of patients to be

ATTACHMENT 12
Purpose of the Project

treated live within the geographic service area, it makes it more accessible for patients who may not have easy access to a hospital or other healthcare facility.

A study published in the Journal of Vascular Access investigated the impact of convenience on patient satisfaction with vascular access procedures performed in an ASTC. The study found that patients who underwent procedures in an ASTC reported higher levels of satisfaction with the convenience of the procedure than those who underwent procedures in a hospital setting. The authors of the study concluded that ASTCs could provide a more convenient and patient-centered approach to care for patients undergoing vascular access procedures.

While there are many benefits to performing vascular access procedures in an ASTC, it is important to note that not all patients may be suitable candidates for this approach. Patients with complex medical histories or significant comorbidities may require hospital-based care to ensure the best possible outcomes. It is expected that some patients may still require a hospital-based setting and ultimately patient choice will dictate where a procedure is ultimately performed.

In conclusion, there is a growing body of research supporting the use of ASTCs for vascular access procedures. ASTCs offer a safe, effective, and cost-efficient alternative to hospital-based care, and can provide greater convenience for patients. While not all patients may be suitable candidates for this approach, for many patients undergoing vascular access procedures, ASTCs can provide an excellent option for care.

The Centers for Medicare & Medicaid Services ("CMS") has also made changes that have fundamentally altered the reimbursement models available for vascular access procedures. These changes in reimbursement models are driving physicians to perform these procedures in either a hospital or surgery center setting. As will be addressed more fully below when explaining the alternatives that were considered (*See* 77 Ill. Admin. Code §1110.230(c), Attachment 13), the performance of these procedures in an ASTC setting is substantially more cost-effective than in hospitals and it allows for patients to work with familiar dedicated staff who are well versed and trained in the needs of patients with compromised vascular systems, and who are receiving treatment for end-stage renal disease.

The cost of healthcare in the United States is a growing concern, particularly for those who rely on Medicare to cover their medical expenses. Vascular access procedures are an essential part of care for patients with kidney failure who require hemodialysis. As such, finding ways to provide these procedures more efficiently and cost-effectively is of great importance. ASTCs offer a potential solution to this problem by providing a cost-effective alternative to hospital-based care for patients who require vascular access procedures.

There are several cost benefits to Medicare patients who have vascular access procedures performed in an ASTC. First and foremost, ASTCs typically have lower overhead costs than hospitals. This means that procedures performed in an ASTC are often less expensive than the same procedure performed in a hospital. For Medicare patients, this translates into lower out-of-pocket costs and a lower burden on the Medicare system.

Another benefit of having vascular access procedures performed in an ASTC is that patients typically spend less time in the facility than they would in a hospital. ASTCs are designed to provide

outpatient care, which means that patients are typically able to go home the same day as their procedure. This reduces the need for overnight hospital stays, which can be expensive and put a strain on the healthcare system. Additionally, because patients are able to go home the same day as their procedure,

ATTACHMENT 12
Purpose of the Project

they are often able to return to work or other activities more quickly than they would be able to if they had undergone the same procedure in a hospital.

One specific example of cost savings associated with having vascular access procedures performed in an ASTC is the cost of anesthesia. Anesthesia is typically one of the most expensive parts of any surgical procedure. However, in an ASTC setting, anesthesia can often be administered by a nurse anesthetist or other qualified professional, rather than a physician anesthesiologist. This can significantly reduce the cost of anesthesia and result in lower overall costs for the procedure.

Another example of cost savings associated with ASTCs is the use of reusable medical equipment. Because ASTCs are designed to provide outpatient care, they typically have a smaller inventory of medical equipment than hospitals. However, the equipment that they do have is often reusable. This means that the cost of purchasing and maintaining the equipment is spread out over multiple procedures, resulting in lower overall costs for each individual procedure.

Innovations in vascular access procedures have also contributed to cost savings for Medicare patients. For example, the development of endovascular techniques has allowed for the creation of AV fistulas and grafts using minimally invasive procedures. These techniques can be performed in a ASTC setting and often require less anesthesia and a shorter recovery time than traditional surgical procedures. As a result, patients who undergo endovascular procedures may experience fewer complications and require less follow-up care, resulting in lower overall costs.

Another innovation in vascular access procedures is the use of ultrasound guidance. Ultrasound guidance can be used to precisely locate blood vessels and ensure that needles are inserted into the correct location. This reduces the risk of complications such as infection and bleeding, which can be costly to treat. Additionally, because ultrasound guidance can be used in an ASTC setting, patients can undergo these procedures more quickly and with fewer complications than they would be able to in a hospital.

Finally, there are practical benefits that result in readily accessible ASTCs like the facility proposed herein. Without an ASTC like the one proposed by this project, end stage renal disease patients many of who suffer from other co-morbidities and are immune-compromised will be forced to traverse through hospitals and wait extended periods of time for an available surgical suite. As evidenced in other sections of this application, the proposed facility should be able to complete procedures and send patients to receive their dialysis treatment on the same day.

ATTACHMENT 12
Purpose of the Project

References:

1. Lim C, Lee T, Huynh H, et al. Outcomes and costs of vascular access creation and maintenance at an ambulatory surgery center compared with a hospital setting. J Vasc Access. 2019;20(1):22-28.
2. Himmelfarb J, Tuttle K, Shaffer R, et al. Vascular access placement order and outcomes in hemodialysis patients: a randomized controlled trial. Am J Kidney Dis. 2012;60(1):108-116.
3. Schmidli J, Widmer MK, Basile C, et al. Editor's Choice - Vascular access: 2018 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS). Eur J Vasc Endovasc Surg. 2018;55(6):757-818.
4. Campbell JE, Kruse RR, Saphir JR, et al. The advantages of a community ambulatory surgery center in the delivery of vascular access care. J Vasc Surg. 2015;61(2):466-471.
5. Gaweda AE, Sibbel S, Knight MT, et al. Patient satisfaction with outpatient vascular access procedures. J Vasc Access. 2015;16(5):350-355.

ATTACHMENT 12
Purpose of the Project

From the Western Vascular Society

Outcomes of initial hemodialysis vascular access in patients initiating dialysis with a tunneled catheter

Timothy Copeland, MPP,[a] Peter Lawrence, MD,[b] *and* Karen Woo, MD, MS,[b] *Los Angeles, Calif*

ABSTRACT

Background: Our aim was to determine factors that influence time to removal of tunneled hemodialysis catheter (THC), probability of repeat vascular access creation, and time to repeat vascular access.

Methods: The Optum Clinformatics Data Mart claims database was queried from 2011 to 2017 for patients who initiated hemodialysis with a THC. Time from initial arteriovenous fistula (AVF)/graft (AVG) to THC removal and time to repeat AVF/AVG were analyzed using Cox proportional hazards. The likelihood of repeat AVF/AVG was analyzed using logistic regression.

Results: A total of 8941 vascular access met the inclusion criteria: 6913 (77%) AVF and 2028 (23%) AVG. Median follow-up was 595 days among AVF patients (range, 1-2543 days) and 579 days among AVG patients (range, 1-2529 days). Patients undergoing AVF were younger, more likely to be male, of white race, and obese. Patients undergoing AVF were also slightly less likely to have diabetes, cardiac arrhythmia, congestive heart failure, and peripheral vascular disease than patients undergoing AVG. At 90 days and at 180 days after index access creation, significantly more patients who underwent index AVG had their THC removed compared with patients who underwent index AVF. By day 365, 78% of patients in both AVF and AVG had their THC removed. A total of 2550 (28.5%) patients underwent a repeat vascular access creation during the follow-up period: 30% of index AVF and 24% of index AVG. At 90 days, 180 days, and 365 days, significantly more patients in the index AVF group underwent a repeat vascular access creation than those in the index AVG group. Multivariate analysis demonstrated a significant interaction between vascular access type and age ≥70 years ($P < .001$) for time to THC removal, likelihood of repeat vascular access, and time to repeat vascular access. In the age <70 group, patients who underwent AVG were 60% more likely to have a shorter time to THC, had a 50.4% lower odds of repeat vascular access, and were 47% more likely to have a longer time to repeat vascular access compared with patients who underwent index AVF. In the age ≥70 group, patients who underwent AVG were 98% more likely to have a shorter time to THC removal, had 69.7% lower odds of repeat vascular access, and were 66% more likely to have a longer time to repeat vascular access.

Conclusions: Creation of AVG vs AVF significantly decreases the time to THC removal in dialysis-dependent patients, with a larger difference in patients aged ≥70 vs <70. Initial AVG was associated with lower odds of repeat vascular access and longer time to repeat vascular access. These results suggest that the dictum of "fistula first" is not appropriate for all patient populations and supports judicious use of AVG in achieving the more recent shift toward "catheter last." (J Vasc Surg 2019;70:1235-41.)

Keywords: Hemodialysis; Tunneled hemodialysis catheter; Vascular access; Arteriovenous fistula; Arteriovenous graft

In 2015, there were >700,000 prevalent cases of end-stage renal disease in the United States, with >124,000 these being new cases. Of the incident cases, 87.3% were treated with hemodialysis. Among those patients initiating hemodialysis in 2015, 80% used a catheter for vascular access.[1] Ninety days after initiation of hemodialysis, 68.5% of those patients were still using a catheter.[1]

Tunneled hemodialysis catheters (THCs) for hemodialysis vascular access are associated with increased risk of bacteremia and mortality, as compared with the alternatives of arteriovenous fistula (AVF) and arteriovenous graft (AVG).[2,3] Subsequently, both the Kidney Disease Outcomes Quality Initiative (KDOQI) and the Fistula First Breakthrough Initiative strongly discourage the long-term use of THCs for vascular access.[4,5] At the same

From the Department of Health Policy & Management, Fielding School of Public Health,[a] and Division of Vascular Surgery, Department of Surgery,[b] University of California, Los Angeles.

This research was supported by the National Institutes of Health (NIDDK 1K08DK107854) and NIH National Center for Advancing Translational Science UCLA CTSI (TLITR001883).

Author conflict of interest: none.

Presented at the Thirty-third Annual Meeting of the Western Vascular Society, Santa Fe, NM, September 24, 2018.

Correspondence: Timothy Copeland, MPP, Department of Health Policy & Management, Fielding School of Public Health, University of California, Los Angeles, 650 Charles Young Dr S, 31-269 CHS, Box 951772, Los Angeles, CA 90095 (e-mail: timcopeland@g.ucla.edu).

The editors and reviewers of this article have no relevant financial relationships to disclose per the JVS policy that requires reviewers to decline review of any manuscript for which they may have a conflict of interest.

0741-5214

https://doi.org/10.1016/j.jvs.2019.02.036

ATTACHMENT 12
Purpose of the Project

time, both encourage the use of arteriovenous fistula (AVF) over arteriovenous graft (AVG). Although the use of AVFs has increased to 63% as of 2016,[1] there is increasing evidence that the emphasis on AVF has resulted in increased THC dependence due to high rates of AVF failure.[6,7]

AVG use has been demonstrated to be associated with earlier catheter removal compared with AVF.[8] However, other factors associated with THC removal have not been investigated. In addition, other authors have suggested the benefit of earlier catheter removal with AVG is balanced by the increased need for repeat access procedures after AVG due to reduced patency.[8] The objective of this study was to determine factors that influence time to removal of the THC, probability of repeat vascular access creation, and time to repeat vascular access after index AVF, compared with AVG in patients initiating hemodialysis with a THC.

ARTICLE HIGHLIGHTS

- **Type of Research:** Retrospective cohort study of national commercial claims
- **Key Findings:** At age <70 and ≥70 years, patients with index arteriovenous graft creation were more likely to have a shorter time to tunneled catheter removal (60% and 98%, respectively) and a longer time to repeat vascular access (47% and 66%, respectively) compared to patients with index arteriovenous fistula.
- **Take Home Message:** "Fistula first" may not produce optimal outcomes for all patient populations, and judicious use of arteriovenous graft should be considered.

METHODS

Data source and population. A secondary analysis of the Optum Clinformatics Data Mart claims database from 2011 through 2017 was conducted. The database contains deidentified commercial claims from a single national insurance carrier. Over 47 million unique individuals are represented in the database, with 15-18 million unique covered individuals within each year of claims. Medicare Advantage enrollees in the database represent approximately 25% of all Medicare Advantage enrollment. Member information obtained outside of claims included age, ethnicity, and geographic location. The study was approved by the institutional review board of the University of California, Los Angeles, and informed consent was waived.

All patients >18 years of age with at least one claim for hemodialysis vascular access creation, as identified by Current Procedural Terminology (CPT) codes for AVF (36818, 36819, 36820, 36821) and AVG (36830), were identified. Patients were included only if they had at least one claim for outpatient hemodialysis within 90 days of permanent vascular access creation, if they had at least 12 months of continuous insurance enrollment without any claims for hemodialysis or vascular access before the index AVF/AVG, and if they had placement of a THC without removal any time before the initial outpatient hemodialysis claim. Removal of the THC and replacement within 7 days was treated as continuous THC dependence.[9] Patients were excluded if they did not have at least one claim with an International Classification of Diseases 9th edition (ICD-9) or 10th edition (ICD-10) diagnostic code for chronic kidney disease.

Claims were available from 2011 through 2017; however, only index AVFs/AVGs between January 1, 2012 and December 31, 2016 were included to allow for a minimum 12-month hemodialysis-free and vascular access–free period of continuous plan enrollment before the index AVF/AVG, and a potential of 12-month follow-up after index AVF/AVG. Patients with discontinuous insurance enrollment after index AVF/AVG were excluded. No minimum amount of insurance enrollment after index AVF/AVG was imposed. This was done to avoid biasing the sample toward patients who are more likely to survive for a predetermined amount of time. Comorbidities were identified using ICD-9 and -10 codes.

Statistical analysis. The primary outcome was days until THC removal (CPT 36589) after index AVF/AVG. Again, THC removal with replacement within 7 days was treated as continuous THC dependence. The secondary outcome was repeat permanent vascular access creation after index AVF/AVG. The primary regressors were index permanent vascular access type and age. For ease of interpretation, age was dichotomized into age <70 years and age ≥70 years. The choice of 70 years was based on the median age in the study sample being 70 years. In addition, although there is not an accepted age cutoff for "elderly," 70 is well above the Medicare qualification age of 65.

To assess whether relative outcomes of AVF and AVG differed among younger (<70) and older (≥70) patients, an interaction term between access type and age was explored. A significant interaction between access type and age would imply that the difference in THC removal and repeat vascular access between AVF and AVG vary as a function of age. A significant interaction term between access type and age also essentially creates four categories for comparison: (1) AVF in age <70; (2) AVF in age <70; (3) AVG in age ≥70; and (4) AVG in age ≥70. In the results tables, the effect of the interaction term is reported by using various appropriate reference classes. This allows for clear comparisons of between-group and within-group variation for both age and access type.

Other covariates included in the multivariable models were race (categorized as non-Hispanic white,

ATTACHMENT 12
Purpose of the Project

Journal of Vascular Surgery
Volume 70, Number 4

Table I. Demographics and comorbidities

	Fistula,[a] No. (%)	Graft,[b] No. (%)	*P* value
Mean age (SD), years	67.2 (13)	70.6 (12)	<.001
Age ≥70 years	3412 (49)	1222 (60)	<.001
Male	4184 (61)	895 (44)	<.001
Race			<.001
Asian	226 (3)	59 (3)	–
Black	1278 (18)	553 (27)	–
Hispanic	1043 (15)	243 (12)	–
White	3305 (48)	877 (43)	–
Unknown	1061 (15)	296 (14)	–
Hypertension	6421 (99)	1850 (99)	1.0
Diabetes	5732 (83)	1737 (86)	.004
Cardiac arrhythmia	5285 (76)	1604 (79)	.01
Congestive heart failure	5573 (81)	1687 (83)	.009
Peripheral vascular disease	5025 (73)	1551 (76)	.001
Obesity	2928 (42)	792 (39)	.008

SD, Standard deviation.
[a]Total patients = 6486.
[b]Total patients = 1869.

non-Hispanic black, non-Hispanic Asian, Hispanic of any race, and unknown), sex, cardiac arrhythmia, congestive heart failure, peripheral vascular disease, diabetes, and obesity. Hypertension was not included in the model as nearly all patients had hypertension.

Descriptive statistics were given as frequencies and percentages. Univariate differences between access types were assessed with χ^2 tests, *t* tests, and Wilcoxon rank sum tests, as appropriate. Likelihood of repeat vascular access was analyzed using logistic regression. Survival analysis was performed using the life-table method and AVF and AVG were compared using the log rank test. Cox proportional hazards models were used to determine factors associated with time to THC removal and time to repeat vascular access. Patients were censored at the time they underwent kidney transplant or terminated enrollment. Logistic regression allowed us to estimate the likelihood of repeat vascular access, but it could not account for varying lengths of follow-up. Cox proportional hazards accounts for varying lengths of follow-up using censoring, but it measures the likelihood of an event accounting for time to event. Both approaches were used to evaluate repeat vascular access and the results are considered in conjunction. Sample selection was performed using SAS version 9.2 (SAS Institute, Cary, NC) and the remainder of the statistical analysis was performed using Stata version 15 (StataCorp LLC, College Station, Tex).

RESULTS

A total of 8941 vascular access met the inclusion criteria: 6913 (77%) AVF and 2028 (23%) AVG. Median follow-up was 591 days overall (range, 1-2543 days), 595 days among AVF patients (range, 1-2543 days), and 579 days among AVG patients (range, 1-2529 days). A total of 6391 patients had Medicare Advantage insurance: 69% of AVF patients (n = 4802) and 78% of AVG patients (n = 1589). Patients undergoing AVF were younger, more likely to be male, of white race, and obese (Table I). Patients undergoing AVF were also slightly less likely to have diabetes, cardiac arrhythmia, congestive heart failure, and peripheral vascular disease than patients undergoing AVG (Table I). However, the incidence of these comorbidities was high in both groups and typical for vascular access patients.

At 90 days and at 180 days after index access creation, significantly more patients who underwent index AVG had their THC removed compared with patients who underwent index AVF (Fig 1). By day 365, 78% of patients in both AVF and AVG groups had their THC removed (Fig 1). Among the patients who had their catheter

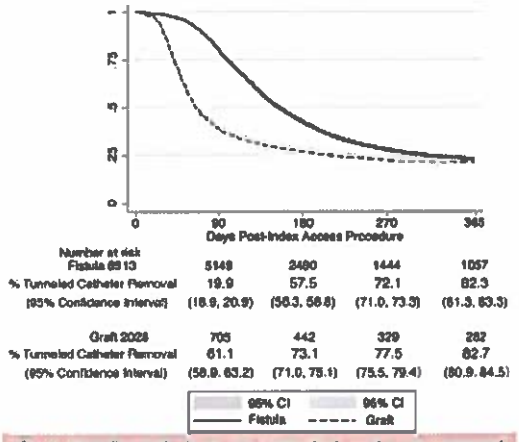


Fig 1. Unadjusted time to tunneled catheter removal. *CI*, Confidence interval.

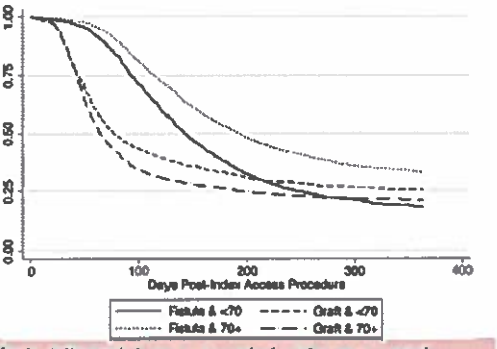


Fig 2. Adjusted time to tunneled catheter removal.

ATTACHMENT 12
Purpose of the Project

Table II. Multivariable analysis of time to tunneled catheter removal

Covariate	Hazard ratio	95% Confidence Interval
Arteriovenous fistula, age ≥70 (vs fistula, age <70)	0.94	0.89-1.00
Arteriovenous graft, age <70 (vs fistula, age <70)	1.60[c]	1.46-1.75
Arteriovenous graft, age ≥70 (vs fistula, age ≥70)	1.98[c]	1.84-2.14
Arteriovenous graft, age ≥70 (vs graft, age <70)	1.17[b]	1.06-1.30
Male sex (vs female)	1.14[c]	1.09-1.2
Race		
White (reference)	1	–
Asian	1.02	0.89-1.18
Black	0.98	0.92-1.04
Hispanic	1.1[c]	1.06-1.18
Unknown	1	0.98-1.13
Diabetes	0.93[a]	0.86-0.99
Cardiac arrhythmia	0.95	0.89-1.0
Congestive heart failure	0.98	0.92-1.05
Peripheral vascular disease	0.97	0.91-1.03
Obesity	0.93[b]	0.88-0.98

[a]Significant at $P = .05$.
[b]Significant at $P = .01$.
[c]Significant at $P = .001$.

Table III. Multivariable analysis of likelihood of repeat vascular access

Covariate	Odds ratio	95% Confidence Interval
Arteriovenous fistula, age ≥70 (vs fistula, age <70)	0.83[a]	0.74-0.93
Arteriovenous graft, age <70 (vs fistula, age <70)	0.50[b]	0.40-0.61
Arteriovenous graft, age ≥70 (vs fistula, age ≥70)	0.30[b]	0.24-0.38
Arteriovenous graft, age ≥70 (vs graft, age <70)	0.50[b]	0.38-0.66
Male sex (vs female)	0.75[b]	0.68-0.84
Race		
White (reference)	1	–
Asian	1.02	0.75-1.40
Black	1.56[b]	1.37-1.79
Hispanic	0.99	0.84-1.16
Unknown	1.05	0.90-1.22
Diabetes	1.06	0.92-1.24
Cardiac arrhythmia	1.09	0.96-1.24
Congestive heart failure	0.97	0.84-1.11
Peripheral vascular disease	1.18[a]	1.04-1.34
Obesity	1.18[a]	1.06-1.31

[a]Significant at $P = .01$.
[b]Significant at $P = .001$.

removed within 365 days after access creation (n = 6184). 4085 (91%) of the AVF patients and 1426 (92%) of the AVG patients had their catheter removed as an outpatient.

Multivariate analysis of time to THC removal demonstrated a significant interaction between vascular access type and age ($P < .001$; Fig 2). In the age <70 group, patients who underwent AVG were 60% more likely to have a shorter time to THC removal than patients who underwent AVF (Table II). In the age ≥70 group, patients who underwent AVG were 98% more likely to have a shorter time to THC removal than patients who underwent AVF (Table II). Male sex and Hispanic ethnicity were associated with significantly shorter time to THC removal (Table II). Diabetes and obesity were associated with significantly longer time to THC removal (Table II).

There were 2550 (28.5%) patients who underwent a repeat vascular access creation during the follow-up period: 30% of index AVF and 24% of index AVG ($P < .0001$). Multivariate analysis of likelihood of repeat vascular access demonstrated a significant interaction between index vascular access type and age ($P = .001$). In the age <70 group, index graft reduced the odds of repeat vascular access by 50.4% compared with index fistula (Table III). In the age ≥70 group, index graft reduced the odds of repeat vascular access by 69.7% compared with index fistula (Table III). Male sex significantly reduced the odds of repeat vascular access (Table III). Black race, peripheral vascular disease, and obesity significantly increased the odds of repeat vascular access (Table III).

At 90, 180, and 365 days, significantly more patients in the index AVF group underwent a repeat vascular access creation than those in the index AVG group (Fig 3). Multivariate analysis of time to repeat vascular access demonstrated a significant interaction between index vascular access type and age ($P = .002$; Table IV). In the age <70 group, patients who underwent index AVG were 47% more likely to have a longer time to repeat vascular access compared with patients who underwent index AVF. In the age ≥70 group, patients who underwent index AVG were 66% more likely to have a longer time to repeat vascular access compared with patients who underwent index AVF. Male sex was associated with a significantly longer time to repeat vascular access. Black race and obesity were associated with a significantly shorter time to repeat vascular access.

DISCUSSION

The ideal vascular access has been described as one that "delivers a flow rate to the dialyzer adequate for the dialysis prescription, has a long use-life, and has a low rate of complications."[5] The KDOQI guidelines refer to the "surgically created fistula" as coming "closest to fulfilling these criteria."[5] These conclusions were based on older data that showed AVF have superior patency

ATTACHMENT 12
Purpose of the Project

Journal of Vascular Surgery
Volume 70, Number 4

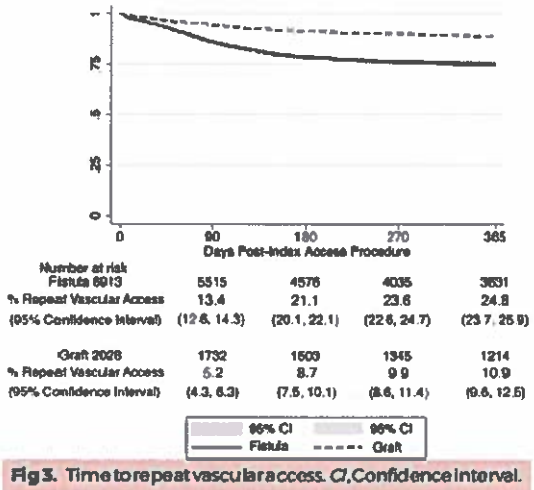


Fig 3. Time to repeat vascular access. *CI*, Confidence interval.

Table IV. Multivariable analysis of time to repeat vascular access

Covariate	Hazard ratio	95% Confidence interval
Arteriovenous fistula, age ≥70 (vs fistula, age <70)	0.83[b]	0.75-0.91
Arteriovenous graft, age <70 (vs fistula, age <70)	0.53[b]	0.44-0.64
Arteriovenous graft, age ≥70 (vs fistula, age ≥70)	0.34[b]	0.28-0.42
Arteriovenous graft, age ≥70 (vs graft, age <70)	0.53[b]	0.41-0.69
Male sex (vs female)	0.78[b]	0.71-0.86
Race		
White (reference)	1	–
Asian	0.98	0.74-1.29
Black	1.43[b]	1.28-1.61
Hispanic	0.95	0.82-1.1
Unknown	1	0.87-1.15
Diabetes	1.04	0.91-1.19
Cardiac arrhythmia	1.05	0.93-1.17
Congestive heart failure	0.96	0.85-1.08
Peripheral vascular disease	1.05	0.94-1.17
Obesity	1.11[a]	1.01-1.22

[a]Significant at $P = .05$.
[b]Significant at $P = .001$.

to AVG and required the fewest interventions.[10,11] These older studies did not address all hemodialysis subpopulations, which may have contributed to the results presented. Since then, a number of studies have shown that AVF is not necessarily superior to AVG in all groups, including the elderly and nonwhite race.[12,13]

The Fistula First Initiative has been renamed "Fistula First, Catheter Last" to emphasize the poor outcomes associated with long-term THC use, and perhaps place less emphasis on AVF.[14] However, neither the KDOQI nor the Fistula First guidelines provide guidance regarding factors that should influence the selection of the most appropriate vascular access type for a given patient.

These analyses demonstrated that consistently across the outcomes of time to THC removal, likelihood of repeat vascular access and time to repeat vascular access, AVG results in superior outcomes compared with AVF. These results can all likely be attributed to the high AVF maturation failure rate that has been repeatedly reported in the literature.[15-17] AVG do not require a maturation period and, in the case of early cannulation grafts, can be punctured as early as 24-48 hours after creation, allowing for earlier THC removal.[18,19] Further, a nonmaturing AVF is typically abandoned within 3-6 months after creation and a second permanent vascular access is attempted. At the same time, the secondary patency of AVG at 12 months is 70%-80%.[20-22] Thus, the first repeat vascular access for the majority of AVG will not occur until after 12 months. The combination of these two phenomena is consistent with a shorter time to repeat vascular access after index AVF.

Another consistent finding in this study is the interaction between index access type and age category with a larger difference between index AVG and AVF in the age ≥70 group compared with the age <70 group for all outcomes. This can be attributed to the higher incidence of AVF maturation failure and lower AVF patency that has been demonstrated in the elderly compared with the nonelderly.[23-26] Higher rates of maturation failure in the elderly lead to longer times to THC removal, higher rates of repeat vascular access, and shorter time to repeat vascular access after index AVF. This interaction between index access type and age category is particularly relevant in the elderly. In the age ≥65 hemodialysis population, all-cause mortality is 31% per year.[1] This emphasizes the importance of considering short-term vascular access outcomes for the elderly. If the elderly patient does not survive to experience the long-term benefits of AVF over AVG, then the negative short-term consequences of multiple attempts to achieve a functional AVF may not be justified.

Male sex was consistently associated with improved outcomes in this analysis. There are conflicting data in the literature suggesting that females have lower maturation rates and lower patency rates compared with males.[6,27-29] This may be due to smaller vein diameters in females compared with males; however, this has not been definitively demonstrated. In this claims database, vein diameters were not available and could not be included in the analysis.

ATTACHMENT 12
Purpose of the Project

Obesity was consistently associated with worse outcomes in this analysis. Obese body habitus is often associated with deeper veins and increased difficulty in cannulating a vascular access. AVG can be constructed such that the graft is more superficial. Nevertheless, obese body habitus can create torque and tension on the graft that can make cannulation difficult and negatively influence hemodynamics and patency. The challenge is compounded in AVF where the anatomic depth of the vein may require surgical elevation, lipectomy, and/or liposuction.[30-32] These factors can all increase AVF/AVG failure, resulting in dependence on THC and increased risk of repeat vascular access.

Black race was associated with increased risk of repeat vascular access and shorter time to repeat vascular access but was not associated with time to THC removal. There is some literature to suggest that black race is associated with worse outcomes after vascular access, regardless of access type.[33-35] The influence of race and ethnicity on vascular access outcomes has not been well studied and should be a focus of future investigation.

The primary limitation of this study is related to the constraints of the data available through a claims database. A number of factors associated with vascular access outcomes, including vein diameter and arterial inflow quality, were not available in this data set. Other important outcomes, namely vascular access revisions and vascular access–related hospitalizations, are difficult to measure in a claims database due to the vagaries of billing codes. With the advent of the ICD-10, these outcomes may be more clearly identified in the future.

Ultimately, this is an observational study with nonrandom assignment of patients to index AVF and AVG. Although as many covariates as possible were controlled for in the analysis, it is possible the outcomes observed are a result of other unmeasured factors. A potential unmeasured confounder was tobacco use. Although ICD diagnostic codes for personal history of tobacco use exist, the use of this code in billing data is likely to be highly unreliable, thus it was not included as a covariate. It is also not possible to know what proportion of the entire population initiated hemodialysis with a THC or non-THC access due to the clean period of continuous insurance enrollment that we imposed before AVF/AVG creation to maximize the likelihood that the index AVF/AVG was truly the patient's first AVF/AVG. Without a clean period, it is possible that the patient had a different type of insurance previously and another access was created under that insurance.

The benefit of using this data set is that it captures Medicare Advantage patient events that are not captured in the Medicare data. The great majority of patients in this study were patients who had private insurance at the time they became dialysis-dependent and elected to choose a Medicare Advantage plan when they became Medicare eligible by virtue of end-stage renal disease (ESRD). ESRD patients do not qualify for Medicare until the first day of their fourth month of dialysis. Thus, vascular access events that occur before that time are not measured in Medicare claims for patients who qualify for Medicare by virtue of ESRD only, which applies to most ESRD patients <65 of age. Thus, this data set allows us to examine patients who become dialysis-dependent at age <65 and those who opt for a Medicare Advantage plan.

CONCLUSIONS

Creation of AVG vs AVF significantly decreases the time to THC removal in dialysis-dependent patients, with a larger difference in patients aged ≥70 vs <70 years. Initial AVG was associated with lower odds of repeat vascular access and longer time to repeat vascular access. These results suggest the dictum of "fistula first" is not appropriate for all populations and support the judicious use of AVG in achieving the more recent shift toward "catheter last."

AUTHOR CONTRIBUTIONS

Conception and design: PL, KW
Analysis and interpretation: TC, KL, PW
Data collection: TC, KW
Writing the article: TC, KW
Critical revision of the article: PL, KW
Final approval of the article: TC, KL, PW
Statistical analysis: TC, KW
Obtained funding: Not applicable
Overall responsibility: TC

REFERENCES

1. United States Renal Data System. 2017 USRDS annual data report: Epidemiology of kidney disease in the United States. Bethesda, Md: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2017.
2. Lata C, Girard L, Parkins M, James MT. Catheter-related bloodstream infection in end-stage kidney disease: a Canadian narrative review. Can J Kidney Health Dis 2016;3:24.
3. Ocak G, Halbesma N, le Cessie S, Hoogeveen EK, van Dijk S, Kooman J, et al. Haemodialysis catheters increase mortality as compared to arteriovenous accesses especially in elderly patients. Nephrol Dial Transplant 2011;26:2611-7.
4. Neumann ME. "Fistula first" initiative pushes for new standards in access care. Nephrol News Issues 2004;18:43, 47-8.
5. Clinical practice guidelines for vascular access. Am J Kidney Dis 2006;48(Suppl 1):S248-73.
6. Patel ST, Hughes J, Mills JL. Failure of arteriovenous fistula maturation: an unintended consequence of exceeding Dialysis Outcome Quality Initiative guidelines for hemodialysis access. J Vasc Surg 2003;38:439-45.
7. Blucklans A, Scott EC, Meier GH, Panneton JM, Glickman MH. The natural history of autologous fistulas as first-time dialysis access in the KDOQI era. J Vasc Surg 2008;47:415-21; discussion: 420-1.
8. Leake AE, Yuo TH, Wu T, Fish L, Dillavou ED, Chaer RA, et al. Arteriovenous grafts are associated with earlier catheter removal and fewer catheter days in the United States Renal Data System population. J Vasc Surg 2015;62:1273-7.

ATTACHMENT 13
Alternatives

1. Exit the Marketplace

Maintaining vascular access is literally a matter of life and death for many patients, and it is important to NANI that their patients have access to the best quality of care possible. The changes in reimbursement models by CMS seem to strongly encourage the relocation of these procedures to an ASTC setting. Hospital surgical suites, on the other hand, which certainly have benefits for patients not suited for outpatient surgery are simply no longer a sustainable model. If NANI were to exit the marketplace and shutdown its office based lab and ASTC, many patients would find themselves at the mercy of schedule at hospital for access to their surgical suites.

NANI has hundreds of patients who rely on them to perform these surgical procedures that are necessary to maintain vascular access for dialysis. NANI's commitment to these procedures and to this patient population is unwavering and, simply put, its patients need access to this care. For these reasons, this alternative was rejected.

2. Utilize a Hospital Surgical Suite

This option produces significant challenges with regards to access to surgical care. In many other instances, the Board has heard about the challenges to physicians being able to obtain access to surgical time sufficient to meet the needs of their patient population. These procedures are not 'high-reimbursement' procedures, but they are incredibly high-priority to the patients who require them. Vascular access procedures keep NANI patients alive by allowing them to continue their dialysis treatments when vascular access complications arise. The problem for hospitals is that because these procedures are not reimbursed at a high rate it is not out of the ordinary for these procedures to be either re-scheduled to inconvenient times for patients or for the patient to be delayed while the hospital performs more profitable procedures first. This can cause delays in patients receiving necessary care for the vascular access procedure and the subsequent dialysis treatment which is the reason for the procedure in the first place. Additionally, the reason behind the CMS changes in reimbursement models is because the hospital setting has proven to increase costs while procedures in an ASTC setting can be performed at a lower cost and with the same results. The delay can be significantly detrimental to patients and the lower cost is more in-line with HFSRB goals.

For these reasons, this alternative was rejected.

3. Rely on Available Capacity at Other Surgery Centers

A majority of surgery centers in the area focus upon other identified categories of service for an ASTC rather than general procedures. Only two other facilities offer services in the general category of service and neither of them focus on vascular access procedures. Moreover, the "general" category of service is rarely used for the purposes of vascular access (unless the facility is designed and dedicated for this purpose). In order for this alternative to work, other facilities would have to be willing to allow NANI doctors to use the ASTC to perform procedures that likely have lower reimbursement rates than other procedures they normally perform. As a matter of simple economics, other facilities would not be willing or able to work with the patient population that NANI is dedicated to.

For these reasons, this alternative was rejected.

ATTACHMENT 13
Alternatives

4. Acquire an Existing ASTC or Move Procedures to Existing ASTC

Another option that was considered was the acquisition of an existing Ambulatory Surgical Treatment Center to replace the Alsip office based lab. There are a limited number of existing ASTC's in this area, none of which are committed to, nor designed to meet the needs of the patient population being served by this proposed project with the exception of Willow Springs Surgery Center which is owned by the Applicant. The existing ASTC is also in need of renovation and the Applicants feel resources would be better spent in consolidating their operations in Alsip with the existing ASTC. Additionally, the likelihood is that to identify a sufficiently viable multi-room facility and then retrofit the facility to meet the needs of this patient population would exceed the costs of the proposed project. For these reasons, this alternative was not selected.

5. Project, as proposed

This project is well-designed to meet a specific need. It is consistent with the organized delivery of healthcare, meets the needs of a vulnerable patient population, ensure access to care for an all-too-often overlooked patient population, and it is efficient and effective. Given the challenges addressed above and the rationale outlined throughout, this is the alternative selected and presented to this Board for consideration and approval.

ATTACHMENT 14
Size of the Project

The square footage identified in this application for the proposed projects, includes two operating rooms and recovery stations is necessary, not excessive, and consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110, as documented below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ASTC (2 Operating Rooms)	**5,500 GSF**	**5,500 GSF**	**-**	**YES**

ATTACHMENT 15
Project Services Utilization

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish two surgical rooms, making the objective for demonstrating utilization in excess of 1,500 hours. Based on upon historical utilization and proposed patient volume, the facility should meet the standard in year one of operation.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	2,408 Procedures	2,408 Procedures	>1500 Hours	YES
YEAR 2	ASTC	2,408 Procedures	2,528 Procedures	>1500 Hours	YES

The number of 2,408 predicted referrals is based on 1,487 procedures performed in the last year at Willow Springs Surgery Center and 921 procedures performed at the Alsip office-based lab. This does not include the limited number of procedures performed at Hospitals in the area as the Applicants do not intend to refer patients who require hospital based surgical care to the proposed ASTC.

If the proposed facility performs the excepted 2,408 procedures in its first year of operation it will utilize nearly 2,457 hours of surgical time (using the average procedure time of 1.25 hours per procedure at Willow Springs and .65 hours at the Alsip office based lab). The average procedure time was determined after an analysis of procedure times to determine the average time spent (including room prep, procedure time, and clean-up) on a procedure over the last year. Based on the facility operating 250 days a year, for 7.5 hour per day, one of the operating rooms at the facility would be operating at the state's target utilization and the second room would be warranted to meet patient need and ensure access to vascular access procedures.

YR1 Proposed Procedures	2,408
YR2 Proposed Procedures	2,528
Average Procedure Time at Office based lab (In Hours)	0.65
Average Procedure Time at Surgery Center (In Hours)	1.25
Yr1 Surgical Hours	2,118
Yr 2 Surgical Hours	2,224

ATTACHMENT 15
Project Services Utilization

Office based lab Procedure Time Analysis Report	11/01/2023 - 10/31/2023
Avg Total Pre procedure time	0:20:08
Avg Total Prep time	0:00:11
Avg Total Procedure time	0:19:17
Avg Total Recovery time	0:12:32

Willow Springs Surgery Center Procedure Time Analysis Report	11/01/2022 - 10/31/2023
Avg Total Pre procedure time	0:20:45
Avg Total Prep time	0:06:11
Avg Total Procedure time	0:48:42
Avg Total Recovery time	0:41:28

Utilization Calculation	
Operational Days	250
Average Hours of Operation	7.5
Available Surgical Time per Room (in hours)	1875
Procedure Hours per Operating Room – Year 1	2457
Number of Operating Rooms	2
Total Procedure Hours	2457
Average Procedure Time (hours) – Willow Springs Surgery Center Patients	1.25
Average Procedure Time (hours) – SWNA Patients	0.65
State Target Utilization 80% (in hours)	1500
First Year Proposed Procedures	2,408
First Year Utilization Operating Room 1	80%
First Year Utilization Operating Room 2	33%
Second Year Proposed Procedures	2,528
Second Year Utilization Operating Room 1	80%
Second Year Utilization Operating Room 2	39%

ATTACHMENT 16
Unfinished or Shell Space

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

ATTACHMENT 17
Assurances

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

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

The proposed project is necessary to meet the needs of the residents of the planning area. As noted in this application, this project involves the relocation within the geographic service area of an existing ASTC and an existing office based lab that is operating within the same office park as the proposed ASTC. The move to the new location will provide these existing and future patients with centrally located site at a newly updated ASTC which would otherwise have to take place in an office-based lab setting or in a hospital outpatient surgical suite, which presents unnecessary access challenges and unnecessarily increases costs. The physicians associated with Nephrology Associates of Northern Illinois, Ltd. are always open to continue referring patients to other area facilities, ultimately allowing patient choice to be the deciding factor, but have concluded that the absence of a facility to perform these procedures will, ultimately, undermine the quality of care available to their patients.

With two operating rooms, the ASTC will have ample capacity to meet the needs of NANI and demand of the physician's patients, while at the same time offering operating rooms to area providers under their open staff policy. While area hospitals have surgical capacity, it has been proven by multiple studies, articles, and actions of the Centers of Medicare and Medicaid Services (CMS) that there is an industry wide shift in moving vascular access surgery services to the less costly ASTC setting when medically appropriate.

Additionally, this proposed facility will allow for the consolidation of services that currently being offered in two separate locations. One of those locations is operating multi-specialty ASTC that was acquired by NANI in 2018. The plan proposed in this application and the corresponding Certificate of Need application to discontinue Willow Spring Surgery Center is also in alignment with the Board's rules and mission in that the Applicants will give up several categories of service at the new site, allowing for other providers who perform such services to file applications and better justify those procedures to be performed elsewhere in the geographic service area.

One of the main advantages of performing vascular access procedures in an ASTC is that it provides patients with a lower cost option for healthcare. ASTCs are able to offer a more cost-effective alternative to hospital-based surgeries due to their lower overhead costs, including less expensive equipment and staffing requirements. In addition, ASTCs are generally able to perform procedures more efficiently, with shorter wait times and reduced patient recovery times, which can further reduce costs.

According to a study published in the Journal of Vascular Surgery, the cost of arteriovenous fistula placement was significantly lower in an ASTC setting compared to a hospital-based setting, with an estimated cost savings of approximately $5,000 per patient (Campbell et al., 2015)[1]. This cost savings was largely attributed to the reduced length of stay in the ASTC and the avoidance of costly hospital charges. Another study published in the Journal of the American College of Surgeons found that ASTCs were associated with lower costs for a variety of surgical procedures, including vascular access procedures (Cohen et al., 2018).

Furthermore, the Centers for Medicare and Medicaid Services (CMS) has been actively encouraging providers to perform surgeries in ASTC settings through its payment policies. In recent years, CMS has increased the number of procedures that can be performed in ASTCs, expanded coverage for ASTC services, and increased reimbursement rates for certain procedures. For example, in 2021, CMS added 267 new services to the ASTC Covered Procedures List, bringing the total number of covered procedures to over 3,500 (CMS, 2020).

[1] Campbell JE, Kruse RR, Saphir JR, et al. The advantages of a community ambulatory surgery center in the delivery of vascular access care. J Vasc Surg. 2015;61(2):466-471. doi: 10.1016/j.jvs.2014.06.108

This shift towards ASTCs is driven in part by the recognition that ASTCs are capable of providing high-quality care at a lower cost than hospitals, making them an attractive option for patients and payers alike. ASTCs are also able to offer a more convenient and accessible option for patients, with shorter wait times and easier scheduling compared to hospitals.

The primary purpose of this project is to provide necessary health care to residents of the geographic service area ("GSA") in which the ASTC will be located. Listed on the following pages, in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes areas that are located within a 10-mile radius of the proposed site of the ASTC. The zip codes and area within a 10-mile radius of the proposed facility is listed below. We have included a map of the multi-directional travel radiuses of the proposed ASTC site.

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

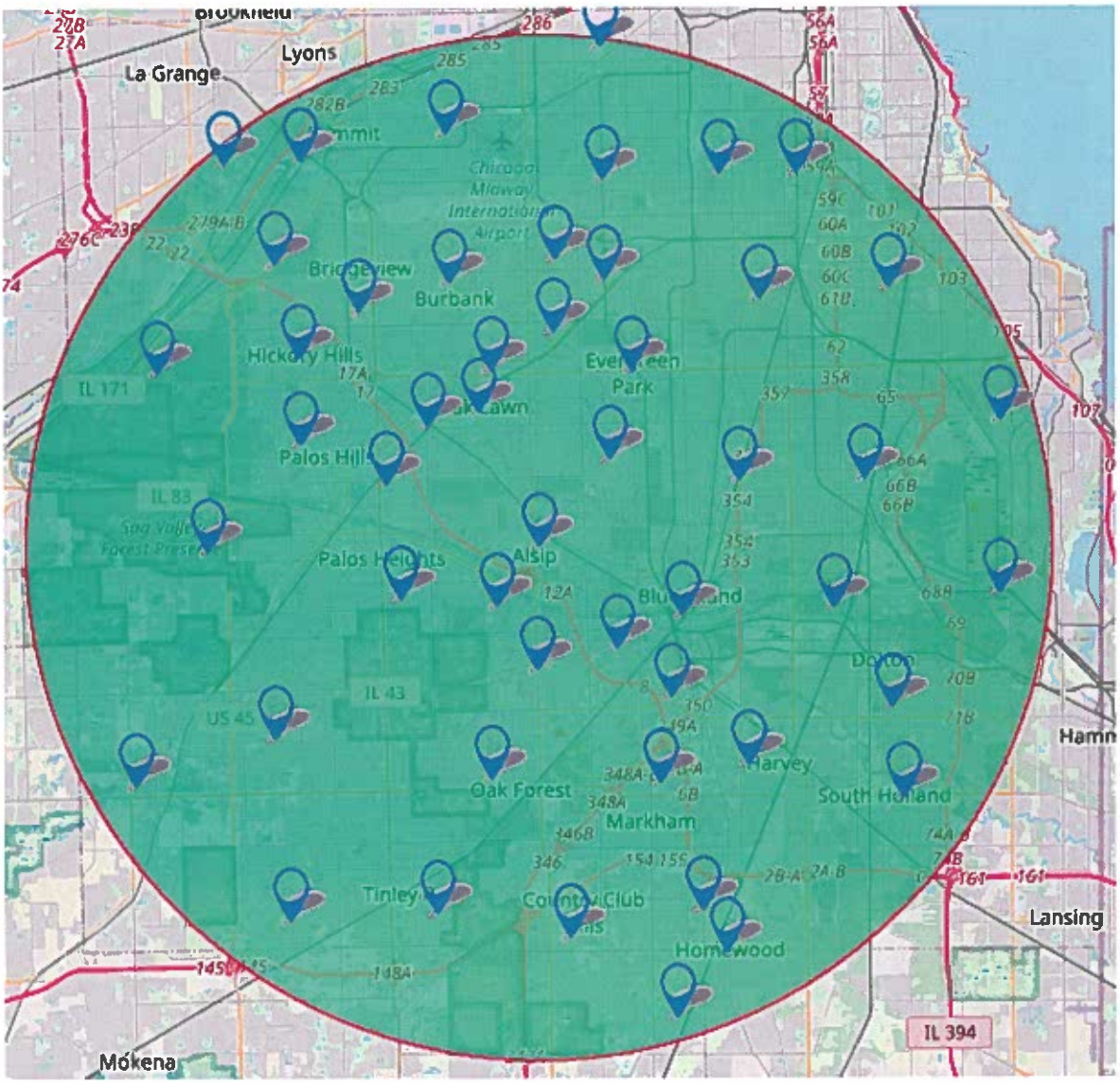
Below is a list of zip codes with the population for each city within 10 miles of 12255 South Cicero Avenue, Alsip, Illinois 60803

Zip Code	City	Population
60803	Alsip	22,198
60418	Crestwood	10,733
60655	Chicago	28,000
60445	Midlothian	14,632
60472	Robbins	4,812
60453	Oak Lawn	57,665
60463	Palos Heights	13,687
60406	Blue Island	24,959
60415	Chicago Ridge	14,284
60482	Worth	11,084
60805	Evergreen Park	19,730
60469	Posen	5,423
60643	Chicago	48,270
60456	Hometown	4,299
60452	Oak Forest	26,939
60465	Palos Hills	18,278
60428	Markham	11,155
60652	Chicago	42,223
60459	Burbank	29,122
60455	Bridgeview	17,204
60827	Riverdale	25,538
60426	Harvey	23,213
60457	Hickory Hills	14,650
60462	Orland Park	40,942
60464	Palos Park	9,779
60620	Chicago	68,330
60628	Chicago	61,419
60629	Chicago	108,997
60477	Tinley Park	36,543
60458	Justice	14,360
60419	Dolton	21,283
60478	Country Club Hills	16,591
60429	Hazel Crest	15,069
60636	Chicago	29,833
60480	Willow Springs	5,300
60638	Chicago	55,295
60619	Chicago	60,443
60473	South Holland	21,695
60430	Homewood	20,430

60487	Tinley Park	26,198
60501	Summit Argo	11,655
60621	Chicago	26,997
60633	Chicago	12,440
60467	Orland Park	25,161
60617	Chicago	83,188
60422	Flossmoor	9,735
60525	La Grange	31,647
60632	Chicago	86,372

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

10 Mile Radius from 12250 South Cicero Avenue, Alsip, Illinois 60101



ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

We are submitting referral letters from two physicians that include zip code specific patient origin analysis of the individual's historical caseload and the patient origin to be serviced at the proposed facility is identical to that identified in the letter. The provided zip code information documents that the projected patient volume is from within the geographic service area defined in subsection (c)(2)(B). One letter is from the Medical Director of Willow Spring Surgery Center and accounts for procedures completed at that facility and the other letter is from the Medical Director of the NANI office based lab in Alsip, Illinois.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

November 14, 2023

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

Re: Referral Letter

Dear Chair Savage,

My name is Gautam Bhanushali, MD and I am a Interventional Nephrologist with the Nephrology Associates of Northern Illinois and Indiana, LTD. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12-month period prior to submission of this letter, I referred a total of 921 procedures to the following healthcare facilities: Willow Springs Surgery Center.

Historical Caseload by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Referrals to Proposed ASC
Willow Springs Surgery Center	921	921
(Insert Facility Name)	0	0
(Insert Facility Name)	0	0
(Insert Facility Name)	0	0
Total	921	921

Based on my historical referrals, I anticipate referring 875 surgical cases each year to the proposed ambulatory surgical treatment center. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients I propose to refer reside within the applicant's proposed geographic service area.

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

15389901 v1

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Thank you,

Gautam Bhanushali, MD

Physician's Signature _____ Date 11/28/23

(Please Print/Type Name) _____
Signature of Notary:

Subscribed and sworn to before me

this 28 day of November, 2023

Official Seal
Victoria Bryant
Notary Public State of Illinois
My Commission Expires 12/28/2026

Seal

15389901 v1

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Zip Code	# Of Patients
46324	1
46410	1
60101	6
60401	3
60406	19
60409	4
60411	4
60415	7
60418	8
60419	5
60423	12
60426	7
60428	3
60429	7
60430	8
60438	4
60439	2
60441	6
60443	27
60445	29
60448	4
60449	6
60451	1
60452	14
60453	31
60455	1
60456	1
60457	9
60458	24
60459	15
60461	1
60462	20
60463	15
60464	11
60465	8
60466	7
60467	6
60468	2
60469	5
60472	14
60473	4
60475	1
60476	1
60477	39
60478	4

60482	25
60487	16
60491	4
60501	1
60527	2
60586	2
60608	1
60609	6
60612	1
60615	2
60617	5
60619	55
60620	84
60621	11
60628	49
60629	28
60632	1
60633	1
60636	27
60637	5
60638	3
60643	65
60649	9
60652	35
60653	1
60655	20
60803	23
60805	12
60827	19
60958	1
Grand Total	**921**

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

November 14, 2023

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

Re: Referral Letter

Dear Chair Savage,

My name is Akash Ahuja, MD and I am a Interventional Nephrologist with the Nephrology Associates of Northern Illinois and Indiana, LTD. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12-month period prior to submission of this letter, I referred a total of 1,487 procedures to the following healthcare facilities: Southwest Vascular Access Center.

Historical Caseload by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Referrals to Proposed ASC
Willow Springs Surgery Center	1,487	1,487
(Insert Facility Name)	0	0
(Insert Facility Name)	0	0
(Insert Facility Name)	0	0
Total	1,487	1,487

Based on my historical referrals, I anticipate referring 875 surgical cases each year to the proposed ambulatory surgical treatment center. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients I propose to refer reside within the applicant's proposed geographic service area.

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

15389901 v1

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Thank you,

Akash Ahuja, MD

Physician's Signature _____ Date 11/29/23

(Please Print/Type Name) _____
Signature of Notary:

Subscribed and sworn to before me

this 29 day of November, 2023

Official Seal
Victoria Bryant
Notary Public State of Illinois
My Commission Expires 12/28/2026

_____
Seal

15389901 v1

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Zip Code	# of Patients
30058	1
46324	1
46408	4
46410	2
46511	2
50588	1
60014	1
60018	1
60021	2
60064	3
60067	1
60073	2
60104	7
60106	1
60119	2
60126	2
60130	2
60131	1
60133	1
60137	1
60148	3
60153	2
60154	13
60155	5
60160	1
60162	2
60164	10
60181	2
60188	2
60302	7
60304	3
60305	5
60402	35
60406	13
60409	4
60411	3
60415	1
60419	4
60425	2
60426	1
60435	1
60438	3
60440	5
60443	1
60445	10

60446	5
60449	2
60453	12
60455	8
60457	3
60458	5
60459	8
60462	54
60463	1
60466	2
60467	1
60469	1
60471	4
60475	2
60477	1
60480	1
60482	3
60487	1
60490	1
60501	5
60513	2
60515	3
60516	1
60517	1
60525	3
60526	3
60527	16
60534	60
60544	7
60546	7
60559	6
60561	7
60563	1
60586	1
60608	7
60609	19
60612	7
60615	5
60617	13
60619	103
60620	53
60621	18
60623	22
60624	10
60625	1
60628	98
60629	126
60630	1
60632	28
60634	1

60636	17
60637	14
60638	38
60639	11
60643	76
60644	80
60649	9
60651	95
60652	22
60653	4
60655	67
60660	1
60707	1
60803	68
60804	38
60827	20
Grand Total	**1487**

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Assessment- 1110.235(c)(4)

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish two surgical rooms, making the objective for demonstrating utilization in excess of 1,500 hours. Based on upon historical utilization and proposed patient volume, the facility should meet the standard in year one of operation.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	2,408 Procedures	2,408 Procedures	>1500 Hours	YES
YEAR 2	ASTC	2,408 Procedures	2,528 Procedures	>1500 Hours	YES

The number of 2,408 predicted referrals is based on 1,487 procedures performed in the last year at Willow Springs Surgery Center and 921 procedures performed at the Alsip office-based lab. This does not include the limited number of procedures performed at Hospitals in the area as the Applicants do not intend to refer patients who require hospital based surgical care to the proposed ASTC.

If the proposed facility performs the excepted 2,408 procedures in its first year of operation it will utilize nearly 2,457 hours of surgical time (using the average procedure time of 1.25 hours per procedure at Willow Springs and .65 hours at the Alsip office based lab). The average procedure time was determined after an analysis of procedure times to determine the average time spent (including room prep, procedure time, and clean-up) on a procedure over the last year. Based on the facility operating 250 days a year, for 7.5 hour per day, one of the operating rooms at the facility would be operating at the state's target utilization and the second room would be warranted to meet patient need and ensure access to vascular access procedures.

YR1 Proposed Procedures	2,408
YR2 Proposed Procedures	2,528
Average Procedure Time at Office based lab (In Hours)	0.65
Average Procedure Time at Surgery Center (In Hours)	1.25
Yr1 Surgical Hours	2,118
Yr 2 Surgical Hours	2,224

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Assessment- 1110.235(c)(4)

Office based lab Procedure Time Analysis Report	11/01/2023 - 10/31/2023
Avg Total Pre procedure time	0:20:08
Avg Total Prep time	0:00:11
Avg Total Procedure time	0:19:17
Avg Total Recovery time	0:12:32

Willow Springs Surgery Center Procedure Time Analysis Report	11/01/2022 - 10/31/2023
Avg Total Pre procedure time	0:20:45
Avg Total Prep time	0:06:11
Avg Total Procedure time	0:48:42
Avg Total Recovery time	0:41:28

Utilization Calculation	
Operational Days	250
Average Hours of Operation	7.5
Available Surgical Time per Room (in hours)	1875
Procedure Hours per Operating Room – Year 1	2457
Number of Operating Rooms	2
Total Procedure Hours	2457
Average Procedure Time (hours) – Willow Springs Surgery Center Patients	1.25
Average Procedure Time (hours) – SWNA Patients	0.65
State Target Utilization 80% (in hours)	1500
First Year Proposed Procedures	2,408
First Year Utilization Operating Room 1	80%
First Year Utilization Operating Room 2	33%
Second Year Proposed Procedures	2,528
Second Year Utilization Operating Room 1	80%
Second Year Utilization Operating Room 2	39%

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Accessibility- 1110.235(c)(6)

The purpose of this project is to improve access to care for the residents of the service area to quality services being provided by world-class physicians available in a non-hospital setting. The referrals presented show there is an existing patient base utilizing these services within this service area that will be the beneficiaries of this project.

This project complies with the requirements of 77 Ill. Admin. Code 1110.235(c)(6)(C) which provides "The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies." The issue is the lack of capacity for these services in an ASTC setting within the geographic service area. There are no ASTCs in the geographic service area that specialize in and offer vascular access procedures.

There is no question based upon the documentation accompanying this application that the existing NANI physicians associated with this project have the historical workload to justify the operating rooms being sought. The area hospitals have no intention of increasing the operating room capacity to provide capacity for procedures of this nature, and doing so would be inconsistent with organized health planning, as the relocation of procedures such as this from in-facility operating rooms to an ASTC will allow for better utilization of the existing operating rooms and reduced delay and expense for those requiring vascular access procedures.

Lastly, it is consistent with the trends coming from insurers expecting that the procedures that can be safely performed in an ASTC on an outpatient basis be performed in such a setting.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Unnecessary Duplication/Maldistribution, Impact on Area Providers-
1110.235(c)(7)(a)-(c)

FACILITY NAME	Distance from Proposed Facility	SERVICES PROVIDED
Premier Cardiac Surgery Center, PLLC	3.0 miles	-Electrophysiology -Peripheral Vascular
Center for Reconstructive Surgery	5.5 miles	-Ophthalmology -Pain Management
Oak Lawn Endoscopy Center	5.0 miles	-Gastro-Intestinal
Palos Surgicenter LLC	4.0 miles	-Laser Eye Surgery -OB/Gynecology -Ophthalmology -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry
Palos Hills Surgery Center	6.8 miles	-Orthopedic -Pain Management -Podiatry
Preferred Surgicenter, LLC	8.7 miles	-General Surgery -Neurological -OB/Gynecology -Orthopedic -Pain Management -Podiatry
Ingalls Same Day Surgery	7.1 miles	-Gastroenterology -General Surgery -Laser Eye Surgery -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Urology
Willow Springs Surgery Center, Ltd.	9.7 miles	-General Surgery -Gastro-Intestinal -Pain Management -Podiatry -Urology
Southwestern Medical Center, LLC	6.4 miles	-Gastroenterology -Ophthalmology -Otolaryngology -Pain Management -Podiatry

The proposed project seeks to consolidate services at an existing ASTC and office-based lab into one facility. This will afford NANI patients the ability to be treated in a new state of the art surgical center dedicated to providing life sustaining vascular access procedures. It also provides the additional benefit of increased cost savings associated with having their procedures performed in a licensed ASTC. The fundamental changes in reimbursement models for the types of procedures that will be offered at the proposed facility has driven this application.

Because the Applicants are also filing an application to discontinue Willow Springs Surgery Center there will be no net addition of ASTCs within the geographic service area as a result of this application being approved. This application was designed to have the least possible impact on existing hospitals and licensed ASTCs in the geographic service area. When evaluating the existing ASTC facilities there are only three that are operating and approved for General Surgery procedures. One facility is Willow Springs Surgery Center which is owned by the Applicants and if this application is approved is slated for discontinuation. The other two are Ingall Same Day Surgery Center which serves the patients of the Ingall Memorial Hospital, and the other facility is Perferred Surgicenter, a privately held ASTC that is approved for 6 categories of service. The Ingalls ASTC is approved for 11 categories of services which indicates that General Surgery procedures are not prioritized at these locations like they will be at the proposed facility.

The other existing ASTCs are not approved for the general surgery category of service and as we have discussed at length in the application, the existing hospital surgical suites are not prioritizing this patient procedures. This makes the likelihood of maldistribution minimal, nor is it going to lower the utilization of other area providers below the established standard. As a result, the impact on other area facilities should be minimal.

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

The facility will appoint, Dr. Akash Ahuja who is a surgeon as Medical Director for the facility. The Applicant has not traditionally had any difficulties in staffing their existing offices nor do they anticipate difficult in staffing the proposed ASTC. A number of existing staff at Willow Springs Surgery Center and the office-based lab will continue to serve patients once the ASTC is open. As needed additional staff will be identified and employed utilizing existing job search sites and professional placement services.

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

CURRICULUM VITAE

Name:	Akash Ahuja, M.D.	
Home Address:	6540 Manor Drive Burr Ridge, IL 60527 (312) 933-0593	
Business:	9125 S. Pulaski Rd Evergreen Park, Illinois 60805 (708) 422-7715	
Date of Birth:	January 30, 1974	
Birthplace:	Chicago, Illinois	
Citizenship:	U.S.A.	
Marital Status:	Married	
Children:	3	
IL License No.:	036-107088	
Specialty Boards:	American Board of Internal Medicine Subspecialty Board (Nephrology) National Board of Physicians and Surgeons	2002 2004 2017
Certification:	American Society of Diagnostic and Interventional Nephrology	2007
Academic Training:	Boston University (Graduated cum laude) Boston, Massachusetts (B.A.)	1991-1995
Mental Health Worker:	Human Resource Institute	1995
Medical School:	Rush Medical College, Rush University (M.D.) Chicago, Illinois	1995-1999
Externship:	Illinois Academy of Family Physicians Summer Program	1996
Internship:	Rush University Medical Center Chicago, Illinois	1999-2000
Residency:	Rush University Medical Center Chicago, Illinois	2000-2002
Fellowship:	Rush University Medical Center Chicago, Illinois	

Hospital Appointments:	Little Company of Mary Hospital Evergreen Park, Illinois Active	10/04 - Present
	Advocate Christ Medical Center Oak Lawn, Illinois Consultant	12/04 - Present
	Advocate South Suburban Medical Center Hazel Crest, Illinois Consultant	12/04 - Present
	Holy Cross Hospital Chicago, Illinois Consultant	07/05 – 04/11
	Palos Community Hospital Palos Heights, Illinois Consultant	03/06 – Present
Clinical Appointments:	Palos Community Hospital Chairperson for Division of Nephrology	02/15 - Present
	Palos Community Hospital Internal Medicine Privilege Evaluation Committee	04/17-03/18

Memberships:

Renal Physicians Association (RPA)
American Association of Physicians of Indian Origin (AAPI)
Awards Committee 1999-2000
India Medical Association (IMA)
American Medical Association
Chicago Medical Society
American Society of Nephrology

Renal Grand Rounds:

Medication Induced Crystalluria
September 10, 2002

Dialysis Related Amyloidosis
October 1, 2002

Modification of Disease Progression in ADPKD
March 18, 2003

Nephrogenic Ascites
June 17, 2003

Type IV Collagen: Role in Nephropathy
September 23, 2003

Treatment of Hepatitis C Associated Cryoglobulinemia
November 25, 2003

Emerging Concepts in the Pathogenesis of Preeclampsia
March 16, 2004

Community Activities:

Pediatric AIDS Program — 1995 – 1999
Children's Memorial Hospital
Chicago, Illinois
Big Brother

Community Health Clinic — 1995 - 1999
Rush Community Service Initiative Project
Chicago, Illinois
Translator and Volunteer

Indo-American Center — 1995 – 1999
India Medical Association
Chicago, Illinois
Volunteer

Awards:

Resident of the Quarter, Winter 2001
Alpha Omega Alpha, Rush Medical College Chapter

Languages:

Spanish (fluent)

Publications:

Ahuja, A., Rodby, R., Huang, Z., Gao, D., Zhang, W., Clark, W.: *Effect of Pre-Dilution Replacement Fluid Administration on Solute Clearance in HighVolume Hemofiltration (HF)*: Presented at the 36th Annual Meeting of the American Society of Nephrology, November 2003. JASN 2003;14:734A.

Zhang, W., Huang, Z., **Ahuja, A.**, Rodby, R., Clark, W. Gao, D.: *Blood Flow Rate Effects in High-Dose Pre-Dilution CVVH*: Presented
at the 36th Annual Meeting of the American Society of Nephrology, November 2003. JASN 2003;14:742A.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

NANI
Nephrology Associates of
Northern Illinois and Indiana

120 W 22nd Street, Oak Brook IL 60123
(630) 573-5000
www.nephdocs.com

January 17, 2024

John P. Kniery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Charge Commitment - NANI Vascular South ASC, LLC

Dear Mr. Kniery,

As a representative of Nephrology Associates of Northern Illinois, LTD., NANI Vascular ASC, LLC, and NANI Vascular South ASC, LLC, I, Arthur Morris, M.D., hereby attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organization for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

Furthermore, I attest that in order to meet the objectives of the Act, which are to improve the financial ability of the public to obtain necessary health services and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public and cost containment and support for safety net services that we have enclosed a list of CPT codes and a proposed fee schedule.

We hereby commit that the charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code. 1130.310(a).

Sincerely,

Arthur Morris, M.D.
Authorized Representative
NANI Vascular South ASC, LLC

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

A list of the relevant CPT codes, procedures and charge for the proposed ASTC is outlined below. In submitting this information, the applicant verifies that it will not increase these charges (excluding changes in the Medicare Fee Schedule) for a minimum of 24 months.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

CPT Code	Facility Charge
36558 Dialysis Catheter Insertion	$2,661.64
36575 Catheter Repair	$555.24
36581 Dialysis Catheter Exchange	$3,453.00
36589 Dialysis Catheter Removal	$555.24
36593 Catheter Declot	$59.12
36596 Mechanical Removal of Clot	$1,074.84
36818 AVF Cephalic Transposition	$4,868.42
36819 AVF Basilic Transposition	$4,868.42
36820 AVF Creation	$2,661.64
36830 AV Graft insertion	$4,868.42
36832 Revison AVG/AVF	$4,868.42
36836 PAVF Creation	$19,924.54
36901 Angiogram	$1,057.32
36902 Angioplasty	$4,289.48
36903 Angioplast + Stent	$12,599.70
36904 Thrombectomy	$5,660.04
36905 Thrombectomy + Angioplasty	$10,888.70
36906 Thrombectomy+ PTA+ Stent	$20,728.30
37248 Angioplasty	$4,289.48
37607 Vein Ligation	$2,661.64
49418 Peritoneal Catheter Insertion	$3,070.92
49421 Peritoneal Catheter Insertion Open	$3,070.92
49422 Peritonel Catheter Removal	$2,661.64

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Assurances- 1110.235(c)(10)

NANI
Nephrology Associates of
Northern Illinois and Indiana

120 W 22nd Street, Oak Brook IL 60123
(630) 573-5000
www.nephdocs.com

January 17, 2024

John P. Kniery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Assurances - NANI Vascular South ASC, LLC

Dear Mr. Kniery,

As a representative of Nephrology Associates of Northern Illinois, LTD., NANI Vascular ASC, LLC and NANI Vascular North ASC, LLC, I, Arthur Morris, M.D., hereby attest that is it the Applicant's full anticipation that, by the end of the second year following the proposed ambulatory surgical treatment center's opening, the proposed facility will operate at or in excess of the utilization standards identified in 77 Illinois Admin. Code Section 1110, Appendix B.

Sincerely,

Arthur Morris, MD

Arthur Morris, M.D.
Authorized Representative
NANI Vascular South ASC, LLC

ATTACHMENT 34
Availability of Funds

The total estimated project costs are $5,813,534 and $4,323,748 of that amount is attributable to construction and equipment purchases. The balance of the project costs is related to the leasing costs for the new facility. Nephrology Associates of Northern Illinois, Ltd. ("NANI"). will fund the remainder of the project costs. NANI has sufficient internal resources to fund the cash portion of the project.

ATTACHMENT 35
Financial Viability Waiver

The Applicants meet the requirement for a waiver of the financial viability ratios by funding the project with existing internal resources. Additionally, below is a calculation of the projected viability ratios for the project, and thus the Applicants meet the applicable criteria.

NANI Vascular South ASC LLC	
Financial Viability Metrics	
Current Ratio	Day 1
Current Assets	$ 1,956,015
Current Liabilities	$ 135,798
Calculation	14.4
Standard	1.5 or more
Net Margin Percentage	
Net Income	$ 953,352
Net Operating Revenue	$ 4,865,381
Calculation	20%
Standard	3.5% or more
LTD to Capitalization	
Long Term Debt	$ -
Long Term Debt plus Net Assets	$ 5,911,365
Calculation	0%
Standard	80% or less
Projected Debt Service Coverage	
Net Income	$ 953,352
Depreciation	$ 95,335
Interest	$ -
Amortization	$ -
Principal Payments	$ -
Interest Expense for Year of Maximum Debt Service	$ -
Calculation	$ 100
Standard	1.75 or more
Days Cash on Hand	
Cash	$ 1,956,015
Investments	$ -
Board Designated Funds	$ -
Operating Expense	$ 3,912,029
Depreciation Expense	
Days	365
Calculation	183
Standard	45 days or more
Cushion Ratio	
Cash	$ 1,956,015
Interest Expense	$ -
Calculation	$ 100
Standard	3.0 or More

ATTACHMENT 36
Financial Viability

NANI Vascular South ASC LLC	
Balance Sheet	
Assets	
Current Assets	
Checking	$ 1,956,015
A/R	$ -
Total Current Assets	**$ 1,956,015**
Fixed Assets	
Tennant Improvements	$ 4,323,748
Office Equipment	
Medical Equipment	
Right of Use Asset	$ 1,489,786
Other Assets	$ -
Total Non-Current Assets	$ 5,813,534
Total Assets	$ 7,769,549
Liabilities & Equity	
Liabilities	
A/P & Current Liabilities	$ -
Short term portion of office	$ 135,798
Other Accrued Liabilities	$ -
Total Current Liabilities	$ 135,798
Long Term Liabilities	
Longer Term Debt	$ 1,353,988
Total Liabilities	$ 1,489,786
Equity	
Owner's Investment	$ 6,279,763
Retained Earnings	$ -
Net Income YTD	$ -
Total Equity	$ 6,279,763
Total Liabilities & Equity	$ 7,769,549

ATTACHMENT 37
Economic Feasibility
Cost and GSF by Service

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ASTC	$372.50	-	5,500	-	-	-	$372.50	-	$2,048,742
Contingency	$29.05	-	5,500	-	-	-	$29.05	-	$159,777
TOTALS	$401.55	-	5,500	-	-	-	$401.55	-	$2,208,519
* Include the percentage (%) of space for circulation									

Pursuant to Illinois Admin. Code Section 1120.Appendix A (a)(3) a project's costs must be at or below the RS Means for the new Construction of an ASTC. This project is slated to be completed by July 1, 2026, and the applicable RS Means standard is $480.97 per GSF. The proposed cost per GSF for this project is $401.55, and thus this project meets the Board's criteria.

ATTACHMENT 37
Economic Feasibility
Cost and GSF by Service

NANI
Nephrology Associates of Northern Illinois and Indiana

120 W 22nd Street, Oak Brook IL 60123
(630) 573-5000
www.nephdocs.com

January 17, 2024

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

Re: NANI Vascular South ASC, LLC
Ill. Admin. Code Section 1120.120(a) Available Funds Certification
Ill. Admin. Code Section 1120.140(a) Reasonableness of Financing Arrangements

Dear Mr. Kniery:

As a representative of Nephrology Associates of Northern Illinois, LTD., NANI Vascular ASC, LLC, and NANI Vascular South ASC, LLC, I, Arthur Morris, M.D., hereby attest that the project costs will be $5,813,534. The construction for the project will be funded with cash or existing securities in amount of $4,323,748, and the remainder of the project costs will be paid through the lease for the property where the facility will be located. Nephrology Associates of Northern Illinois, Ltd. has sufficient and readily accessible internal resources to fund their obligation required by the project, and to fully fund other ongoing obligations.

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

Sincerely,

Arthur Morris, MD

Arthur Morris, M.D.
President
Nephrology Associates of Northern Illinois, LTD.

Subscribed and sworn to before me this 17 day of January, 24

Victoria Bryant
Signature of Notary

Seal

Official Seal
Victoria Bryant
Notary Public State of Illinois
My Commission Expires 1/29/2026

ATTACHMENT 38
Safety Net Impact Statement

NANI Vascular South ASC, LLC is a new entity and has no applicable historical data for this section of the application. However, it is anticipated that the proposed facility will have a positive material impact on essential safety net services in the community.

Nephrology Associates of Northern Illinois and Indiana has long maintained a commitment to serving diverse communities in Northern Illinois and Indiana. That includes both economic and racial diversity. The practice is rooted in treating patients with Kidney disease, a disease that disproportionately affects communities of color. This project involves the replacement of an existing surgical center and the consolidation of surgical services currently offered in office based labs. As such there should not be any impact on the ability of another provider to cross-subsidize safety net services since those facilities are not currently nor do they intend to treat these patients.

Below is the historical data for the Willow Spring Surgery Center which is owned by one of the Applicants, Nephrology Associates of Northern Illinois, Ltd.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2020**	**2021**	**2022**
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
Charity (cost in dollars)	-	-	-
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
MEDICAID			
Medicaid (# of patients)	**2020**	**2021**	**2022**
Inpatient	-	-	-
Outpatient	-	93	144
Total	-	93	144
Medicaid (revenue)	-	-	-
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	$44.00	-

ATTACHMENT 39
Charity Care

NANI Vascular South ASC, LLC is a new entity and has no applicable historical data for this section of the application. The projected patient mix by payer source, anticipated charity care expense and projected ration of charity care to net revenue of its second year of operation included below. These projections are based on the existing patient base seen at Willow Spring Surgery Center and at NANI Office Based Labs over the last 12 months.

Willow Springs Surgery Center

Payer Type	Estimated Number of Patients	Projected Revenue % by Payor Mix
Medicare	44%	56%
Medicare Advantage	24%	25%
Commercial	16%	10%
Medicaid	15%	8%
HMO	1%	<1%

SWNA NANI Office Based Lab

Payer Type	Estimated Number of Patients	Projected Revenue % by Payor Mix
Medicare	44%	51%
Medicare Advantage	30%	32%
Commercial	14%	8%
Medicaid	11%	8%
HMO	1%	<1%

ATTACHMENT 40
Flood Zone Letter

NANI
Nephrology Associates of Northern Illinois and Indiana

120 W 22nd Street, Oak Brook IL 60123
(630) 573-5000
www.nephdocs.com

January 17, 2024

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

Re: Flood Plain Letter - NANI Vascular South ASC, LLC

Dear Mr. Kniery:

As a representative of Nephrology Associates of Northern Illinois, LTD., NANI Vascular ASC, LLC, and NANI Vascular South ASC, LLC, I, Arthur Morris, M.D., affirm that the proposed location for the establishment of NANI Vascular South ASC, LLC complies with Illinois Executive Order #2005-5. The facility location of 12250 South Cicero Avenue, Alsip, Illinois 60803, is not located in a flood plain; as evidence, please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

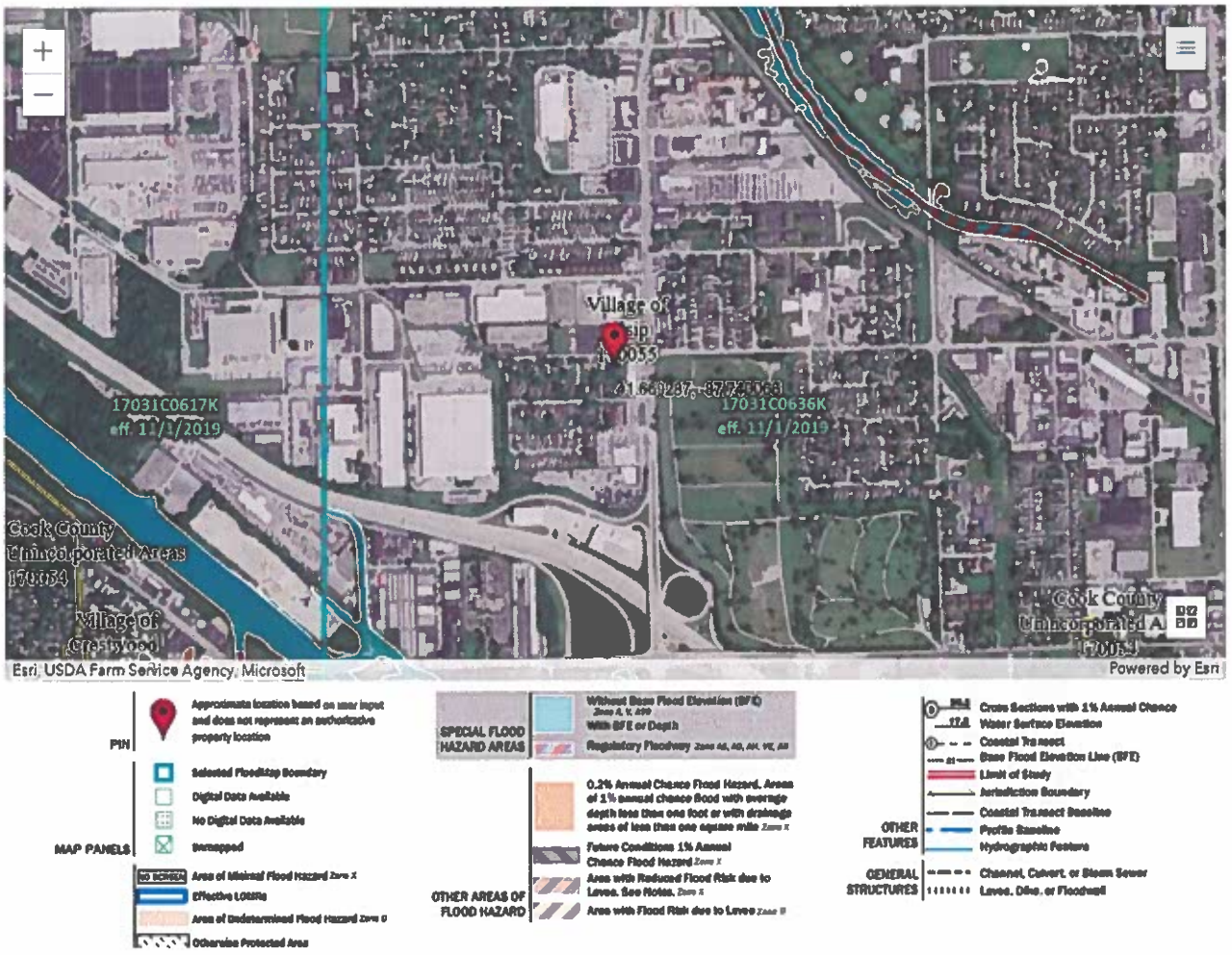
I hereby certify that this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Arthur Morris, MD

Arthur Morris, M.D.
Authorized Representative
NANI Vascular South ASC, LLC

ATTACHMENT 40
Flood Zone Letter



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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	26-30
2	Site Ownership	31-34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	35-36
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37
5	Flood Plain Requirements	38-39
6	Historic Preservation Act Requirements	40-45
7	Project and Sources of Funds Itemization	46-47
8	Financial Commitment Document if required	48
9	Cost Space Requirements	49
10	Discontinuation	n/a
11	Background of the Applicant	50-52
12	Purpose of the Project	53-63
13	Alternatives to the Project	64-65
14	Size of the Project	66
15	Project Service Utilization	67-68
16	Unfinished or Shell Space	69
17	Assurances for Unfinished/Shell Space	70
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
20	Comprehensive Physical Rehabilitation	n/a
21	Acute Mental Illness	n/a
22	Open Heart Surgery	n/a
23	Cardiac Catheterization	n/a
24	In-Center Hemodialysis	n/a
25	Non-Hospital Based Ambulatory Surgery	71-98
26	Selected Organ Transplantation	n/a
27	Kidney Transplantation	n/a
28	Subacute Care Hospital Model	n/a
29	Community-Based Residential Rehabilitation Center	n/a
30	Long Term Acute Care Hospital	n/a
31	Clinical Service Areas Other than Categories of Service	n/a
32	Freestading Emergency Center Medical Services	n/a
33	Birth Center	n/a
	Financial and Economic Feasibility:	
34	Availability of Funds	99
35	Financial Waiver	100
36	Financial Viability	101
37	Economic Feasibility	102-103
38	Safety Net Impact Statement	104
39	Charity Care Information	105
40	Flood Plain Information	106-107