

24-034
RECEIVED
OCT 25 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: Champaign Surgery Center- Mattis Ave.		
Street Address: 1702 S Mattis Ave.		
City and Zip Code: Champaign, IL 61821		
County: Champaign	Health Service Area: HSA-4	Health Planning Area: D-1

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

Exact Legal Name: Champaign SurgiCenter, LLC		
Street Address: 3103 Fields South Drive		
City and Zip Code: Champaign 61822		
Name of Registered Agent: James Leonard, MD		
Registered Agent Street Address: 611 West Park St.		
Registered Agent City and Zip Code: Urbana 61801		
Name of Chief Executive Officer: James Leonard, MD		
CEO Street Address: 611 West Park St.		
CEO City and Zip Code: Urbana 61801		
CEO Telephone Number: 217-383-3220		

Type of Ownership of Applicants

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o 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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: Carle Health
Address: 611 West Park St. Urbana, IL 61801
Telephone Number: 217-902-5521
E-mail Address: collin.anderson@carle.com

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com

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County: Champaign	Health Service Area: HSA-4	Health Planning Area: D-1

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

Exact Legal Name: The Carle Foundation
Street Address: 611 West Park St.
City and Zip Code: Urbana 61801
Name of Registered Agent: James Leonard, MD
Registered Agent Street Address: 611 West Park St.
Registered Agent City and Zip Code: Urbana 61801
Name of Chief Executive Officer: James Leonard, MD
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City and Zip Code: Champaign, IL 61821		
County: Champaign	Health Service Area: HSA-4	Health Planning Area: D-1

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

Exact Legal Name: The Carle Foundation Hospital		
Street Address: 611 West Park St.		
City and Zip Code: Urbana 61801		
Name of Registered Agent: James Leonard, MD		
Registered Agent Street Address: 611 West Park St.		
Registered Agent City and Zip Code: Urbana 61801		
Name of Chief Executive Officer: James Leonard, MD		
CEO Street Address: 611 West Park St.		
CEO City and Zip Code: Urbana 61801		
CEO Telephone Number: 217-383-3220		

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E-mail Address: kfriedman@polsinelli.com

Post Permit Contact

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

Name: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: Carle Health
Address: 611 W. Park St. Urbana, IL 61801
Telephone Number: 217-902-5521
E-mail Address: collin.anderson@carle.com

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Carle Foundation
Address of Site Owner: 611 W. Park St. Urbana, IL 61801
Street Address or Legal Description of the Site: 1702 Mattis Ave. Champaign, IL 61821
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Champaign SurgiCenter, LLC
Address: 3103 Fields South Drive Champaign, IL 61822
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

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.

Champaign SurgiCenter, LLC as the planned operator/licensee, The Carle Foundation d/b/a Carle Health, as the entity with final control of Champaign SurgiCenter, LLC, The Carle Foundation Hospital (the "Applicants"), seek authority from the Illinois Health Facilities and Services Review Board authority to establish an ASTC (the "Planned Endoscopy Center") at 1702 S. Mattis Ave. Champaign, IL 61821 (the "Project").

The Project site was previously an IDPH-licensed ASTC until 2019 when Champaign SurgiCenter, LLC relocated to a new site in Champaign, IL. The Applicants plan to re-open the facility as the Planned Endoscopy Center, which will contain three procedure rooms and 12 recovery bays and will consist of 7,055 gross square feet of clinical space and 5,516 gross square feet of non-clinical space for a total of 12,571 gross square feet of space.

The Project is classified as a substantive project, as it proposes the establishment of an ASTC.

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	\$31,540	\$24,660	\$56,200
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$1,689,850	\$2,162,963	\$3,852,813
Contingencies	\$42,091	\$32,909	\$75,000
Architectural/Engineering Fees	\$148,609	\$116,191	\$264,800
Consulting and Other Fees	\$64,622	\$50,525	\$115,147
Movable or Other Equipment (not in construction contracts)	\$1,630,620	\$1,556,185	\$3,186,805
Bond Issuance Expense (project related)	\$8,422	\$6,618	\$15,040
Net Interest Expense During Construction (project related)	\$45,469	\$35,726	\$81,195
Fair Market Value of Leased Space or Equipment			\$0
Other Costs To Be Capitalized	\$601,766	\$0	\$601,766
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$4,262,989	\$3,985,777	\$8,248,766
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,662,610	\$1,737,390	\$3,400,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$2,151,613	\$2,248,387	\$4,400,000
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources (NBV of equipment to be transferred)	\$448,766	\$0	\$448,766
TOTAL SOURCES OF FUNDS	\$4,262,989	\$3,985,777	\$8,248,766
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: \$ _____
 Fair Market Value: \$ _____

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

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

Estimated start-up costs and operating deficit cost is \$ \$255,370.

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): September 30, 2027

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

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:					

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

CERTIFICATION

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

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

This Application is filed on the behalf of Champaign SurgCenter, LLC.

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

James Leonard, M.D.
PRINTED NAME

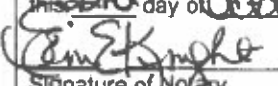
President and CEO
PRINTED TITLE


SIGNATURE

Dennis Hesch
PRINTED NAME

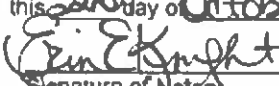
Executive Vice President and System CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of October, 2024


Signature of Notary

Seal
"OFFICIAL SEAL"
Erin E. Knight
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 11/30/2024
*Insert the EXEMPTION APPLICATION here

Notarization:
Subscribed and sworn to before me
this 20th day of October, 2024


Signature of Notary

Seal
"OFFICIAL SBAL"
Erin E. Knight
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 11/30/2024

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DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition


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

This Application is filed on the behalf of The Carle Foundation.

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

James Leonard, M.D.
PRINTED NAME


President and CEO
PRINTED TITLE


SIGNATURE

Dennis Hesch
PRINTED NAME

Executive Vice President and System CFO
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Signature of Notary

Seal

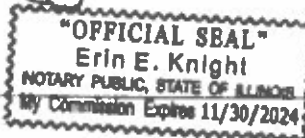


*Insert the EXA3 medic name of the applicant

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This Application is filed on the behalf of The Carle Foundation Hospital.

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

James Leonard, M.D.
PRINTED NAME

President and CEO
PRINTED TITLE

[Signature]
SIGNATURE

Dennis Hesch
PRINTED NAME

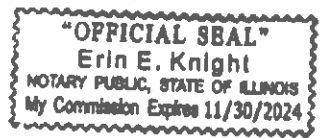
Executive Vice President and System CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of October, 2024
[Signature]
Signature of Notary

Seal
*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 2nd day of October, 2024
[Signature]
Signature of Notary

Seal



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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION:

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

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

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

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

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

G. Non-Hospital Based Ambulatory Surgery

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

ASTC Service
<input type="checkbox"/> Cardiovascular
<input checked="" type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input checked="" type="checkbox"/> General Surgery
<input checked="" type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X

1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 24</u>, 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)

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that 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]:

<p style="text-align: center;"><u>\$3,400,000</u></p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><u>\$4,400,000</u></p> <p>_____</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 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; <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 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;
--	--

<p>_____</p> <p>_____</p> <p><u>\$448,766 (NBV of equipment to be Transferred)</u></p>	<p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p>\$8,248,766</p>	<p>TOTAL FUNDS AVAILABLE</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

SECTION VII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

	Historical 3 Years			Projected
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 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION IX. SAFETY NET IMPACT STATEMENT

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

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

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

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

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

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

	Total				
APPEND DOCUMENTATION AS <u>ATTACHMENT 37</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.					

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
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2	Site Ownership	32
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	33
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	34
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7	Project and Sources of Funds Itemization	37
8	Financial Commitment Document if required	38
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11	Background of the Applicant	41-42
12	Purpose of the Project	43-48
13	Alternatives to the Project	49
14	Size of the Project	50
15	Project Service Utilization	51
16	Unfinished or Shell Space	52
17	Assurances for Unfinished/Shell Space	53
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
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21	Open Heart Surgery	
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	Financial and Economic Feasibility:	
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36	Economic Feasibility	82-87
37	Safety Net Impact Statement	88
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Attachment 1

Good Standing Certificates

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

- The Carle Foundation;
- The Carle Foundation Hospital;
- Champaign SurgiCenter, LLC

File Number 2932-580-4



To all to whom these Presents Shall Come, Greeting:

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

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT 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 13TH day of JULY A.D. 2023 .

Authentication #: 2319402664 verifiable until 07/13/2024
Authenticate at: <https://www.ilsos.gov>


SECRETARY OF STATE

File Number

5274-755-4



To all to whom these Presents Shall Come, Greeting:

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

THE CARLE FOUNDATION HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication # 2317903828 verifiable until 06/28/2024
Authenticate at <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of JUNE A.D. 2023 .

Alexi Giannoulas
SECRETARY OF STATE

File Number

0108644-8



To all to whom these Presents Shall Come, Greeting:

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

CHAMPAIGN SURGICENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 06, 2004, 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.



Authentication #: 2428202552 ver: 6.0.0.0 and 10/08/2025
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of OCTOBER A.D. 2024 .

Alexi Giannoulis
SECRETARY OF STATE

Attachment 2

Site Ownership

By signing the certification pages within this application, the Applicants attest that The Carle Foundation owns the property at 1702 S. Mattis Ave., Champaign, IL 61821.

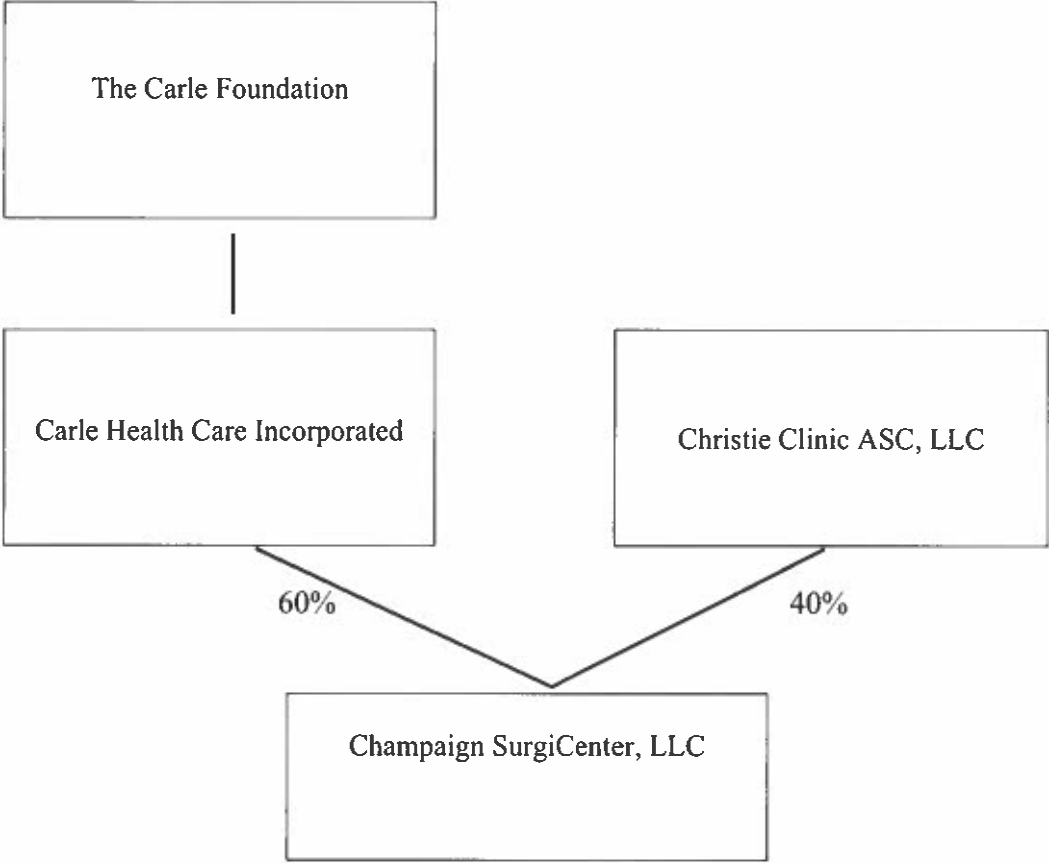
Attachment 3

Operating Identity/Licensee

Champaign SurgiCenter, LLC will be the licensee and operator of the Planned Endoscopy Center. A certificate of good standing for Champaign SurgiCenter, LLC is attached at Attachment- 1.

Attachment 4

Organizational Relationships



Attachment 5

Floodplain Requirements

The site of the Planned Endoscopy Center complies with the requirements of Illinois Executive Order #2005-5. The floodplain map below documents that the project site is not located in a Special Flood Hazard Area.



Attachment 6

Historic Resources Preservation Act Requirements

Below is a letter from the Illinois Historic Preservation Agency stating that no historic, architectural or archaeological sites exist within the project area.



Champaign County
Champaign
CON - Establishment of an Ambulatory Surgical Treatment Center
1702 S. Mattis Ave.

HIHSRB, SHPO Log #022082224

August 28, 2024

Collin Anderson
Carle Foundation Hospital
611 W. Park St.
Urbana, IL 61801

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

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

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

If you have any further questions, please contact Steve Dasovich, Cultural Resources Manager, at 217/782-7441 or at Steve.Dasovich@illinois.gov.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

Attachment 7

Project Costs

USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$31,540	\$24,660	\$56,200
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$1,689,850	\$2,162,963	\$3,852,813
Contingencies	\$42,091	\$32,909	\$75,000
Architectural/Engineering Fees	\$148,609	\$116,191	\$264,800
Consulting and Other Fees	\$64,622	\$50,525	\$115,147
IDPH Permits	\$6,173	\$4,827	\$11,000
City Permits	\$25,816	\$20,184	\$46,000
CON Permit Application Fee	\$10,184	\$7,963	\$18,147
CON Consulting Fees	\$22,448	\$17,552	\$40,000
Movable or Other Equipment (not in construction contracts)	\$1,630,620	\$1,556,185	\$3,186,805
Medical Equipment	\$1,550,827	\$1,227,759	\$2,778,586
Office Furniture	\$0	\$192,732	\$192,732
Security Access/Cameras	\$0	\$22,000	\$22,000
IT/Telecom	\$79,793	\$62,694	\$142,487
Signs/Wayfinding	\$0	\$51,000	\$51,000
Bond Issuance Expense (project related)	\$8,422	\$6,618	\$15,040
Net Interest Expense During Construction (project related)	\$45,469	\$35,726	\$81,195
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$601,766	\$0	\$601,766
Lighting and Booms	\$153,000	\$0	\$153,000
Net Book Value of equipment to be transferred	\$448,766	\$0	\$448,766
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
Total Uses of Funds	\$4,262,989	\$3,985,777	\$8,248,766

Attachment 8

Active CON Permits

The Carle Foundation has the following open CON Permits:

- **22-017 Methodist Medical Center of Illinois d/b/a Young Minds Institute**
 - The CON permit was approved on 7/19/22.
 - A permit alteration and permit renewal were approved in November 2023.
 - An annual progress report was filed on 7/18/24.
 - The project completion date of record is 12/31/24. It is anticipated that the project will be completed in advance of this date.

Attachment 9

Cost Space Requirements

The Applicants seek to establish the Planned Endoscopy Center.

Dept. / Area (list below)	Cost	Existing	Total Upon Project Completion	New Const.	Modernized	As Is	Vacated
Reviewable							
Procedure Rooms (Class B)	\$2,533,092	1,272	1,272	0	1,272	0	0
Prep/Recovery	\$1,112,782	3,720	3,720	0	3,720	0	0
Clinical Support	\$617,115	2,063	2,063	0	2,063	0	0
Total Reviewable	\$4,262,989	7,055	7,055	0	7,055	0	0
Non-Reviewable							
Circulation	\$1,630,151	2,256	2,256	0	2,256	0	0
Staff Support	\$835,308	1,156	1,156	0	1,156	0	0
Support Services	\$342,505	474	474	0	474	0	0
Public Space	\$1,177,813	1,630	1,630	0	1,630	0	0
Total Non-Reviewable	\$3,985,777	5,516	5,516	0	5,516	0	0

Attachment 10

Discontinuation

Not applicable.

Attachment 11

Background of Applicant

A listing of all healthcare facilities owned or operated by Carle Health, including licensing, and certification.

The following is a list of all Illinois healthcare facilities (as that term is defined in the Act) owned by Carle Health:

- The Carle Foundation Hospital
 - License Number: 003798
 - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Richland Memorial Hospital, d/b/a Carle Richland Memorial Hospital
 - License Number: 004788
 - Accreditation Identification Number: HFAP ID: 175621
- Hoopeston Community Memorial Hospital, d/b/a Carle Hoopeston Regional Health Center
 - License Number: 004200
 - Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO
- Carle BroMenn Medical Center
 - License Number: 0005645
 - Accreditation Identification Number: 189504-2018-AHC-USA-NIAHO
- Carle Eureka Hospital
 - License Number: 0005652
 - Accreditation Identification Number: 189647-2018-AHC-USA-NIAHO
- Champaign SurgiCenter, LLC
 - License Number: 7002959
 - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Carle Danville Surgery Center
 - License Number: 7002439
 - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- The Center for Orthopedic Medicine, LLC d/b/a Center for Outpatient Medicine, LLC
 - License Number: 7002116
 - Accreditation Identification Number: AAAHC #109077

- The Center for Orthopedic Medicine, LLC d/b/a BroMenn Care and Comfort Suites
 - License Number: 4000025
 - Accreditation Identification Number: AAAHC #109077
- The Methodist Medical Center of Illinois
 - License Number: 001834
 - Accreditation Identification Number: Joint Commission ID # 7407
- Proctor Hospital
 - License Number: 001925
 - Accreditation Identification Number: Joint Commission ID # 7409
- Pekin Memorial Hospital
 - License Number: 001594
 - Accreditation Identification Number: Joint Commission ID # 7408

2. A listing of all health care facilities owned (at least 5%) and/or operated in Illinois by Carle Health.

Carle Health also has non-controlling interests in the following health facilities.

- Central Illinois Endoscopy Center, LLC
- Renal Intervention Center
- Prairieland Outpatient Diagnostic Center, LLC D/B/A Digestive Disease Endoscopy Center

3. Attestation.

Carle Health attests that in the last three years prior to filing of this CON application, there has been no “adverse action” (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by Carle Health and subject to HFSRB jurisdiction.

4. Authorization.

HFSRB and IDPH are hereby authorized by Carle Health to access any documents necessary to verify the information submitted within this application relating to Carle Health, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

Attachment 12

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

Purpose of the Project

The Applicants plan to establish an endoscopy center in a facility that was formerly the site of Champaign Surgery Center prior its relocation in 2019 (the “Planned Endoscopy Center”).

The purpose of this Planned Endoscopy Center is to improve access and reduce procedure wait times for residents of the geographic service area (“GSA”) while also shifting more care to a lower cost setting. As described in further detail below, changes in colorectal screening guidelines, population demographics, disease prevalence, and payor coverage decisions have all contributed to significant increases in the demand for endoscopy services over the last several years. By expanding capacity to address increasing demand, the Project will improve colorectal cancer screening rates and allow for more timely interventions that will result in better outcomes for patients, and generally reduce the cost of healthcare. It will also improve satisfaction for patients, providers and staff. Further, the Planned Endoscopy Center will be housed in a building that was used as an ASTC until 2019 when it closed. Re-opening a surgery center at this location will put an existing resource back on-line with relatively minor modifications.

The endoscopy procedures expected to be performed at the Planned Endoscopy Center have historically been performed at an affiliated hospital (The Carle Foundation Hospital) and an affiliated ASTC (Champaign Surgery Center). The procedural areas at both of these facilities cannot accommodate community demand as described below. The Planned Endoscopy Center will alleviate overutilization at these facilities and ensure that endoscopy procedures are able to be scheduled in a timely manner and additional cases can be performed in the ASTC setting. Performing these routine, low-acuity procedures in a lower cost setting meets the objective of population health management and aligns with the wishes of payors.

The Project will address the following in a cost-effective manner:

1. Broader cancer screening guidelines, better technology, and improved public awareness are increasing demand for endoscopy services

In 2022, colorectal cancer screening guidelines were updated to call for screenings for all individuals regardless of risk factors starting at age 45 instead of age 50. This change along with changes in population demographics, disease prevalence, greater public awareness, and payor coverage decisions have all contributed to significant increases in the demand for endoscopy services over the last several years- both nationally and at Champaign Surgery Center. Further, improvements in colonoscopy technology have made the procedure safer, more efficient, less invasive, and have allowed for more patient-friendly bowel prep requirements. These advancements have encouraged more people to undergo the exam.

As shown in the table below, the Applicants' endoscopy case volume increased by 29.0% from 2019 to 2023 (6.6% CAGR). This growth is expected to continue into the future, as all of the above factors will continue to drive demand for endoscopy services.

Year	Endoscopy Activity							
	Champaign Surgery Center		Carle Foundation Hospital Outpatient		Carle Foundation Hospital Inpatient		Total	
	Cases	Hours	OP Cases	OP Hours	IP Cases	IP Hours	Cases	Hours
2019	1,508	993	7,921	5,500	2,611	1,969	12,040	8,462
2020	2,413	1,622	6,358	4,346	2,366	1,789	11,137	7,757
2021	2,940	1,956	8,457	5,445	3,107	2,154	14,504	9,555
2022	2,344	1,623	9,197	5,883	3,199	2,322	14,740	9,828
2023	2,506	1,705	9,867	5,632	3,153	2,278	15,526	9,615

Despite anticipated growth, the Applicants did not rely on growth to justify future demand for the Planned Endoscopy Center. Rather, the planned expansion is sized to meet demand based on historical activity during the last 12 months.

2. The Planned Endoscopy Center is needed to recruit additional physicians who perform endoscopy services

Given the increasing demand for endoscopy procedures described above, the Applicants are actively recruiting additional gastroenterologists and may recruit colorectal surgeons in the future to improve access to these services. Unfortunately, the Applicants are limited in their ability to do so because of insufficient procedure block time to accommodate the number of proceduralists needed. The Project will add procedure rooms to enable physician recruitment and expand access to lifesaving endoscopy services.

3. Improved colorectal cancer screening rates will reduce colorectal cancer morbidity and mortality

Visualization of the GI tract via endoscopy is a critical tool for gastroenterologists and colon & rectal surgeons, as it allows for screening and early detection of pre-cancerous polyps. As the field of GI medicine has evolved, access to colonoscopy has become an essential part of preventative healthcare for patients between 45 and 75 years of age. According to the National Cancer Institute, more than 150,000 new cases of colorectal cancer (CRC) will be diagnosed in the United States this year with over 50,000 estimated deaths attributed to colorectal cancer (approximately 10% of all cancer deaths). With improved screening and treatment of CRC, the U.S. Incidence of CRC has dropped 40% since 1976. Yet, CRC is still the second leading cause of cancer death in the U.S. With lifesaving screening this would not be the case; however, the American Cancer Society estimates that 1 in 3 adults over the age of 45 is not currently screened as recommended for colorectal cancer.

According to the 2021-2023 Champaign Community Health Plan, cancer was the leading cause of premature death in Champaign County in 2017, constituting 147.3 deaths per 100,000 people. Meanwhile, data from the CDC shows that CRC screening rates in Champaign County were far below the 80% target during the last measured period, 2014, when they were 59.5%. Further, according to the 2022 Champaign County

Community Health Needs Assessment, colorectal cancer screening tends to be more likely for those with a higher level of income and less likely for those in an unstable (e.g., homeless) housing environment.

Champaign County's screening rate is particularly problematic given that routine screening can identify colorectal cancer at the early stages when it is easiest and least expensive to treat, and the possibility of cure is the greatest. Ninety percent (90%) of CRC cases can be cured at a relatively low cost when found and treated at an early stage. Without early detection, mortality from CRC is significant and the costs for treatment are high. The U.S. spends approximately \$12.2 billion on CRC treatment each year and the cost of treatment for a single advanced case of CRC can exceed \$300,000. With early screening and treatment, these costs are largely avoidable. In fact, the cost of polyp removal which is completed during colonoscopy is just a small amount more than the screening itself.

4. The Existing ASTC does not have sufficient capacity to shift certain procedures from the Hospital Outpatient Department (HOPD) setting to the lower cost ASTC setting

Opening a dedicated endoscopy center will allow Carle Health to shift appropriate procedures from Carle Foundation Hospital's hospital outpatient surgical department (HOPD) to the lower cost ASTC setting. Doing so will help to reduce length of stay for inpatients at Carle Foundation Hospital by shifting outpatient cases out of the HOPD and, thereby, improving access for admitted patients who require endoscopy services.

Shifting cases from the HOPD setting to an ASTC also aligns with the wishes of payors, patients and providers. As set forth in a letter from the ASC Advocacy Committee to Secretary Sebelius regarding implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. In fact, based on the United Healthcare's desire to cover certain procedures only in the ASTC setting, the payor has announced prior authorization guidelines for certain surgical procedures in outpatient hospital settings that will not apply to ambulatory surgery centers. The Applicants expect other payors to follow suit in the near future. Further, according to the March 2023 MedPac Report to Congress, ASTCs can offer more convenient locations, easier access to parking, shorter waiting times, lower cost sharing, easier scheduling relative to HOPDs, and ease of access into and out of the operating rooms. Finally, proceduralists can be more efficient in ASTCs due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, physicians are able to see more patients in their practice which generally improves quality of care and access to scarce physician resources.

5. Dedicated endoscopy centers support quality of care and patient outcomes

Endoscopy is a unique service that is more efficiently operated when it is segregated from other surgical services. A dedicated endoscopy center will allow the Applicants to

separate endoscopy procedures from other procedures and surgeries requiring a sterile environment. Doing so will enable efficiency and support quality of care.

6. The project site is an underused real estate asset owned by Carle Health

The Planned Endoscopy Center will be housed in a building that is owned by Carle Health and was used as a State-licensed ASTC until 2019 when it closed. Reopening a surgery center at this location will put an existing resource back on-line with minimal capital investment.

Information Requirements

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

As described above, the Project will improve access in the GSA to convenient, high quality, ambulatory surgical care, which is a lower cost alternative to hospital outpatient departments and one of the key areas of demand for specialized health care in the area. Access to ambulatory surgical care is essential to the overall well-being of the GSA, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort.

2. Define the planning area or market area, or other, per the applicant's definition.

The mandated service area pursuant to the State Board rules and the location of the Planned Endoscopy Center consists of those Illinois areas within 17 miles. A map of this area is attached below. Distances from the Planned Endoscopy Center to the market area boarders are as follows:

- East: Ogden, Illinois (approximately 17 miles)
- South: Villa Grove, Illinois (approximately 17 miles)
- West: De Land, Illinois (approximately 17 miles)
- North: Fisher, Illinois (approximately 17 miles)

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

As discussed in greater detail above, the Planned Endoscopy Center will improve access and reduce procedure wait times for residents of the geographic service area ("GSA") while also shifting care to a lower cost setting. In doing so, the Project will allow for more timely interventions that will result in better outcomes for patients. It will also improve satisfaction for patients, providers and staff. Finally, the Planned Endoscopy Center will be housed in a building that was used as an ASTC until 2019 when it closed. Re-opening a surgery center at this location will put an existing resource back on-line after making minor modifications to upgrade the building to provide a state-of-the-art treatment facility.

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

2024 United States colorectal cancer statistics *available at*: https://www.cancer.gov/types/colorectal/hp/colon-treatment-pdq#_8_toc (last visited September 13, 2024).

Colorectal cancer screening rates *available at*: <https://nccrt.org/our-impact/data-and-progress/> (last visited September 13, 2024).

2021-2023 Champaign Community Health Plan *available at:* <https://www.c-uphd.org/documents/admin/Community-Health-Plan-2021-2023.pdf> (last visited September 13, 2024).

Champaign County colorectal screening rates *available at:* https://ftp.cdc.gov/pub/MAPBOOKS/IL_Champaign_MB_508tag.pdf (last visited September 13, 2024).

Champaign County Community Health Needs Assessment *available at:* [carle-foundation-hospital-2022-community-health-needs-assessment.pdf](https://www.carle-foundation-hospital-2022-community-health-needs-assessment.pdf) (last visited October 1, 2024).

Medicare Payment Advisory Commission, Report to the Congress: Medicare Payment Policy (Mar. 15, 2023) *available at* https://www.medpac.gov/wp-content/uploads/2023/03/Mar23_MedPAC_Report_To_Congress_SEC.pdf (last visited August 15, 2024).

Letter from ASC Advocacy Committee to Secretary Sebelius *available at* <http://wasca.net/wp-content/uploads/2010/10/Final-ASCAC-ASCA-VBP-letter-to-Sebelius.pdf> (last visited August 15, 2024).

United Healthcare's prior authorization requirements for HOPDs *available at* <https://www.uhcprovider.com/en/prior-auth-advance-notification/adv-notification-plan-reqs.html> (last visited August 15, 2024).

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

Establishing an endoscopy center will improve access to endoscopy services by increasing capacity and supporting physician recruitment efforts. As discussed in greater detail above, the Applicants' endoscopy utilization has increased at an annual growth rate of 6.6% over the last five years. Utilization has now increased to a point where the Applicants will not be able to meet the needs of patients residing in East Central Illinois without addressing space concerns. Additionally, since ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at a lower cost than HOPDs, the Project meets the objective of population health management and aligns with the wishes of payors.

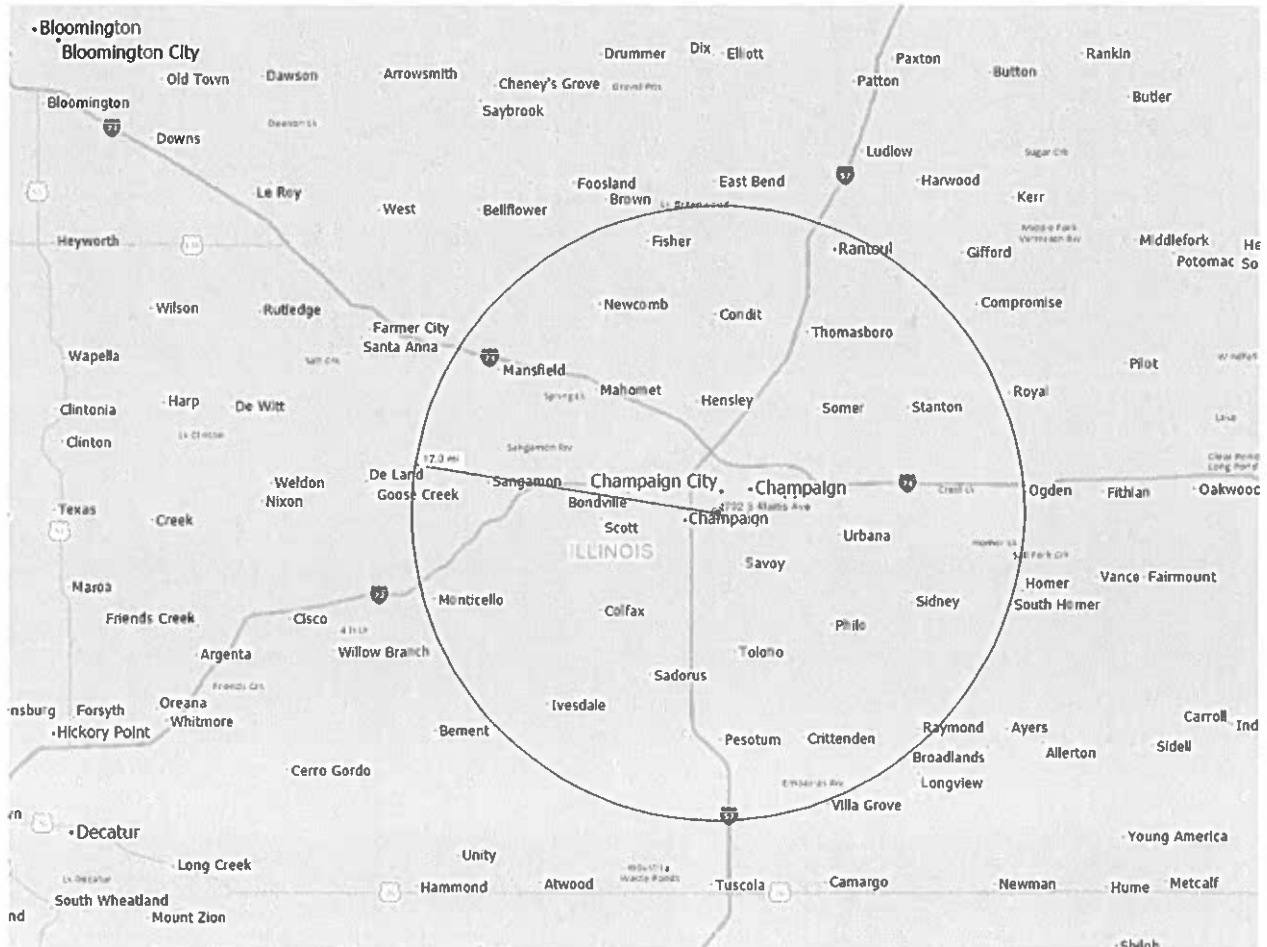
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The Applicants' prevailing objectives are to improve access for residents of the GSA, improve quality of care and patient satisfaction, and reduce costs. Specifically, the goals of the Project are:

- To meet the increased demand for endoscopy services in an appropriately sized facility.
- To mitigate the shortage of procedure rooms and improve access to endoscopy procedures for residents of the GSA.
- To improve colorectal cancer screening rates.
- To reduce colorectal cancer morbidity and mortality.

These goals can be achieved within two years of project completion.

Mattis Ave. ASTC 17-mile Geographic Service Area



Attachment 13

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

Alternatives

The Applicants propose to establish an endoscopy center in the site of a former ASTC and believe that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

The Applicants have considered the following alternatives:

A) Do nothing (\$0)

The Applicants have spent decades offering the highest quality services and are highly selective when hiring and training personnel. They would not be comfortable sending employed physicians to an unaffiliated ASTC.

This option would not address the increased demand for endoscopy services in the GSA. Furthermore, doing nothing would not improve colorectal cancer screening rates, morbidity and mortality. This alternative would also not allow the Applicants to shift endoscopy cases from the hospital outpatient department (“HOPD”) setting to the lower cost ASTC setting.

Under this option, patient access, the cost of care, and patient and staff satisfaction would be adversely affected. For these reasons, this alternative was rejected.

B) Build a new ASTC on the Carle at the Fields campus (\$35,000,000)

This alternative was considered since, given anticipated growth, capacity may again be an issue within five years. However, due to future uncertainties, the Applicants opted for a more measured approach. If volumes continue to grow as anticipated, the Applicants will have a few options to consider.

C) Establish an endoscopy center in the site of a former ASTC (Proposed). (\$7,800,000)

The Applicants ultimately decided to establish an ASTC in the site of a former ASTC. Establishing a separate endoscopy center will allow the Applicants to segregate endoscopy services from other procedures and surgeries requiring a sterile environment. Doing so will enable efficiency and support quality of care. The chosen option will reduce project costs by leveraging an underutilized building to provide a state-of-the-art endoscopy center that promotes quality of care, patient satisfaction and operational efficiency.

Attachment 14

Section IV, Project Scope, Utilization, and Unfinished/Shell Space

Criterion 1110.120 – Size of the Project

The Applicants plan to re-open a formerly IDPH-licensed ASTC facility as the Planned Endoscopy Center, which will contain three procedure rooms. The existing room sizes will not change. Pursuant to Section 1110 of the Administrative Code, the State standard is 2,075 gsf - 2,750 gsf per treatment room. The gross clinical square footage of the proposed ASTC is 7,055 gsf (2,352 gsf per procedure room). Accordingly, the size of the project meets the State standard.

SIZE OF PROJECT				
DEPARTMENT / SERVICE	PROPOSED GSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC Procedure Rooms	2,352 gsf	2,075 gsf - 2,750 gsf	n/a	Yes

Attachment 15

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

Section 1100, Appendix B of the Administrative Code documents the established standards for non-hospital based ASTCs.

By the second year after project completion, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ASTCs is based upon 1,500 hours per operating/procedure room.

As documented in the physician letters attached at Appendix 1, Carle Physician Group and Christie Clinic physicians represented in the letters historically performed 9,404 procedures at Champaign Surgery Center and The Carle Foundation Hospital. Of those, approximately 5,148 procedures will be performed at the Planned Endoscopy Center within the first year after project completion. As a result, 3,552 surgical hours are projected for the first year after project completion, which is sufficient to support the need for three procedure rooms. While the transfer of the 5,148 procedures from the existing Champaign Surgery Center and The Carle Foundation Hospital alone justify the number of rooms proposed at the Planned Endoscopy Center, based on the historical annual growth rate of 6.6%, the Applicants expect utilization to exceed the volumes provided below in the second full year of utilization. Despite this anticipated growth, the Applicants did not rely on growth to justify future demand. Rather, the facility was sized to meet demand based on historical activity during the last 12 months.

Table 1110.235(c)(5)(A) Projected Utilization				
Year	Dept/Service	Projected Utilization	State Standard	Met Standard?
8/1/2023 – 7/31/2024	ASTC	3,552 hours	> 3,000 hours	Yes

Physician Specialty	Annual Projected Cases at Planned Endoscopy Center	Average Case Time (including setup & cleanup)	Equivalent Surgical Hours
Gastrointestinal	3,658	0.64	2,353
General Surgery	28	0.46	13
Colon/Rectal Surgery	1,462	0.81	1,186

Attachment 16

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

This project will not include unfinished space. Accordingly, this criterion is not applicable.

Attachment 17

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

This project will not include unfinished space. Accordingly, this criterion is not applicable.

Attachment 24

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

- i. Attached at Attachment- 24A is a map outlining the intended GSA for the Planned Endoscopy Center. As set forth in Criterion 1100.510(d), the Planned Endoscopy Center will serve residents within 17 miles of the proposed site. A list of all zip codes located, in whole or in part, within a 17-mile radius of the Planned Endoscopy Center as well as the 2019 U.S. Census estimates for each zip code is provided in Table 1110.235(c)(2)(B)(i).

Table 1110.235(c)(2)(B)(i)		
Population within Geographic Service Area		
ZIP	City	Population
61853	Mahomet	13,820
61843	Fisher	2,444
61840	Dewey	900
61866	Rantoul	14,168
61822	Champaign	25,667
61878	Thomasboro	1,390
61802	Urbana	19,195
61873	Saint Joseph	6675
61847	Gifford	1,331
61854	Mansfield	1,368
61839	De Land	655
61856	Monticello	7,656
61884	White Heath	1,144
61875	Seymour	715
61821	Champaign	29,792
61820	Champaign	37,239
61801	Urbana	31,214
61874	Savoy	7,887
61880	Tolono	4,108
61851	Ivesdale	531
61872	Sadorus	782
61863	Pesotum	833
61864	Philo	1,853
61877	Sidney	1,774
61859	Ogden	1,366
61849	Homer	1,916

61816	Broadlands	490
61852	Longview	251
61956	Villa Grove	2,714
61953	Tuscola	6,397
61813	Bement	1,880

United States Census Bureau, 2019

- ii. Patient origin information by zip code for the Planned Endoscopy Center based on historical cases in the physician referral letters in Appendix- 1 is provided in table 1110.235 (c) (2) (B) (ii) below. 6,685 of 9,404 cases (71.1%) reside in the GSA.

Table 1110.235(c)(2)(B)(ii)	
Historical Patient Origin from Physician Referral Letters	
Zip	Patients
61813	45
61816	23
61822	1010
61821	987
61820	410
61839	10
61840	32
61843	70
61847	66
61849	74
61851	15
61852	9
61853	613
61854	54
61856	234
61859	47
61863	59
61864	76
61866	403
61872	29
61873	282
61874	314
61875	21
61877	62
61878	46
61880	170
61953	197
61802	706

61801	490
61956	99
61884	32
61832	281
61938	134
60957	133
61920	118
61834	105
61858	67
61842	61
61910	60
61846	53
60948	53
60942	51
61817	47
61944	46
60936	41
61883	40
62401	34
61942	32
61844	32
61841	30
61913	29
61919	29
61911	28
61833	26
61943	25
61865	25
61862	23
62521	23
61761	23
47932	23
60963	21
60960	20
61924	19
62526	18
62466	17
61951	17
61701	16
62454	15
61814	15

62450	15
60952	15
60949	14
62447	14
60918	13
61876	13
60953	13
61870	13
60924	13
61704	13
61933	13
61812	12
61803	12
62565	11
61770	11
62428	11
60938	11
61810	11
62420	11
61871	10
60955	10
61727	10
62411	10
62501	10
61932	10
62468	9
61826	9
61845	9
62448	9
61811	9
61818	9
62449	9
62467	8
61752	8
62441	8
61830	8
61882	8
61957	7
60970	7
62440	7
60962	7

61815	7
62534	7
61931	7
62451	6
60901	6
60968	6
61741	6
61705	6
62858	6
62839	5
62522	5
60966	5
61848	5
62868	5
60973	5
61764	5
61850	5
47974	5
61912	5
61831	5
61917	5
61929	5
61930	5
61724	5
62474	4
61940	4
62656	4
61857	4
62473	4
61937	4
60921	4
62414	4
62704	3
62549	3
60959	3
47993	3
47987	3
61603	3
62480	3
61614	3
60933	3

61753	3
62557	3
47928	3
61824	3
60564	3
62806	3
61776	3
62469	3
61735	2
62424	2
61738	2
62463	2
61725	2
62465	2
49622	2
44143	2
62422	2
60618	2
60611	2
61739	2
62885	2
61554	2
94547	2
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52302	2
62702	2
62477	2
62711	2
62439	2
61360	2
60403	2
61550	2
60930	2
62458	2
60451	2
32162	2
60629	1
60416	1

62902	1
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77975	1
47982	1
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60927	1
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46229	1
62548	1
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62664	1
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69101	1
46077	1
90245	1

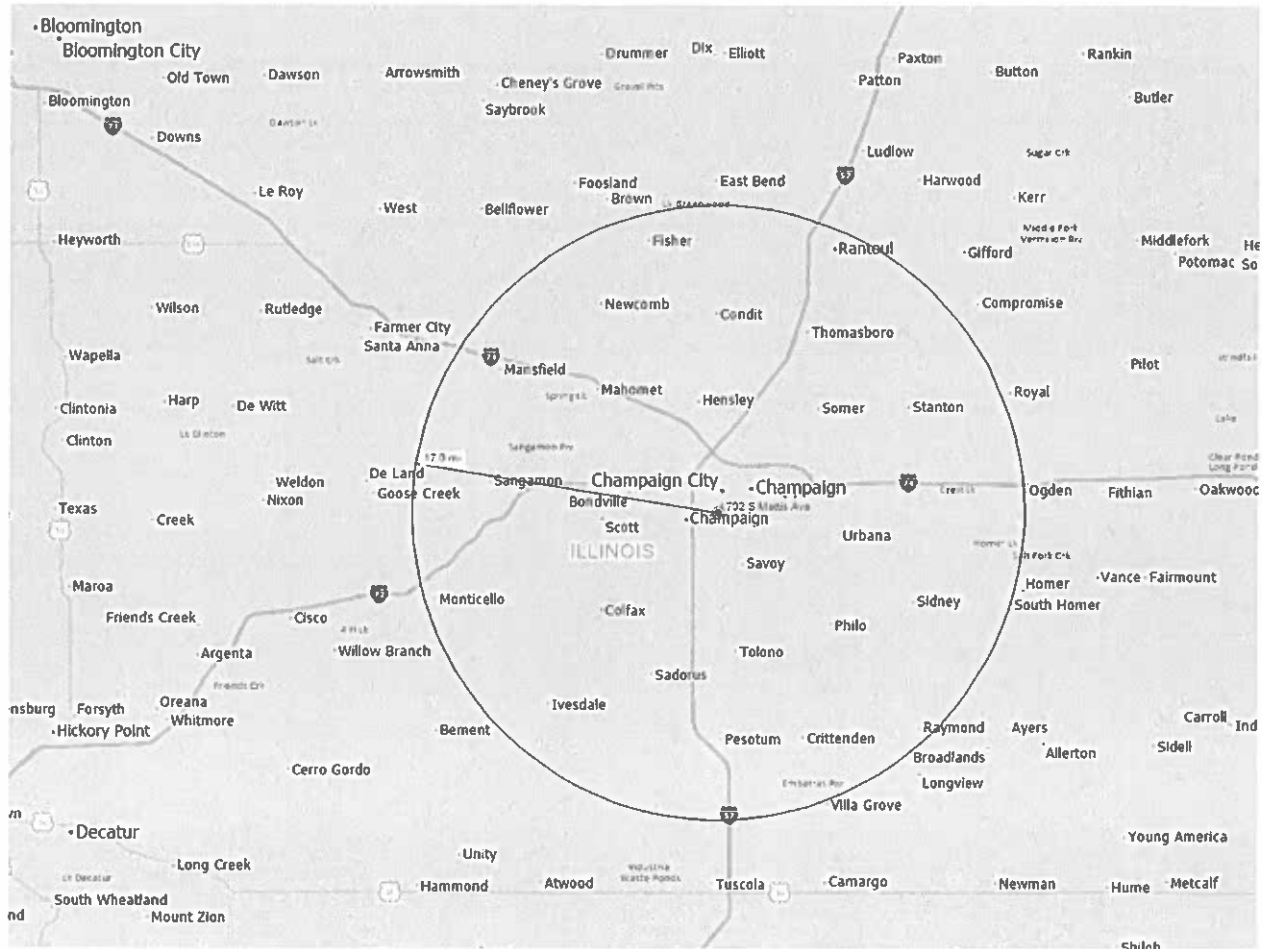
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60941	1
60420	1
32408	1
61722	1
32438	1
60450	1
32459	1
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1982	1
60471	1
32550	1
60560	1
32810	1
61756	1
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62535	1
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53555	1
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33770	1
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53711	1
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62880	1
33905	1
62892	1
34203	1
62960	1
60954	1
63136	1
54538	1
66223	1
37127	1

77406	1
46250	1
85374	1
39564	1
60920	1
15042	1
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60130	1
61748	1
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47933	1
61020	1
62475	1
61052	1
47904	1
61321	1
49920	1
61936	1
61773	1

60139	1
19004	1
45840	1
62544	1
61364	1
24401	1
61941	1
60639	1
47401	1
62573	1
61412	1
60712	1
47834	1
62670	1
61523	1
46112	1
46034	1
62707	1
61955	1
62712	1
46038	1
62812	1
61528	1
Unknown	1
62040	1
26241	1
62056	1
62881	1
62062	1
62891	1
62075	1
62901	1
62083	1
62910	1
62097	1
62972	1
62221	1
63109	1
62257	1
63368	1
62301	1

65283	1
47842	1
66901	1
60148	1
76105	1
62413	1
28379	1
60202	1
85143	1
61571	1
85622	1
62419	1
91354	1
47918	1
60404	1
30725	1

Attachment- 24A: 17-Mile GSA



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

Physician referral letters providing the number of patients referred to healthcare facilities within the past 12 months and the projected number of referrals to the Planned Endoscopy Center is attached at Appendix–1. A summary of the combined totals from both physician referral letters is provided in Table 1110.235(c)(3) below.

Table 1110.235(c)(3)		
Facility	8/1/23 – 7/31/24 (Cases)	Anticipated Referrals to the Planned Endoscopy Center (Cases)
Carle Foundation Hospital Urbana, IL	6,810	2,564
Champaign Surgery Center Champaign, IL	2,594	2,584
Total	9,404	5,148

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

- a. The Applicants propose to establish an ASTC containing three procedure rooms. The State Board standard is 1,500 hours per procedure room or greater than 3,000 hours for three procedure rooms. As documented in attachment- 15, physicians project to perform 3,552 hours of surgical procedures at the Planned Endoscopy Center. Accordingly, the proposed number of procedure rooms is necessary to service the projected patient volume.
- b. The estimated time per procedure including cleanup and setup time is shown in the table below. The figures below are based on historical case times.

Physician Specialty	Average Case Time (including setup & cleanup)
Gastrointestinal	0.64
General Surgery	0.46
Colon/Rectal	0.81

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

The Applicants plan to establish the Planned Endoscopy Center to improve access and reduce endoscopy appointment wait times for residents of the geographic service area (“GSA”) while also shifting care to a lower cost setting as described in Attachment- 12. In doing so, the Project will improve colon cancer screening rates and allow for more timely interventions that will result in better outcomes for patients and generally reduce the cost of care. It will also improve satisfaction for patients, providers and staff.

Furthermore, the Planned Endoscopy Center will follow Carle Foundation Hospital’s financial assistance policy. This charity care program allows patients to access endoscopy services regardless of their ability to pay. Ensuring the Applicants have suitable facilities and sufficient access is vital in order for patients without commercial insurance residing in the GSA to have access to high-quality, low-cost care.

The anticipated volumes in Attachment- 15 are based solely on historical volumes performed at an affiliated hospital (The Carle Foundation Hospital) and an affiliated ASTC (Champaign Surgery Center).

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

1. Unnecessary Duplication of Services

- a. A map of the Replacement ASTC's market area is attached at Attachment- 24A. A list of all zip codes located, in whole or in part, within a 17-mile radius of the Planned Endoscopy Center as well as the 2019 U.S. Census estimates for each zip code is provided in Table 1110.235(c)(7)(A).

Table 1110.235(c)(7)(A)		
Population within Geographic Service Area		
ZIP	City	Population
61853	Mahomet	13,820
61843	Fisher	2,444
61840	Dewey	900
61866	Rantoul	14,168
61822	Champaign	25,667
61878	Thomasboro	1,390
61802	Urbana	19,195
61873	Saint Joseph	6675
61847	Gifford	1,331
61854	Mansfield	1,368
61839	De Land	655
61856	Monticello	7,656
61884	White Heath	1,144
61875	Seymour	715
61821	Champaign	29,792
61820	Champaign	37,239
61801	Urbana	31,214
61874	Savoy	7,887
61880	Tolono	4,108
61851	Ivesdale	531
61872	Sadorus	782
61863	Pesotum	833
61864	Philo	1,853
61877	Sidney	1,774
61859	Ogden	1,366
61849	Homer	1,916
61816	Broadlands	490
61852	Longview	251

61956	Villa Grove	2,714
61953	Tuscola	6,397
61813	Bement	1,880

United States Census Bureau, 2019

- b. A list of all hospitals and ASTCs located within the geographic service area that offer the surgical specialties to be offered at the Planned Endoscopy Center are identified in the table below.

Facility	Address	City	Type	Driving Distance (miles)
Olympian Surgical Suites LLC	1002 Interstate Dr.	Champaign	ASTC	4.6
Champaign Surgery Center	3103 Fields South Dr.	Champaign	ASTC	3.3
Carle Foundation Hospital	611 W. Park St.	Urbana	Hospital	4.8
OSF Heart of Mary Medical Center	1400 W Park St.	Urbana	Hospital	4.3

2. Maldistribution of Services

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

- a. Ratio of operating rooms to population.

As shown in Table 110.235(c)(7)(B)(i), the ratio of population to operating/procedure rooms in the Planned Endoscopy Center's GSA is 124% of the State Average.

	Population	Operating/ Procedure Rooms	Rooms to Population	Standard Met?
Geographic Service Area	228,155	64	1:3,565	YES
State	12,549,689	2,850	1:4,403	

- b. Historical Utilization of Existing Surgical/Treatment Rooms

As documented in Attachment- 15, the projected volumes in the physician referral letters in Appendix-1 justify the number of rooms proposed at the Planned Endoscopy Center. All of the historical cases in the physician letters were performed at an affiliated hospital (The Carle Foundation Hospital) and an affiliated ASTC (Champaign Surgery Center). Those two facilities are facing significant capacity constraints as described in Attachment- 12.

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

All of the volumes identified in the physician referral letter attached at Appendix-1 were performed at an affiliated hospital (The Carle Foundation Hospital) and an affiliated ASTC (Champaign Surgery Center). Accordingly, there is a sufficient referral base of patients to provide the volume necessary for the Planned Endoscopy Center.

3. Impact on Other Health Care Facilities

- a. The Project will not have an adverse impact on existing facilities in the GSA. All of the volumes identified in the physician referral letters attached at Appendix-1 were performed at an affiliated hospital (The Carle Foundation Hospital) and an affiliated ASTC (Champaign Surgery Center).

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

The Planned Endoscopy Center will be staffed in accordance with IDPH staffing requirements. The Applicants anticipate that staff from Champaign Surgery Center's endoscopy suite and the Carle Foundation Hospital Digestive Health Institute will transfer to the Planned Endoscopy Center. Champaign Surgery Center's current Medical Director, Glenn Yang, MD will also function as Medical Director of the Planned Endoscopy Center. Dr. Yang's CV can be found at Attachment- 24d.

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

- a. A list of the procedures to be performed at the Planned Endoscopy Center with the associated maximum charge is provided in Table 1110.235(c)(9).

Table 1110.235(c)(9)		
Name of Procedure	Primary CPT	Max Charge
Colonoscopy w/lesion removal	43220	\$6,426
Colonoscopy and biopsy	43226	\$4,879
Colon ca scrn not hi rsk ind	43235	\$5,420
Egd biopsy single/multiple	43239	\$26,682
Colorectal scrn; hi risk ind	43244	\$2,641
Colonoscopy w/lesion removal	43245	\$5,940
Egd guide wire insertion	43247	\$11,187
Egd diagnostic brush wash	43248	\$6,748
Diagnostic colonoscopy	43249	\$10,235
Esoph egd dilation <30 mm	43251	\$5,684
Colonoscopy w/band ligation	43255	\$5,144
Egd remove lesion snare	44380	\$4,482
Diagnostic sigmoidoscopy	44388	\$4,217
Sigmoidoscopy and biopsy	44389	\$3,451
Egd dilate stricture	44394	\$5,265
Sigmoidoscopy w/tumr remove	44799	\$3,875
Sgmdsc w/band ligation	45330	\$2,875
Colonoscopy submucous njx	45331	\$5,256
Ca screen;flexi sigmoidoscope	45333	\$4,932
Egd remove foreign body	45338	\$5,106
Egd control bleeding any	45350	\$3,751
Colonoscopy thru stoma spx	45378	\$7,452
Colonoscopy w/snare	45380	\$9,402
Esophagoscopy balloon <30mm	45381	\$7,718
Sigmoidoscopy polypectomy	45382	\$10,419
Colonoscopy w/control bleed	45384	\$8,866
Colonoscopy w/balloon dilat	45385	\$21,331
Esoph endoscopy dilation	45386	\$5,647
Egd varices ligation	45398	\$6,098
Small bowel endoscopy br/wa	91035	\$2,759
Colonoscopy with biopsy	G0104	\$5,462
Unlisted px small intestine	G0105	\$8,483
G-esoph reflx tst w/electrod	G0121	\$8,314

Table 1110.235(c)(9) above is a representative list of the procedures by primary CPT code that will be performed at the Planned Endoscopy Center. A letter from James C. Leonard, M.D., President and CEO of Carle Health, committing to maintain the charge schedule formulation reflected in Table 1110.235(c)(9) for a period of two years after the Planned Endoscopy Center is open is attached below.



611 West Park Street, Urbana, IL 61801-2595

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

RE: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances

Dear Mr. Kniery:

Pursuant to 77 Ill. Admin. Code § 1110.235(c)(10), I hereby certify the following:

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

Sincerely,

James C. Leonard, M.D.
President and CEO

Notarization:

Subscribed and sworn to before
me this 22nd day of October 2024

Signature of Notary

seal



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

A letter from James C. Leonard, M.D., President and CEO of Carle Health, attesting that the Planned Endoscopy Center will adopt Carle Health's existing peer review program is attached above.

CV of Medical Director
Glen Yang, M.D.

Mailing address:
1512 English Oak Drive
Champaign, IL 61822
Email: glen.yang@carle.com
Phone: 415-509-6518

Medical Staff Appointments

Staff Urologist August 2013 - Present
Carle Foundation Hospital
Urbana, IL

Assistant Medical Director, Perioperative Services April 2015 - Present
Carle Foundation Hospital
Urbana IL

Clinical Instructor December 2013 – Present
Department of Surgery
University of Illinois School of Medicine

Visiting Urologist October 2014 -- Present
Paris Community Hospital
Paris, IL

Board Certification

Diplomat, American Board of Urology March 2015 -- Present

Professional Training

Resident in Urology July 2008 - June 2013
Department of Urology
University of California, San Francisco

Urologic Oncology Research July 2011 – June 2012
Laboratory of Long-Cheng Li
University of California, San Francisco

Internship in General Surgery June 2007 - June 2008
Department of General Surgery
University of California, San Francisco

Education

Medical School August 2003 – June 2007
Degree: Doctor of Medicine
University of California, San Francisco

Undergraduate
Degree: Bachelor of Arts, *Summa Cum Laude*
Department of Environmental Science & Public Policy
Harvard University

August 1999 – June 2003

Awards and Honors

1st Place -- Best Basic Science Research Presentation
Northern California Urology Research Seminar, 2012

Kaiser Award for Excellence in Teaching
University of California, San Francisco 2010

Society for Male Reproduction and Urology Traveling Scholar
New Orleans, LA 2006

Phi Beta Kappa, honorary society member
Harvard College 2003

John Harvard Scholarship for academic achievement
Harvard College 2001 & 2002

Languages Spoken

Chinese Mandarin
Spanish

Research Experience

Undergraduate Senior Honors' Thesis
Earning *Summa Cum Laude* distinction
Effect of pollution on the Aryl Hydrocarbon Receptor gene in Atlantic
killifish
Harvard University
Department of Organismic and Evolutionary Biology
Principal Investigator: Stephen R. Palumbi, Professor

September 2001 – April 2003

City of Hope Summer Student Academy
Hypermethylation of RASSF1 tumor suppressor gene
City of Hope Cancer Center
Principal Investigator: Gerd Pfeifer, Ph.D., Professor and Chair,
Cancer Biology

June 2000 – August 2000

City of Hope Summer Student Academy
P53 tumor suppressor activity in breast cancer cell line
City of Hope Cancer Center
Principal Investigator: Jamil Momand, Ph.D.

June 1998 – August 1998

Peer-reviewed publications

Yang, G., Whitson, J.M., Odisho, A.Y., Carroll, P.R., Konety, B.R. Value of urethral frozen section at radical cystectomy and impact on intraoperative decision making. *Manuscript in review*

Yang, G., Glass, A., Carroll, P.R., Breyer, B.N. The evolution of urologic oncology in urology: a bibliometric analysis. *Manuscript in preparation*.

Kang, M.R., Yang, G., Place, R.F., Charisse, K., Epstein-Barash, H., Manoharan, M., Li, L.C. Intravesical delivery of small activating RNA formulated into lipid nanoparticles inhibits orthotopic bladder tumor growth. *Cancer Research* 2012; 72 (19), 5069-5079.

Kosaka, M., Kang, M.R., Yang, G., Li, L.C. Targeted p21 (WAF1/CIP1) activation by RNAi inhibits hepatocellular carcinoma cells. *Nucleic Acid Therapeutics* 2012; 22 (5), 335-343.

Yang, G., Kang, M.R., Charisse, K., Epstein-Barash, H., Manaharan, M., Li, L.C. An orthotopic bladder tumor model and the evaluation of intravesical saRNA treatment. *J Vis Exp* 2012; July 28 (65).

Yang, G., Villalta, J.D., Weiss, D., Carroll, P.R., Breyer, B.N. Gender differences in academic productivity and academic career choice among urology residents. *Journal of Urology* 2012; 188 (4), 1286-1290.

Yang, G., Villalta, J.D., Meng, M.V., Whitson, J.M. Evolving practice patterns for the management of small renal masses in the United States. *British Journal of Urology International* 2012; 110 (8), 1156-1161.

Yang, G., Zaid, U., Blaschko, S.D., Erickson, B.A., Carroll, P.R., Breyer, B.N. Urology resident publication output and its relationship to future academic achievement. *Journal of Urology* 2011; 185 (2), 642-6.

Yang, G., Whitson, J.M., Breyer, B.N., Konety, B.R., Carroll, P.R. Oncological and functional outcomes of radical cystectomy and orthotopic bladder replacement in women. *Urology* 2011; 77 (4), 878-883.

Edlin, R.S., Aaronson, D.S., Wu, A.K., Blaschko, S.D., Yang, G., Erickson, B.A., McAninch, J.W. Squamous cell carcinoma at the site of a Prince Albert's piercing. *Journal of Sexual Medicine* 2010; 7(6), 2280-2283.

Yang, G., Breyer, B.N., Weiss, D.A., MacLennan, G.T. Mucinous tubular and spindle cell carcinoma of the kidney. *Journal of Urology* 2010; 183(2), 738-739.

Weiss, D.A., Yang, G., Myers, J.B., Breyer, B.N. Condyloma overgrowth caused by immune reconstitution inflammatory syndrome. *Urology* 2009; 74(5), 1013-1014

Yang, G., Walsh, T.J., Shefi, S., Turek, P.J. The kinetics of the return of motile sperm to the ejaculate after vasectomy reversal. *Journal of Urology* 2007; 177(6), 2272-2276.

Yang, G., Kane, C.J. Saw palmetto for benign prostatic hyperplasia: does it work any better than placebo? *Seminars in Preventative and Alternative Medicine* 2007; 3(1), 9-13.

Yang, G., Chin, R. Assessment of teacher interruptions on learners during oral case presentations. *Academic Emergency Medicine* 2007; 14(6), 521-525.

Dammann, R., Yang, G., Pfeifer, G.P. Hypermethylation of the CpG island of Ras association domain family 1a (RASSF1a), a putative tumor suppressor gene from the 3p21.3 locus, occurs in a large percentage of human breast cancers. *Cancer Research* 2001; 61(7), 3105-3109.

Presentations at professional meetings

Kang, M.R., Yang, G., Li, L.C. Intravesical delivery of lipid nanoparticle formulated p21WAF1/CIP1 activating dsRNA induces tumor regression and enhances animal survival in an orthotopic bladder cancer model. Presented at *American Association of Cancer Research*, Chicago, IL, April 2012.

Yang, G., Villalta, J.D., Meng, M.V., Whitson, J.M. Nationwide practice patterns for the management of small renal masses. Presented at *Society of Urologic Oncology*, Bethesda, MD, December 2011.

Yang, G., Whitson, J.M., Odisho, A.Y., Carroll, P.R., Konety, B.R. Value of urethral frozen section at radical cystectomy and impact on intraoperative decision making. Presented at *American Urological Association Western Section*, Vancouver, BC, August 2011.

Yang, G., Villalta, J.D., Meng, M.V., Whitson, J.M. Nationwide practice patterns for the management of small renal masses. Presented at *American Urological Association Western Section*, Vancouver, BC, August 2011.

Yang, G., Zaid, U., Blaschko, S.D., Erickson, B.A., Carroll, P.R., Breyer, B.N. Urology resident publication output and its relationship to future academic achievement. Presented at *American Urological Association Western Section*, Kona, HI, October 2010.

Yang, G., Whitson, J.M., Breyer, B.N., Konety, B.R., Carroll, P.R. Long - term outcomes of radical cystectomy and orthotopic bladder replacement in women. Presented at *Northern California Urology Symposium*, Emeryville, CA, April 2010.

Yang, G., Whitson, J.M., Breyer, B.N., Konety, B.R., Carroll, P.R. Long - term outcomes of radical cystectomy and orthotopic bladder replacement in women. Presented at *American Urological Association Western Section*, Las Vegas, NV, October 2009.

Eisenberg, M.L., Yang, G., Walsh, T.J., Turek, P.J. Does the need for epididymovasostomy relate to the patient age at the time of vasectomy? Presented at *American Urological Association*, Orlando, FL, May 2008.

Yang, G., Walsh, T.J., Shefi, S., Turek, P.J. The kinetics of the return of motile sperm to the ejaculate after vasectomy reversal. Presented at *American Society for Reproductive Medicine*, New Orleans, LA, October 2006.

Attachment 33

Section VI, Availability of Funds

Criterion 1120.120

The Applicants have the following bond rating:

- AA- from Fitch Rating Services (June 4, 2024), included as part of Attachment-33

The Applicants, therefore, are not required to address Section 1120.120 Availability of Funds.

6/4/24, 3:22 PM

Fitch Affirms Carle Foundation's (IL) IDR at 'AA-', Outlook Stable



RATING ACTION COMMENTARY

Fitch Affirms Carle Foundation's (IL) IDR at 'AA-'; Outlook Stable

Tue 04 Jun, 2024 - 12:22 PM ET

Fitch Ratings - Chicago - 04 Jun 2024: Fitch Ratings has affirmed Carle Foundation's (IL) Issuer Default Rating (IDR) at 'AA-'. Fitch has also affirmed the 'AA-' rating on revenue bonds issued by the Illinois Finance Authority (IFA) on behalf of Carle. Fitch has also assigned a long-term bank bond rating to the series 2016B bonds.

Carle is in the process of substituting its credit provider for its 2016B bonds. Once completed, the 2016B bonds will be supported by a LOC from Barclays Bank PLC replacing JP Morgan. Additionally, Carle will be converting its 2021C bonds to fixed rate mode from weekly variable rate demand mode. With the conversion to fixed rate mode, Carle will also put in place a total return swap with Barclays Bank PLC as the counterparty. This is all expected to be completed by the end of June 2024.

The Rating Outlook is Stable.

RATING ACTIONS

ENTITY / DEBT	RATING	PRIOR
Carle Foundation (IL)	LT IDR: AA- Rating Outlook Stable Affirmed	AA- Rating Outlook Stable
Carle Foundation (IL) General Revenues/1 LT	LT: AA- Rating Outlook Stable Affirmed	AA- Rating Outlook Stable

[VIEW ADDITIONAL RATING DETAILS](#)

Carle's 'AA-' rating reflects its distinctly leading market position over a broad service area, and Fitch's expectation that the system will sustain its strong capital-related ratios in the context of the system's midrange revenue defensibility and strong operating risk profile assessments.

The Stable Outlook reflects Fitch's view that despite Carle facing another challenging year in fiscal 2023, with losses in its insurance division, leadership has addressed the challenges and anticipates operational improvement in fiscal 2024, which will support the operating risk assessment. Carle's balance sheet strength affords the organization time to weather the current economic challenges, and long-term capital-related ratios should remain strong even in a stress case scenario.

While hospital operators that own large health plans tend to have comparatively more modest operating margins, Fitch believes that Carle's health plan enhances the system's operating profile, particularly given the longevity and degree of integration of the plan and successful track-record over time.

Attachment 34-35

Section VII, 1120.130 Financial Viability Financial Viability Waiver

The Applicants have the following bond rating:

- AA- from Fitch Rating Services (June 4, 2024), included as part of Attachment-33

The Applicants, therefore, are not required to address Section 1120.130 Financial Viability.

Attachment 36A

VIII, Economic Feasibility Review Criteria

Criterion 1120.140(A), Reasonableness of Financing Arrangements

The Applicants have the following bond rating:

- AA- from Fitch Rating Services (June 4, 2024), included as part of Attachment-33

The Applicants, therefore, are not required to address Section 1120.140(a) Reasonableness of Financing Arrangements.

Attachment 36B

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

By signing the certification pages within this application, the Applicants attest that the selected form of debt financing the project will be the lowest net cost available.

Attachment 36C

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

The Applicants seek to establish an endoscopy center.

The table below shows the cost and gross square foot allocation for all clinical departments impacted by the proposed project.

Cost and Gross Square Feet by Department of Service									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost / sf		Gross sf		Gross sf		Const \$ (A x C)	Mod \$ (B x E)	
	New	Mod	New	Circ	Mod	Circ			
ASTC		\$239.53			7,055			\$1,689,884	\$1,689,884
Clinical Contingency		\$5.97			7,055			\$42,118	\$42,118
Total Clinical		\$245.49			7,055			\$1,731,932	\$1,731,932

The following is documentation regarding whether the estimated project costs are reasonable and in compliance with the state standards, as defined in Section 1120.140 (C) of the Administrative Code,

1. Preplanning costs are 0.94% of construction contracts, contingencies and equipment costs. Therefore, this item is compliant with the State standard of 1.8%.
2. There are no site survey, soil investigation, or site preparation costs associated with this project. Therefore, this item is not applicable.
3. Off-site work costs total \$0. There is no state standard for off-site work.
4. There are no new construction contracts associated with this project. Therefore, this item is not applicable.
5. Modernization and contingency costs are \$245.49 per gsf, compared with the ASTC standard of \$345.59/gsf. Therefore, this item is compliant with the state standard.
6. Modernization contingency is 2.5% of modernization contracts, compared with the state standard of 10% for projects in the schematics stage. Therefore, this item is compliant with the state standard.
7. Architectural and Engineering Fees are 8.58% of the sum of modernization contracts and the modernization contingency budget. This is within the state standard of a range of 7.50% - 11.26% for a construction budget under \$1,750,000. Therefore, this item is compliant with the state standard.
8. Consulting and Other Fees total \$64,622. There is no state standard for Consulting and Other Fees.
9. Movable or Other Equipment (Not in Construction Contracts) costs total \$1,630,620 for three procedure rooms. This is under the state standard of \$602,324.22 per room.

10. Bond issuance expense is \$8,422. There is no state standard for bond issuance expense.
11. Net interest expense during construction is \$45,469. There is no state standard for net interest expense.
12. There is no Leased Space or Equipment.
13. Other Costs to Be Capitalized are \$601,766. There is no state standard for Other Costs to Be Capitalized.
14. There is no Acquisition of Building or Other Property cost.

Attachment 36D

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

Operating Expenses:	\$6,449,775
Procedures:	5,148 procedures
Operating Expense per Procedure:	\$1,253 per procedure

Attachment 36E

Section VIII, Economic Feasibility Review Criteria

Criterion 1120.140E, Total Effect of Project on Capital Costs

Capital Costs:	\$800,102
Procedures:	5,148 procedures
Capital Costs per Procedure:	\$155 per procedure

Attachment 37

Section IX, Safety Net Impact Statement

The Applicants seek to establish the Planned Endoscopy Center. No services are being eliminated. This establishment will enhance the delivery of care and is not expected to have any adverse impact on safety net services in the community or on the ability of any other healthcare provider to deliver services.

This Safety Net Impact Statement addresses the following requirements:

- A) The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.**
 The Planned Endoscopy Center will expand safety net services in the GSA by increasing capacity at an essential provider of these services. In 2022, Champaign Surgery Center treated the most Medicaid and the most charity care patients of any ASTC in Health Service Area 004. The Planned Endoscopy Center will have the same Medicaid and charity care policies as Carle Foundation Hospital. As a result, in 2023, 11.6% of Champaign Surgery Center's patients' primary payor source was Medicaid, while Charity Care accounted for another 5.8% of patients. Patients seeing Carle providers in the Planned Endoscopy Center will be eligible for the same charity care benefits that are available at Champaign Surgery Center.
- B) The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.**
 The Planned Endoscopy Center will not adversely impact the ability of other providers or healthcare systems to serve patients seeking safety net service. All of the projected volumes identified in the physician referral letter attached at Appendix-1 were performed at an affiliated hospital (The Carle Foundation Hospital) and an affiliated ASTC (Champaign Surgery Center).
- C) How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.**
 N/A

Safety Net Impact Statements shall also include:

- (a) For the three fiscal years prior to the application, the applicant must also provide certification describing the amount of charity care provided by the applicant;
- (b) For the three fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients;
- (c) Any information the applicant believes is directly relevant to safety net services.

A) Charity Care Information- Champaign Surgery Center

	2021	2022	2023
Charity Care (# of patients)	754	665	734
Charity Care (cost in dollars)	\$476,566	\$483,335	\$392,359

B) Medicaid Information- Champaign Surgery Center

	2021	2022	2023
Medicaid (# of patients)	1,200	1,387	1,463
Medicaid (cost in dollars)	\$230,819	\$775,701	\$2,192,640

C) Additional Information Relevant to Safety Net Services
 n/a

Attachment 38

Section X, Charity Care Information

The table below provides charity care information for the most recent three years at Champaign Surgery Center.

CHARITY CARE			
	2021	2022	2023
Net Patient Revenue	\$34,941,756	\$36,503,467	\$42,389,000
Amount of Charity Care (charges)	\$2,175,395	\$2,317,243	\$1,911,884
Cost of Charity Care	\$476,566	\$483,335	\$392,359

Appendix I

Physician Referral Letters

Below are physician referral letters from Dr. James Leonard, President and CEO of Carle Health and Kenneth Bilger, Chief Executive Officer of Christie Clinic that verify the anticipated case volumes to be performed at the Planned Endoscopy Center.

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

Dear Mr. Kniery:

I am writing on behalf of Carle Physician Group, a multi-specialty medical group with over 900 physicians and advanced practice providers representing over 80 specialties in 14 central Illinois locations. Carle Physician Group is affiliated with The Carle Foundation Hospital and Champaign Surgery Center through common ownership by The Carle Foundation d/b/a Carle Health. Carle Physician Group supports the establishment of an Ambulatory Surgical Treatment Center at 1702 S Mattis Ave. Champaign, IL 61821 (the "Planned Endoscopy Center") and is submitting this letter to verify the anticipated Carle Physician Group case volumes that will be performed at the Planned Endoscopy Center.

From August 1, 2023 to July 31, 2024, the Carle Physician Group physicians delineated in Attachment- 1 performed a total of 5,598 procedures. Following project completion, I expect the following Carle Physician Group volumes to be performed at the Planned Endoscopy Center:


Physician Specialty	Annual Projected Cases at the Planned Endoscopy Center	Annual Projected Hours at the Planned Endoscopy Center
Gastroenterology	914	556
General Surgery	28	13
Colon/Rectal Surgery	1,462	1,186

A list of the zip codes of residence for the associated patients treated within the last 12 months is attached at Attachment – 2. Projected patient volume will primarily come from the geographic service area of the Planned Endoscopy Center. The anticipated volumes shown above have not been used to support another Certificate of Need application.

The information in this letter is true and correct to the best of my knowledge.

Carle Physician Group supports the proposed establishment of an Ambulatory Surgical Treatment Center at 1702 S Mattis Ave. Champaign, IL 61821.

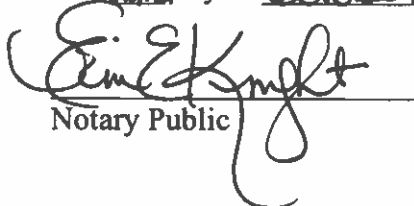
Sincerely,



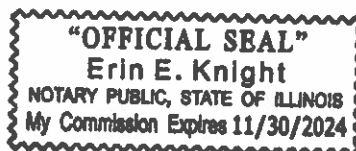
James C. Leonard, M.D.
President and CEO
Carle Health

Subscribed and sworn to me

This 2nd day of October, 2024



Notary Public



ATTACHMENT – 1

Physician Name	Physician Specialty	Historical Cases at Carle Foundation Hospital (8/1/23 – 7/31/24)	Historical Cases at Champaign Surgery Center (8/1/23 – 7/31/24)
BATEY, ANDREW	Gastroenterology	2,743	0
ELSHAMY, MOHAMMED	General Surgery	79	0
HILL, ASHLEY	Colon/Rectal Surgery	838	16
LUCKING, JONATHAN	Colon/Rectal Surgery	696	19
TANGEN, LYN E	Colon/Rectal Surgery	539	27
YU, ROBERT JOHN	Colon/Rectal Surgery	613	28

ATTACHMENT - 2

Provider/Zip Code	Historical Cases (8/1/23 – 7/31/24)
BATEY, ANDREW	2,743
24401	1
28379	1
30725	1
33707	1
33770	1
33905	1
39564	1
46112	1
46123	1
46311	1
47834	1
47918	1
47928	1
47932	4
47933	1
47974	2
47987	1
47991	1
47993	1
49920	1
50023	1
52653	1
53711	1
55019	1
60020	1
60130	1
60202	1
60404	1
60420	1
60446	1

60618	1
60629	1
60901	3
60914	1
60915	1
60918	5
60921	1
60924	6
60927	1
60930	2
60932	1
60933	1
60936	9
60938	8
60942	33
60948	16
60949	5
60952	1
60953	3
60955	4
60957	43
60959	1
60960	9
60962	2
60963	9
60966	3
60968	3
60970	3
60973	5
61321	1
61523	1
61528	1
61550	1
61554	1
61603	2
61614	2
61616	1

61701	7
61704	3
61705	2
61724	1
61725	1
61726	1
61727	1
61738	1
61739	1
61741	3
61752	3
61753	3
61755	1
61761	10
61764	1
61770	7
61801	129
61802	221
61803	4
61810	3
61811	2
61812	4
61813	6
61814	6
61815	1
61816	6
61817	11
61818	4
61820	117
61821	226
61822	243
61824	2
61826	2
61830	3
61831	1
61832	86
61833	9

61834	33
61839	1
61840	4
61841	11
61842	29
61843	22
61844	6
61845	3
61846	19
61847	24
61848	2
61849	16
61850	2
61851	4
61852	2
61853	147
61854	17
61856	68
61858	20
61859	8
61862	7
61863	13
61864	21
61865	8
61866	127
61870	3
61871	3
61872	9
61873	64
61874	71
61875	7
61876	5
61877	15
61878	11
61880	37
61882	2
61883	10

61884	6
61910	15
61911	5
61912	1
61913	7
61917	2
61919	7
61920	46
61924	8
61929	2
61930	2
61931	4
61932	4
61933	7
61938	62
61942	8
61943	18
61944	27
61951	8
61953	54
61955	1
61956	30
61957	1
62075	1
62083	1
62257	1
62301	1
62401	26
62411	2
62413	1
62414	3
62420	8
62422	2
62424	1
62427	1
62428	6
62431	1

62439	2
62440	3
62441	7
62443	1
62447	7
62448	5
62449	8
62450	7
62451	3
62452	1
62454	10
62458	1
62462	1
62463	2
62464	1
62466	5
62467	5
62468	3
62469	1
62471	2
62473	4
62477	1
62480	2
62501	6
62521	10
62522	2
62526	12
62534	3
62549	1
62557	2
62565	2
62573	1
62626	2
62656	2
62670	1
62702	1
62704	2

62707	1
62711	2
62812	1
62839	2
62858	6
62868	4
62891	1
62892	1
62910	1
62960	1
62972	1
63108	1
66223	1
66901	1
76105	1
85374	1
ELSHAMY, MOHAMMED	79
60942	1
60949	1
60957	2
60963	1
60970	1
61615	1
61801	4
61802	1
61817	2
61820	2
61821	4
61822	4
61832	6
61834	3
61840	2
61842	1
61843	1
61846	1
61847	2

61853	5
61858	3
61859	1
61863	1
61866	10
61873	2
61874	2
61919	1
61920	1
61924	1
61929	1
61938	1
61943	1
61951	1
61953	3
62401	1
62418	1
62448	1
62450	2
HILL, ASHLEY	854
28173	1
34203	1
47928	1
47932	2
47974	1
52302	2
60403	2
60611	1
60622	1
60901	1
60918	1
60924	1
60936	7
60942	1
60948	7
60952	2
60953	1

60954	1
60955	1
60957	13
60959	1
60962	1
60966	2
60974	1
61052	1
61614	1
61705	1
61727	1
61741	1
61761	2
61770	1
61801	43
61802	59
61810	1
61811	1
61813	3
61814	1
61815	1
61816	1
61817	4
61820	41
61821	87
61822	104
61829	1
61830	1
61832	41
61833	2
61834	7
61839	4
61840	5
61841	2
61842	2
61843	4
61844	5

61846	3
61847	5
61849	9
61850	1
61853	50
61854	5
61856	21
61858	3
61859	2
61862	1
61863	5
61864	7
61865	4
61866	34
61870	4
61872	3
61873	25
61874	29
61875	6
61876	1
61877	4
61878	4
61880	16
61882	1
61883	7
61884	2
61910	8
61911	6
61912	3
61913	1
61919	2
61920	12
61924	1
61931	1
61933	1
61937	1
61938	17

61942	5
61943	1
61944	3
61953	16
61956	6
61957	1
62056	1
62411	1
62420	2
62428	2
62444	1
62447	2
62448	2
62450	2
62466	6
62467	1
62468	1
62469	2
62501	1
62521	1
62522	1
62534	2
62557	1
62565	4
62656	1
62868	1
63136	1
LUCKING, JONATHAN	715
Unknown	1
13734	1
46075	1
46229	1
47932	3
60417	1
60918	2
60924	1
60936	2

60942	3
60948	2
60949	1
60952	1
60953	2
60955	1
60957	4
60960	2
60962	1
60963	8
61020	1
61360	2
61701	2
61704	4
61724	3
61727	1
61733	1
61741	1
61752	4
61761	1
61764	2
61770	2
61801	47
61802	52
61810	1
61812	1
61813	1
61814	2
61816	1
61817	3
61818	1
61820	34
61821	51
61822	79
61826	1
61830	2
61832	16

61833	2
61834	7
61839	1
61840	1
61842	4
61843	6
61844	5
61846	4
61847	4
61849	6
61851	2
61853	48
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61863	1
61864	8
61865	1
61866	36
61870	4
61872	1
61873	18
61874	20
61875	1
61876	1
61877	5
61878	2
61880	7
61882	1
61883	7
61884	3
61910	3
61913	2
61919	3
61920	16

61924	5
61931	1
61933	1
61938	20
61944	7
61951	2
61953	17
61956	6
61957	3
62401	3
62411	5
62419	1
62428	1
62442	1
62447	1
62449	1
62450	2
62451	2
62454	3
62465	2
62466	5
62468	2
62474	1
62521	2
62526	3
62549	2
62565	4
62702	1
62806	3
62839	1
62881	1
77471	1
TANGEN, LYN E	566
29649	1
32810	1
47904	1
47932	1

49622	2
60451	1
60560	1
60712	1
60901	1
60920	1
60928	1
60936	1
60938	2
60941	1
60942	2
60948	4
60949	2
60952	4
60953	1
60955	2
60957	8
61364	1
61550	1
61554	1
61701	2
61704	1
61738	1
61752	1
61756	1
61761	1
61764	1
61776	3
61801	32
61802	40
61803	1
61810	2
61813	4
61815	1
61816	2
61817	4
61820	18

61821	57
61822	57
61826	1
61832	15
61833	1
61834	4
61839	1
61840	4
61841	1
61842	2
61843	5
61844	2
61846	4
61847	2
61849	4
61852	2
61853	29
61854	5
61856	15
61858	3
61859	3
61863	2
61864	4
61865	2
61866	26
61870	1
61872	1
61873	13
61874	15
61875	1
61876	1
61877	5
61878	2
61880	9
61883	1
61884	3
61910	3

61911	2
61912	1
61917	1
61919	3
61920	18
61924	1
61931	1
61932	1
61933	1
61938	14
61942	4
61943	2
61944	2
61951	1
61953	18
61956	4
61957	2
62401	2
62411	1
62418	1
62424	1
62440	1
62447	1
62450	1
62468	1
62474	2
62475	1
62477	1
62481	1
62521	1
62522	1
62526	2
62534	1
62544	1
62565	1
62824	1
65101	1

77471	1
91354	1
94547	2
YU, ROBERT	641
32459	1
40475	1
46038	1
46250	1
47842	1
47932	1
53147	1
60139	1
60564	1
60901	1
60918	1
60921	2
60924	1
60929	1
60936	3
60938	1
60942	4
60948	5
60949	2
60951	1
60952	1
60953	1
60957	8
60960	3
60963	1
60970	2
61701	1
61705	1
61724	1
61739	1
61761	4
61801	40
61802	45

61811	2
61812	2
61813	3
61814	1
61815	1
61816	2
61817	1
61818	3
61820	28
61821	66
61822	55
61826	2
61830	2
61832	30
61834	12
61840	1
61841	1
61842	5
61843	6
61844	2
61845	1
61846	3
61847	1
61849	3
61851	1
61852	3
61853	33
61854	4
61856	22
61857	1
61858	4
61859	4
61862	3
61863	4
61864	6
61865	2
61866	28

61872	6
61873	13
61874	18
61875	2
61877	6
61878	2
61880	10
61883	2
61884	1
61910	4
61911	4
61913	2
61919	1
61920	9
61924	2
61932	2
61933	1
61936	1
61937	1
61938	12
61942	1
61943	2
61944	4
61951	1
61953	12
61956	6
62401	1
62414	1
62428	1
62440	2
62441	1
62450	1
62451	1
62454	2
62466	1
62467	2
62468	1

62474	1
62480	1
62501	3
62521	1
62522	1
62664	1
62839	2
62880	1
62885	2
62901	1



101 West University Ave., Champaign, IL 61820

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

Dear Mr. Kniery:

I am writing on behalf of Christie Clinic, a multi-specialty medical group in east central Illinois with over 200 physicians and advanced practice providers representing over 35 specialties. Christie Clinic supports the establishment of an Ambulatory Surgical Treatment Center at 1702 S Mattis Ave. Champaign, IL 61821 (the "Planned Endoscopy Center") and is submitting this letter to verify the anticipated Christie Clinic case volumes that will be performed at the Planned Endoscopy Center.

From August 1, 2023 to July 31, 2024, the Christie Clinic physicians delineated in Attachment- 1 performed a total of 3,806 procedures. Following project completion, I expect the following Christie Clinic volumes to be performed at the Planned Endoscopy Center:

Physician Specialty	Annual Projected Cases at the Planned Endoscopy Center	Annual Projected Hours at the Planned Endoscopy Center
Gastroenterology	2,745	1,797

A list of the zip codes of residence for the associated patients treated within the last 12 months is attached at Attachment – 2. Projected patient volume will primarily come from the geographic service area of the Planned Endoscopy Center. The anticipated volumes shown above have not been used to support another Certificate of Need application.

The information in this letter is true and correct to the best of my knowledge.

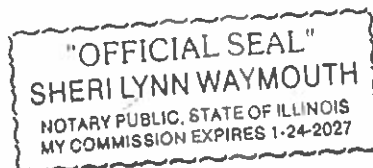
Christie Clinic supports the proposed establishment of an Ambulatory Surgical Treatment Center at 1702 S Mattis Ave. Champaign, IL 61821.

Sincerely,

Kenneth Bilger
Chief Executive Officer
Christie Clinic

Subscribed and sworn to me
This 21 day of October, 2024

Notary Public





101 West University Ave., Champaign, IL 61820

ATTACHMENT – 1

Physician Name	Physician Specialty	Historical Cases at Carle Foundation Hospital Digestive Health Institute (8/1/23 – 7/31/24)	Historical Cases at Champaign Surgery Center (8/1/23 – 7/31/24)
DRAPER, KAREN VALERIE	Gastroenterology	453	586
RAMKUMAR, DAVENDRA	Gastroenterology	405	1,295
NUGENT, CLAUDIA	Gastroenterology	454	613

ATTACHMENT – 2

Provider/Zip Code	Historical Cases (8/1/23 – 7/31/24)
DRAPER, KAREN	1,039
61822	132
61821	119
61802	76
61853	74
61801	50
61820	46
61873	42
61874	39
61866	34
61880	33
61856	31
61832	29
61953	25
60957	23
61847	13
61813	12
61956	12
61863	11
61834	9
61854	8
61859	8
61843	7
61910	7
61913	7
61817	6
61842	6
61846	6
61858	6
61877	6
61884	6
60936	5
61844	5

61849	5
61864	5
61878	5
61920	5
61942	5
61701	4
61840	4
61841	4
61845	4
61911	4
47932	3
60948	3
61803	3
61812	3
61833	3
61883	3
47987	2
60918	2
60924	2
60942	2
60952	2
61727	2
61811	2
61814	2
61848	2
61862	2
61865	2
61919	2
61930	2
62521	2
15042	1
26241	1
31542	1
32162	1
33442	1
46077	1
47847	1

47928	1
47974	1
47982	1
51632	1
53129	1
60056	1
60098	1
60115	1
60451	1
60471	1
60546	1
60611	1
60618	1
60640	1
60949	1
60955	1
60960	1
60963	1
60968	1
60970	1
61571	1
61603	1
61704	1
61722	1
61730	1
61735	1
61764	1
61810	1
61815	1
61816	1
61839	1
61850	1
61851	1
61872	1
61875	1
61929	1
61932	1

61937	1
61943	1
61951	1
62411	1
62420	1
62535	1
62656	1
62675	1
69101	1
85622	1
90245	1
RAMKUMAR, DAVENDRA	1,700
61821	231
61822	222
61853	133
61802	123
61801	75
61820	75
61874	73
61873	70
61866	63
61856	35
61953	35
61880	32
61832	27
61956	25
60957	21
61849	20
61858	19
61834	18
61864	18
61878	15
61910	15
61859	14
61863	14
61813	13
61877	13

61854	12
61846	11
61847	11
60948	10
61817	10
61840	9
61842	9
61841	8
60936	7
61843	7
61884	7
61913	7
61920	7
61942	7
61862	6
61871	6
61883	6
61938	6
47932	5
60953	5
61833	5
61844	5
61872	5
61911	5
61919	5
61727	4
61803	4
61816	4
61865	4
61876	4
62521	4
60952	3
61882	3
61944	3
47993	2
60564	2
60924	2

60933	2
60949	2
60962	2
61704	2
61761	2
61810	2
61815	2
61831	2
61839	2
61851	2
61940	2
62447	2
19004	1
31201	1
32162	1
32308	1
32550	1
45840	1
46034	1
46256	1
47401	1
47974	1
53555	1
54115	1
54911	1
01982	1
60074	1
60148	1
60416	1
60450	1
60639	1
60942	1
60959	1
60960	1
60963	1
60968	1
61412	1

61725	1
61735	1
61741	1
61748	1
61770	1
61811	1
61812	1
61814	1
61825	1
61826	1
61848	1
61852	1
61857	1
61870	1
61875	1
61917	1
61924	1
61933	1
61937	1
61941	1
61951	1
62062	1
62097	1
62221	1
62401	1
62428	1
62440	1
62458	1
62468	1
62534	1
62554	1
65283	1
NUGENT, CLAUDIA E	1,067
29466	1
32408	1
32438	1
37127	1

44143	2
47932	4
52245	1
54538	1
60430	1
60540	1
60647	1
60918	2
60921	1
60936	7
60942	4
60948	6
60952	1
60955	1
60957	11
60960	4
60962	1
60968	1
61704	2
61705	2
61727	1
61737	1
61761	3
61773	1
61801	70
61802	89
61810	1
61811	1
61812	1
61813	3
61814	2
61816	6
61817	6
61818	1
61820	49
61821	146
61822	114

61824	1
61826	2
61831	2
61832	31
61833	4
61834	12
61840	2
61841	3
61842	3
61843	12
61844	2
61845	1
61846	2
61847	4
61849	11
61850	1
61851	5
61852	1
61853	94
61854	2
61856	26
61857	1
61858	7
61859	7
61862	3
61863	8
61864	7
61865	2
61866	45
61871	1
61872	3
61873	35
61874	47
61875	2
61876	1
61877	8
61878	5

61880	26
61882	1
61883	4
61884	4
61910	5
61911	2
61913	3
61917	1
61919	5
61920	4
61928	1
61929	1
61930	1
61932	2
61933	1
61938	2
61940	2
61942	2
61951	2
61953	17
61956	10
62040	1
62447	1
62448	1
62521	2
62526	1
62548	1
62704	1
62712	1
62902	1
63109	1
63368	1
77406	1
77975	1
85143	1