

24-035
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 Expansion		
Street Address: 3103 Fields South Drive		
City and Zip Code: Champaign, IL 61822		
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

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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		
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Street Address: 611 West Park St.
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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: 3103 Fields South Drive Champaign, IL 61822
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.

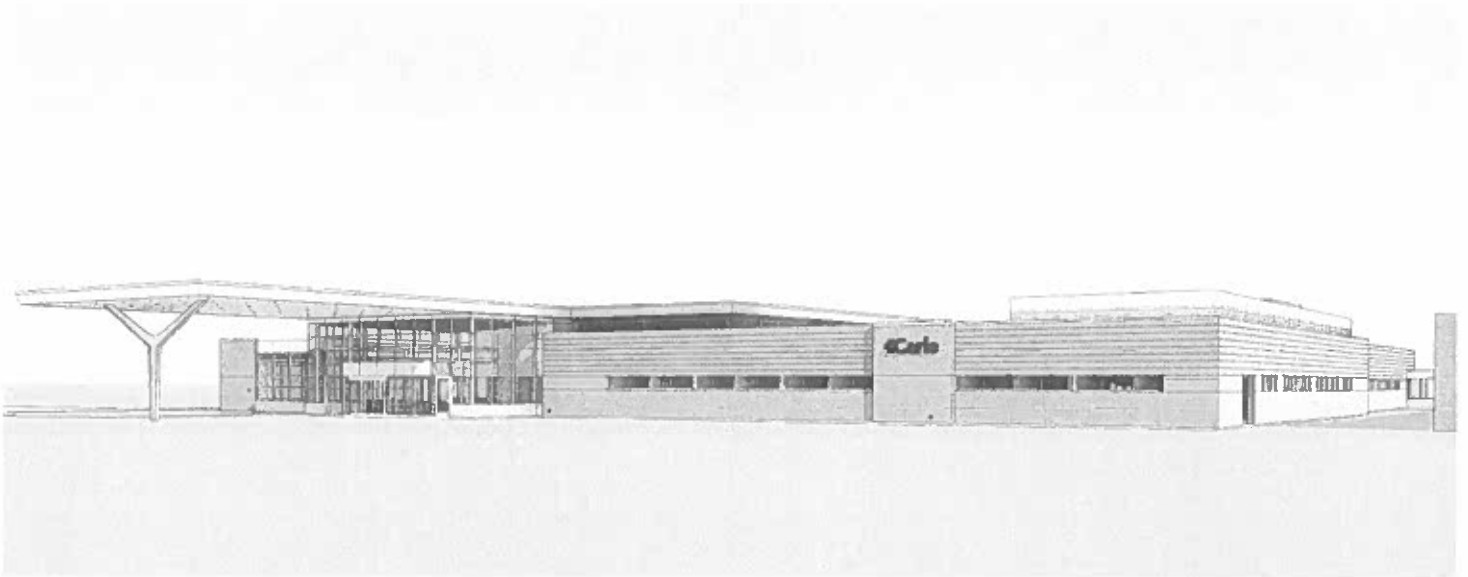
Champaign SurgiCenter, LLC d/b/a Champaign Surgery Center as the planned operator/licensee, The Carle Foundation d/b/a Carle Health, as the entity with final control of Champaign SurgeriCenter, LLC, and The Carle Foundation Hospital (the "Applicants"), seek authority from the Illinois Health Facilities and Services Review Board to expand Champaign Surgery Center (the "Existing ASTC") located at 3103 Fields South Drive Champaign, IL 61822 (the "Project"). The Existing ASTC was designed and built to allow for future expansion, as a larger facility was contemplated within the initial application for permit to establish the Existing ASTC (Project #16-045). The Applicants plan to leverage the facility's expansion capability via the Project.

The Project will add 9,253 gross square feet of clinical space and 1,970 gross square feet of non-clinical space for a total of 11,223 additional gross square feet. The addition will seamlessly connect with the 44,352 square foot Existing ASTC. The Project will add two operating rooms, four Stage 1 recovery bays and 15 Stage 2 recovery bays as delineated in the table below.

Category	Current	Planned
Operating Rooms	8	10
Procedure Rooms	4	4
Stage I Recovery Bay	10	14
Stage II Recovery Bay	27	42

The Project is classified as a non-substantive project, as it is an expansion of an existing ASTC.

Rendering



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	\$59,868	\$17,342	\$77,210
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$57,327	\$16,606	\$73,933
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$7,050,987	\$2,042,469	\$9,093,456
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$697,350	\$202,002	\$899,353
Architectural/Engineering Fees	\$511,758	\$148,242	\$660,000
Consulting and Other Fees	\$97,700	\$28,301	\$126,000
Movable or Other Equipment (not in construction contracts)	\$1,166,989	\$154,444	\$1,321,433
Bond Issuance Expense (project related)	\$19,878	\$5,758	\$25,636
Net Interest Expense During Construction (project related)	\$81,400	\$23,579	\$104,979
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$800,000	\$0	\$800,000
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$10,543,257	\$2,638,743	\$13,182,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$4,544,590	\$1,137,410	\$5,682,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$5,998,667	\$1,501,333	\$7,500,000
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$10,543,257	\$2,638,743	\$13,182,000
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 \$ n/a.

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): March 31, 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 SurgiCenter, 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 2nd day of October, 2024


Signature of Notary

Seal

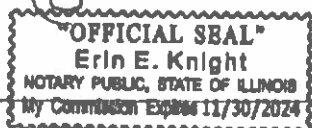


*Insert the EKC legal name of the applicant

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


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

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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 22nd 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 Exact Legal Name of the Applicant

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


Signature of Notary

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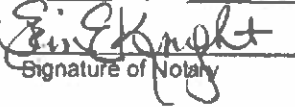
Notarization:
Subscribed and sworn to before me
this 22nd day of October, 2024


Signature of Notary

Seal
*Insert the EXACT legal name of the applicant



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


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 checked="" type="checkbox"/> Obstetrics/Gynecology
<input checked="" type="checkbox"/> Ophthalmology
<input checked="" type="checkbox"/> Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/> Orthopedic Surgery
<input checked="" type="checkbox"/> Otolaryngology
<input checked="" type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input checked="" type="checkbox"/> Plastic Surgery
<input checked="" type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input checked="" type="checkbox"/> Urology

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	

1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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><u>\$5,682,000</u></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>_____</p>	<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>_____</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><u>\$7,500,000</u></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; 5) For any option to lease, a copy of the option, including all

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$13,182,000	TOTAL FUNDS AVAILABLE
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 33</u>, 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 ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

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

APPEND DOCUMENTATION AS **ATTACHMENT 39**, 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
1	Applicant Identification including Certificate of Good Standing	30-32
2	Site Ownership	33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35
5	Flood Plain Requirements	36
6	Historic Preservation Act Requirements	37
7	Project and Sources of Funds Itemization	38
8	Financial Commitment Document if required	39
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10	Discontinuation	41
11	Background of the Applicant	42-43
12	Purpose of the Project	44-49
13	Alternatives to the Project	50
14	Size of the Project	51
15	Project Service Utilization	52
16	Unfinished or Shell Space	53
17	Assurances for Unfinished/Shell Space	54
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
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29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	108
34	Financial Waiver	109
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36	Economic Feasibility	110-115
37	Safety Net Impact Statement	116
38	Charity Care Information	117
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Attachment 1

Good Standing Certificates

Attached below 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 #: 2310402664 verifiable until 07/13/2024
Authenticate at <https://www.isos.gov>


SECRETARY OF STATE

File Number

5274-755-4



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 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 Giannoulis
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.



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 .

Authentication #: 2428202552 ver: 5.0.0 (10/08/2025)
Authenticate at: <https://www.isos.gov>

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 3103 Fields South Drive Champaign, IL 61822.

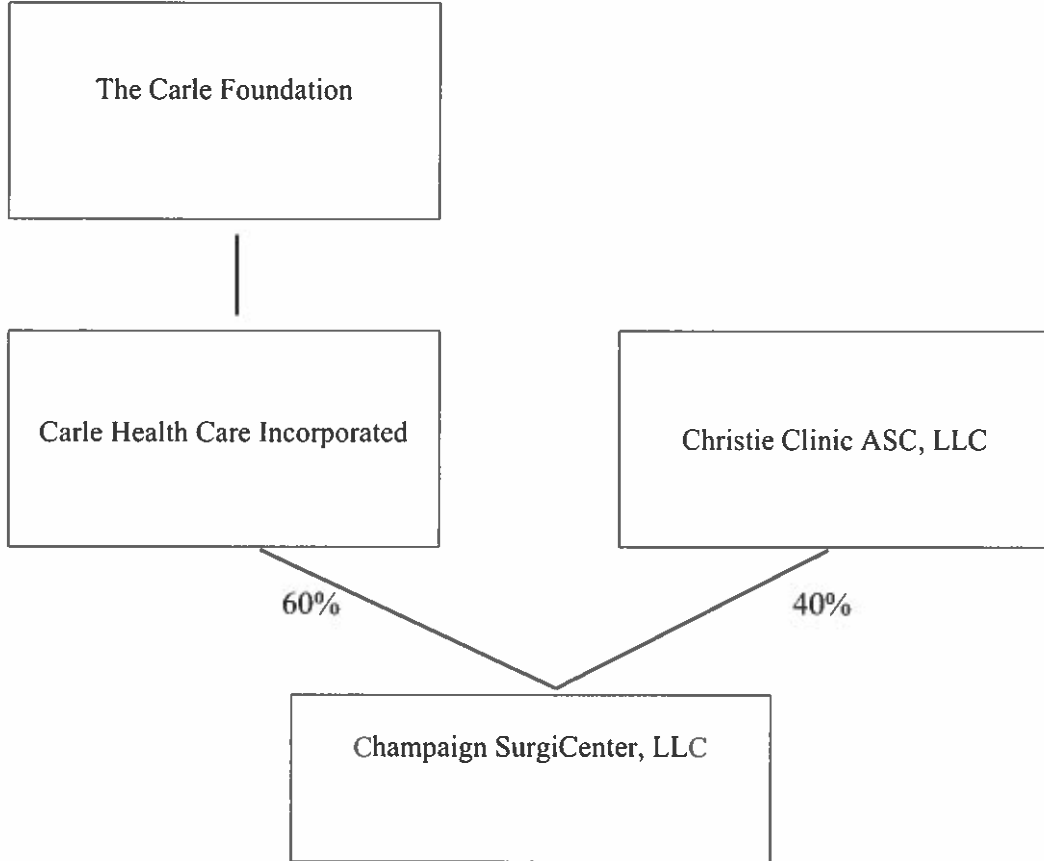
Attachment 3

Operating Identity/Licensee

Champaign SurgiCenter, LLC is the licensee and operator of the existing ASTC. 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 existing ASTC 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.



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Ferris, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Champaign County
Champaign
CON - Expansion of Ambulatory Surgical Treatment Center
3103 Fields South Dr.

IHFSTRB, SHPO Log #023082224

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 3-420/1 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	\$59,868	\$17,342	\$77,210
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$57,327	\$16,606	\$73,933
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$7,050,987	\$2,042,469	\$9,093,456
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$697,350	\$202,002	\$899,353
Architectural/Engineering Fees	\$511,758	\$148,242	\$660,000
Consulting and Other Fees	\$97,700	\$28,301	\$126,000
IDPH Permits	\$9,305	\$2,695	\$12,000
City Permits	\$7,754	\$2,246	\$10,000
CON Permit Application Fee	\$22,487	\$6,514	\$29,000
CON Consulting Fees	\$38,770	\$11,230	\$50,000
Commissioning	\$19,385	\$5,615	\$25,000
Movable or Other Equipment (not in construction contracts)	\$1,166,989	\$154,444	\$1,321,433
Medical Equipment	\$870,989	\$0	\$870,989
Furniture	\$50,000	\$70,444	\$120,444
Security Access/Cameras	\$0	\$15,000	\$15,000
IT/Telecom	\$246,000	\$54,000	\$300,000
Signs/Wayfinding	\$0	\$15,000	\$15,000
Bond Issuance Expense (project related)	\$19,878	\$5,758	\$25,636
Net Interest Expense During Construction (project related)	\$81,400	\$23,579	\$104,979
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$800,000	\$0	\$800,000
Lighting and booms	\$800,000	\$0	\$800,000
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$10,543,257	\$2,638,743	\$13,182,000

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 expand the Existing ASTC.

Dept. / Area (list below)	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Total Upon Project Completion	New Const.	Modernized	As Is	Vacated
Reviewable							
Operating Rooms (Class C)	\$3,102,128	4,849	6,105	1,256	0	4,849	n/a
Procedure Rooms (Class B)		1,573	1,573	0	0	1,573	n/a
Clinical Support	\$2,964,211	6,997	10,581	3,584	0	6,997	n/a
Stage I Recovery	\$1,661,579	2,726	4,235	1,509	500	2,226	n/a
Stage II Recovery	\$2,815,339	10,021	12,925	2,904	500	9,521	n/a
Total Reviewable	\$10,543,257	26,166	35,419	9,253	1,000	25,166	n/a
Non-Reviewable							
Surgery Staff Support	\$0	1,463	1,463	0	0	1,463	n/a
Support Services (Administration)	\$0	2,301	2,301	0	0	2,301	n/a
Public Space (Lobby/ Toilets)	\$0	4,688	4,688	0	0	4,688	n/a
Circulation	\$2,638,743	7,428	9,398	1,970	1,000	6,428	n/a
Mechanical/ Electrical	\$0	2,306	2,306	0	0	2,306	n/a
Total Non-Reviewable	\$2,638,743	18,186	20,156	1,970	1,000	17,186	n/a

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 purpose of this Project is to improve access and reduce procedure wait times for residents of the geographic service area (“GSA”) while also shifting care to a lower cost setting. As described in further detail below, changes in population demographics, disease prevalence, payor coverage decisions, and technological advancements in minimally invasive surgical approaches have all contributed to significant increases in the demand for ASTC services over the last several years. By expanding the Existing ASTC’s capacity to address this increase in demand, the Project will ensure continued access to ambulatory surgical care, which is essential to the overall well-being of the community. It will also improve satisfaction for patients, providers and staff. Further, the planned expansion will allow the Applicants to shift cases from the Hospital Outpatient Department (“HOPD”) setting to the lower cost ASTC setting. Doing so aligns with the objective of population health management and the wishes of payors.

The expansion proposed within this application is consistent with the anticipated phased expansion that was discussed in the permit application for the relocation of Champaign Surgery Center to its current location (Project #16-045). As described in the second alternative in Section 1110.110 (d) of that application, the Applicants considered building an ASTC with additional capacity to allow for anticipated growth; however, the Applicants ultimately opted for a more conservative approach. Specifically, the Existing ASTC was designed and built with fewer key rooms and the capability to expand as proposed by this Project to add operating rooms, prep/recovery bays and support space.

The procedures to be performed at the Existing ASTC following the expansion have historically been performed at the Existing ASTC and an affiliated hospital (The Carle Foundation Hospital). The surgical facilities at both The Carle Foundation Hospital and the Existing ASTC are highly utilized as described below. The planned expansion will alleviate overutilization at these facilities and ensure that surgical procedures are able to be scheduled in a timely manner.

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

1. Increasing Demand Has Brought About a Need for Additional Operating Rooms

Outpatient or “ambulatory” surgery in the United States has expanded substantially since the late 1990s. Changes in population demographics, disease prevalence, Medicare and other payor coverage decisions and technological advancements have all contributed to the growth. Procedures that only a few years ago required major incisions, long-acting anesthetics and extended convalescence can now be safely performed in ASTCs. Volumes at the Existing ASTC have been no exception to the national growth trend. As shown in the table below, Champaign Surgery Center’s operating room surgical hours increased by 54.5% from 2018 to 2023 (CAGR of 9.1%). This growth is expected to

continue into the future, as all of the above factors will continue to drive demand for ASTC services.

Historical Utilization- Champaign Surgery Center Operating Rooms				
Year	Cases	% Change from Prior Year (Cases)	Hours	% Change from Prior Year (Hours)
2018	5,336	n/a	6,582	n/a
2019	5,341	0.1%	6,750	2.6%
2020	4,634	-13.2%	6,370	-5.6%
2021	5,909	27.5%	8,501	33.5%
2022	6,534	10.6%	9,668	13.7%
2023	7,239	10.8%	10,171	5.2%

Source: HFSRB ASTC Profiles

Similarly, Carle Foundation Hospital's operating rooms saw a 50.4% increase in outpatient surgical hours from 2018 to 2023:

Historical Utilization- Carle Foundation Hospital Operating Rooms (Outpatient)				
Year	Cases	% Change from Prior Year (Cases)	Hours	% Change from Prior Year (Hours)
2018	6,451	n/a	11,959	n/a
2019	7,172	11.2%	13,696	14.5%
2020	6,832	-4.7%	13,498	-1.4%
2021	8,569	25.4%	17,578	30.2%
2022	8,538	-0.4%	17,787	1.2%
2023	8,754	2.5%	17,988	1.1%

Source: HFSRB Hospital Profiles

In addition to the external growth drivers described above, the Applicants' projected growth in utilization is also attributable to internal factors that the Applicants anticipate will continue for the foreseeable future. These factors include Carle Foundation Hospital's position as a tertiary care facility and Level 1 Trauma Center, as well as its affiliations, strategic partnerships and outreach initiatives designed to ensure the medical needs of residents in east central Illinois are met close to home.

2. Insufficient numbers of prep and recovery bays at the Existing ASTC limit throughput

Due to the volume of shorter duration cases at the Existing ASTC, the current number of pre-operative and post-operative bays result in bottlenecks that prevent the Applicants from fully utilizing the existing operating and procedure rooms. By adding prep and

recovery bays, the Project will address these throughput issues and allow the Applicants to better utilize existing key rooms.

3. The Applicants are limited in their ability to recruit additional physicians without more procedural space

Given the increasing demand for outpatient surgical procedures described above, the Applicants are actively recruiting additional surgeons to improve access to these services. Unfortunately, the Applicants are limited in their ability to do so because of insufficient surgical block time to accommodate the number of surgeons needed. The Project will add operating rooms and prep/recovery spaces to enable physician recruitment and expand access to lifesaving services.

4. Inadequate Capacity at the Existing ASTC to Shift Certain Procedures from Hospital Outpatient Department (HOPD) setting to Lower Cost ASTC setting

Adding operating rooms and prep/recovery spaces at Champaign Surgery 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 surgical 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, surgeons 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.

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 ASTC consists of those Illinois areas within 17 miles. A map of this area is attached below. Distances from the Existing ASTC to the market area borders 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, expanding the Existing ASTC will improve access and reduce procedure wait times for residents of the geographic service area ("GSA"). 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 expansion will allow the Applicants to shift cases from the Hospital Outpatient Department ("HOPD") setting to the lower cost ASTC setting. Doing so aligns with the objective of population health management and the wishes of payors.

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

Medicare Payment Advisory Commission, Report to the Congress: Medicare Payment Policy (Mar. 15, 2023) available at https://www.medpac.gov/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.

Expanding the Existing ASTC will improve access to surgical services by increasing capacity and supporting physician recruitment efforts. As discussed in greater detail above, the Existing ASTC's operating room utilization has increased at an annual growth rate of 13.8% over the last six 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.

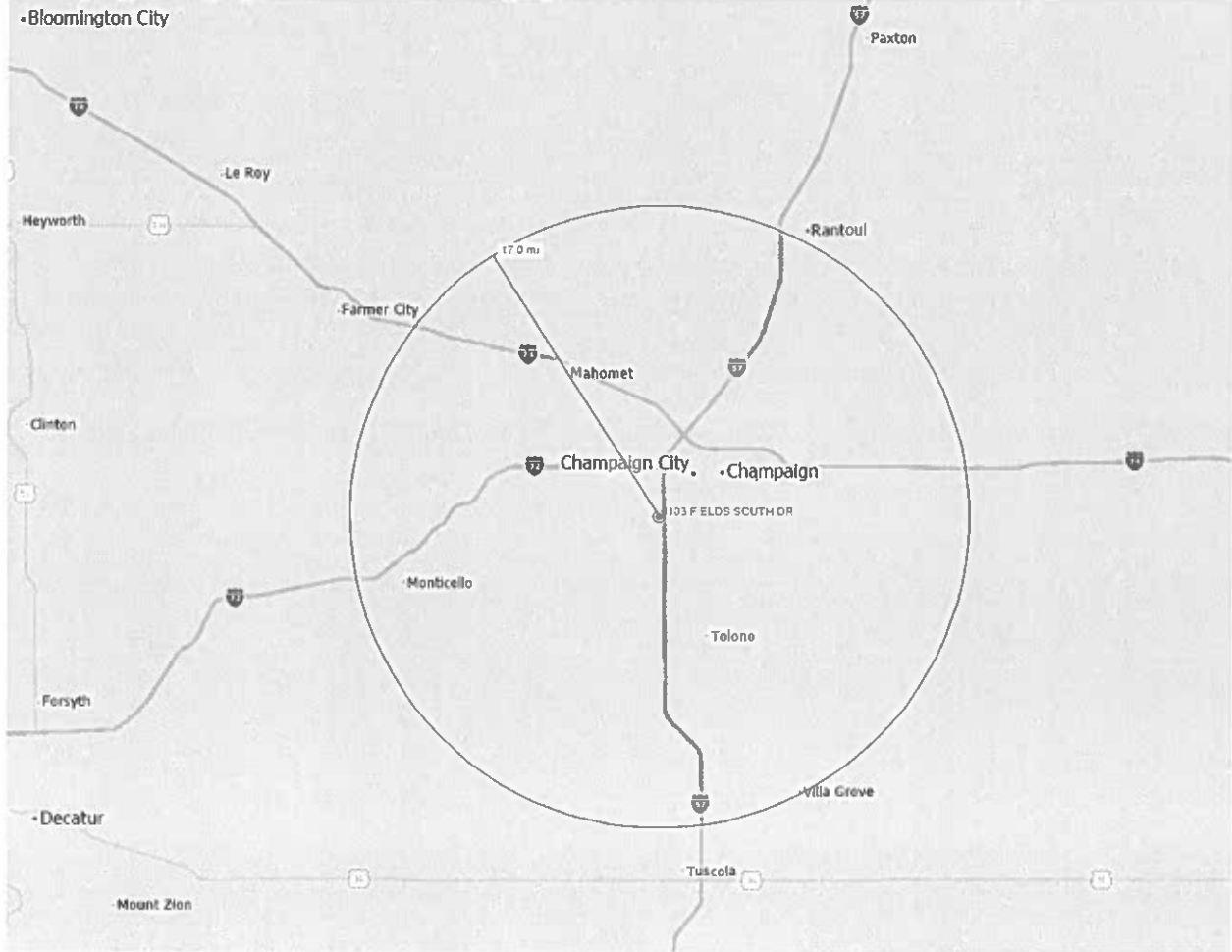
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

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 ambulatory surgery services in an appropriately sized facility.
- To mitigate the shortage of operating rooms and improve access to surgical procedures for residents of the GSA.
- To mitigate the shortage of prep and recovery bays at the Existing ASTC.
- To shift certain procedures from the Hospital Outpatient Department (HOPD) setting to the lower cost ASTC setting.

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

Champaign Surgery Center 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 expand the Existing 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 outpatient surgical procedures in the GSA. Furthermore, doing nothing would not allow the Applicants to shift case volumes 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)

Champaign Surgery Center was designed and constructed with the capacity for future expansion when warranted. With this in mind, it is more efficient to expand the existing building rather than building a new facility. If volumes continue to grow as anticipated, the Applicants will have a few options to consider.

C) Expand the Existing ASTC (Proposed). (\$13,182,000)

The Applicants ultimately decided to expand the Existing ASTC. The chosen option will reduce project costs while providing a state-of-the-art facility 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 expand the Existing ASTC to a total of 14 treatment rooms (10 operating rooms and four procedure rooms). Pursuant to Section 1110 of the Administrative Code, the State standard is 2,075 bgsf – 2,750 bgsf per operating/procedure room. Following project completion, the gross clinical square footage of the Existing ASTC will be 35,419 gsf (2,530 gsf per operating/procedure room). Accordingly, the size of the Project meet the State standard.

SIZE OF PROJECT				
DEPARTMENT / SERVICE	PROPOSED GSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	2,530 gsf/room	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 room.

As documented in the physician letters attached at Appendix 1, the Carle Physician Group and Christie Clinic physicians represented in the letters historically performed 18,457 procedures at Champaign Surgery Center and The Carle Foundation Hospital. Of those, approximately 9,323 operating room procedures will be performed at Champaign Surgery Center within the first year after project completion. As a result, 15,038 surgical hours are projected for the first year after project completion.

Table 1110.235(c)(5)(A) Projected Utilization				
Year	Dept/Service	Projected Utilization	State Standard	Met Standard?
2027	ASTC (Class C Operating Rooms)	15,038 hours	> 13,500 hours	Yes

Note: The projected utilization in the above table does not include procedure room volumes because Champaign Surgery Center's existing procedure rooms will be unaffected by the planned construction.

Physician Specialty	Annual Projected Cases in Champaign Surgery Center Class C Operating Rooms	Average Case Time (Including setup and cleanup)	Equivalent Surgical Hours
General	1,194	2.04	2,431
Obstetrics/Gynecology	777	1.75	1,362
Oral-Maxillofacial Surgery	22	1.20	26
Orthopedics	3,686	1.63	6,020
Otolaryngology	1,835	1.10	2,025
Pain Management	16	1.50	24
Plastic Surgery	443	2.42	1,075
Podiatry	710	1.79	1,273
Urology	640	1.25	802

Note: The projected utilization in the above table does not include procedure room volumes because Champaign Surgery Center's existing procedure rooms will be unaffected by the planned construction.

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 Existing ASTC. As set forth in Criterion 1100.510(d), the Existing ASTC serves residents within 17 miles of the site. A list of all zip codes located, in whole or in part, within a 17-mile radius of the Planned ASTC 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
61878	Thomasboro	1,390
61802	Urbana	19,195
61873	Saint Joseph	6,675
61822	Champaign	25667
61875	Seymour	715
61854	Mansfield	1,368
61821	Champaign	29,792
61820	Champaign	37,239
61801	Urbana	31,214
61874	Savoy	7,887
61884	White Heath	1,144
61839	De Land	655
61856	Monticello	7,656
61851	Ivesdale	531
61813	Bement	1,880
61872	Sadorus	782
61863	Pesotum	833
61913	Atwood	1,467
61953	Tuscola	6,397
61880	Tolono	4,108
61864	Philo	1,853
61877	Sidney	1,774
61849	Homer	1,916

61816	Broadlands	490
61852	Longview	251
61956	Villa Grove	2,714

United States Census Bureau, 2019

- ii. Patient origin information by zip code based on historical cases in the physician referral letters in Appendix- 1 is provided in table 1110.235 (c) (2) (B) (ii) below. 59.8% of the historical cases (11,033 of 18,457 cases) in the referral letter in Appendix- 1 reside in the GSA.

Table 1110.235(c)(2)(B)(ii)	
Historical Patient Origin	
Zip	Patients
61821	1,534
61822	1,495
61802	1,245
61832	983
61853	933
61801	814
61820	782
61866	747
61873	490
61874	481
61856	432
61880	313
61953	312
61938	284
61834	279
60957	278
61920	254
60942	211
61956	195
61846	169
61883	169
61858	160
61843	155
61944	142
61864	130
61842	128
61849	128

61910	121
61817	109
60936	103
61877	96
62450	91
61833	88
61854	87
61859	87
62401	85
61813	84
61841	84
61761	82
61847	82
61863	78
61951	76
61913	74
61911	73
60948	71
60953	68
61884	68
60924	67
61878	67
61865	65
61701	60
47932	59
61840	59
61814	58
61872	58
61844	56
60963	55
62521	55
61924	51
61704	50
62526	50
60970	49
61862	48
61919	48
61816	47
61870	46
61875	46

61876	45
61942	45
61839	41
61727	40
62447	39
62454	35
60960	30
61752	30
62420	29
60918	28
61818	28
61851	28
61932	28
61957	28
62428	28
62468	28
61826	26
61871	26
62448	26
60949	25
62565	25
61815	23
60952	22
60955	22
61812	22
61705	20
62522	20
47928	19
61850	19
62440	19
61811	18
62439	18
60966	16
61810	16
61845	16
61931	16
61943	16
47993	15
60968	15
61917	15

61929	15
61933	15
60938	14
61724	14
61739	14
61803	14
61852	14
61912	14
62441	14
62656	13
61930	12
62414	12
62467	12
47974	11
60921	11
61745	11
61830	11
60930	10
60959	10
60962	10
61753	10
61937	10
62411	10
62442	10
62443	10
62501	10
62824	10
60973	9
61882	9
62466	9
62473	9
62474	9
62535	9
62863	9
47933	8
47952	8
60901	8
61554	8
61604	8
61773	8

61831	8
62417	8
62549	8
62839	8
47987	7
62838	7
60933	6
61550	6
61571	6
61603	6
61735	6
61738	6
61914	6
61925	6
62421	6
62424	6
62481	6
62858	6
62868	6
34134	5
47842	5
47917	5
47944	5
60914	5
60932	5
60951	5
61520	5
61534	5
61611	5
61614	5
61728	5
61756	5
61764	5
61770	5
61777	5
61825	5
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62465	5
62471	5
62476	5
62477	5
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62550	5
62554	5
62568	5
62573	5
62899	5
42071	4
47872	4
47918	4
47991	4
60915	4
60928	4
60967	4
61364	4
61455	4
61530	4
61615	4
61723	4
61736	4
61928	4
61940	4
62431	4
62445	4
62458	4
62462	4
62479	4
62702	4
62893	4
63017	4
98052	4
Unknown	4
13790	3
38320	3
47862	3

47968	3
60048	3
60411	3
60974	3
61061	3
61252	3
61265	3
61523	3
61548	3
61741	3
61744	3
61754	3
61755	3
61824	3
61848	3
62049	3
62418	3
62422	3
62433	3
62444	3
62461	3
62469	3
62513	3
62557	3
62563	3
62703	3
62704	3
62712	3
62844	3
62864	3
65775	3
85622	3
97437	3
2466	2
10282	2
21153	2
28216	2
29040	2
29526	2
30144	2

31701	2
32137	2
32444	2
37221	2
37774	2
46107	2
46202	2
46360	2
47401	2
47725	2
47859	2
47885	2
47982	2
52653	2
54467	2
54481	2
55372	2
60056	2
60169	2
60302	2
60402	2
60463	2
60464	2
60490	2
60532	2
60560	2
60615	2
60623	2
60625	2
60637	2
60651	2
60656	2
60911	2
60922	2
60927	2
60950	2
60964	2
61021	2
61354	2
61542	2

61544	2
61605	2
61607	2
61726	2
61737	2
61759	2
61771	2
61775	2
61855	2
61936	2
61949	2
62203	2
62269	2
62410	2
62419	2
62423	2
62426	2
62427	2
62518	2
62523	2
62544	2
62612	2
62615	2
62644	2
62806	2
62823	2
62842	2
62849	2
62854	2
63112	2
65202	2
70812	2
77459	2
77546	2
80525	2
97236	2
98117	2
98661	2
1581	1
4609	1

5753	1
8759	1
8820	1
10970	1
14701	1
14867	1
19460	1
20002	1
20110	1
20814	1
21797	1
22936	1
27262	1
27513	1
28027	1
28804	1
29582	1
29803	1
30043	1
30117	1
30126	1
30180	1
30294	1
30303	1
30708	1
30725	1
30809	1
31324	1
32043	1
32223	1
32244	1
32438	1
32503	1
32536	1
32608	1
33156	1
33167	1
33483	1
33904	1
33908	1

34224	1
34293	1
34609	1
34748	1
34952	1
35763	1
36535	1
36542	1
37067	1
37087	1
37664	1
37814	1
37934	1
38258	1
38558	1
39059	1
39232	1
39577	1
40313	1
42301	1
42718	1
43130	1
43718	1
44143	1
45069	1
46033	1
46041	1
46074	1
46121	1
46206	1
46208	1
46222	1
46224	1
46240	1
46256	1
46268	1
46310	1
46311	1
46321	1
46349	1

46816	1
47331	1
47446	1
47591	1
47802	1
47831	1
47832	1
47834	1
47854	1
47874	1
47879	1
47906	1
47921	1
47951	1
47963	1
47978	1
48864	1
48875	1
49093	1
49544	1
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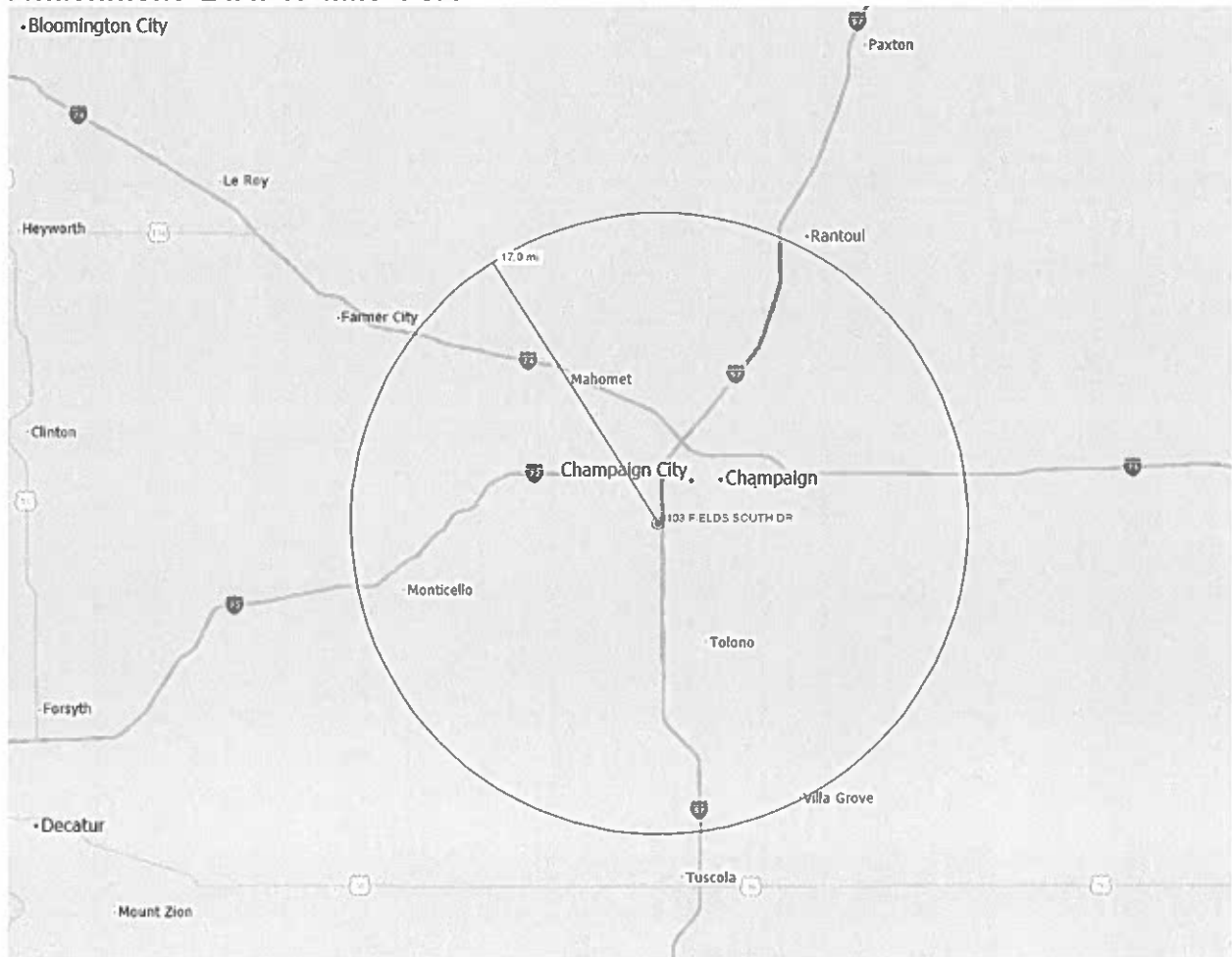
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Attachment- 24A: 17-Mile GSA



**Section V, Service Specific Review Criteria
 Non-Hospital Based Ambulatory Surgery
 Criterion 1110.235(c)(4)– 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 Existing ASTC is attached at Appendix–1. A summary of the combined totals from both physician referral letters is provided in Table 1110.235(c)(4) below.

Table 1110.235(c)(4)		
Facility	8/1/23 – 7/31/24 (Cases)	Anticipated Referrals to Existing ASTC (Cases)
Carle Foundation Hospital Urbana, IL	8,756	656
Champaign Surgery Center Champaign, IL	9,701	8,667
Total	18,457	9,323

Note: The volumes in the above table do not include procedure room volumes because Champaign Surgery Center's existing procedure rooms will be unaffected by the planned construction.

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 expand the Existing ASTC for a total of 10 operating rooms. The State Board standard is 1,500 hours per procedure room or greater than 13,500 hours for 10 operating rooms. As documented in Attachment- 15, the Applicants project to perform 15,038 hours of operating room procedures at the Existing ASTC upon project completion. Accordingly, the proposed number of rooms is necessary to service the anticipated patient volume.

- b. The estimated time per procedure including cleanup and setup time is shown in the table below. The figures below are historical case times.

Physician Specialty	Average Case Time (including setup and cleanup)
General	2.04
Obstetrics/Gynecology	1.75
Oral-Maxillofacial Surgery	1.20
Orthopedics	1.63
Otolaryngology	1.10
Pain Management	1.50
Plastic Surgery	2.42
Podiatry	1.79
Urology	1.25

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

The Existing ASTC will continue to be staffed in accordance with IDPH staffing requirements. Staff at the Existing ASTC will be supplemented through additional hires as warranted. Champaign Surgery Center's current Medical Director, Glenn Yang, MD will continue to function as Medical Director. 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 Existing ASTC following the expansion with the expected charge is provided in Table 1110.235(c)(9).

Table 1110.235(c)(9)		
Name of Procedure	Primary CPT	Max Charge
Id abscess simple/single	10060	\$10,432
Id abscess comp/multiple	10061	\$11,074
Id pilonidal cyst simple	10080	\$14,288
Incrmvf fb subq tiss smpl	10120	\$11,037
Incrmvf fb subq tiss comp	10121	\$21,385
Id hmtma seroma/fluid collj	10140	\$17,765
Complex drainage wound	10180	\$10,495
Debride skin at fx site	11010	\$10,140
Deb skin bone at fx site	11012	\$35,614
Dbrdmt subq tis 1st 20sqcm/<	11042	\$38,493
Dbrdmt musc/fscs 1st 20/<	11043	\$16,882
Dbrdmt bone 1st 20 sq cm/<	11044	\$8,723
Paring/cutg b9 hyprker les 1	11055	\$4,324
Punch bx skin single lesion	11104	\$5,487
Rmvl skin tags up toinc 15	11200	\$16,454
Exc tr-ext b9+marg 0.5 cm<	11400	\$3,971
Exc tr-ext b9+marg 0.6-1 cm	11401	\$9,485
Exc tr-ext b9+marg 1.1-2 cm	11402	\$10,678
Exc tr-ext b9+marg 2.1-3cm	11403	\$13,420
Exc tr-ext b9+marg 3.1-4 cm	11404	\$30,905
Exc tr-ext b9+marg >4.0 cm	11406	\$21,699
Exc benign lesion	11411	\$8,777
Exc h-f-nk-sp b9+marg 0.5/<	11420	\$13,123
Exc h-f-nk-sp b9+marg 0.6-1	11421	\$47,102
Exc h-f-nk-sp b9+marg 1.1-2	11422	\$30,986
Exc h-f-nk-sp b9+marg 2.1-3	11423	\$12,735
Exc h-f-nk-sp b9+marg 3.1-4	11424	\$16,264
Exc h-f-nk-sp b9+marg >4 cm	11426	\$16,766
Exc face-mm b9+marg 0.5 cm/<	11440	\$8,874
Exc face-mm b9+marg 0.6-1 cm	11441	\$12,122
Exc face-mm b9+marg 1.1-2 cm	11442	\$26,867
Exc face-mm b9+marg 2.1-3 cm	11443	\$12,927
Exc face-mm b9+marg >4 cm	11446	\$12,342

Exc skn hrdnt ax smpl/ntrm	11450	\$19,141
Removal sweat gland lesion	11451	\$18,161
Exc skn hrdnt ing smpl/ntrm	11462	\$10,455
Removal sweat gland lesion	11463	\$8,534
Removal sweat gland lesion	11471	\$18,261
Exc tr-ext mal+marg 1.1-2 cm	11602	\$12,351
Exc tr-ext mal+marg 3.1-4 cm	11604	\$21,760
Exc tr-ext mal+marg >4 cm	11606	\$24,761
Exc s/n/h/f/g mal+mrg 0.6-1	11621	\$4,571
Exc s/n/h/f/g mal+mrg 2.1-3	11623	\$8,998
Exc s/n/h/f/g mal+mrg >4 cm	11626	\$19,706
Exc f/e/e/n/l mal+mrg 1.1-2	11642	\$15,448
Exc f/e/e/n/l mal+mrg 3.1-4	11644	\$25,991
Exc f/e/e/n/l mal+mrg >4 cm	11646	\$22,522
Debride nail 1-5	11720	\$4,367
Removal of nail plate	11730	\$10,054
Removal of nail bed	11750	\$31,312
Biopsy nail unit	11755	\$10,313
Repair of nail bed	11760	\$15,601
Excision of nail fold toe	11765	\$11,290
Remove pilonidal cyst simple	11770	\$33,451
Remove pilonidal cyst exten	11771	\$55,782
Remove pilonidal cyst compl	11772	\$21,123
Inject skin lesions </w 7	11900	\$10,404
Insert tissue expander(s)	11960	\$29,418
Rplcmt tiss xpndr perm implt	11970	\$41,468
Remove drug implant device	11982	\$13,592
Rpr s/n/ax/gen/trnk 2.5cm/<	12001	\$9,897
Tx supfc wnd dehsn smpl clsr	12020	\$10,994
Intmd rpr s/a/t/ext 2.5 cm/<	12031	\$9,179
Intmd rpr s/a/t/ext 2.6-7.5	12032	\$9,712
Intmd rpr s/tr/ext 7.6-12.5	12034	\$5,973
Intmd rpr s/a/t/ext 12.6-20	12035	\$15,214
Intmd rpr n-hf/genit 2.5cm/<	12041	\$7,915
Intmd rpr n-hf/genit 7.6-12.5	12044	\$15,697
Intmd rpr face/mm 2.5 cm/<	12051	\$12,911
Intmd rpr face/mm 2.6-5.0 cm	12052	\$10,075
Cmplx rpr trunk 2.6-7.5 cm	13101	\$16,128
Cmplx rpr s/a/l 2.6-7.5 cm	13121	\$24,111
Cmplx rpr f/c/c/m/n/ax/g/h/f	13131	\$15,197

Cmplx rpr f/c/c/m/n/ax/g/h/f	13132	\$15,641
Cmplx rpr e/n/e/l 1.1-2.5 cm	13151	\$10,659
Cmplx rpr e/n/e/l 2.6-7.5 cm	13152	\$13,616
Sec clsr surg wnd/dehsn xtn	13160	\$17,227
Tis trnfr trunk 10 sq cm/<	14000	\$16,375
Tis trnfr trunk 10.1-30sqcm	14001	\$30,589
Tis trnfr s/a/l 10 sq cm/<	14020	\$14,949
Tis trnfr s/a/l 10.1-30 sqcm	14021	\$21,724
Tis trnfr f/c/c/m/n/a/g/h/f	14040	\$76,056
Tis trnfr f/c/c/m/n/a/g/h/f	14041	\$38,255
Tis trnfr e/n/e/l 10 sq cm/<	14060	\$21,482
Tis trnfr e/n/e/l10.1-30sqcm	14061	\$34,425
Tis trnfr any 30.1-60 sq cm	14301	\$33,334
Filleted finger/toe flap	14350	\$16,101
Wound prep trk/arm/leg	15002	\$16,134
Wound prep f/n/hf/g	15004	\$30,661
Skin splt grft trnk/arm/leg	15100	\$16,575
Skn splt a-grft fac/nck/hf/g	15120	\$19,098
Fth gr fr f/c/c/m/n/ax/g/h/f	15240	\$16,761
Fth grf fr n/e/e/l 20 sqcm/<	15260	\$19,612
Skin sub graft trnk/arm/leg	15271	\$40,756
Skin sub graft face/nk/hf/g	15275	\$44,905
Pedicle e/n/e/l/ntroral	15576	\$10,812
Musc myoq/fscq flp hn pedcl	15733	\$18,818
Muscle-skin graft trunk	15734	\$16,885
Muscle-skin graft leg	15738	\$11,906
Grfg autol fat lipo 50 cc/<	15771	\$28,012
Grfg autol fat lipo 25 cc/<	15773	\$17,183
Revision of lower eyelid	15820	\$67,917
Revision of lower eyelid	15821	\$24,572
Revision of upper eyelid	15822	\$39,919
Revision of upper eyelid	15823	\$21,132
Removal of neck wrinkles	15825	\$41,085
Exc skin abd	15830	\$54,235
Excise excessive skin thigh	15832	\$37,025
Excise excess skin tissue	15839	\$24,617
Exc skin abd add-on	15847	\$44,839
Remove sutures same surgeon	15850	\$4,147
Removal sutr/staple req anes	15851	\$8,089
Dressing change not for burn	15852	\$7,450

Suction lipectomy headneck	15876	\$7,475
Suction lipectomy lwr extrem	15879	\$15,983
Mastotomy expl drg absc dp	19020	\$14,528
Biopsy of breast open	19101	\$11,751
Nipple exploration	19110	\$7,419
Removal of breast lesion	19120	\$21,195
Excision breast lesion	19125	\$22,126
Removal of breast tissue	19300	\$44,210
Partial mastectomy	19301	\$32,103
Mast mod rad	19307	\$37,815
Suspension of breast	19316	\$93,242
Breast reduction	19318	\$52,173
Breast augmentation w/implt	19325	\$39,110
Rmvl intact breast implant	19328	\$33,294
Rmvl ruptured breast implant	19330	\$28,202
Insj/rplcmt brst implt sep d	19342	\$62,760
Breast reconstruction	19350	\$22,670
Tiss xpndr plmt brst rcnstj	19357	\$90,501
Revj peri-implt capsule brst	19370	\$66,221
Peri-implt capsle brst compl	19371	\$30,312
Revj reconstructed breast	19380	\$48,161
Explore wound extremity	20103	\$14,194
Muscle biopsy superficial	20200	\$11,217
Deep muscle biopsy	20205	\$10,552
Bone biopsy open superficial	20240	\$19,740
Removal of foreign body	20520	\$8,950
Removal of foreign body	20525	\$29,242
Inj tendon sheath/ligament	20550	\$18,646
Drain/inj joint/bursa w/o us	20600	\$5,422
Drain/inj joint/bursa w/o us	20605	\$13,541
Drain/inj joint/bursa w/o us	20610	\$49,644
Aspirate/inj ganglion cyst	20612	\$5,780
Removal implant superficial	20670	\$22,382
Removal of implant deep	20680	\$73,883
Appl mltpln uni ext fixj sys	20692	\$76,003
Rmvl ext fixj sys under anes	20694	\$8,007
Removal of bone for graft	20900	\$41,160
Remove cartilage for graft	20910	\$51,363
Exc face les sc <2 cm	21011	\$13,491
Exc face les sbq 2 cm/>	21012	\$18,121

Exc face tum deep < 2 cm	21013	\$10,320
Exc face tum deep 2 cm/>	21014	\$17,236
Excision of facial bone(s)	21026	\$8,471
Contour of face bone lesion	21029	\$9,962
Excise max/zygoma b9 tumor	21030	\$17,065
Excise mandible lesion	21040	\$11,504
Remove maxilla cyst complex	21048	\$18,952
Ear cartilage graft	21235	\$34,366
Clsd tx nsl fx mnpj wo stblj	21315	\$9,630
Clsd tx nsl fx w/mnpjstablj	21320	\$12,083
Closed tx septalnose fx	21337	\$11,370
Biopsy of neck/chest	21550	\$17,249
Exc neck les sc 3 cm/>	21552	\$14,866
Exc neck tum deep 5 cm/>	21554	\$16,629
Exc neck les sc < 3 cm	21555	\$14,268
Exc neck tum deep < 5 cm	21556	\$16,667
Exc back les sc < 3 cm	21930	\$19,878
Exc back les sc 3 cm/>	21931	\$17,833
Exc back tum deep < 5 cm	21932	\$10,422
Exc back tum deep 5 cm/>	21933	\$21,518
Perq vertebral augmentation	22514	\$18,382
Exc abdl tum deep < 5 cm	22900	\$7,245
Exc abd les sc < 3 cm	22902	\$13,238
Exc abd les sc 3 cm/>	22903	\$17,309
Unlisted px abdomen muscskel	22999	\$26,140
Exc shoulder les sc 3 cm/>	23071	\$13,498
Exc shoulder tum deep 5 cm/>	23073	\$9,361
Exc shoulder tum deep < 5 cm	23076	\$15,606
Partial removal collar bone	23120	\$54,695
Removal of bone lesion	23140	\$17,363
Repair rotator cuff acute	23410	\$52,595
Repair of shoulder	23420	\$40,297
Repair biceps tendon	23430	\$79,600
Repair shoulder capsule	23455	\$49,479
Repair shoulder capsule	23460	\$48,291
Repair shoulder capsule	23462	\$59,707
Repair shoulder capsule	23466	\$17,110
Optx clavicular fx w/int fix	23515	\$40,720
Optx acromclv dislc aqt/chrn	23550	\$46,452
Optx acrcvl dislc aq/chrn grf	23552	\$41,453

Mnpj anes sho jt fixj aprats	23700	\$12,910
ld upr a/e dp absc/hmtma	23930	\$10,876
ld upr a/e bursa	23931	\$3,614
Biopsy arm/elbow soft tissue	24065	\$8,271
Exc arm/elbow les sc 3 cm/>	24071	\$19,587
Ex arm/elbow tum deep 5 cm/>	24073	\$19,057
Exc arm/elbow les sc < 3 cm	24075	\$20,182
Ex arm/elbow tum deep < 5 cm	24076	\$16,040
Excision olecranon bursa	24105	\$11,564
Excision radial head	24130	\$13,501
Rmvl fb upper arm/elbw subq	24200	\$8,320
Mnpj elbow under anes	24300	\$7,683
Rpr tdn/musc upr a/e each	24341	\$33,168
Repair of ruptured tendon	24342	\$40,780
Repr elbow lat ligmnt w/tiss	24343	\$87,719
Reconstruct elbow lat ligmnt	24344	\$25,198
Reconstruct elbow med ligmnt	24346	\$20,865
Repair elbow w/deb open	24358	\$10,043
Repair elbow deb/attch open	24359	\$14,508
Reconstruct head of radius	24366	\$46,309
Treat humerus fracture	24538	\$13,936
Treat humerus fracture	24575	\$19,692
Treat elbow fracture	24586	\$71,619
Treat elbow dislocation	24605	\$11,881
Treat elbow dislocation	24615	\$81,546
Treat elbow fracture	24635	\$49,034
Treat radius fracture	24655	\$16,661
Treat radius fracture	24665	\$46,635
Treat radius fracture	24666	\$80,233
Treat ulnar fracture	24685	\$43,585
Incision of tendon sheath	25000	\$17,172
Incise flexor carpi radialis	25001	\$11,287
Decompress forearm 1 space	25020	\$7,857
Decompress forearm 1 space	25023	\$9,361
Drainage of forearm lesion	25028	\$8,778
Biopsy forearm soft tissues	25066	\$6,434
Exc forearm les sc 3 cm/>	25071	\$11,544
Exc forearm les sc < 3 cm	25075	\$15,016
Exc forearm tum deep < 3 cm	25076	\$9,874
Biopsy of wrist joint	25100	\$7,879

Explore/treat wrist joint	25101	\$9,314
Remove wrist joint cartilage	25107	\$53,210
Remove wrist tendon lesion	25111	\$18,819
Reremove wrist tendon lesion	25112	\$22,896
Remove wrist/forearm lesion	25115	\$8,438
Remove wrist/forearm lesion	25116	\$8,157
Excise wrist tendon sheath	25118	\$12,864
Removal of wrist lesion	25130	\$9,989
Remove graft wrist lesion	25135	\$13,063
Removal of wrist bone	25210	\$19,274
Removal of wrist bones	25215	\$51,723
Remove forearm foreign body	25248	\$7,750
Manipulate wrist w/anesthes	25259	\$7,783
Repair forearm tendon/muscle	25260	\$38,818
Repair forearm tendon/muscle	25270	\$33,176
Repair forearm tendon sheath	25275	\$34,914
Release wrist/forearm tendon	25295	\$11,956
Transplant forearm tendon	25310	\$13,321
Repair/revise wrist joint	25320	\$57,674
Revision of ulna	25360	\$42,435
Shorten radius or ulna	25390	\$55,947
Repair radius or ulna	25400	\$28,406
Repair/graft radius or ulna	25405	\$18,296
Repair/graft radius ulna	25420	\$23,875
Repair/graft wrist bone	25440	\$30,523
Repair wrist joints	25447	\$37,436
Treat fracture of radius	25505	\$6,111
Treat fracture of radius	25515	\$44,219
Treat fracture of radius	25525	\$16,376
Treat fracture of radius	25526	\$32,877
Treat fracture of ulna	25535	\$9,429
Treat fracture of ulna	25545	\$40,222
Treat fracture radius ulna	25560	\$8,670
Treat fracture radius ulna	25565	\$10,432
Treat fracture radius ulna	25574	\$43,595
Treat fracture radius/ulna	25575	\$63,980
Treat fracture radius/ulna	25605	\$11,453
Treat fx distal radial	25606	\$17,955
Treat fx rad extra-articul	25607	\$76,256
Treat fx rad intra-articul	25608	\$35,975

Treat fx radial 3+ frag	25609	\$77,759
Treat wrist bone fracture	25628	\$38,200
Treat wrist bone fracture	25645	\$12,291
Treat wrist dislocation	25695	\$39,707
Fusion/graft of wrist joint	25810	\$26,798
Fuse hand bones with graft	25825	\$51,433
Drainage of finger abscess	26010	\$11,545
Drainage of finger abscess	26011	\$11,480
Drain hand tendon sheath	26020	\$12,990
Decompress fingers/hand	26037	\$12,796
Release palm contracture	26040	\$18,979
Release palm contracture	26045	\$18,354
Incise finger tendon sheath	26055	\$15,918
Incision of finger tendon	26060	\$12,553
Explore/treat hand joint	26070	\$11,302
Explore/treat finger joint	26075	\$11,660
Explore/treat finger joint	26080	\$11,239
Biopsy finger joint lining	26110	\$6,630
Exc hand les sc 1.5 cm/>	26111	\$7,591
Exc hand tum deep 1.5 cm/>	26113	\$9,695
Exc hand les sc < 1.5 cm	26115	\$14,228
Exc hand tum deep < 1.5 cm	26116	\$7,584
Release palm contracture	26121	\$28,332
Release palm contracture	26123	\$34,640
Tendon excision palm/finger	26145	\$18,722
Remove tendon sheath lesion	26160	\$14,866
Removal of finger tendon	26180	\$12,960
Remove hand bone lesion	26200	\$10,957
Removal of finger lesion	26210	\$11,775
Remove/graft finger lesion	26215	\$13,208
Partial removal of hand bone	26230	\$11,777
Partial removal finger bone	26235	\$11,292
Partial removal finger bone	26236	\$13,340
Removal of implant from hand	26320	\$6,095
Manipulate finger w/anesth	26340	\$7,019
Repair finger/hand tendon	26350	\$84,198
Repair finger/hand tendon	26356	\$53,901
Repair finger/hand tendon	26370	\$50,500
Repair hand tendon	26410	\$15,727
Repair finger tendon	26418	\$33,347

Repair finger/hand tendon	26426	\$10,941
Repair finger tendon	26432	\$15,503
Realignment of tendons	26437	\$21,312
Release palm/finger tendon	26440	\$33,560
Release hand/finger tendon	26445	\$24,403
Release forearm/hand tendon	26449	\$19,072
Transplant hand tendon	26480	\$18,778
Release finger contracture	26525	\$11,067
Revise knuckle joint	26530	\$72,899
Revise knuckle with implant	26531	\$48,322
Revise/implant finger joint	26536	\$22,032
Repair hand joint	26540	\$40,894
Repair nonunion hand	26546	\$28,051
Correct finger deformity	26567	\$30,936
Reconstruct extra finger	26587	\$16,629
Treat metacarpal fracture	26605	\$29,438
Treat metacarpal fracture	26607	\$21,688
Treat metacarpal fracture	26608	\$35,784
Treat metacarpal fracture	26615	\$68,672
Treat thumb fracture	26645	\$10,321
Treat thumb fracture	26650	\$9,059
Treat thumb fracture	26665	\$25,387
Treat hand dislocation	26675	\$11,915
Pin hand dislocation	26676	\$22,188
Treat finger fracture each	26725	\$10,047
Treat finger fracture each	26727	\$25,638
Treat finger fracture each	26735	\$30,916
Treat finger fracture each	26740	\$19,178
Treat finger fracture each	26746	\$34,386
Treat finger fracture each	26750	\$9,979
Treat finger fracture each	26755	\$11,021
Pin finger fracture each	26756	\$12,131
Treat finger fracture each	26765	\$20,722
Treat finger dislocation	26770	\$23,418
Pin finger dislocation	26776	\$11,179
Treat finger dislocation	26785	\$23,798
Fusion of thumb	26841	\$44,686
Fusion of hand joint	26843	\$18,281
Fusion of knuckle	26850	\$19,287
Fusion of knuckle with graft	26852	\$36,715

Fusion of finger joint	26860	\$25,524
Amputate metacarpal bone	26910	\$16,358
Amputation of finger/thumb	26951	\$36,416
Amputation of finger/thumb	26952	\$26,196
Incision of hip/thigh fascia	27025	\$16,728
Exc hip pelvis les sc 3 cm/>	27043	\$19,300
Exc hip/pelv tum deep 5 cm/>	27045	\$5,904
Exc hip/pelvis les sc < 3 cm	27047	\$12,667
Remove femur lesion/bursa	27062	\$26,748
Total hip arthroplasty	27130	\$74,270
Treat thigh fracture	27235	\$21,894
Unlisted px pelvis/hip joint	27299	\$80,967
Drain thigh/knee lesion	27301	\$35,145
Biopsy thigh soft tissues	27323	\$6,998
Exc thigh/knee les sc < 3 cm	27327	\$12,378
Explore/treat knee joint	27331	\$9,876
Exc thigh/knee les sc 3 cm/>	27337	\$12,805
Exc thigh/knee tum dep 5cm/>	27339	\$10,716
Removal of kneecap bursa	27340	\$19,701
Remove knee cyst	27347	\$12,257
Remove femur lesion	27355	\$16,319
Repair of kneecap tendon	27380	\$26,186
Repair of thigh muscle	27385	\$40,445
Repair of knee ligament	27405	\$75,489
Repair of knee ligament	27407	\$29,168
Autochondrocyte implant knee	27412	\$78,617
Repair degenerated kneecap	27418	\$77,166
Revision of unstable kneecap	27420	\$27,327
Revision of unstable kneecap	27422	\$47,553
Reconstruction knee	27428	\$52,531
Incision of knee joint	27435	\$39,695
Revise kneecap with implant	27438	\$49,643
Revision of knee joint	27446	\$48,373
Total knee arthroplasty	27447	\$54,964
Incision of thigh	27450	\$85,838
Repair/graft of thigh	27472	\$46,342
Revise/replace knee joint	27486	\$31,982
Treat kneecap fracture	27524	\$46,872
Treat knee dislocation	27558	\$59,857
Treat kneecap dislocation	27566	\$43,034

Fixation of knee joint	27570	\$9,199
Unlisted px femur/knee	27599	\$24,303
Decompression of lower leg	27600	\$19,239
Decompression of lower leg	27602	\$32,590
Exc leg/ankle tum < 3 cm	27618	\$10,895
Exc leg/ankle tum deep <5 cm	27619	\$9,755
Remove ankle joint lining	27625	\$28,577
Remove ankle joint lining	27626	\$16,484
Removal of tendon lesion	27630	\$32,430
Exc leg/ankle les sc 3 cm/>	27632	\$11,938
Exc leg/ankle tum dep 5 cm/>	27634	\$6,974
Remove lower leg bone lesion	27635	\$24,668
Remove/graft leg bone lesion	27637	\$26,777
Remove/graft leg bone lesion	27638	\$53,956
Partial removal of fibula	27641	\$51,215
Repair achilles tendon	27650	\$52,179
Repair/graft achilles tendon	27652	\$33,528
Repair of achilles tendon	27654	\$52,184
Repair of leg tendon each	27658	\$97,701
Repair lower leg tendons	27675	\$54,550
Repair lower leg tendons	27676	\$33,442
Revise lower leg tendon	27690	\$40,558
Repair of ankle ligament	27695	\$44,772
Repair of ankle ligaments	27696	\$35,003
Repair of ankle ligament	27698	\$67,162
Repair of tibia	27720	\$49,709
Repair/graft of tibia	27724	\$30,620
Repair fibula nonunion	27726	\$88,606
Optx medial ankle fx	27766	\$34,764
Optx post ankle fx	27769	\$60,645
Treatment of ankle fracture	27792	\$63,908
Treatment of ankle fracture	27814	\$72,023
Treatment of ankle fracture	27822	\$71,342
Treatment of ankle fracture	27823	\$57,438
Treat lower leg fracture	27826	\$47,367
Treat lower leg fracture	27828	\$63,335
Fixation of ankle joint	27860	\$5,749
Fusion of ankle joint open	27870	\$60,317
Decompression of leg	27892	\$18,306
Unlisted px leg/ankle	27899	\$18,657

Incision of foot fascia	28008	\$19,351
Exploration of foot joint	28020	\$11,761
Exploration of foot joint	28022	\$23,772
Decompression of tibia nerve	28035	\$34,277
Exc foot/toe tum sc 1.5 cm/>	28039	\$14,991
Exc foot/toe tum dep 1.5cm/>	28041	\$9,948
Exc foot/toe tum sc < 1.5 cm	28043	\$8,072
Partial removal foot fascia	28060	\$13,381
Removal of foot joint lining	28070	\$55,070
Removal of foot lesion	28080	\$15,745
Excise foot tendon sheath	28086	\$19,451
Removal of foot lesion	28090	\$10,606
Removal of toe lesions	28092	\$8,490
Removal of ankle/heel lesion	28100	\$43,437
Remove/graft foot lesion	28102	\$12,023
Remove/graft foot lesion	28103	\$98,571
Removal of foot lesion	28104	\$22,381
Removal of toe lesions	28108	\$40,329
Part removal of metatarsal	28110	\$53,992
Part removal of metatarsal	28112	\$16,813
Part removal of metatarsal	28113	\$8,530
Revision of foot	28116	\$36,688
Removal of heel bone	28118	\$30,477
Removal of heel spur	28119	\$39,221
Part removal of ankle/heel	28120	\$52,502
Partial removal of foot bone	28122	\$32,129
Partial removal of toe	28124	\$17,390
Partial removal of toe	28160	\$24,638
Removal of foot foreign body	28190	\$6,363
Removal of foot foreign body	28192	\$9,768
Repair of foot tendon	28200	\$53,815
Repair/graft of foot tendon	28202	\$29,009
Repair of foot tendon	28208	\$18,130
Release of foot tendon	28225	\$15,988
Incision of foot tendon(s)	28230	\$7,743
Incision of toe tendon	28232	\$30,014
Revision of foot tendon	28238	\$19,104
Revision of foot fascia	28250	\$7,782
Release of toe joint each	28272	\$8,939
Repair of hammertoe	28285	\$74,949

Partial removal of foot bone	28288	\$25,353
Corrj halux rigidus w/o implt	28289	\$20,280
Corrj halux rigidus w/implt	28291	\$34,270
Cor hlx vlgs rsc prx phlx bs	28292	\$57,757
Cor hlx vlgs prx mtar osteot	28295	\$27,334
Cor hlx vlgs dstl mtar osteo	28296	\$84,371
Cor hlx vlgs double osteot	28299	\$79,815
Incision of heel bone	28300	\$96,857
Incision of midfoot bones	28304	\$50,400
Incision of metatarsal	28306	\$37,856
Incision of metatarsal	28308	\$58,473
Incision of metatarsals	28309	\$79,628
Revision of big toe	28310	\$26,180
Removal of sesamoid bone	28315	\$28,065
Repair of foot bones	28320	\$87,320
Repair of metatarsals	28322	\$84,827
Repair extra toe(s)	28344	\$12,509
Repair webbed toe(s)	28345	\$23,642
Treat heel fracture	28415	\$41,956
Treat ankle fracture	28445	\$41,753
Treat midfoot fracture each	28465	\$30,423
Treat metatarsal fracture	28485	\$47,758
Treat big toe fracture	28505	\$9,996
Treat toe fracture	28525	\$23,604
Treat foot dislocation	28606	\$18,000
Repair toe dislocation	28645	\$31,450
Fusion of foot bones	28715	\$82,784
Fusion of foot bones	28725	\$98,108
Fusion of big toe joint	28750	\$91,975
Fusion of big toe joint	28755	\$44,619
Amputation of toe	28820	\$21,957
Partial amputation of toe	28825	\$9,750
Unlisted px foot/toes	28899	\$35,393
Sho arthrs dx +- synovial bx	29805	\$12,247
Sho arthrs srg capsulorrhaphy	29806	\$78,243
Sho arthrs srg rpr slap les	29807	\$67,282
Sho arthrs srg rmvl loose/fb	29819	\$10,490
Sho arthrs srg lmtd dbrdmt	29822	\$25,676
Sho arthrs srg xtmsv dbrdmt	29823	\$29,901
Sho arthrs srg dstl clavicle	29824	\$50,623

Sho arthrs srg lssrescj ads	29825	\$22,811
Sho arthrs srg decompression	29826	\$43,402
Sho arthrs srg rt8tr cuf rpr	29827	\$80,599
Sho arthrs srg bicp tenodsis	29828	\$38,547
Elbow arthroscopy/surgery	29834	\$18,882
Elbow arthroscopy/surgery	29837	\$17,818
Elbow arthroscopy/surgery	29838	\$10,092
Wrist arthroscopy	29840	\$12,717
Wrist arthroscopy/surgery	29844	\$53,486
Wrist arthroscopy/surgery	29846	\$18,599
Wrist endoscopy/surgery	29848	\$12,166
Knee arthroscopy/surgery	29851	\$37,076
Hip arthr0 w/debridement	29862	\$23,355
Allgrft implnt knee w/scope	29867	\$96,449
Knee arthroscopy dx	29870	\$15,302
Knee arthroscopy/surgery	29873	\$18,158
Knee arthroscopy/surgery	29874	\$14,986
Knee arthroscopy/surgery	29875	\$22,628
Knee arthroscopy/surgery	29876	\$12,606
Knee arthroscopy/surgery	29877	\$28,618
Knee arthroscopy/surgery	29879	\$20,226
Knee arthroscopy/surgery	29880	\$32,114
Knee arthroscopy/surgery	29881	\$50,410
Knee arthroscopy/surgery	29882	\$39,116
Knee arthroscopy/surgery	29884	\$23,237
Knee arthroscopy/surgery	29886	\$8,946
Knee arthroscopy/surgery	29888	\$90,912
Ankle arthroscopy/surgery	29891	\$64,359
Ankle arthroscopy/surgery	29892	\$32,227
Scope plantar fasciotomy	29893	\$15,369
Ankle arthroscopy/surgery	29895	\$54,571
Ankle arthroscopy/surgery	29897	\$57,557
Ankle arthroscopy/surgery	29898	\$61,727
Subtalar arthro w/fusion	29907	\$89,744
Hip arthro w/femoroplasty	29914	\$80,405
Hip arthro acetabuloplasty	29915	\$91,626
Hip arthro w/labral repair	29916	\$86,812
Unlisted px arthroscopy	29999	\$20,909
Removal of nose polyp(s)	30110	\$34,029
Removal of intranasal lesion	30117	\$15,446

Resect inferior turbinate	30140	\$40,245
Remove nasal foreign body	30310	\$7,057
Reconstruction of nose	30420	\$52,597
Revision of nose	30430	\$28,538
Revision of nose	30450	\$46,320
Revision of nose	30462	\$38,940
Repair nasal stenosis	30465	\$42,696
Rpr nsl vlv collapse w/implt	30468	\$17,716
Repair of nasal septum	30520	\$56,544
Ablate inf turbinate superf	30801	\$19,337
Ablate inf turbinate submuc	30802	\$6,671
Control of nosebleed	30901	\$6,134
Nsl/sins ndsc surg bx polypc	31237	\$24,235
Nsl/sins ndsc srg nsl hemrrg	31238	\$9,800
Nsl/sinus endoscopy surg dcr	31239	\$19,027
Nsl/sinus ndsc rf abltj pnn	31242	\$19,853
Nsl/sinus ndsc cryoabltj pnn	31243	\$23,889
Nsl/sins ndsc total	31253	\$38,473
Nsl/sins ndsc w/prtl ethmdct	31254	\$28,948
Nsl/sins ndsc w/tot ethmdct	31255	\$29,429
Exploration maxillary sinus	31256	\$29,000
Nsl/sins ndsc tot w/sphendt	31257	\$42,018
Nsl/sins ndsc sphn tiss rmvl	31259	\$58,857
Endoscopy maxillary sinus	31267	\$39,569
Nsl/sins ndsc frnt tiss rmvl	31276	\$24,851
Nsl/sins ndsc surg frnt sins	31296	\$37,084
Nsl/sins ndsc surg frntsphn	31298	\$24,851
Laryngoscopy and dilation	31528	\$9,566
Laryngoscopy w/fb removal	31530	\$14,472
Laryngoscopy w/biopsy	31535	\$14,262
Laryngoscopy w/bx op scope	31536	\$14,526
Larynsco w/tumr exc + scope	31541	\$15,864
Laryngoscope w/vc inj	31570	\$14,498
Laryngosco w/vc inj + scope	31571	\$13,336
Laryngoplasty medialization	31591	\$14,482
Insert tunneled cv cath	36561	\$33,530
Repair tunneled cv cath	36576	\$7,871
Replace tunneled cv cath	36582	\$15,569
Compl rplcmt picc rsi	36584	\$13,266
Removal tunneled cv cath	36589	\$6,383

Removal tunneled cv cath	36590	\$31,196
Temporal artery procedure	37609	\$19,852
Unlisted px vascular surgery	37799	\$7,811
Biopsy/removal lymph nodes	38500	\$12,041
Biopsy/removal lymph nodes	38510	\$29,872
Biopsy/removal lymph nodes	38525	\$26,939
Open bx/exc inguinofem nodes	38531	\$15,773
Remove armpit lymph nodes	38740	\$8,776
lo map of sent lymph node	38900	\$23,448
Partial excision of lip	40500	\$14,176
Incision of lip fold	40806	\$4,128
Excise/repair mouth lesion	40812	\$4,036
Excise lip or cheek fold	40819	\$4,805
Incision of tongue fold	41010	\$6,040
Biopsy of tongue	41100	\$6,966
Excision of tongue lesion	41112	\$2,622
Excision of tongue fold	41115	\$6,795
Excision lesion mouth roof	42104	\$8,826
Excision lesion mouth roof	42106	\$2,554
Excision of uvula	42140	\$11,895
Removal of salivary stone	42330	\$6,198
Excise parotid gland/lesion	42410	\$48,002
Excise parotid gland/lesion	42415	\$24,382
Excise submaxillary gland	42440	\$33,743
Closure of salivary fistula	42600	\$8,423
Biopsy of throat	42800	\$13,450
Remove tonsils and adenoids	42820	\$26,518
Remove tonsils and adenoids	42821	\$13,846
Removal of tonsils	42825	\$10,706
Removal of tonsils	42826	\$27,241
Removal of adenoids	42830	\$16,974
Removal of adenoids	42831	\$15,267
Removal of adenoids	42835	\$7,308
Removal of adenoids	42836	\$9,427
Reconstruction of throat	42950	\$15,658
Dise eval slp do brth flx dx	42975	\$21,180
Lap enterolysis	44180	\$21,332
Repair of mesentery	44850	\$49,573
Laparoscopy appendectomy	44970	\$28,613
Exc rect tum transanal part	45171	\$11,172

Surg dx exam anorectal	45990	\$16,579
Unlisted procedure rectum	45999	\$16,561
Placement of seton	46020	\$16,470
Incision of rectal abscess	46040	\$12,466
Incision of anal abscess	46050	\$12,374
Incision of anal sphincter	46080	\$11,702
Removal of anal tags	46230	\$13,907
Remove ext hem groups 2+	46250	\$13,579
Remove int/ext hem 1 group	46255	\$20,302
Remove in/ex hem groups 2+	46260	\$18,661
Remove in/ex hem grps w/fist	46262	\$15,991
Remove anal fist subq	46270	\$16,931
Removal of hemorrhoid clot	46320	\$15,490
Anoscopy and dilation	46604	\$12,713
Destruction anal lesion(s)	46910	\$11,806
Excision of anal lesion(s)	46922	\$15,228
Treatment of anal fissure	46940	\$34,151
Unlisted laps px liver	47379	\$18,159
Laparoscopic cholecystectomy	47562	\$64,250
Laparo cholecystectomy/graph	47563	\$38,659
Diag laparo separate proc	49320	\$30,736
Laparoscopy biopsy	49321	\$21,718
Laparoscopy aspiration	49322	\$32,221
Lap insert tunnel ip cath	49324	\$16,608
Unlstd laps px abd pertmomn	49329	\$16,526
Remove tunneled ip cath	49422	\$12,749
Prp i/hern init reduc >5 yr	49505	\$52,829
Rerepair ing hernia reduce	49520	\$43,690
Rpr ventral hern init reduc	49560	\$40,473
Rpr ventral hern init block	49561	\$33,057
Rerepair ventrl hern reduce	49565	\$20,718
Hernia repair w/mesh	49568	\$22,222
Rpr umbil hern reduc > 5 yr	49585	\$12,350
Rpr aa hrn 1st < 3 cm rdc	49591	\$54,254
Rpr aa hrn 1st < 3 ncr/strn	49592	\$38,885
Rpr aa hrn 1st 3-10 rdc	49593	\$61,030
Rpr aa hrn 1st 3-10 ncr/strn	49594	\$55,257
Rpr aa hrn 1st > 10 rdc	49595	\$53,561
Rpr aa hrn rcr < 3 rdc	49613	\$29,530
Rpr aa hrn rcr < 3 ncr/strn	49614	\$42,245

Rpr aa hrn rcr 3-10 rdc	49615	\$48,102
Lap ing hernia repair init	49650	\$62,967
Lap ing hernia repair recur	49651	\$63,606
Lap vent/abd hernia repair	49652	\$62,145
Lap vent/abd hern proc comp	49653	\$41,930
Lap inc hernia repair	49654	\$49,461
Lap inc hern repair comp	49655	\$42,489
Lap inc hernia repair recur	49656	\$48,287
Unlstd laps px hrnap hrnrphy	49659	\$23,746
Unlisted px abd pertmomn	49999	\$16,666
Unlisted laps px renal	50549	\$45,487
Drain bl w/cath insertion	51102	\$13,395
Removal of bladder cyst	51500	\$13,253
Endoscopic injection/implant	51715	\$12,142
Cystoscopy	52000	\$42,307
Cystoscopy ureter catheter	52005	\$12,915
Cystoscopy w/biopsy(s)	52204	\$13,474
Cystoscopy and treatment	52214	\$13,159
Cystoscopy and treatment	52224	\$10,299
Cystoscopy and treatment	52234	\$16,549
Cystoscopy and treatment	52235	\$17,408
Cystoscopy and treatment	52240	\$24,528
Cystoscopy and treatment	52260	\$7,747
Cystoscopy revise urethra	52275	\$10,494
Cystoscopy and treatment	52276	\$12,026
Cystoscopy and treatment	52281	\$12,091
Cystoscopy chemodenervation	52287	\$18,485
Cystoscopy and treatment	52310	\$14,793
Remove bladder stone	52317	\$21,276
Remove bladder stone	52318	\$20,967
Cystoscopy and treatment	52332	\$25,096
Cysto/uretero stricture tx	52344	\$17,052
Cysto/uretero w/up stricture	52345	\$13,766
Cystouretero or pyeloscope	52351	\$20,077
Cystouretero w/stone remove	52352	\$20,398
Cystouretero w/lithotripsy	52353	\$18,477
Cystouretero w/biopsy	52354	\$13,561
Cysto/uretero w/lithotripsy	52356	\$30,865
Incision of prostate	52450	\$11,939
Revision of bladder neck	52500	\$11,713

Prostatectomy (turp)	52601	\$29,529
Remove prostate regrowth	52630	\$12,869
Relieve bladder contracture	52640	\$10,528
Laser surgery of prostate	52647	\$21,822
Laser surgery of prostate	52648	\$10,954
Incision of urethra	53020	\$5,593
Removal of urethra gland	53270	\$11,815
Slitting of prepuce	54001	\$11,350
Excision of penis lesion(s)	54060	\$9,776
Biopsy of penis	54100	\$11,057
Circumcision w/regionl block	54150	\$7,135
Circum 28 days or older	54161	\$15,643
Lysis penil circumic lesion	54162	\$7,698
Repair of circumcision	54163	\$13,958
Removal of testis	54520	\$15,318
Removal of testis	54530	\$20,828
Orchiopexy ingun/scrot appr	54640	\$11,794
Revision of testis	54660	\$25,470
Remove epididymis lesion	54840	\$30,212
Removal of hydrocele	55040	\$19,792
Removal of hydroceles	55041	\$20,833
Repair of hydrocele	55060	\$11,634
Explore scrotum	55110	\$15,689
Removal of sperm duct(s)	55250	\$19,097
Unlisted px male genital sys	55899	\$15,095
Surgery for vulva lesion	56440	\$15,409
Lysis of labial lesion(s)	56441	\$9,146
Destroy vulva lesion/s compl	56515	\$7,049
Biopsy of vulva/perineum	56605	\$7,013
Partial removal of vulva	56620	\$12,395
Partial removal of hymen	56700	\$9,104
Exploration of vagina	57000	\$11,760
Remove vagina lesion	57130	\$11,165
Remove vagina lesion	57135	\$12,480
Repair rectum vagina	57250	\$17,217
Revise/remove sling repair	57287	\$10,351
Repair bladder defect	57288	\$19,859
Exam/biopsy of vag w/scope	57421	\$7,244
Bx/curett of cervix w/scope	57454	\$7,774
Endocerv curettage w/scope	57456	\$8,148

Bx of cervix w/scope leep	57460	\$9,326
Conz of cervix w/scope leep	57461	\$9,237
Biopsy of cervix	57500	\$8,630
Conization of cervix	57520	\$9,137
Conization of cervix	57522	\$10,492
Dilation and curettage	58120	\$7,943
Total hysterectomy	58150	\$34,758
Insert intrauterine device	58300	\$17,948
Remove intrauterine device	58301	\$22,956
Endometr ablate thermal	58353	\$27,399
Lsh w/t/o ut 250 g or less	58542	\$45,106
Laparoscopic myomectomy	58545	\$59,681
Laparo-myomectomy complex	58546	\$56,767
Laparo-vag hyst incl t/o	58552	\$41,024
Hysteroscopy dx sep proc	58555	\$24,458
Hysteroscopy biopsy	58558	\$42,525
Hysteroscopy resect septum	58560	\$10,845
Hysteroscopy remove myoma	58561	\$44,269
Hysteroscopy remove fb	58562	\$6,696
Hysteroscopy ablation	58563	\$27,934
Tlh uterus 250 g or less	58570	\$37,547
Tlh w/t/o 250 g or less	58571	\$62,042
Tlh uterus over 250 g	58572	\$39,261
Tlh w/t/o uterus over 250 g	58573	\$71,472
Unlisted laps px uterus	58578	\$31,232
Unlisted hystsc px uterus	58579	\$8,483
Laparoscopy lysis	58660	\$17,208
Laparoscopy excise lesions	58662	\$36,848
Laparoscopy tubal cautery	58670	\$34,061
Laparoscopy salpingostomy	58673	\$29,619
D c after delivery	59160	\$6,130
Treatment of miscarriage	59812	\$15,335
Care of miscarriage	59820	\$7,770
Partial thyroid excision	60210	\$24,819
Partial removal of thyroid	60220	\$26,687
Repeat thyroid surgery	60260	\$21,409
Scan proc cranial extra	61782	\$38,944
Implant spine infusion pump	62361	\$77,307
Remove spine eltrd plate	63662	\$9,335
Revise spine eltrd perq aray	63663	\$36,780

Rev/rmv imp sp npg/r dtch cn	63688	\$15,561
Njx aa/strd other pn/branch	64450	\$2,497
Revise finger/toe nerve	64702	\$17,675
Revise hand/foot nerve	64704	\$28,569
Revise arm/leg nerve	64708	\$28,936
Revise ulnar nerve at elbow	64718	\$43,510
Revise ulnar nerve at wrist	64719	\$16,211
Carpal tunnel surgery	64721	\$30,240
Relieve pressure on nerve(s)	64722	\$11,897
Release foot/toe nerve	64726	\$13,786
Remove skin nerve lesion	64774	\$11,212
Remove digit nerve lesion	64776	\$11,575
Remove limb nerve lesion	64782	\$19,932
Remove skin nerve lesion	64788	\$11,507
Removal of nerve lesion	64790	\$9,124
Repair of digit nerve	64831	\$29,131
Repair of hand or foot nerve	64834	\$19,639
Repair of hand or foot nerve	64836	\$33,793
Nerve graft hand/foot </4 cm	64890	\$29,075
Nerve repair w/allograft	64910	\$27,677
Nrv rpr w/nrv algrft 1st	64912	\$71,999
Remove foreign body from eye	65222	\$4,728
Remove foreign body from eye	65235	\$15,158
Repair of eye wound	65272	\$8,795
Repair of eye wound	65280	\$14,083
Repair of eye wound	65285	\$23,197
Removal of eye lesion	65400	\$13,968
Removal of eye lesion	65426	\$14,543
Curette/treat cornea	65436	\$15,621
Treatment of corneal lesion	65450	\$7,134
Corneal transplant	65730	\$41,301
Corneal transplant	65750	\$42,662
Corneal trnspl endothelial	65756	\$41,585
Cover eye w/membrane suture	65779	\$16,490
Ocular reconst transplant	65780	\$26,371
Drainage of eye	65815	\$11,021
Relieve inner eye pressure	65820	\$21,471
Incise inner eye adhesions	65865	\$13,638
Remove implant of eye	65920	\$23,644
Trluml dil aq o/f can w/o st	66174	\$36,989

Follow-up surgery of eye	66250	\$17,153
Repair iris ciliary body	66682	\$11,309
Ciliary transsleral therapy	66710	\$9,523
Reposition intraocular lens	66825	\$19,796
Removal of lens material	66840	\$11,890
Removal of lens material	66850	\$20,682
Removal of lens material	66852	\$24,047
Xcapsl ctrc rmv l cplx wo ecp	66982	\$27,671
Xcapsl ctrc rmv l w/o ecp	66984	\$31,307
Exchange lens prosthesis	66986	\$23,044
Xcpsl ctrc rmv l cplx insj 1+	66989	\$18,847
Xcapsl ctrc rmv l insj 1+	66991	\$20,839
Partial removal of eye fluid	67005	\$17,150
Partial removal of eye fluid	67010	\$14,871
Removal of inner eye fluid	67036	\$27,597
Laser treatment of retina	67039	\$15,678
Laser treatment of retina	67040	\$31,387
Vit for macular pucker	67041	\$21,025
Vit for macular hole	67042	\$26,414
Vit for membrane dissect	67043	\$24,462
Repair detached retina	67107	\$23,231
Repair detached retina	67108	\$35,436
Repair detached retina	67110	\$24,715
Repair retinal detach cplx	67113	\$38,386
Revise eye muscle	67311	\$19,320
Revise two eye muscles	67312	\$14,775
Revise eye muscle	67314	\$17,990
Revise two eye muscles	67316	\$8,910
Revise eye muscle(s)	67318	\$20,001
Explore/biopsy eye socket	67400	\$6,330
Explore/treat eye socket	67412	\$6,747
Remove eyelid lesion	67800	\$10,712
Remove eyelid lesions	67801	\$8,809
Remove eyelid lesion(s)	67808	\$8,877
Remove eyelid lesion	67840	\$8,310
Repair brow defect	67900	\$38,411
Repair eyelid defect	67904	\$19,565
Repair eyelid defect	67917	\$14,515
Repair eyelid defect	67924	\$14,103
Repair eyelid wound	67935	\$6,865

Remove eyelid foreign body	67938	\$6,616
Remove eyelid lining lesion	68110	\$7,431
Remove eyelid lining lesion	68130	\$8,388
Revise/graft eyelid lining	68320	\$11,673
Probe nasolacrimal duct	68811	\$4,771
Probe nasolacrimal duct	68815	\$12,178
Probe nl duct w/balloon	68816	\$13,020
Remove external ear partial	69110	\$7,340
Remove ear canal lesion(s)	69145	\$14,833
Clear outer ear canal	69205	\$4,931
Remove impacted ear wax uni	69209	\$7,502
Remove impacted ear wax uni	69210	\$14,175
Rebuild outer ear canal	69310	\$22,031
Incision of eardrum	69421	\$7,985
Remove ventilating tube	69424	\$9,839
Create eardrum opening	69436	\$40,306
Mastoidectomy	69501	\$25,859
Remove ear lesion	69540	\$3,823
Mastoid surgery revision	69603	\$21,295
Repair of eardrum	69610	\$22,221
Repair of eardrum	69620	\$17,519
Repair eardrum structures	69631	\$22,242
Rebuild eardrum structures	69632	\$25,670
Rebuild eardrum structures	69633	\$31,924
Rebuild eardrum structures	69636	\$8,749
Revise middle ear mastoid	69641	\$30,513
Revise middle ear mastoid	69642	\$37,784
Revise middle ear mastoid	69643	\$38,138
Revise middle ear mastoid	69644	\$45,234
Revise middle ear mastoid	69645	\$33,822
Revise middle ear bone	69660	\$27,296
Revise middle ear bone	69661	\$28,934
Nps surg dilat eust tube uni	69705	\$23,378
Nps surg dilat eust tube bi	69706	\$37,119
Impl oi implt skull perq esp	69714	\$64,290
Impl oi implt sk tc esp<100	69716	\$58,575
Rplcmt oi implt skl prq esp	69717	\$14,361
Compl oph exam general anes	92018	\$14,018
Eye exam treatment	92019	\$2,342
Ear and throat examination	92502	\$18,696

Nasopharyngoscopy	92511	\$5,761
Perq lamot/lam lumbar	0275T	\$27,756
Njx b1 sub mtrl sbchdri dfct	0707T	\$51,791
Extraction erupted tooth/exr	D7140	\$17,141
Rem imp tooth w mucoper flp	D7210	\$23,585
Impact tooth remov part bony	D7230	\$9,777
Impact tooth remov comp bony	D7240	\$5,291
Alveoplasty w/ extraction	D7310	\$12,928

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 is attached below.



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 Existing ASTC will continue its existing peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for surgical services. If outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.
- 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 Existing ASTC 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 Existing ASTC will continue its 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., Manoharan, 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.I., 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

FitchRatings

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 and 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)/Central 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 mid-range revenue dependency 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 expand the Existing ASTC. 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	\$687.70	\$687.70	9,253		1,000		\$6,363,288	\$687,700	\$7,050,987
Clinical Contingency	\$68.01	\$68.01	9,253		1,000		\$629,297	\$68,010	\$697,350
Total Clinical	\$755.71	\$755.71	9,253		1,000		\$6,992,585	\$755,710	\$7,748,338

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 0.7% of construction contracts, contingencies and equipment costs. Therefore, this item is compliant with the State standard of 1.8%.
2. Site survey, soil investigation, and site preparation costs are 0.7% of construction and contingency costs. Therefore, this item is compliant with the State standard of 5.0%.
3. Off-site work costs total \$0. There is no state standard for off-site work.
4. New construction contracts and contingency costs are \$755.71 per gsf, compared with the ASTC standard of \$495.41. The high cost of healthcare construction, particularly for projects like the planned addition to an existing ASTC, can be attributed to several key factors:
 - o **Specialized Space Requirements:** The project primarily involves constructing higher-cost spaces such as operating rooms and recovery rooms. These areas require specialized equipment and infrastructure, including advanced HVAC systems, electrical setups, and plumbing, which are more expensive than standard clinical support spaces. The customization and stringent product specifications necessary for these facilities further increase the cost per square foot.
 - o **Complex Integration with Existing Facilities:** The planned addition must seamlessly connect with the existing ASTC. This integration adds complexity because construction must occur without disrupting ongoing operations in a highly utilized facility. The need to maintain uninterrupted healthcare services while expanding infrastructure requires meticulous planning and execution, leading to higher costs.
 - o **Post-Pandemic Economic Conditions:** Construction costs have significantly increased following the COVID-19 pandemic due to inflation, labor shortages, and supply chain disruptions. These factors have led to a surge in prices for materials and a scarcity of skilled labor, both of which contribute to the overall increase in construction expenses. The pandemic also highlighted the need for healthcare facilities to incorporate design elements that enhance resilience and infection control, adding further financial pressure.

Despite efforts to contain costs, these factors necessitate a premium cost per square foot for the Project.

5. There are no modernization contracts.
6. Contingency is 9.9% of new construction 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 6.6% of the sum of new construction contracts and the contingency budget. This is within the state standard of a range of 5.94% - 8.92% for a new construction budget under \$9,000,000. Therefore, this item is compliant with the state standard.
8. Consulting and Other Fees total \$97,000. There is no state standard for Consulting and Other Fees.
9. Movable or Other Equipment (Not in Construction Contracts) costs total \$1,166,989. This is under the state standard of \$602,324 per room.
10. Bond issuance expense is \$19,878. There is no state standard for Other Costs to Be Capitalized.
11. Net Interest Expense during Construction is \$81,400. There is no state standard for Other Costs to Be Capitalized.
12. There is no Fair Market Value of Leased Space or Equipment.
13. Other Costs to Be Capitalized are \$800,000. 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:	\$23,231,984
Procedures:	9,323 procedures
Operating Expense per Procedure:	\$2,492 per procedure

Attachment 36E

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

Capital Costs:	\$4,844,138
Procedures:	9,323 procedures
Capital Costs per Procedure:	\$520 per procedure

Attachment 37

Section IX, Safety Net Impact Statement

The Applicants seek to expand the Existing ASTC. No services are being eliminated. This expansion 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 Project 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 Existing ASTC has the same Medicaid and charity care policies as The 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. Following the planned expansion, Champaign Surgery Center will continue its existing financial assistance policies.
- 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 expansion of the Existing ASTC 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

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

B) Medicaid Information

	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 Champaign Surgery 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 expansion of Champaign Surgery Center and is submitting this letter to verify the anticipated Carle Physician Group case volumes that will be performed at Champaign Surgery Center following the expansion.

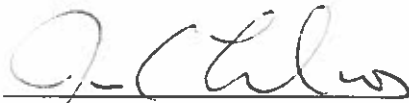
Surgical procedure volumes performed from August 1, 2023 to July 31, 2024 by Carle Physician Group physicians are delineated in summary format as well as by physician and specialty in Attachment- 1. Our surgical facility, Champaign Surgery Center, and our surgeons have experienced significant growth in the provision of outpatient surgical services in recent years. We expect that, following project completion, at least 9,056 Carle Physician Group procedures will be performed at Champaign Surgery Center.

A list of the zip codes of residence for the patients treated from August 1, 2023 to July 31, 2024 is attached at Attachment – 2. Projected patient volume will primarily come from the geographic service area of Champaign Surgery Center. The anticipated volumes shown below 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.

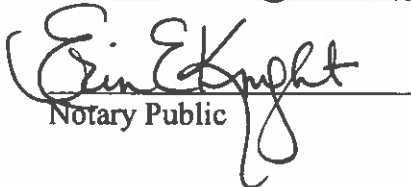
Carle Physician Group supports the proposed expansion of Champaign Surgery Center at 3103 Fields South Drive, Champaign, IL 61822.

Sincerely,

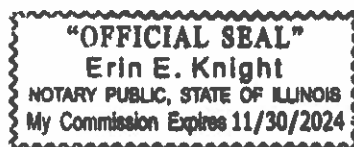


James C. Leonard, M.D.
President and CEO
Carle Health

Subscribed and sworn to me
This 22nd 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)
CRADOCK, KIMBERLY A	General	320	76
DAWSON III, SHERFIELD	General	263	101
ELSHAMY, MOHAMMED ELSAYED	General	69	10
GOKARN, NIRMAL	General	161	154
HIGHAM, ANNA MICHELLE	General	52	23
OLIPHANT, URETZ J	General	192	30
PEREZ, CHRISTIAN A	General	254	18
CHENG, GEORGINA	Obstetrics/Gynecology	181	0
DILLARD, TIFFANI C	Obstetrics/Gynecology	237	43
FAY, NANCY E	Obstetrics/Gynecology	198	36
HENNESY, MICHAEL SHANE	Obstetrics/Gynecology	63	0
HUTCHCRAFT, MEGAN LEIGH GLEASON	Obstetrics/Gynecology	25	1
JOHNSON, JEREMY SCOTT	Obstetrics/Gynecology	116	0
KELLER, CATHERINE YORK	Obstetrics/Gynecology	30	0
KELLER, JAY SHANNON	Obstetrics/Gynecology	121	0
MCKILLIP, KELSEY LYNN	Obstetrics/Gynecology	22	0
MORRISON, DANA C	Obstetrics/Gynecology	80	0
OPOKU, IFEANYI ROCHUKWU GENEVA	Obstetrics/Gynecology	62	2
OSHOGWEMOH, ISMAIL	Obstetrics/Gynecology	84	25
SCHMITZ, ANNA LISA	Obstetrics/Gynecology	107	0
WHITMORE, ELSA JANE	Obstetrics/Gynecology	48	53
AHMED, FATIMA	Ophthalmology	1	80
ALNIEMI, SABA T	Ophthalmology	5	235
BROZEK, JOSHUA ADAM	Ophthalmology	0	145
CHAM, ABOU	Ophthalmology	22	366
MOMPREMIER, MIKELSON	Ophthalmology	2	4
TSIPURSKY, MICHAEL SIMON	Ophthalmology	1	4
WANG, RUIDI	Ophthalmology	18	855
ZAFAR, ABU-BAKAR	Ophthalmology	27	888
BAILEY, JONATHAN S	Oral-Maxillofacial Surgery	203	6
SCHAEFER, BENJAMIN EDWARD	Oral-Maxillofacial Surgery	163	1
WASATH, THERON C	Oral-Maxillofacial Surgery	0	10
BANE, ROBERT A	Orthopedics	255	504
FUNK, AUGUST	Orthopedics	299	1
JOHNSON JR, CLIFFORD B	Orthopedics	50	462
KAHN, ADAM JOSEPH	Orthopedics	133	112
KAWAKITA, ERICK M	Orthopedics	329	0
LIU, JAMES X	Orthopedics	130	187
MANOHAR, LESLIE MURLI	Orthopedics	338	0
MORAN, MICHAEL C	Orthopedics	40	21
PALERMO, MARK E	Orthopedics	290	6
REID, JONAS ALLEN	Orthopedics	55	243
SHIMA, MARK TAKAYOSHI	Orthopedics	49	443
SOBESKI, JAMES K	Orthopedics	50	275
ACKERMAN, NATHAN ISAAC	Otolaryngology	80	337
AMINE, MUHAMAD A	Otolaryngology	50	1
LOGEMAN, ANDREW	Otolaryngology	2	25
MCJUNKIN, JONATHAN LEE	Otolaryngology	169	206
PETERSON, KAREN LINNEA	Otolaryngology	18	14
PORTER, RYAN GARRETT	Otolaryngology	170	368
RUSSO, RONALD C	Otolaryngology	0	14
STELLE, JACOB A	Otolaryngology	226	297
KOPOLOVIC, RICHARD	Plastics	0	20
LI, PAUL KW	Plastics	7	125
NOLTE, MICHAEL D	Plastics	16	3
STAMS, VICTOR EARL	Plastics	99	191
ANDERSON, SARAH PEARL	Podiatry	246	9
DUELFER, KEEGAN	Podiatry	62	58
MAKER, JARED MATTHEW	Podiatry	148	32
PERKINS, JACOB MICHAEL	Podiatry	70	37
YANG, GLEN	Urology	427	123

Physician Specialty	Annual Projected Cases at Champaign Surgery Center	Annual Projected Hours at Champaign Surgery Center
General	598	1,290
Obstetrics/Gynecology	439	801
Ophthalmology	2,577	1,854
Oral-Maxillofacial Surgery	22	26
Orthopedics	2,955	4,915
Otolaryngology	1,694	1,865
Plastics	443	1,075
Podiatry	172	307
Urology	156	170

ATTACHMENT – 2

Provider/Zip Code	Historical Cases (8/1/23-7/31-24)
ACKERMAN, NATHAN ISAAC	417
29803	1
39232	1
54467	1
60069	1
60803	1
60901	2
60918	1
60924	1
60936	7
60942	2
60948	6
60952	1
60955	1
60957	7
60968	2
60970	1
61611	1
61727	2
61752	1
61770	2
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61802	21
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61813	3
61815	1
61817	4
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61821	33
61822	39
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61839	2
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61842	4
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61847	2
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61853	29
61854	1
61856	28
61858	3
61859	4
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61863	6
61864	6
61865	1
61866	8
61870	1
61871	2
61873	24
61874	15
61875	1
61876	3
61877	4
61880	8
61882	2
61883	4
61884	2
61910	3
61911	3
61913	3
61919	1
61920	1
61929	1
61932	1
61938	1
61942	2
61951	1
61953	7
61956	4

62428	1
62440	2
62448	2
62521	1
62712	1
65202	2
80304	1
80525	2
AHMED, FATIMA	81
47932	1
60942	3
60963	1
60966	2
61801	1
61802	4
61813	1
61818	1
61820	3
61821	4
61822	12
61832	7
61833	1
61834	2
61842	1
61843	2
61844	3
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61856	4
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61866	2
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61874	3
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61920	1
61938	4
61951	1
61953	3
61956	2

62428	1
62447	1
ALNIEMI, SABA T	240
47932	3
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60942	2
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60970	2
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61803	2
61812	3
61813	3
61816	2
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61874	14
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61876	1
61878	3
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61883	3
61884	2
61912	2
61913	5
61917	1
61919	2
61920	3
61928	1
61930	1
61938	3
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61951	1
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61956	1
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62428	1
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AMINE, MUHAMAD A	51
60936	1
60942	3
60948	3
60955	4
60973	1
61704	1
61773	1
61802	2
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61853	2
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61866	2
61874	2
61877	1
61883	2
61938	2
61956	4
62535	1
ANDERSON, SARAH PEARL	255
42071	1
43130	1
46360	1
47446	1
47862	2
47932	4
47952	3
52802	1
60918	2
60936	1
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60949	1
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61749	1
61753	1
61761	3

61801	14
61802	19
61812	2
61814	1
61815	1
61817	3
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61821	16
61822	4
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61930	1
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61944	4
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61956	2

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62439	1
62447	1
62450	1
62454	1
62468	3
62521	1
62824	1
62838	1
62893	3
68022	1
BAILEY, JONATHAN S	209
8820	1
46224	1
47917	1
52653	1
54210	1
59601	1
60005	1
60449	1
60464	2
60504	1
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61548	2
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61554	1
61571	1
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61607	2
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61705	2
61724	1
61727	3
61753	1
61755	2
61761	6
61764	2
61772	1
61777	2
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62473	2
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BANE, ROBERT A	759
1581	1
10970	1
21153	1
29582	1
31324	1
32503	1
33167	1
33908	1

37774	1
39059	1
39577	1
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46321	1
47854	1
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62521	1
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62535	2
62565	2
62656	1
62839	1
62858	1
74131	1
89011	1
92606	1
M4L 1	1
BROZEK, JOSHUA ADAM	145
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60942	1
60957	1
61604	2
61727	2
61737	2
61801	6
61802	11
61814	1
61820	4
61821	26
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61846	2
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CHAM, ABOU	388
10282	2
32137	2
34134	1
49920	1
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60942	1
60948	1
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60970	2
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61770	1
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61810	2
61812	2
61813	1
61814	3
61817	3
61820	19

61821	42
61822	60
61826	2
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61832	13
61833	2
61834	3
61840	1
61843	8
61845	2
61847	2
61849	2
61851	1
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61854	3
61856	6
61858	2
61859	4
61862	3
61863	2
61864	2
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61866	14
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61878	2
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62468	1
62513	2
CHENG, GEORGINA	181
30126	1
47932	1
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60924	1
60936	1
60942	4
60948	1
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60953	1
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61761	5
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61802	7
61812	2
61813	1
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61817	5
61820	7
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61822	5
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61873	2
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62463	1
62468	1
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62521	1
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62844	1
CRADOCK, KIMBERLY A	396
28027	1
33904	1
46208	1
47933	1
47993	2
60471	1
60921	2
60936	3
60942	8
60948	1
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60955	2
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60963	2
60970	2
61705	1
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61728	1
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61752	2
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61821	49
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DAWSON III, SHERFIELD	364
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29526	1
31701	2
36542	1
46268	1
47401	1
47918	1
47932	1
47952	1
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62450	1
62454	1
62468	2
62469	1
62479	1
62522	1
62565	1
62702	1

62893	1
62958	1
65775	1
DILLARD, TIFFANI C	280
Unknown	1
47834	1
53597	1
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60942	4
60949	1
60957	7
60963	1
60970	1
61530	1
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61727	3
61742	1
61759	1
61761	2
61764	1
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61802	19
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61814	2
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61874	5
61875	2
61877	3
61880	7
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61883	1
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61913	1
61914	1
61920	2
61944	3
61953	3
61956	6
62401	1
62447	3
62471	1
62521	1
62526	3
62824	1
77006	1
91350	1
DUELFER, KEEGAN	120
60957	2
60960	1
61542	1
61741	1
61801	5
61802	4
61813	2

61817	1
61820	7
61821	16
61822	7
61832	8
61834	2
61841	1
61842	1
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61847	2
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61853	9
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61938	3
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61953	1
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62441	1
62447	1
62501	1
62521	1
62526	1
ELSHAMY, MOHAMMED ELSAYED	79
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60949	1

60957	2
60963	1
60970	1
61615	1
61801	4
61802	1
61817	2
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61853	5
61858	3
61859	1
61863	1
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61924	1
61929	1
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62448	1
62450	2
FAY, NANCY E	234
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60959	1
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61761	3
61764	1
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61880	5
61883	9
61884	1
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61912	1
61913	1
61920	9
61924	8
61925	1
61932	3
61938	15
61940	1
61942	3
61944	8
61951	8
61953	11
61956	1
62230	1
62401	6
62411	1
62414	1
62428	2
62439	1

62447	2
62448	3
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62450	3
62454	1
62466	1
62468	1
62473	1
62526	1
62565	1
62824	2
62858	1
62890	1
62966	1
77546	2
97437	1
ZAFAR, ABU-BAKAR	915
47842	2
47932	2
54481	2
60918	6
60924	3
60932	2
60936	14
60942	8
60952	3
60957	17
60959	1
60960	3
60966	2
60970	4
61422	1
61547	1
61550	2
61606	1
61701	3
61753	2
61761	1
61801	72
61802	75

61810	2
61813	7
61814	2
61816	5
61817	3
61820	28
61821	82
61822	106
61826	6
61832	29
61833	2
61834	14
61839	8
61840	2
61841	5
61842	8
61843	4
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61877	2
61878	2
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61883	2

61884	4
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61911	6
61913	2
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61919	3
61920	12
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61931	2
61932	5
61938	14
61944	5
61953	9
61956	9
62401	2
62428	3
62440	3
62447	2
62474	1
62521	3
62522	6
62535	2
62656	5
62702	1
62712	2
63112	2
92683	1
98117	2



CHRISTIE
CLINIC

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 expansion of Champaign Surgery Center and is submitting this letter to verify the anticipated Christie Clinic case volumes that will be performed at Champaign Surgery Center.


Surgical procedure volumes performed from August 1, 2023 to July 31, 2024 by Christie Clinic physicians are delineated in summary format as well as by physician and specialty in Attachment- 1. Champaign Surgery Center and our surgeons have experienced significant growth in the provision of outpatient surgical services in recent years. We expect that, following project completion, at least 3,113 Christie Clinic procedures will be performed at Champaign Surgery Center.

A list of the zip codes of residence for the patients treated from August 1, 2023 to July 31, 2024 is attached at Attachment – 2. Projected patient volume will primarily come from the geographic service area of Champaign Surgery Center. The anticipated volumes shown below 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.

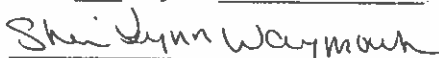
Christie Clinic supports the proposed expansion of Champaign Surgery Center at 3103 Fields South Drive, Champaign, IL 61822.

Sincerely,

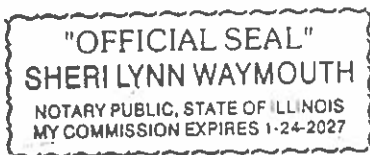


Kenneth Bilger
Chief Executive Officer
Christie Clinic

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 (8/1/23 – 7/31/24)	Historical Cases at Champaign Surgery Center (8/1/23 – 7/31/24)
JONES, DOUGLAS JAMES	General	210	208
RUGGIERI, RAFAEL MIGUEL	General	218	220
JAMES, SARA ELIZABETH	Pain Management		5
KING, STUART C	Pain Management		11
DARKO, LAURA	Obstetrics/Gynecology	2	4
DELIND, JODY RACHAEL	Obstetrics/Gynecology	4	6
HELPER, TAMARA G	Obstetrics/Gynecology	74	92
LUSBY, CHRISTINE	Obstetrics/Gynecology	19	12
MCGREGOR, CANDACE D	Obstetrics/Gynecology	32	27
SMITH, MICHAEL ALLEN	Obstetrics/Gynecology	93	110
WINTER, SARAH E	Obstetrics/Gynecology	18	
YOUNG, SARAH B	Obstetrics/Gynecology	22	
BULL, DOUGLAS	Ophthalmology		210
PERSON, ERICA ANNE	Ophthalmology		60
ANDERSON, DAVID MARTIN	Orthopedics	38	48
CUSICK, ROBERT P	Orthopedics	414	243
KOLB, EDWARD H	Orthopedics	1	126
MOON, MORGAN L	Orthopedics	65	120
JAGASIA, ASHOK	Otolaryngology	82	111
HOBBS, LISA RYAN	Podiatry	27	76
KIBLER, KURT ALAN	Podiatry	68	100
KLUESNER, ANDREW JAMES	Podiatry	84	138
MUSCATELLA, MICHAEL	Podiatry		9
SPIZZIRRI, SARAH ANN	Podiatry	37	102
HELPER, ERIC PAUL	Urology	120	188
PATEL, PARIN	Urology	126	125
REGAN, JOHN S	Urology	67	70

Physician Specialty	Annual Projected Cases at Champaign Surgery Center	Annual Projected Hours at Champaign Surgery Center
General	596	1,141
Obstetrics/Gynecology	338	561
Ophthalmology	270	211
Orthopedics	731	1,106
Otolaryngology	140	160
Pain Management	16	24
Podiatry	538	967
Urology	485	632

ATTACHMENT - 2

Provider/Zip Code	Historical Cases (8/1/23-7/31-24)
ANDERSON, DAVID MARTIN	86
34748	1
47928	1
47932	2
47987	1
60942	1
60948	1
60957	2
61761	1
61801	2
61802	7
61814	1
61818	1
61820	3
61821	6
61822	8
61832	9
61833	2
61834	6
61843	1
61846	2
61849	2
61853	5
61854	1
61856	2
61858	1
61859	1
61862	2
61866	2
61873	4
61877	2
61883	2
61884	2
61913	1
61953	1
BULL, DOUGLAS	210

60918	2
60936	1
60955	2
60957	2
60970	2
61727	2
61801	5
61802	21
61813	1
61817	2
61820	9
61821	34
61822	32
61832	4
61839	2
61843	1
61847	8
61849	4
61853	7
61856	2
61859	2
61862	2
61863	3
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61866	11
61871	2
61872	2
61873	10
61874	11
61876	2
61877	2
61878	1
61880	6
61884	2
61913	3
61956	2
62454	2
62615	1
63017	2
CUSICK, ROBERT P	657

20002	1
36535	1
38258	1
44143	1
47928	4
47932	2
47993	2
60914	1
60930	1
60933	1
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60942	1
60948	3
60952	1
60953	2
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60960	1
60968	1
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61364	1
61523	1
61603	2
61701	1
61704	3
61705	1
61735	1
61739	3
61761	1
61764	1
61801	24
61802	45
61812	2
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61814	4
61815	2
61817	6
61818	3
61820	35
61821	66
61822	66

61826	1
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61871	2
61872	2
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61874	16
61876	5
61877	8
61878	5
61880	16
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61884	5
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61913	4
61919	2
61938	2
61942	1
61943	1
61944	1
61953	21
61956	3
62461	1
62526	1
62535	1
62704	1
62938	1
DARKO, LAURA	6
61802	1
61820	1
61822	2
61866	1
61931	1
DELIND, JODY RACHAEL	10
60948	1
60957	1
61817	1
61822	1
61832	1
61853	1
61858	1
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61953	1
HELFER, ERIC PAUL	308
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47974	1
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60656	2
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60924	5
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61944	5
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61956	1
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HOBBS, LISA RYAN	103

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JONES, DOUGLAS JAMES	418
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63108	1
85143	1
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KIBLER, KURT ALAN	168
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KING, STUART C	11
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KLUESNER, ANDREW JAMES	222
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KOLB, EDWARD H	127
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LUSBY, CHRISTINE	31
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MCGREGOR, CANDACE D	59
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61953	1
MOON, MORGAN L	185
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MUSCATELLA, MICHAEL	9
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PATEL, PARIN	251
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77382	1
94010	1
PERSON, ERICA ANNE	60
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REGAN, JOHN S	137
46816	1
47917	1

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RUGGIERI, RAFAEL MIGUEL	438
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37067	1
38320	1
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61704	1
61728	1

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