

**FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

25-012
RECEIVED

MAR 24 2025

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Mt. Zion Center for Surgery		
Street Address:	1645 State Highway 121		
City and Zip Code:	Mount Zion, IL 62549		
County:	Macon	Health Service Area:	4
		Health Planning Area:	D-04

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

Exact Legal Name:	Surgical Partners & Associates, LLC
Street Address:	1645 State Highway 121
City and Zip Code:	Mt. Zion, IL 62549
Name of Registered Agent:	Matthew C. Spain
Registered Agent Street Address:	202 S. Franklin, 2 nd Floor
Registered Agent City and Zip Code:	Decatur, IL 62523
Name of Chief Executive Officer:	Dr. Jacob D. Sams
CEO Street Address:	120 Southbrooke Court
CEO City and Zip Code:	Decatur, IL 62521
CEO Telephone Number:	217/864-2665

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
X	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
	Other		<input type="checkbox"/>

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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane
Telephone Number:	Buffalo Grove, IL 60089
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

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This Section must be completed for all projects.

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Street Address:	1645 State Highway 121		
City and Zip Code:	Mount Zion, IL 62549		
County:	Macon	Health Service Area:	4
		Health Planning Area:	D-04

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

Exact Legal Name:	Agility Properties, LLC
Street Address:	1645 State Highway 121
City and Zip Code:	Mt. Zion, IL 62549
Name of Registered Agent:	Matthew C. Spain
Registered Agent Street Address:	202 S. Franklin, 2 nd Floor
Registered Agent City and Zip Code:	Decatur, IL 62523
Name of Chief Executive Officer:	Dr. Jacob D. Sams
CEO Street Address:	120 Southbrooke Court
CEO City and Zip Code:	Decatur, IL 62521
CEO Telephone Number:	217/864-2665

Type of Ownership of Applicants

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

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

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Telephone Number:	Buffalo Grove, IL 60089
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Permit Contact

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

Name:	Jacob Sams, MD
Title:	CEO
Company Name:	Mt. Zion Center for Surgery
Address:	1645 State Highway 121 Mt. Zion, IL 62469
Telephone Number:	217/664-2665
E-mail Address:	jsams@Decaturorthopediccenter.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Agility Properties, LLC
Address of Site Owner:	104 Ashland Avenue Mt. Zion, IL 62549
Street Address or Legal Description of the Site: 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:	Surgical Partners & Associates, LLC		
Address:	1645 State Highway 121 Mt. Zion, IL 62469		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
X	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
	Other		<input type="checkbox"/>
<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.

Street Address or Legal Description of the Site: 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.
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Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification :

Substantive

Non-substantive

2. Narrative Description

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

The applicants propose the establishment of an ambulatory surgical treatment center ("ASTC") to be located in Mt. Zion, Illinois, located approximately eight miles to the southeast of Decatur, Illinois. The ASTC, as proposed, will be approved to provide orthopedic surgery, and podiatric surgery services.

There are currently no IDPH-licensed or HFSRB-approved ASTCs in the HFSRB-designated geographic service area. The closest ASTC is located approximately 42 miles away, in Springfield.

The licensee is a newly-formed LLC consisting of three physicians who intend to refer patients to the ASTC. In addition, on November 11, 2024 the hospital at which the referring physicians currently perform the vast majority of their cases was offered an opportunity to participate in the project, with the offer being active until February 2, 2025. The offer was not accepted by the hospital. The applicant, however, will hold open an opportunity for the hospital to participate for thirty days following the issuance of the requested CON Permit.

The ASTC will be the sole occupant of a new building, to be constructed specifically for this project; and which will contain three Class C operating rooms, and all of the support functions required by licensure.

The proposed project is classified as "substantive" as a result of it proposing the establishment of a new "licensed healthcare facility".

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	\$ 76,000	\$ 24,000	\$ 100,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
Construction Contracts	\$ 4,506,544	\$ 1,126,636	\$ 5,633,180
Modernization Contracts			
Contingencies	\$ 400,000	\$ 100,000	\$ 500,000
Architectural/Engineering Fees	\$ 373,000	\$ 117,600	\$ 490,600
Consulting and Other Fees	\$ 240,000	\$ 60,000	\$ 300,000
Movable and Other Equipment (not in construction contracts)	\$ 50,000	\$ 65,248	\$ 115,248
Net Interest Expense During Construction Period	\$ 114,760	\$ 36,240	\$ 151,000
Fair Market Value of Leased Space	\$ 2,291,400	\$ 723,600	\$ 3,015,000
Fair Market Value of Leased Equipment	\$ 940,000	\$ 97,230	\$ 1,037,230
Other Costs to be Capitalized			
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	\$ 8,991,704	\$ 2,350,554	\$ 11,342,258
Sources of Funds:			
Cash and Securities	\$ 777,979	\$ 245,678	\$ 1,023,657
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	\$ 4,155,316	\$ 1,312,205	\$ 5,467,521
Leases (fair market value)	\$ 3,647,007	\$ 405,223	\$ 4,052,230
Governmental Appropriations			
Grants			
Other--Tennat Improvement Allowance	\$ 639,080	\$ 159,770	\$ 798,850
TOTAL SOURCES OF FUNDS	\$ 9,219,382	\$ 2,122,876	\$ 11,342,258

6

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	X	Yes	<input type="checkbox"/>	No
Purchase Price:	\$	305,000	_____	
Fair Market Value:	\$	305,000	_____	
The project involves the establishment of a new facility or a new category of service X <input type="checkbox"/> Yes <input type="checkbox"/> 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 \$ <u>100,000</u>				

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:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
X Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>24</u> months following following the issuance of the requested CON Permit _____	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> 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	
X 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)]

not applicable

Are the following submittals up to date as applicable?
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Facility Bed Capacity and Utilization

not applicable

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

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

CERTIFICATION

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

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

This Application is filed on the behalf of Surgical Partners & Associates, 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.

Jacob D Sams
 SIGNATURE
JACOB DAVID SAMS
 PRINTED NAME
MANAGING MEMBER
 PRINTED TITLE

[Signature]
 SIGNATURE
DONALD N SULLIVAN
 PRINTED NAME
MANAGING MEMBER
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 10th day of March

Notarization:
 Subscribed and sworn to before me
 this 10th day of March

[Signature]
 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 SHELLY DOYLE
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 04-19-2026

[Signature]
 Signature of Notary
 Seal
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 SHELLY DOYLE
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 MY COMMISSION EXPIRES 04-19-2026

*Insert the EXACT legal name of the applicant

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- 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 Agility Properties, 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.

Jacob D Sams
SIGNATURE
JACOB DAVID SAMIS
PRINTED NAME
MANAGING MEMBER
PRINTED TITLE

Donald N Sullivan
SIGNATURE
DONALD N SULLIVAN
PRINTED NAME
MANAGING MEMBER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of March

Notarization:
Subscribed and sworn to before me
this 10th day of March

Shelly Doyle
Signature of Notary
Seal "OFFICIAL SEAL"
SHELLY DOYLE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 04-19-2026

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*Insert the EXACT legal name of the applicant

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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:

not applicable, no shell space included in project

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

G. Non-Hospital Based Ambulatory Surgery

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

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

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

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

1110 235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 25</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

<p>\$2,902,258</p> <p>\$5,675,000</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ul style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion. <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ul 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
--	---

<p>_____</p> <p>_____</p> <p>_____</p> <p><u>\$3,015,000</u></p>	<p>options, any capital improvements to the property and provision of capital equipment.</p> <p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p>\$11,592,258</p>	<p>TOTAL FUNDS AVAILABLE</p>

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				Year 2
Current Ratio				1.008
Net Margin Percentage				39.3%
Percent Debt to Total Capitalization				.8
Projected Debt Service Coverage				5.86
Days Cash on Hand				9
Cushion Ratio				1.008

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

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

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

Safety Net Impact Statements shall also include all the following:

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

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

Historical charity care and Medicaid-related information is not applicable, as the proposed project is limited to the establishment of a new health care facility.

Safety Net Information per PA 96-0031

CHARITY CARE

Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			

MEDICAID

Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

not applicable, new facility

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.

Below is a summary of the ASTC's anticipated payor mix, based in major part upon the practice payor mix of the physicians anticipated to refer patients to the ASTC:

- private insurance & worker's comp 45%
- Medicare 46%
- Medicaid 4%
- charity care 1%
- self-pay & other 4%



During the second year of the proposed ASTC's operation, the anticipated charity care expense is \$110,551, and the net patient revenue is projected to be \$11,055,172.

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

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

1. Applicant: Agility Properties, LLC 104 Ashland Avenue
(Name) (Address)
(City) Mt. Zion (State) IL (ZIP Code) 62549 (Telephone Number) 217/864-2665

2. Project Location: 1645 State Highway 121 Mt. Zion, IL
(Address) (City) (State)
Macon
(County) (Township) (Section)

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

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

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

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

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

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

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

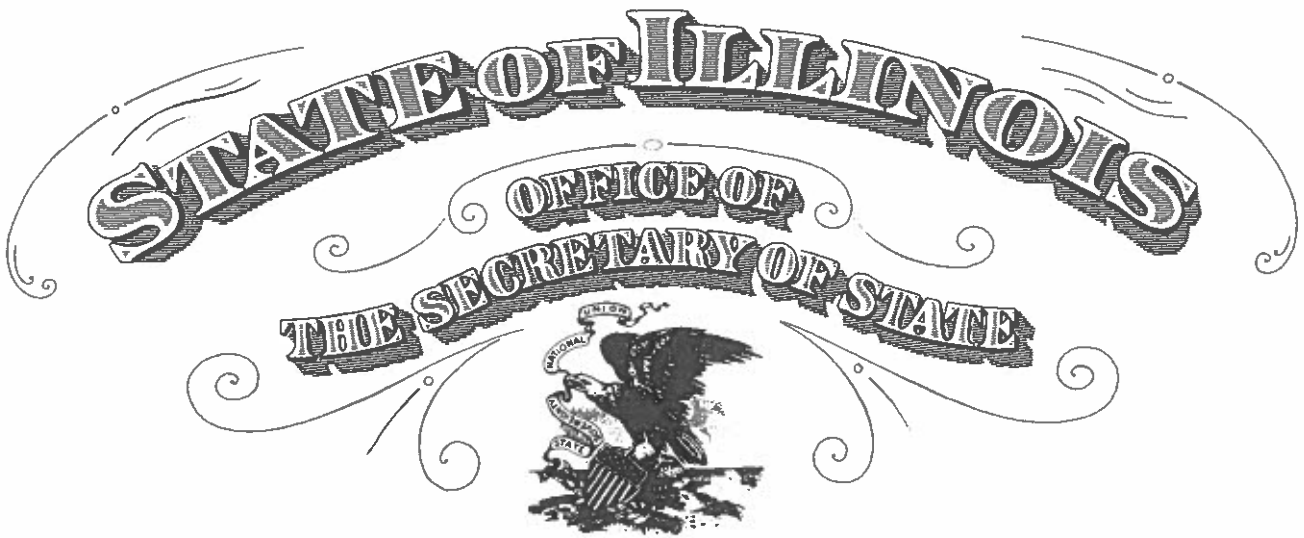
Business/Agency: _____ Address: _____

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

Signature: _____ Date: _____

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

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



To all to whom these Presents Shall Come, Greeting:

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

SURGICAL PARTNERS & ASSOCIATES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 26, 2025, 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 27TH day of FEBRUARY A.D. 2025 .



Authentication #: 2505802642 verifiable until 02/27/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

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

AGILITY PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 16, 2022, 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 27TH day of FEBRUARY A.D. 2025 .



Authentication #: 2505802678 verifiable until 02/27/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis

SECRETARY OF STATE

ATTACHMENT 1

SITE CONTROL

The site on which the proposed ASTC addressed in this Certificate of Need application is addressed is owned by Agility Properties, LLC, which will also own the structure to be built to house the proposed ASTC. With the signatures provided on the Certification pages of this application, the applicants attest that the licensee will enter into a lease with Agility Properties for the building.



To all to whom these Presents Shall Come, Greeting:

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

SURGICAL PARTNERS & ASSOCIATES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 26, 2025, 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 27TH day of FEBRUARY A.D. 2025 .



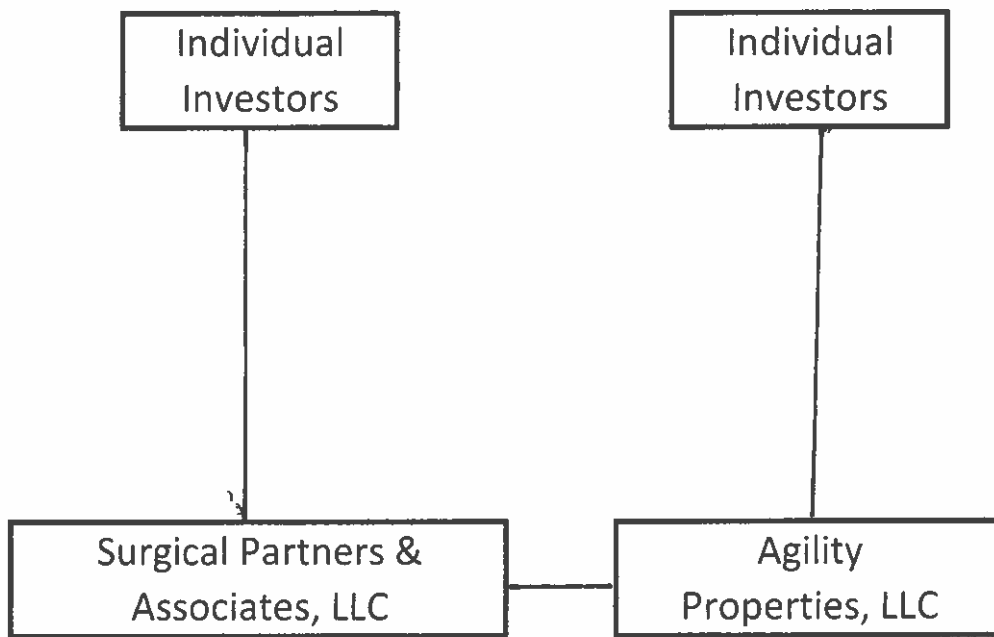
Authentication #: 2505802642 verifiable until 02/27/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

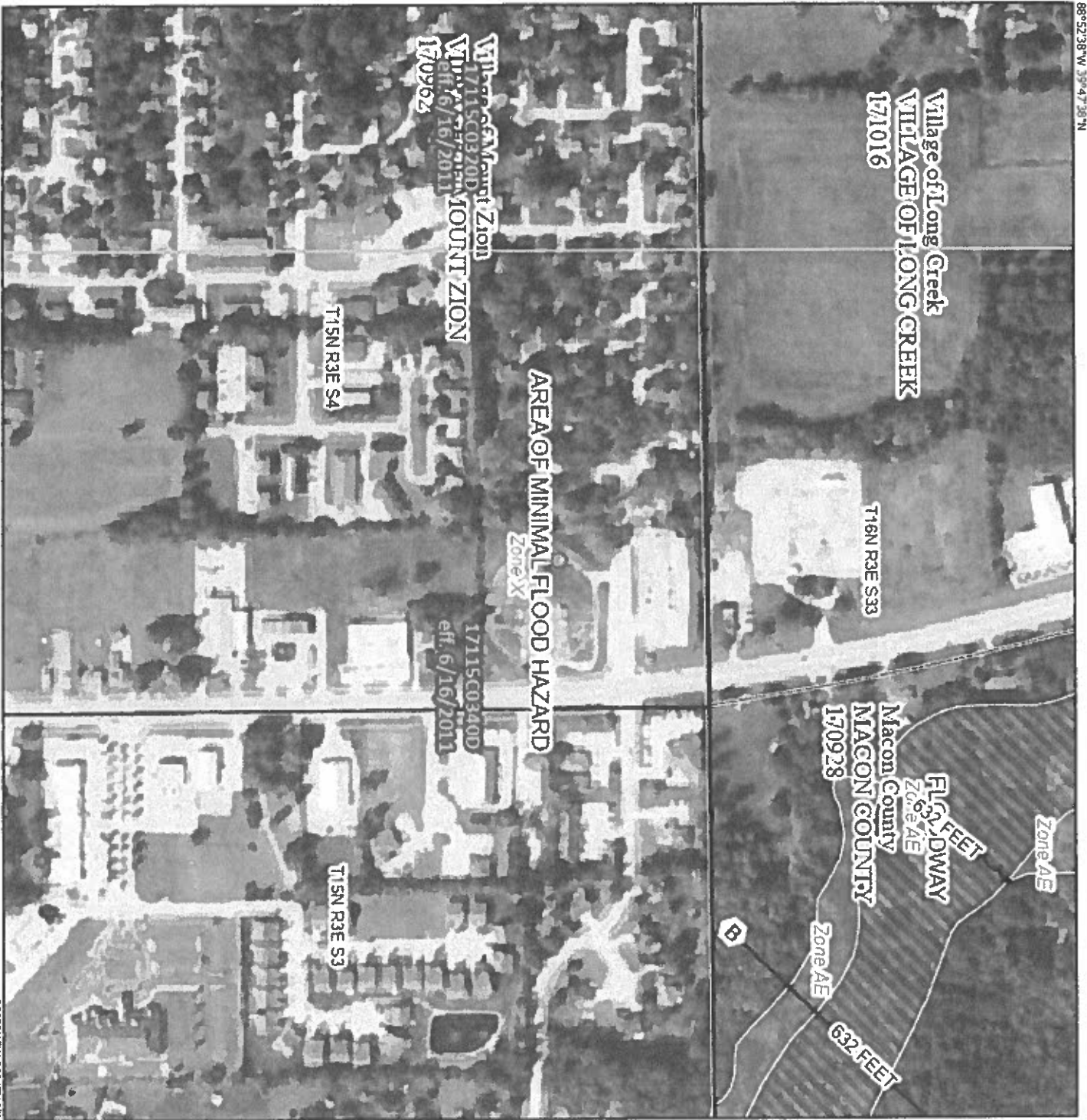
ATTACHMENT 3

ORGANIZATIONAL CHART



FLOOD PLAIN REQUIREMENTS

With the signatures provided on the Certification page of this Certificate of Need application, the applicants confirm that the project addressed through this Certificate of Need application, that being the establishment of an ASTC to be located at 1645 State Highway 121 in Mount Zion, Illinois,, complies with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.



SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

	Without Base Flood Elevation (BFE) Zone A, V, A99
	With BFE or Depth Zone AE, AO, AH, VE, AR
	Regulatory Floodway
	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
	Future Conditions 1% Annual Chance Flood Hazard Zone X
	Area with Reduced Flood Risk due to Levee. See Notes, Zone K
	Area with Flood Risk due to Levee Zone D

	NO SCREEN Area of Minimal Flood Hazard Zone X
	Effective LOMRS
	Area of Undetermined Flood Hazard Zone I
	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall

	20.2 Cross Sections with 1% Annual Chance
	17.5 Water Surface Elevation
	Coastal Transect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
	Profile Baseline
	Hydrographic Feature

	Digital Data Available
	No Digital Data Available
	Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 11/22/2024 at 3:31 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmoderated areas cannot be used for regulatory purposes.

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

November 21, 2024

Ms. Carol Wallace
Deputy State Historic Preservation Officer
State Historic Preservation Office
(Preservation Services)
IDNR-One Natural Resources way
Springfield, IL 62702-1271

RE: Proposed Ambulatory Surgical Treatment Center
1645 State Highway 121 Mt. Zion, IL 62549
Establishment of a New Outpatient Facility

Dear Ms. Wallace:

I am in the process of developing a Certificate of Need application, to be filed with the Illinois Health Facilities Services and Review Board, and I am in need of a determination of applicability from your agency.

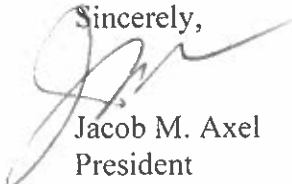
The project involves the construction of a new single-story building of approximately 15,500 square feet, in a generally open and rural area, that appears to be beginning to undergo development. There do not appear to be any structures of significance or of more than fifty years old surrounding the site, which is currently vacant.

I have enclosed a map identifying the site, and pictures of the site.

A letter from your office, confirming that the Preservation Act is not applicable to this project would be greatly appreciated.

Should you have any questions, I may be reached at the phone number below.

Sincerely,



Jacob M. Axel
President

enclosures (photograph and maps)

ATTACHMENT 5

PROJECT COSTS and
SOURCES OF FUNDS

PROJECT COSTS

Preplanning Costs		
Market Analyses/Feasibility Assessment	\$75,000	
Misc./Other	\$25,000	\$100,000
New Construction		
per ATTACHMENT 39C	\$5,633,180	\$5,633,180
Contingencies		
per ATTACHMENT 39C	\$500,000	\$500,000
Architectural and Engineering Fees		
Design	\$390,600	
Document Preparation	\$10,000	
Interface with Agencies	\$15,000	
Project Monitoring	\$25,000	
Misc./Other	\$50,000	\$490,600
Consulting and Other Fees		
CON-related	\$50,000	
Legal & Accounting	\$35,000	
Project Management	\$125,000	
Insurance, Fees and Permits	\$15,000	
Commissioning	\$50,000	
Misc./Other	\$25,000	\$300,000
Movable Equipment		
Surgery and Recovery	\$67,588	
Admin. and Public Areas (incl. IT)	\$9,220	
Furnishings	\$13,440	
Misc.	\$25,000	\$115,248
Net Interest Expense During Const.		\$ 151,000
Fair Market Value of Leased Space		\$ 3,015,000
Fair Market Value of Leased Equipment		\$ 1,037,230
Total Project Cost		\$ 11,342,258

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PROJECT COSTS and
SOURCES OF FUNDS

SOURCES OF FUNDS

Mortgage/Bank Loan	\$5,467,521	
Cash	\$1,023,657	
FMV of Leases	\$ 4,052,230	
Tennat Improvement Allowance	\$ 798,850	
Total Sources of Funds		\$11,342,258

Cost Space Requirements

Dept./Area	Cost	Gross Square Feet			Amount of Proposed Total Square Feet That is:				Vacated Space
		Existing	Proposed	New Const.	Modernized	As Is			
Reviewable/Clinical									
Surgical-Clinical Recovery	\$ 7,375,506		7,860	7,860					
	\$ 1,843,876		4,329	4,329					
	\$ 9,219,382		12,189	12,189					
Reviewable/Non-Clinical									
Admin Offices	\$ 594,405		840	840					
Janitor's Closets	\$ 63,686		160	160					
Public & Family	\$ 509,490		720	720					
	\$ 1,167,582		1,720	1,720					
Non-Reviewable/Non-Clinical									
Non-clinical Storage	\$ 339,660		936	936					
Staff Lunch Room	\$ 275,974		372	372					
Physicians' Dictation Area	\$ 148,601		110	110					
Receiving	\$ 191,059		650	650					
	\$ 955,294		2,068	2,068					
	\$ 2,122,876		3,788	3,788					
TOTAL	\$ 11,342,258		15,977	15,977					

BACKGROUND OF THE APPLICANT

In accordance with Review Criterion 1130.520.b.3, Background of the Applicant, and with the signatures placed on the Certification pages of this Certificate of Need application, the applicants assure the Illinois Health Facilities and Services Review Board that:

- Two physicians each own a 5%+ share in the licensed entity/applicant.
- Neither of the applicant entities identified in Section I of this CON application has had any adverse actions against it during the three (3) year period prior to the filing of this application.
- Neither of the applicant entities identified in Section I of this CON application owns or operates a licensed health care facility.
- No individual intended to have at least a 5% ownership interest in the proposed ASTC meets any of the findings identified in Section 1110.110.a)2)D-I.

The applicants authorize the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1130.520.b.3 or to obtain any documentation or information which the State Board or Agency finds pertinent to this Certificate of Need application.

PURPOSE OF PROJECT

The proposed project, which addresses the establishment of an ASTC for the provision of selective procedures/specialties, will improve the health and well-being of the service area population to be served. The ASTC's service population, as documented in ATTACHMENT 25, will consist primarily of residents of the HFSRB-defined geographic service area, which consists of those ZIP Code areas located within twenty-one miles of the proposed ASTC site. A listing of those ZIP Codes is provided on the following page.

There are currently no ASTCs located in the service area, and as a result, residents of Mt. Zion, Decatur, and the surrounding communities do not have reasonable access to the lower-cost services provided in the ASTC setting, when compared to those of a hospital.

The goal of this project is to have the ASTC licensed and operational within eighteen months of the awarding of the Certificate of Need Permit sought through the filing of this application.

ZIP Codes Located in the
HFSRB-Defined Geographic Service Area

ZIP	City
62549	MT ZION
61925	DALTON CITY
62521	DECATUR
62524	DECATUR
62525	DECATUR
62523	DECATUR
62532	ELWIN
61936	LA PLACE
62544	MACON
62514	BOODY
62522	DECATUR
61818	CERRO GORDO
61937	LOVINGTON
62501	ARGENTA
62535	FORSYTH
62554	OREANA
62526	DECATUR
61914	BETHANY
62550	MOWEAQUA
61929	HAMMOND
61855	MILMINE
62537	HARRISTOWN
62513	BLUE MOUND
62573	WARRENSBURG
61756	MAROA
61830	CISCO
62551	NIANTIC

61813	BEMENT
61951	SULLIVAN
62534	FINDLAY
62567	STONINGTON
62510	ASSUMPTION
62547	MOUNT AUBURN
62543	LATHAM

Historical ZIP Code-based patient origin analyses for each of the referring physicians are located in ATTACHMENT 25 as addendums to the individual physician letters. Each of the three referring physicians attract in excess of 50% of their patients from the geographic service area identified above. Together, the three Decatur Orthopedic Center physicians attract approximately 68.6% of their patients from the GSA ZIP Codes. It is estimated that the proposed ASTC's percentage of patients from the GSA will be similar to the physicians' experience.

ALTERNATIVES

The proposed project addresses the establishment of an ambulatory surgical treatment center (“ASTC”) with three operating rooms and the required support space. There are currently no ASTCs in the HFSRB-designated geographic service area.

Three alternatives to the proposed project were given consideration:

Alternative 1, Continue to Perform All Outpatient Surgical Procedures in Local Hospitals

Currently, the physicians who will be participating in the development of the proposed ASTC, and who have indicated an intent to perform surgery in the proposed ASTC, are performing all of their cases in local hospitals, as there are no ASTCs in the area. As a result, area patients and surgeons do not have reasonable access to the lower cost and more efficient ASTC setting afforded in most parts of the state. Also, and becoming more relevant, is the trend on the part of major third party payors to require that certain (and an increasing number) of surgical procedures be performed in an ASTC setting, rather than the more expensive hospital setting.

This alternative was deemed to be inferior because it does not improve access to an ASTC. Had this alternative been selected, the applicants are confident that the quality of care provided would be very similar to that of the local hospitals. This alternative, however, would not have the capital or operating costs associated with the proposed project.

Alternative 2, Establish the ASTC as a Joint Venture with a Local Hospital

Strong consideration was given to this option, and discussions concerning participation in the project were held with Decatur Memorial Hospital (DMH), where the greatest number of cases are currently performed by the physicians providing the referral letters included in this application. As of the filing of this CON application, DMH's ability to participate in the ownership of the ASTC remains available, and will remain so for thirty days following the receipt of the Certificate of Need Permit being sought. If this alternative were selected (or is selected) accessibility, quality of care, capital costs, and operating costs would/will be identical to those associated with project as being proposed in this application.

Alternative 3, Establish an ASTC in an Existing Building

The proposed ASTC will be developed in a new building, specifically designed for the provision of outpatient surgery, and while the capital costs associated with the retrofitting of an existing building, or space within an existing building, would likely reduce the ASTC's capital costs, design compromises would, in all likelihood result. Had this alternative been selected, operating costs would likely be similar to that of the proposed project, and accessibility and quality of care would be identical to the proposed project.

SIZE

The square footage identified for the project addressed in this CON application, which includes three Class C operating rooms, four Phase I recovery stations and nine Phase II recovery stations (which will also be used for pre-procedure patient prep), is necessary, not excessive, and consistent with the standards identified in Appendix B to Section 1110. The ASTC, in total, will be 15,977 GSF.

The only component of the ASTC having a HFSRB adopted space standard is the clinical component, comprised of the three Class C operating rooms noted above and the associated clinical areas, comprising a total of 7,860 GSF, as compared to the standard of 8,250 GSF. The HFSRB does not have a space standard for an ASTC's recovery areas.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC surg- rev'able/clinical	7,860	8,250	-390	YES
recovery	4,295	none	N/A	N/A

SERVICE DEMAND

The applicants are confident that sufficient demand for ASTC services exists in the Decatur area to result in the proposed ASTC operating in excess of the HFSRB's utilization target by its second year of operation.

There are no IDPH-licensed ASTCs in Macon County, and the closest ASTCs to the proposed site are in Springfield, approximately 39 miles away, nearly twice the HFSRB's target driving distance.

While the proposed ASTC is planned to provide a limited scope of services, it will operate with an open staff model (any physician may apply for privileges), and the major portion of referrals are anticipated to come from the physician members of Decatur Orthopedic Center.

Decatur Orthopedic Center ("DOC") currently has two orthopedic surgeons, Drs. Jacob Sams, and Donald Sullivan, and one podiatric surgeon, Dr. Asad Sohail (recently recruited) on staff; and during the past year two orthopedic surgeons and a podiatric surgeon have left the practice. The majority of the surgical caseload of the orthopedic surgeons who left the practice has remained within the practice and has been absorbed by Drs. Sams and Sullivan. Dr. Sohail moved to the community during the Summer of 2024, and began performing surgery in late October. It is anticipated that, by mid-2026, Dr. Sohail will have assumed the vast majority of the surgical caseload previously performed (428 cases in 2023) by the podiatrist who recently left the practice and the area.

Please note that, consistent with guidance provided by HFSRB staff, only the caseload actually performed by Dr. Sohail (late October, 2024 through January, 2025) is used as a projection of his future annual caseload. As such, his projected annual caseload is held constant at the 79 cases he performed during his initial 3+ month with DOC.

While the applicant acknowledges the HFSRB staff's past practice of utilizing only a surgeon's past caseload, the applicant does not believe that, in this case, given the unusual circumstances of one of the three physicians being new to the community, doing so provides a reasonable estimate of the ASTC's projected utilization.

To arrive at what the applicants believe is a more realistic estimate of future utilization, a second projection was developed. This projection assumes projected caseloads for the orthopedic surgeons to remain at their current levels (adjusted for a portion of the physicians' current caseloads anticipated to remain at local hospitals), and the caseload of the podiatrist to conservatively grow to (only) 75% of the previous podiatrist's annual caseload by the second year of the ASTC's operation.

The first table below projects Year 2 utilization, assuming podiatric procedures to remain at 79 cases a year (consistent with the podiatrists first 3+ months), and the second table represents what the applicant believes to be a more reasonable estimate of projected utilization, as described in the paragraph above.

	Historical Caseload	Hours at per case	Projected Hrs.	Adj. for non-ASTC pts.	Projected ASTC hrs.
Dr. Sam (ortho)	790	1.91	1,509	0.95	1,433
DR. Sullivan (ortho)	621	1.91	1,185	0.95	1,126
Dr. Schail (pod)	79	1.88	149	0.95	141
Year 2 Hours					2,700

145

	Historical Caseload	Hours at per case	Projected Hrs.	Adj. for non-ASTC pts.	Projected ASTC hrs.
Dr. Sam (ortho)	790	1.91	1,509	0.95	1,433
DR. Sullivan (ortho)	621	1.91	1,185	0.95	1,126
Dr. Schail (pod)	321	1.88	603	0.95	573
Year 2 Hours					3,132

As demonstrated in the second table above, the projection methodology incorporated into the second methodology, which the applicant believes to be conservative, confirms that the HFSRB's utilization target of 3,000+ annual hours will easily be reached during the second year of the ASTC's operation.

Letters, identifying physician/specialty-specific projected utilization of the proposed ASTC, and consistent with the requirements of Section 1110.235, are provided in ATTACHMENT 25, under the heading of "Service Demand".

SERVICE TO GSA RESIDENTS

It is fully anticipated by the applicants that the services to be provided in the proposed ASTC will be provided primarily to residents of the HFSRB-designated geographic service area (“GSA”), and consistent with the practices of the physicians providing referral letters. The GSA has a radius of 21 miles from the ASTC site, per Section 1100.510.d)3), consists of 38 ZIP Codes (30 of which are residential), and has a population of 127,153 per SearchBug. The table below identifies the ZIP Code areas in the GSA.

62526	DECATUR	62539	ILLIOPOLIS
62535	FORSYTH	62518	CHESTNUT
62573	WARRENSBURG	62513	BLUE MOUND
62523	DECATUR	61818	CERRO GORDO
62524	DECATUR	62547	MOUNT AUBURN
62525	DECATUR	62548	MOUNT PULASKI
62537	HARRISTOWN	61925	DALTON CITY
62522	DECATUR	61727	CLINTON
62521	DECATUR	61830	CISCO
61756	MAROA	61936	LA PLACE
62554	OREANA	61750	LANE
62543	LATHAM	61855	MILMINE
62514	BOODY	62541	LAKE FORK
62501	ARGENTA	61882	WELDON
62551	NIANTIC	62512	BEASON
62532	ELWIN	62550	MOWEAQUA
62549	MT ZION	62567	STONINGTON
62544	MACON	62515	BUFFALO
61749	KENNEY	62519	CORNLAND

As noted in the section of this application addressing demand, it is anticipated by the applicants that the vast majority of patients referred to the proposed ASTC will come from Decatur Orthopedic Center (“DOC”). During a recent 12-month period, 68.6% of the patients seen by the DOC physicians were residents of the GSA; and the patient origin of the ASTC’s patients is anticipated to be similar to those of the practices.

SERVICE DEMAND

A demand for outpatient surgical services provided in a relatively low-cost treatment environment, primarily as a result of the absence of any ASTCs in the HFSRB-designated geographic service area (“GSA”), clearly exists.

Letters, consistent with the requirements of Section 1110.235.3) are provided from two orthopedic surgeons and a podiatric surgeon, confirming demand for the proposed ASTC. The letters, identify the individual physicians’ historical surgical volumes, the use of their services by GSA residents, and the number of patients that they anticipate referring to the proposed ASTC during its second year of operation.

Per the HFSRB’s ASTC utilization target identified in Section 1110.APPENDIX B, the utilization target for an ASTC having three operating rooms, as is being proposed, is 3,000+ annual hours of usage. As documented in the letters in response to Section 1110.235.3, an initial utilization projection of 2,700 hours, based exclusively on the three physicians’ historical caseloads and projections (90% of the HFSRB target rate) has been documented. As discussed in ATTACHMENT 15, however, it is noted that the podiatrist providing a letter moved into the community in mid-2024, and was just beginning to perform surgery when the letters were written. As a result, only 79 cases could be used for his projection, as it is the HFSRB staff’s policy that projected referrals cannot exceed historical volumes.

In ATTACHMENT 15, the applicants have provided a second, much more reasonable utilization projection for the podiatrist (please refer to the discussion of the rationale for using the second projection in ATTACHMENT 15). That projection, which does not alter the original

projections for the orthopedic surgeons, is 3,132 annual hours, well in excess of the HFSRB's utilization target.

Name (print): Jacob Sams

Specialty (print): Orthopedic Surgery

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110(3)B) in support of the plans to develop an ambulatory surgical treatment center ("ASTC") in Decatur, Illinois.

During 12-month period ending November 30, 2024, I performed procedures on approximately the following numbers of outpatients in the IDPH-licensed facilities identified below.

(print site): <u>Decatur Memorial Hospital</u>	<u>362</u>
(print site): <u>St. Mary's Hospital Decatur</u>	<u>296</u>
(print site): <u>Kirby Medical Center</u>	<u>110</u>
(print site): <u>Pana Community Hospital</u>	<u>22</u>
<u>TOTAL</u>	<u>790</u>

I estimate that I will refer 750 patients to the proposed ASTC during its second year following the receipt of the requested Certificate of Need Permit.

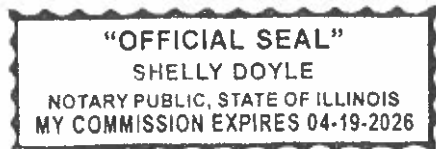
Attached is a ZIP Code-specific patient origin analysis of my patients during the 12-month period ending November 30, 2024.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project for the development of an ASTC.

Sincerely,

Jacob D Sams

Notarized:



Shelly Doyle

Decatur Orthopedic Center
 Patient Origin Analysis (encounters)
 December 1, 2023-November 30, 2024

Geographic Service Area (GSA)		Sullivan	Sams	Sohali	Total
61727	CLINTON	22	28	2	52
61756	MAROA	6	14	4	24
61818	CERRO GORDO	13	33	1	47
61830	CISCO	2		1	3
61882	WELDON	4	5		9
61925	DALTON CITY	12	22	1	35
61936	LA PLACE	2	6		8
62501	ARGENTA	16	25	1	42
62512	BEASON	1			1
62513	BLUE MOUND	15	24	3	42
62514	BOODY	3	4		7
62515	BUFFALO	1	4		5
62518	CHESTNUT	1			1
62521	DECATUR	292	469	44	805
62522	DECATUR	83	22	12	117
62523	DECATUR	1	6	2	9
62524	DECATUR	2	2		4
62526	Decatur	225	263	55	543
62532	ELWIN	2			2
62535	FORSYTH	33	36	4	73
62537	HARRISTOWN	1	2		3
62539	ILLIOPOLIS	2	9		11
62541	LAKE FORK	3			3
62543	LATHAM	2	1		3
62544	MACON	15	33	3	51
62547	MOUNT AUBURN	4			4
62548	MOUNT PULASKI	3	1	1	5
62549	MT ZION	70	122	13	205
62550	MOWEAQUA	32	51	4	87
62551	NIANTIC	3	3	2	8
62554	OREANA	11	22	2	35
62567	STONINGTON		7		7
62573	WARRENSBURG	<u>12</u>	<u>15</u>	<u>2</u>	<u>29</u>
	GSA Total	894	1229	157	2280
	Non-GSA	<u>513</u>	<u>509</u>	<u>20</u>	<u>1,042</u>
	Total	1,407	1738	177	3,322
	% Residing in GSA	63.5%	70.7%	88.7%	68.6%

Name (print): D. N. Sullivan

Specialty (print): Orthopedic Surgery

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110(3)B) in support of the plans to develop an ambulatory surgical treatment center ("ASTC") in Decatur, Illinois.

During 12-month period ending November 30, 2024, I performed procedures on approximately the following numbers of outpatients in the IDPH-licensed facilities identified below.

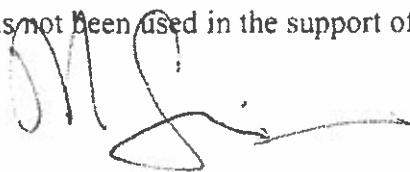
(print site): <u>Decatur Memorial Hospital</u>	<u>341</u>
(print site): <u>St. Mary's Hospital Decatur</u>	<u>225</u>
(print site): <u>Kirby Medical Center</u>	<u>55</u>
(print site): _____	_____
<u>TOTAL</u>	<u>621</u>

I estimate that I will refer 690 patients to the proposed ASTC during its second year following the receipt of the requested Certificate of Need Permit.

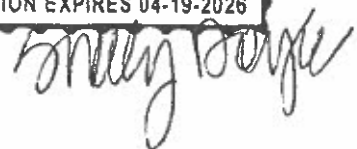
Attached is a ZIP Code-specific patient origin analysis of my patients during the 12-month period ending November 30, 2024.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project for the development of an ASTC.

Sincerely,



Notarized:



Decatur Orthopedic Center
 Patient Origin Analysis (encounters)
 December 1, 2023-November 30, 2024

		Sullivan	Sams	Sohail	Total
Geographic Service Area (GSA)					
61727	CLINTON	22	28	2	52
61756	MAROA	6	14	4	24
61818	CERRO GORDO	13	33	1	47
61830	CISCO	2		1	3
61882	WELDON	4	5		9
61925	DALTON CITY	12	22	1	35
61936	LA PLACE	2	6		8
62501	ARGENTA	16	25	1	42
62512	BEASON	1			1
62513	BLUE MOUND	15	24	3	42
62514	BOODY	3	4		7
62515	BUFFALO	1	4		5
62518	CHESTNUT	1			1
62521	DECATUR	292	469	44	805
62522	DECATUR	83	22	12	117
62523	DECATUR	1	6	2	9
62524	DECATUR	2	2		4
62526	Decatur	225	263	55	543
62532	ELWIN	2			2
62535	FORSYTH	33	36	4	73
62537	HARRISTOWN	1	2		3
62539	ILLIOPOLIS	2	9		11
62541	LAKE FORK	3			3
62543	LATHAM	2	1		3
62544	MACON	15	33	3	51
62547	MOUNT AUBURN	4			4
62548	MOUNT PULASKI	3	1	1	5
62549	MT ZION	70	122	13	205
62550	MOWEAQUA	32	51	4	87
62551	NIANTIC	3	3	2	8
62554	OREANA	11	22	2	35
62567	STONINGTON		7		7
62573	WARRENSBURG	<u>12</u>	<u>15</u>	<u>2</u>	<u>29</u>
	GSA Total	894	1229	157	2280
	Non-GSA	<u>513</u>	<u>509</u>	<u>20</u>	<u>1,042</u>
	Total	1,407	1738	177	3,322
	% Residing in GSA	63.5%	70.7%	88.7%	68.6%

Name (print): Asad Sohail

Specialty (print): Foot & Ankle Surgery

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110(3)B) in support of the plans to develop an ambulatory surgical treatment center ("ASTC") in Decatur, Illinois.

I moved to the greater Decatur community during the Autumn of 2024, joining Decatur Orthopedic Center, and performed my first outpatient surgical cases in late October of that year.

During 3+-month period ending January 31, 2025, I performed procedures on approximately the following numbers of outpatients in the IDPH-licensed facilities identified below.

(print site): Decatur Memorial Hospital 79

(print site): St. Mary's Hospital Decatur _____

_____ TOTAL _____ 79

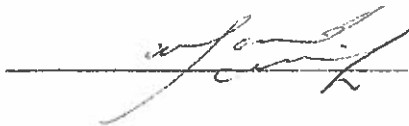
Please note that I moved to the greater Decatur area this past Autumn and began performing surgery in October of this year. Since that time, the volume of surgery that I am performing has increased steadily on a monthly basis; and I anticipate continued and significant growth through, at minimum, the end of calendar 2025.

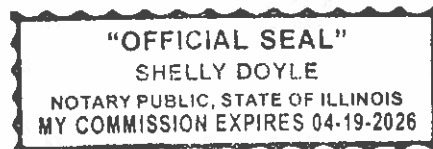
I estimate that I will refer approximately 440 patients to the proposed ASTC during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a ZIP Code-specific patient origin analysis of my patients during the 12-month period ending November 30, 2024.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project for the development of an ASTC.

Sincerely,





Notarized:



Orthopedic Center
 Origin Analysis (encounters)
 Period 1, 2023-November 30, 2024

		Sullivan	Sams	Sohail	Total
Geographic Service Area (GSA)					
61727	CLINTON	22	28	2	52
61756	MAROA	6	14	4	24
61818	CERRO GORDO	13	33	1	47
61830	CISCO	2		1	3
61882	WELDON	4	5		9
61925	DALTON CITY	12	22	1	35
61936	LA PLACE	2	6		8
62501	ARGENTA	16	25	1	42
62512	BEASON	1			1
62513	BLUE MOUND	15	24	3	42
62514	BOODY	3	4		7
62515	BUFFALO	1	4		5
62518	CHESTNUT	1			1
62521	DECATUR	292	469	44	805
62522	DECATUR	83	22	12	117
62523	DECATUR	1	6	2	9
62524	DECATUR	2	2		4
62526	Decatur	225	263	55	543
62532	ELWIN	2			2
62535	FORSYTH	33	36	4	73
62537	HARRISTOWN	1	2		3
62539	ILLIOPOLIS	2	9		11
62541	LAKE FORK	3			3
62543	LATHAM	2	1		3
62544	MACON	15	33	3	51
62547	MOUNT AUBURN	4			4
62548	MOUNT PULASKI	3	1	1	5
62549	MT ZION	70	122	13	205
62550	MOWEAQUA	32	51	4	87
62551	NIANTIC	3	3	2	8
62554	OREANA	11	22	2	35
62567	STONINGTON		7		7
62573	WARRENSBURG	<u>12</u>	<u>15</u>	<u>2</u>	<u>29</u>
	GSA Total	894	1229	157	2280
	Non-GSA	<u>513</u>	<u>509</u>	<u>20</u>	<u>1,042</u>
	Total	1,407	1738	177	3,322
	% Residing in GSA	63.5%	70.7%	88.7%	68.6%

55

TREATMENT ROOM NEED ASSESSMENT

The proposed ASTC will house three Class C operating rooms, and the three operating rooms are necessary to service the proposed surgical volume, as documented in this application.

Two clinical services are to be provided in the proposed ASTC: orthopedic surgery and podiatric surgery, with the number of anticipated referrals for each of the physicians/specialties identified in ATTACHMENT 15. None of the three operating rooms will be service-specific. In order to translate anticipated referrals into anticipated hours, 2021 (most current data available) state-wide specialty-specific experienced ASTC utilization data was used.

SERVICE ACCESSIBILITY

The proposed project is being developed consistent with review criterion 1110.235.(c)6), as a result of there being no IDPH-approved ASTCs in the geographic service area.

UNNECESSARY DUPLICATION and MALDISTRIBUTION

The proposed establishment of an ASTC will not result in an unnecessary duplication of services, with there currently being no IDPH-licensed ASTCs in the HFSRB-defined geographic service area (“GSA”). As such, the proposed project, rather than result in an unnecessary duplication of services, will greatly improve accessibility to ASTC-provided services for area residents.

The closest IDPH-licensed ASTC is located approximately 29 miles from the proposed site; and there are only two facilities in the GSA providing outpatient surgery services: Decatur Memorial Hospital and St. Mary’s Hospital, located in Decatur.

The population of the GSA, which consists of those ZIP Code areas located within 21 miles of the proposed site is approximately 127,153 per Searchbug.

There are 18 operating rooms and 10 procedure rooms approved at Decatur Memorial Hospital and 8 operating rooms and 3 procedure rooms approved at St. Mary’s Hospital Decatur, a total of 39 rooms, per data provided by the hospitals. With the approval of the three ORs to be located at the ASTC, a total of 42 operating rooms or procedure rooms will be located in the GSA, or .33 per 1,000. The proposed ASTC does not contain any procedure rooms.

State-wide, hospitals and ASTCs are approved to operate 1,688 operating rooms and 506 procedure rooms, a total of 2,194 rooms. Based on the State’s population of 12,812,508; the state-wide distribution rate is .17 rooms per 1,000. However, while with the approval of the proposed project the rate of rooms per 1,000 will be slightly higher than the state-wide rate (as it is now),

with no ASTCs being located in the GSA, accessibility to ASTC services is severely restricted (and not available within the GSA), and as such, the project will not be causing a maldistribution.

CHARGE COMMITMENT

With the signatures on the Certification pages of this Certificate of Need application, the applicants commit to not increasing the proposed ASTC's charges for, at minimum, two years following the facility's opening.

A "Charge Master" is attached.

MT. ZION CENTER FOR SURGERY
CHARGE MASTER

Proposed

<u>CPT Code</u>		<u>Base Rate care Rate</u>		<u>Base Rate care Rate</u>	
20550	Inj tendon sheath/ligament	\$27	\$27	\$27	\$27
20600	Drain/inj joint/bursa w/o us	\$26	\$26	\$26	\$26
20605	Drain/inj joint/bursa w/o us	\$27	\$27	\$27	\$27
20610	Drain/inj joint/bursa w/o us	\$31	\$31	\$31	\$31
11755	Biopsy nail unit	\$69	\$69	\$69	\$69
10060	I&d abscess simple/single	\$75	\$75	\$75	\$75
15275	Skin sub graft face/nk/hf/g	\$83	\$83	\$83	\$83
28001	Drainage of bursa of foot	\$88	\$88	\$88	\$88
11750	Removal of nail bed	\$93	\$93	\$93	\$93
10140	I&d hmtma seroma/fluid collj	\$99	\$99	\$99	\$99
11422	Exc h-f-nk-sp b9+marg 1.1-2	\$105	\$105	\$105	\$105
25630	Treat wrist bone fracture	\$120	\$120	\$120	\$120
26720	Treat finger fracture each	\$120	\$120	\$120	\$120
10061	I&d abscess comp/multiple	\$111	\$111	\$111	\$111
11760	Repair of nail bed	\$112	\$112	\$112	\$112
20520	Removal of foreign body	\$131	\$131	\$131	\$131
11042	Dbrdmt subq tis 1st 20sqcm/<	\$199	\$199	\$199	\$199
12032	Intmd rpr s/a/t/ext 2.6-7.5	\$188	\$188	\$188	\$188
11043	Dbrdmt musc&/fsca 1st 20/<	\$305	\$305	\$305	\$305
11010	Debride skin at fx site	\$350	\$350	\$350	\$350
11011	Debride skin musc at fx site	\$350	\$350	\$350	\$350
10121	Inc&rmvl fb subq tiss comp	\$657	\$657	\$657	\$657
11044	Dbrdmt bone 1st 20 sq cm/<	\$657	\$657	\$657	\$657
20103	Explore wound extremity	\$657	\$657	\$657	\$657
20220	Bone biopsy trocar/ndl supfc	\$657	\$657	\$657	\$657
25075	Exc forearm les sc < 3 cm	\$657	\$657	\$657	\$657
25076	Exc forearm tum deep < 3 cm	\$657	\$657	\$657	\$657
26111	Exc hand les sc 1.5 cm/>	\$657	\$657	\$657	\$657
26115	Exc hand les sc < 1.5 cm	\$657	\$657	\$657	\$657
26116	Exc hand tum deep < 1.5 cm	\$657	\$657	\$657	\$657
28192	Removal of foot foreign body	\$657	\$657	\$657	\$657
28193	Removal of foot foreign body	\$657	\$657	\$657	\$657
20694	Rmvl ext fixj sys under anes	\$778	\$778	\$778	\$778
23655	Cltx sho dscl w/mnpj w/anes	\$778	\$778	\$778	\$778
23700	Mnpj anes sho jt fixj aprats	\$778	\$778	\$778	\$778

ATTACHMENT 25

61

25000	Incision of tendon sheath	\$778	\$778	\$778	\$778
25020	Decompress forearm 1 space	\$778	\$778	\$778	\$778
25111	Remove wrist tendon lesion	\$778	\$778	\$778	\$778
25115	Remove wrist/forearm lesion	\$778	\$778	\$778	\$778
25118	Excise wrist tendon sheath	\$778	\$778	\$778	\$778
25259	Manipulate wrist w/anesthes	\$778	\$778	\$778	\$778
25565	Treat fracture radius & ulna	\$778	\$778	\$778	\$778
25605	Treat fracture radius/ulna	\$778	\$778	\$778	\$778
26055	Incise finger tendon sheath	\$778	\$778	\$778	\$778
26080	Explore/treat finger joint	\$778	\$778	\$778	\$778
26145	Tendon excision palm/finger	\$778	\$778	\$778	\$778
26160	Remove tendon sheath lesion	\$778	\$778	\$778	\$778
26180	Removal of finger tendon	\$778	\$778	\$778	\$778
26235	Partial removal finger bone	\$778	\$778	\$778	\$778
26236	Partial removal finger bone	\$778	\$778	\$778	\$778
26410	Repair hand tendon	\$778	\$778	\$778	\$778
26418	Repair finger tendon	\$778	\$778	\$778	\$778
27252	Treat hip dislocation	\$778	\$778	\$778	\$778
27266	Treat hip dislocation	\$778	\$778	\$778	\$778
27570	Fixation of knee joint	\$778	\$778	\$778	\$778
27810	Treatment of ankle fracture	\$778	\$778	\$778	\$778
28002	Treatment of foot infection	\$778	\$778	\$778	\$778
28090	Removal of foot lesion	\$778	\$778	\$778	\$778
28092	Removal of toe lesions	\$778	\$778	\$778	\$778
28108	Removal of toe lesions	\$778	\$778	\$778	\$778
28035	Decompression of tibia nerve	\$858	\$858	\$858	\$858
64708	Revise arm/leg nerve	\$858	\$858	\$858	\$858
64718	Revise ulnar nerve at elbow	\$858	\$858	\$858	\$858
64721	Carpal tunnel surgery	\$858	\$858	\$858	\$858
64722	Relieve pressure on nerve(s)	\$858	\$858	\$858	\$858
64772	Incision of spinal nerve	\$858	\$858	\$858	\$858
13160	Sec clsr surg wnd/dehsn xtn	\$910	\$910	\$910	\$910
14040	Tis trnfr f/c/m/n/a/g/h/f	\$910	\$910	\$910	\$910
15271	Skin sub graft trnk/arm/leg	\$910	\$910	\$910	\$910
10180	I&d complex po wound infctj	\$1,115	\$1,115	\$1,115	\$1,115
11012	Deb skin bone at fx site	\$1,115	\$1,115	\$1,115	\$1,115
20240	Bone biopsy open superficial	\$1,115	\$1,115	\$1,115	\$1,115
20245	Bone biopsy open deep	\$1,115	\$1,115	\$1,115	\$1,115
20680	Removal of implant deep	\$1,115	\$1,115	\$1,115	\$1,115
23030	Drain shoulder lesion	\$1,115	\$1,115	\$1,115	\$1,115
23073	Exc shoulder tum deep 5 cm/>	\$1,115	\$1,115	\$1,115	\$1,115
24076	Ex arm/elbow tum deep < 5 cm	\$1,115	\$1,115	\$1,115	\$1,115
26117	Rad resect hand tumor < 3 cm	\$1,115	\$1,115	\$1,115	\$1,115

27301	Drain thigh/knee lesion	\$1,115	\$1,115	\$1,115	\$1,115
27603	Drain lower leg lesion	\$1,115	\$1,115	\$1,115	\$1,115
28039	Exc foot/toe tum sc 1.5 cm/>	\$1,115	\$1,115	\$1,115	\$1,115
24105	Excision olecranon bursa	\$1,465	\$1,465	\$1,465	\$1,465
24358	Repair elbow w/deb open	\$1,465	\$1,465	\$1,465	\$1,465
25028	Drainage of forearm lesion	\$1,465	\$1,465	\$1,465	\$1,465
25101	Explore/treat wrist joint	\$1,465	\$1,465	\$1,465	\$1,465
25107	Remove wrist joint cartilage	\$1,465	\$1,465	\$1,465	\$1,465
25109	Excise tendon forearm/wrist	\$1,465	\$1,465	\$1,465	\$1,465
25116	Remove wrist/forearm lesion	\$1,465	\$1,465	\$1,465	\$1,465
25210	Removal of wrist bone	\$1,465	\$1,465	\$1,465	\$1,465
25215	Removal of wrist bones	\$1,465	\$1,465	\$1,465	\$1,465
25230	Partial removal of radius	\$1,465	\$1,465	\$1,465	\$1,465
25240	Partial removal of ulna	\$1,465	\$1,465	\$1,465	\$1,465
25275	Repair forearm tendon sheath	\$1,465	\$1,465	\$1,465	\$1,465
25290	Incise wrist/forearm tendon	\$1,465	\$1,465	\$1,465	\$1,465
25295	Release wrist/forearm tendon	\$1,465	\$1,465	\$1,465	\$1,465
25310	Transplant forearm tendon	\$1,465	\$1,465	\$1,465	\$1,465
25447	Repair wrist joints	\$1,465	\$1,465	\$1,465	\$1,465
25606	Treat fx distal radial	\$1,465	\$1,465	\$1,465	\$1,465
25671	Pin radioulnar dislocation	\$1,465	\$1,465	\$1,465	\$1,465
26045	Release palm contracture	\$1,465	\$1,465	\$1,465	\$1,465
26075	Explore/treat finger joint	\$1,465	\$1,465	\$1,465	\$1,465
26121	Release palm contracture	\$1,465	\$1,465	\$1,465	\$1,465
26350	Repair finger/hand tendon	\$1,465	\$1,465	\$1,465	\$1,465
26356	Repair finger/hand tendon	\$1,465	\$1,465	\$1,465	\$1,465
26370	Repair finger/hand tendon	\$1,465	\$1,465	\$1,465	\$1,465
26449	Release forearm/hand tendon	\$1,465	\$1,465	\$1,465	\$1,465
26471	Fusion of finger tendons	\$1,465	\$1,465	\$1,465	\$1,465
26480	Transplant hand tendon	\$1,465	\$1,465	\$1,465	\$1,465
26483	Transplant/graft hand tendon	\$1,465	\$1,465	\$1,465	\$1,465
26485	Transplant palm tendon	\$1,465	\$1,465	\$1,465	\$1,465
26548	Reconstruct finger joint	\$1,465	\$1,465	\$1,465	\$1,465
26608	Treat metacarpal fracture	\$1,465	\$1,465	\$1,465	\$1,465
26615	Treat metacarpal fracture	\$1,465	\$1,465	\$1,465	\$1,465
26650	Treat thumb fracture	\$1,465	\$1,465	\$1,465	\$1,465
26727	Treat finger fracture each	\$1,465	\$1,465	\$1,465	\$1,465
26735	Treat finger fracture each	\$1,465	\$1,465	\$1,465	\$1,465
26746	Treat finger fracture each	\$1,465	\$1,465	\$1,465	\$1,465
26765	Treat finger fracture each	\$1,465	\$1,465	\$1,465	\$1,465
26860	Fusion of finger joint	\$1,465	\$1,465	\$1,465	\$1,465
26951	Amputation of finger/thumb	\$1,465	\$1,465	\$1,465	\$1,465
26952	Amputation of finger/thumb	\$1,465	\$1,465	\$1,465	\$1,465

28820	Amputation of toe	\$1,465	\$1,465	\$1,465	\$1,465
28825	Partial amputation of toe	\$1,465	\$1,465	\$1,465	\$1,465
29822	Sho arthrs srg lmt dbrdmt	\$1,465	\$1,465	\$1,465	\$1,465
29823	Sho arthrs srg xtmsv dbrdmt	\$1,465	\$1,465	\$1,465	\$1,465
29824	Sho arthrs srg dstl clavicle	\$1,465	\$1,465	\$1,465	\$1,465
29837	Elbow arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29844	Wrist arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29870	Knee arthroscopy dx	\$1,465	\$1,465	\$1,465	\$1,465
29871	Knee arthroscopy/drainage	\$1,465	\$1,465	\$1,465	\$1,465
29875	Knee arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29876	Knee arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29877	Knee arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29879	Knee arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29880	Knee arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29881	Knee arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29882	Knee arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
29894	Ankle arthroscopy/surgery	\$1,465	\$1,465	\$1,465	\$1,465
26516	Fusion of knuckle joint	\$1,465	\$1,465	\$1,465	\$1,465
64905	Nerve pedicle transfer	\$2,866	\$2,866	\$2,866	\$2,866
23410	Repair rotator cuff acute	\$3,257	\$3,257	\$3,257	\$3,257
23412	Repair rotator cuff chronic	\$3,257	\$3,257	\$3,257	\$3,257
23455	Repair shoulder capsule	\$4,167	\$4,167	\$4,167	\$4,167
23462	Repair shoulder capsule	\$3,257	\$3,257	\$3,257	\$3,257
24341	Rpr tdn/musc upr a/e each	\$3,257	\$3,257	\$3,257	\$3,257
24665	Treat radius fracture	\$3,257	\$3,257	\$3,257	\$3,257
25035	Treat forearm bone lesion	\$3,257	\$3,257	\$3,257	\$3,257
25320	Repair/revise wrist joint	\$3,257	\$3,257	\$3,257	\$3,257
25628	Treat wrist bone fracture	\$3,257	\$3,257	\$3,257	\$3,257
26546	Repair nonunion hand	\$3,257	\$3,257	\$3,257	\$3,257
26841	Fusion of thumb	\$3,257	\$3,257	\$3,257	\$3,257
27335	Remove knee joint lining	\$3,257	\$3,257	\$3,257	\$3,257
27380	Repair of kneecap tendon	\$3,257	\$3,257	\$3,257	\$3,257
27385	Repair of thigh muscle	\$3,257	\$3,257	\$3,257	\$3,257
27386	Repair/graft of thigh muscle	\$3,257	\$3,257	\$3,257	\$3,257
27405	Repair of knee ligament	\$3,257	\$3,257	\$3,257	\$3,257
27430	Revision of thigh muscles	\$3,257	\$3,257	\$3,257	\$3,257
27524	Treat kneecap fracture	\$3,257	\$3,257	\$3,257	\$3,257
27650	Repair achilles tendon	\$3,257	\$3,257	\$3,257	\$3,257
27659	Repair of leg tendon each	\$3,257	\$3,257	\$3,257	\$3,257
28304	Incision of midfoot bones	\$3,257	\$3,257	\$3,257	\$3,257
29806	Sho arthrs srg capsulorrhaphy	\$3,257	\$3,257	\$3,257	\$3,257
29807	Sho arthrs srg rpr slap les	\$3,257	\$3,257	\$3,257	\$3,257
29827	Sho arthrs srg rt8tr cuff rpr	\$3,257	\$3,257	\$3,257	\$3,257

29828	Sho arthrs srg bicp tenodsis	\$3,257	\$3,257	\$3,257	\$3,257
29861	Hip arthro w/fb removal	\$3,257	\$3,257	\$3,257	\$3,257
29914	Hip arthro w/femoroplasty	\$3,257	\$3,257	\$3,257	\$3,257
29916	Hip arthro w/labral repair	\$3,257	\$3,257	\$3,257	\$3,257
63030	Low back disk surgery	\$3,257	\$3,257	\$3,257	\$3,257
63047	Lam facetec & foramot lumbar	\$3,257	\$3,257	\$3,257	\$3,257
23630	Optx gr hmrl tbrs fx int fix	\$4,223	\$4,223	\$4,223	\$4,223
64910	Nerve repair w/allograft	\$4,111	\$4,111	\$4,111	\$4,111
27381	Repair/graft kneecap tendon	\$4,136	\$4,136	\$4,136	\$4,136
24685	Treat ulnar fracture	\$4,186	\$4,186	\$4,186	\$4,186
27698	Repair of ankle ligament	\$4,249	\$4,249	\$4,249	\$4,249
28615	Repair foot dislocation	\$4,162	\$4,162	\$4,162	\$4,162
27792	Treatment of ankle fracture	\$4,264	\$4,264	\$4,264	\$4,264
27814	Treatment of ankle fracture	\$4,237	\$4,237	\$4,237	\$4,237
28485	Treat metatarsal fracture	\$4,201	\$4,201	\$4,201	\$4,201
27823	Treatment of ankle fracture	\$4,196	\$4,196	\$4,196	\$4,196
24635	Treat elbow fracture	\$4,455	\$4,455	\$4,455	\$4,455
28210	Repair/graft of foot tendon	\$4,489	\$4,489	\$4,489	\$4,489
27695	Repair of ankle ligament	\$4,339	\$4,339	\$4,339	\$4,339
23515	Optx clavicular fx w/int fix	\$4,277	\$4,277	\$4,277	\$4,277
28300	Incision of heel bone	\$4,227	\$4,227	\$4,227	\$4,227
25405	Repair/graft radius or ulna	\$4,246	\$4,246	\$4,246	\$4,246
25390	Shorten radius or ulna	\$4,512	\$4,512	\$4,512	\$4,512
29888	Knee arthroscopy/surgery	\$4,294	\$4,294	\$4,294	\$4,294
25400	Repair radius or ulna	\$4,378	\$4,378	\$4,378	\$4,378
25607	Treat fx rad extra-articul	\$4,416	\$4,416	\$4,416	\$4,416
27829	Treat lower leg joint	\$4,436	\$4,436	\$4,436	\$4,436
25575	Treat fracture radius/ulna	\$4,366	\$4,366	\$4,366	\$4,366
64912	Nrv rpr w/nrv algrft 1st	\$4,235	\$4,235	\$4,235	\$4,235
25608	Treat fx rad intra-articul	\$4,420	\$4,420	\$4,420	\$4,420
25609	Treat fx radial 3+ frag	\$4,444	\$4,444	\$4,444	\$4,444
25820	Fusion of hand bones	\$4,342	\$4,342	\$4,342	\$4,342
20690	Appl unipln uni ext fixj sys	\$4,569	\$4,569	\$4,569	\$4,569
28750	Fusion of big toe joint	\$4,596	\$4,596	\$4,596	\$4,596
29855	Tibial arthroscopy/surgery	\$4,402	\$4,402	\$4,402	\$4,402
27696	Repair of ankle ligaments	\$4,185	\$4,185	\$4,185	\$4,185
28740	Fusion of foot bones	\$4,682	\$4,682	\$4,682	\$4,682
28297	Cor hlx vlgs jt arthrd	\$9,111	\$9,111	\$9,111	\$9,111
20900	Removal of bone for graft	\$4,477	\$4,477	\$4,477	\$4,477
28320	Repair of foot bones	\$7,898	\$7,898	\$7,898	\$7,898
20692	Appl mltpln uni ext fixj sys	\$7,812	\$7,812	\$7,812	\$7,812
24575	Treat humerus fracture	\$7,878	\$7,878	\$7,878	\$7,878
27428	Reconstruction knee	\$6,154	\$6,154	\$6,154	\$6,154

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24515	Treat humerus fracture	\$8,037	\$8,037	\$8,037	\$8,037
27759	Treatment of tibia fracture	\$8,180	\$8,180	\$8,180	\$8,180
24516	Treat humerus fracture	\$8,147	\$8,147	\$8,147	\$8,147
27828	Treat lower leg fracture	\$8,337	\$8,337	\$8,337	\$8,337
27827	Treat lower leg fracture	\$8,126	\$8,126	\$8,126	\$8,126
23615	Optx prox humrl fx w/int fix	\$8,371	\$8,371	\$8,371	\$8,371
22551	Arthrd ant ntrbdy cervical	\$8,414	\$8,414	\$8,414	\$8,414
27446	Revision of knee joint	\$8,426	\$8,426	\$8,426	\$8,426
28725	Fusion of foot bones	\$8,765	\$8,765	\$8,765	\$8,765
27447	Total knee arthroplasty	\$8,587	\$8,587	\$8,587	\$8,587
27130	Total hip arthroplasty	\$8,766	\$8,766	\$8,766	\$8,766
27870	Fusion of ankle joint open	\$8,897	\$8,897	\$8,897	\$8,897
28730	Fusion of foot bones	\$9,143	\$9,143	\$9,143	\$9,143
24365	Reconstruct head of radius	\$8,649	\$8,649	\$8,649	\$8,649
28715	Fusion of foot bones	\$8,997	\$8,997	\$8,997	\$8,997
23472	Reconstruct shoulder joint	\$13,471	\$13,471	\$13,471	\$13,471
62368	Analyze sp inf pump w/reprog	\$18	\$18	\$18	\$18
20552	Inj trigger point 1/2 muscl	\$25	\$25	\$25	\$25
20550	Inj tendon sheath/ligament	\$27	\$27	\$27	\$27
20551	Inj tendon origin/insertion	\$27	\$27	\$27	\$27
20600	Drain/inj joint/bursa w/o us	\$26	\$26	\$26	\$26
20605	Drain/inj joint/bursa w/o us	\$27	\$27	\$27	\$27
20553	Inject trigger points 3/>	\$29	\$29	\$29	\$29
20610	Drain/inj joint/bursa w/o us	\$31	\$31	\$31	\$31
64405	Njx aa&/strd gr ocpl nrv	\$33	\$33	\$33	\$33
64418	Njx aa&/strd sprscap nrv	\$41	\$41	\$41	\$41
64450	Njx aa&/strd other pn/branch	\$42	\$42	\$42	\$42
20611	Drain/inj joint/bursa w/us	\$52	\$52	\$52	\$52
62370	Anl sp inf pmp w/mdreprg&fil	\$53	\$53	\$53	\$53
64447	Njx aa&/strd femoral nrv img	\$60	\$60	\$60	\$60
10060	I&d abscess simple/single	\$75	\$75	\$75	\$75
64445	Njx aa&/strd sciatic nrv img	\$94	\$94	\$94	\$94
64640	Injection treatment of nerve	\$158	\$158	\$158	\$158
61070	Brain canal shunt procedure	\$345	\$345	\$345	\$345
62273	Inject epidural patch	\$345	\$345	\$345	\$345
62321	Njx interlaminar crv/thrc	\$345	\$345	\$345	\$345
62323	Njx interlaminar lmbr/sac	\$345	\$345	\$345	\$345
64451	Njx aa&/strd nrv nrvtg si jt	\$345	\$345	\$345	\$345
64454	Njx aa&/strd gnclr nrv brnch	\$345	\$345	\$345	\$345
62282	Treat spinal canal lesion	\$443	\$443	\$443	\$443
64430	Njx aa&/strd pudental nerve	\$443	\$443	\$443	\$443
64479	Njx aa&/strd tfrm epi c/t 1	\$443	\$443	\$443	\$443
64483	Njx aa&/strd tfrm epi l/s 1	\$443	\$443	\$443	\$443

64493	Inj paravert f jnt l/s 1 lev	\$443	\$443	\$443	\$443
64510	N block stellate ganglion	\$443	\$443	\$443	\$443
63661	Remove spine eltrd perq aray	\$858	\$858	\$858	\$858
64624	Dstrj nulyt agt gnclr nrv	\$858	\$858	\$858	\$858
64625	Rf abltj nrv nrvtg si jt	\$858	\$858	\$858	\$858
64633	Destroy cerv/thor facet jnt	\$858	\$858	\$858	\$858
64635	Destroy lumb/sac facet jnt	\$858	\$858	\$858	\$858
63688	Rev/rmv imp sp npg/r dtch cn	\$1,804	\$1,804	\$1,804	\$1,804
62350	Implant spinal canal cath	\$3,977	\$3,977	\$3,977	\$3,977
63650	Implant neuroelectrodes	\$4,717	\$4,717	\$4,717	\$4,717
62362	Implant spine infusion pump	\$13,461	\$13,461	\$13,461	\$13,461
63685	Ins/rplc spi npg/rcvr pocket	\$24,383	\$24,383	\$24,383	\$24,383
20550	Inj tendon sheath/ligament	\$27	\$27	\$27	\$27
20551	Inj tendon origin/insertion	\$27	\$27	\$27	\$27
20552	Inj trigger point 1/2 muscl	\$25	\$25	\$25	\$25
20553	Inject trigger points 3/>	\$29	\$29	\$29	\$29
20600	Drain/inj joint/bursa w/o us	\$26	\$26	\$26	\$26
20605	Drain/inj joint/bursa w/o us	\$27	\$27	\$27	\$27
20606	Drain/inj joint/bursa w/us	\$47	\$47	\$47	\$47
20610	Drain/inj joint/bursa w/o us	\$31	\$31	\$31	\$31
20611	Drain/inj joint/bursa w/us	\$52	\$52	\$52	\$52
22514	Perq vertebral augmentation	\$3,257	\$3,257	\$3,257	\$3,257
61070	Brain canal shunt procedure	\$345	\$345	\$345	\$345
62264	Epidural lysis on single day	\$443	\$443	\$443	\$443
62270	Dx lmr spi pnxr	\$345	\$345	\$345	\$345
62273	Inject epidural patch	\$345	\$345	\$345	\$345
62282	Treat spinal canal lesion	\$443	\$443	\$443	\$443
62321	Njx interlaminar crv/thrc	\$345	\$345	\$345	\$345
62323	Njx interlaminar lmr/sac	\$345	\$345	\$345	\$345
62350	Implant spinal canal cath	\$3,977	\$3,977	\$3,977	\$3,977
62367	Analyze spine infus pump	\$13	\$13	\$13	\$13
62368	Analyze sp inf pump w/reprog	\$18	\$18	\$18	\$18
62370	Anl sp inf pmp w/mdreprg&fil	\$53	\$53	\$53	\$53
63650	Implant neuroelectrodes	\$4,717	\$4,717	\$4,717	\$4,717
64400	Njx aa&/strd trigeminal nrv	\$72	\$72	\$72	\$72
64405	Njx aa&/strd gr ocpl nrv	\$33	\$33	\$33	\$33
64417	Njx aa&/strd ax nerve img	\$443	\$443	\$443	\$443
64418	Njx aa&/strd sprscap nrv	\$41	\$41	\$41	\$41
64425	Njx aa&/strd ii ih nerves	\$65	\$65	\$65	\$65
64445	Njx aa&/strd sciatic nrv img	\$94	\$94	\$94	\$94
64447	Njx aa&/strd femoral nrv img	\$60	\$60	\$60	\$60
64450	Njx aa&/strd other pn/branch	\$42	\$42	\$42	\$42

64451 Njx aa&/strd nrv nrvtg si jt	\$345	\$345	\$345	\$345
64454 Njx aa&/strd gnclr nrv brnch	\$345	\$345	\$345	\$345
64479 Njx aa&/strd tfrm epi c/t 1	\$443	\$443	\$443	\$443
64483 Njx aa&/strd tfrm epi l/s 1	\$443	\$443	\$443	\$443
64490 Inj paravert f jnt c/t 1 lev	\$443	\$443	\$443	\$443
64493 Inj paravert f jnt l/s 1 lev	\$443	\$443	\$443	\$443
64505 N block spenopalatine gangl	\$79	\$79	\$79	\$79
64510 N block stellate ganglion	\$443	\$443	\$443	\$443
64517 N block inj hypogas plxs	\$443	\$443	\$443	\$443
64624 Dstrj nulyt agt gnclr nrv	\$858	\$858	\$858	\$858
64625 Rf abltj nrv nrvtg si jt	\$858	\$858	\$858	\$858
64633 Destroy cerv/thor facet jnt	\$858	\$858	\$858	\$858
64635 Destroy lumb/sac facet jnt	\$858	\$858	\$858	\$858
64640 Injection treatment of nerve	\$158	\$158	\$158	\$158

Commercial 50%

20550 Inj tendon sheath/ligament	\$34	\$34	\$34	\$34
20600 Drain/inj joint/bursa w/o us	\$33	\$33	\$33	\$33
20605 Drain/inj joint/bursa w/o us	\$34	\$34	\$34	\$34
20610 Drain/inj joint/bursa w/o us	\$39	\$39	\$39	\$39
11755 Biopsy nail unit	\$86	\$86	\$86	\$86
10060 I&d abscess simple/single	\$94	\$94	\$94	\$94
15275 Skin sub graft face/nk/hf/g	\$104	\$104	\$104	\$104
28001 Drainage of bursa of foot	\$110	\$110	\$110	\$110
11750 Removal of nail bed	\$116	\$116	\$116	\$116
10140 I&d hmtma seroma/fluid collj	\$124	\$124	\$124	\$124
11422 Exc h-f-nk-sp b9+marg 1.1-2	\$131	\$131	\$131	\$131
25630 Treat wrist bone fracture	\$150	\$150	\$150	\$150
26720 Treat finger fracture each	\$150	\$150	\$150	\$150
10061 I&d abscess comp/multiple	\$139	\$139	\$139	\$139
11760 Repair of nail bed	\$140	\$140	\$140	\$140
20520 Removal of foreign body	\$164	\$164	\$164	\$164
11042 Dbrdmt subq tis 1st 20sqcm/<	\$249	\$249	\$249	\$249
12032 Intmd rpr s/a/t/ext 2.6-7.5	\$235	\$235	\$235	\$235
11043 Dbrdmt musc&/fsca 1st 20/<	\$381	\$381	\$381	\$381
11010 Debride skin at fx site	\$438	\$438	\$438	\$438
11011 Debride skin musc at fx site	\$438	\$438	\$438	\$438
10121 Inc&rmvl fb subq tiss comp	\$821	\$821	\$821	\$821
11044 Dbrdmt bone 1st 20 sq cm/<	\$821	\$821	\$821	\$821
20103 Explore wound extremity	\$821	\$821	\$821	\$821
20220 Bone biopsy trocar/ndl supfc	\$821	\$821	\$821	\$821
25075 Exc forearm les sc < 3 cm	\$821	\$821	\$821	\$821
25076 Exc forearm tum deep < 3 cm	\$821	\$821	\$821	\$821

LS

26111	Exc hand les sc 1.5 cm/>	\$821	\$821	\$821	\$821
26115	Exc hand les sc < 1.5 cm	\$821	\$821	\$821	\$821
26116	Exc hand tum deep < 1.5 cm	\$821	\$821	\$821	\$821
28192	Removal of foot foreign body	\$821	\$821	\$821	\$821
28193	Removal of foot foreign body	\$821	\$821	\$821	\$821
20694	Rmvl ext fixj sys under anes	\$973	\$973	\$973	\$973
23655	Cltx sho dslc w/mnpj w/anes	\$973	\$973	\$973	\$973
23700	Mnpj anes sho jt fixj aprats	\$973	\$973	\$973	\$973
25000	Incision of tendon sheath	\$973	\$973	\$973	\$973
25020	Decompress forearm 1 space	\$973	\$973	\$973	\$973
25111	Remove wrist tendon lesion	\$973	\$973	\$973	\$973
25115	Remove wrist/forearm lesion	\$973	\$973	\$973	\$973
25118	Excise wrist tendon sheath	\$973	\$973	\$973	\$973
25259	Manipulate wrist w/anesthes	\$973	\$973	\$973	\$973
25565	Treat fracture radius & ulna	\$973	\$973	\$973	\$973
25605	Treat fracture radius/ulna	\$973	\$973	\$973	\$973
26055	Incise finger tendon sheath	\$973	\$973	\$973	\$973
26080	Explore/treat finger joint	\$973	\$973	\$973	\$973
26145	Tendon excision palm/finger	\$973	\$973	\$973	\$973
26160	Remove tendon sheath lesion	\$973	\$973	\$973	\$973
26180	Removal of finger tendon	\$973	\$973	\$973	\$973
26235	Partial removal finger bone	\$973	\$973	\$973	\$973
26236	Partial removal finger bone	\$973	\$973	\$973	\$973
26410	Repair hand tendon	\$973	\$973	\$973	\$973
26418	Repair finger tendon	\$973	\$973	\$973	\$973
27252	Treat hip dislocation	\$973	\$973	\$973	\$973
27266	Treat hip dislocation	\$973	\$973	\$973	\$973
27570	Fixation of knee joint	\$973	\$973	\$973	\$973
27810	Treatment of ankle fracture	\$973	\$973	\$973	\$973
28002	Treatment of foot infection	\$973	\$973	\$973	\$973
28090	Removal of foot lesion	\$973	\$973	\$973	\$973
28092	Removal of toe lesions	\$973	\$973	\$973	\$973
28108	Removal of toe lesions	\$973	\$973	\$973	\$973
28035	Decompression of tibia nerve	\$1,073	\$1,073	\$1,073	\$1,073
64708	Revise arm/leg nerve	\$1,073	\$1,073	\$1,073	\$1,073
64718	Revise ulnar nerve at elbow	\$1,073	\$1,073	\$1,073	\$1,073
64721	Carpal tunnel surgery	\$1,073	\$1,073	\$1,073	\$1,073
64722	Relieve pressure on nerve(s)	\$1,073	\$1,073	\$1,073	\$1,073
64772	Incision of spinal nerve	\$1,073	\$1,073	\$1,073	\$1,073
13160	Sec clsr surg wnd/dehns xtn	\$1,138	\$1,138	\$1,138	\$1,138
14040	Tis trnfr f/c/c/m/n/a/g/h/f	\$1,138	\$1,138	\$1,138	\$1,138
15271	Skin sub graft trnk/arm/leg	\$1,138	\$1,138	\$1,138	\$1,138
10180	I&d complex po wound infctj	\$1,394	\$1,394	\$1,394	\$1,394

11012	Deb skin bone at fx site	\$1,394	\$1,394	\$1,394	\$1,394
20240	Bone biopsy open superficial	\$1,394	\$1,394	\$1,394	\$1,394
20245	Bone biopsy open deep	\$1,394	\$1,394	\$1,394	\$1,394
20680	Removal of implant deep	\$1,394	\$1,394	\$1,394	\$1,394
23030	Drain shoulder lesion	\$1,394	\$1,394	\$1,394	\$1,394
23073	Exc shoulder tum deep 5 cm/>	\$1,394	\$1,394	\$1,394	\$1,394
24076	Ex arm/elbow tum deep < 5 cm	\$1,394	\$1,394	\$1,394	\$1,394
26117	Rad resect hand tumor < 3 cm	\$1,394	\$1,394	\$1,394	\$1,394
27301	Drain thigh/knee lesion	\$1,394	\$1,394	\$1,394	\$1,394
27603	Drain lower leg lesion	\$1,394	\$1,394	\$1,394	\$1,394
28039	Exc foot/toe tum sc 1.5 cm/>	\$1,394	\$1,394	\$1,394	\$1,394
24105	Excision olecranon bursa	\$1,831	\$1,831	\$1,831	\$1,831
24358	Repair elbow w/deb open	\$1,831	\$1,831	\$1,831	\$1,831
25028	Drainage of forearm lesion	\$1,831	\$1,831	\$1,831	\$1,831
25101	Explore/treat wrist joint	\$1,831	\$1,831	\$1,831	\$1,831
25107	Remove wrist joint cartilage	\$1,831	\$1,831	\$1,831	\$1,831
25109	Excise tendon forearm/wrist	\$1,831	\$1,831	\$1,831	\$1,831
25116	Remove wrist/forearm lesion	\$1,831	\$1,831	\$1,831	\$1,831
25210	Removal of wrist bone	\$1,831	\$1,831	\$1,831	\$1,831
25215	Removal of wrist bones	\$1,831	\$1,831	\$1,831	\$1,831
25230	Partial removal of radius	\$1,831	\$1,831	\$1,831	\$1,831
25240	Partial removal of ulna	\$1,831	\$1,831	\$1,831	\$1,831
25275	Repair forearm tendon sheath	\$1,831	\$1,831	\$1,831	\$1,831
25290	Incise wrist/forearm tendon	\$1,831	\$1,831	\$1,831	\$1,831
25295	Release wrist/forearm tendon	\$1,831	\$1,831	\$1,831	\$1,831
25310	Transplant forearm tendon	\$1,831	\$1,831	\$1,831	\$1,831
25447	Repair wrist joints	\$1,831	\$1,831	\$1,831	\$1,831
25606	Treat fx distal radial	\$1,831	\$1,831	\$1,831	\$1,831
25671	Pin radioulnar dislocation	\$1,831	\$1,831	\$1,831	\$1,831
26045	Release palm contracture	\$1,831	\$1,831	\$1,831	\$1,831
26075	Explore/treat finger joint	\$1,831	\$1,831	\$1,831	\$1,831
26121	Release palm contracture	\$1,831	\$1,831	\$1,831	\$1,831
26350	Repair finger/hand tendon	\$1,831	\$1,831	\$1,831	\$1,831
26356	Repair finger/hand tendon	\$1,831	\$1,831	\$1,831	\$1,831
26370	Repair finger/hand tendon	\$1,831	\$1,831	\$1,831	\$1,831
26449	Release forearm/hand tendon	\$1,831	\$1,831	\$1,831	\$1,831
26471	Fusion of finger tendons	\$1,831	\$1,831	\$1,831	\$1,831
26480	Transplant hand tendon	\$1,831	\$1,831	\$1,831	\$1,831
26483	Transplant/graft hand tendon	\$1,831	\$1,831	\$1,831	\$1,831
26485	Transplant palm tendon	\$1,831	\$1,831	\$1,831	\$1,831
26548	Reconstruct finger joint	\$1,831	\$1,831	\$1,831	\$1,831
26608	Treat metacarpal fracture	\$1,831	\$1,831	\$1,831	\$1,831
26615	Treat metacarpal fracture	\$1,831	\$1,831	\$1,831	\$1,831

26650	Treat thumb fracture	\$1,831	\$1,831	\$1,831	\$1,831
26727	Treat finger fracture each	\$1,831	\$1,831	\$1,831	\$1,831
26735	Treat finger fracture each	\$1,831	\$1,831	\$1,831	\$1,831
26746	Treat finger fracture each	\$1,831	\$1,831	\$1,831	\$1,831
26765	Treat finger fracture each	\$1,831	\$1,831	\$1,831	\$1,831
26860	Fusion of finger joint	\$1,831	\$1,831	\$1,831	\$1,831
26951	Amputation of finger/thumb	\$1,831	\$1,831	\$1,831	\$1,831
26952	Amputation of finger/thumb	\$1,831	\$1,831	\$1,831	\$1,831
26990	Drainage of pelvis lesion	\$1,831	\$1,831	\$1,831	\$1,831
27006	Incision of hip tendons	\$1,831	\$1,831	\$1,831	\$1,831
27062	Remove femur lesion/bursa	\$1,831	\$1,831	\$1,831	\$1,831
27097	Revision of hip tendon	\$1,831	\$1,831	\$1,831	\$1,831
27305	Incise thigh tendon & fascia	\$1,831	\$1,831	\$1,831	\$1,831
27310	Exploration of knee joint	\$1,831	\$1,831	\$1,831	\$1,831
27334	Remove knee joint lining	\$1,831	\$1,831	\$1,831	\$1,831
27340	Removal of kneecap bursa	\$1,831	\$1,831	\$1,831	\$1,831
27355	Remove femur lesion	\$1,831	\$1,831	\$1,831	\$1,831
27360	Partial removal leg bone(s)	\$1,831	\$1,831	\$1,831	\$1,831
27425	Lat retinacular release open	\$1,831	\$1,831	\$1,831	\$1,831
27602	Decompression of lower leg	\$1,831	\$1,831	\$1,831	\$1,831
27607	Treat lower leg bone lesion	\$1,831	\$1,831	\$1,831	\$1,831
27610	Explore/treat ankle joint	\$1,831	\$1,831	\$1,831	\$1,831
27620	Explore/treat ankle joint	\$1,831	\$1,831	\$1,831	\$1,831
27640	Partial removal of tibia	\$1,831	\$1,831	\$1,831	\$1,831
27658	Repair of leg tendon each	\$1,831	\$1,831	\$1,831	\$1,831
27685	Revision of lower leg tendon	\$1,831	\$1,831	\$1,831	\$1,831
27687	Revision of calf tendon	\$1,831	\$1,831	\$1,831	\$1,831
27704	Removal of ankle implant	\$1,831	\$1,831	\$1,831	\$1,831
28003	Treatment of foot infection	\$1,831	\$1,831	\$1,831	\$1,831
28005	Treat foot bone lesion	\$1,831	\$1,831	\$1,831	\$1,831
28060	Partial removal foot fascia	\$1,831	\$1,831	\$1,831	\$1,831
28100	Removal of ankle/heel lesion	\$1,831	\$1,831	\$1,831	\$1,831
28112	Part removal of metatarsal	\$1,831	\$1,831	\$1,831	\$1,831
28113	Part removal of metatarsal	\$1,831	\$1,831	\$1,831	\$1,831
28118	Removal of heel bone	\$1,831	\$1,831	\$1,831	\$1,831
28120	Part removal of ankle/heel	\$1,831	\$1,831	\$1,831	\$1,831
28122	Partial removal of foot bone	\$1,831	\$1,831	\$1,831	\$1,831
28153	Partial removal of toe	\$1,831	\$1,831	\$1,831	\$1,831
28200	Repair of foot tendon	\$1,831	\$1,831	\$1,831	\$1,831
28270	Release of foot contracture	\$1,831	\$1,831	\$1,831	\$1,831
28285	Repair of hammertoe	\$1,831	\$1,831	\$1,831	\$1,831
28288	Partial removal of foot bone	\$1,831	\$1,831	\$1,831	\$1,831
28289	Corrj halux rigidus w/o implt	\$1,831	\$1,831	\$1,831	\$1,831

27430	Revision of thigh muscles	\$4,071	\$4,071	\$4,071	\$4,071
27524	Treat kneecap fracture	\$4,071	\$4,071	\$4,071	\$4,071
27650	Repair achilles tendon	\$4,071	\$4,071	\$4,071	\$4,071
27659	Repair of leg tendon each	\$4,071	\$4,071	\$4,071	\$4,071
28304	Incision of midfoot bones	\$4,071	\$4,071	\$4,071	\$4,071
29806	Sho arthrs srg capsulorrhaphy	\$4,071	\$4,071	\$4,071	\$4,071
29807	Sho arthrs srg rpr slap les	\$4,071	\$4,071	\$4,071	\$4,071
29827	Sho arthrs srg rt&tr cuff rpr	\$4,071	\$4,071	\$4,071	\$4,071
29828	Sho arthrs srg bicp tenodsis	\$4,071	\$4,071	\$4,071	\$4,071
29861	Hip arthro w/fb removal	\$4,071	\$4,071	\$4,071	\$4,071
29914	Hip arthro w/femoroplasty	\$4,071	\$4,071	\$4,071	\$4,071
29916	Hip arthro w/labral repair	\$4,071	\$4,071	\$4,071	\$4,071
63030	Low back disk surgery	\$4,071	\$4,071	\$4,071	\$4,071
63047	Lam facetec & foramot lumbar	\$4,071	\$4,071	\$4,071	\$4,071
23630	Optx gr hmrl tbrs fx int fix	\$5,279	\$5,279	\$5,279	\$5,279
64910	Nerve repair w/allograft	\$5,139	\$5,139	\$5,139	\$5,139
27381	Repair/graft kneecap tendon	\$5,170	\$5,170	\$5,170	\$5,170
24685	Treat ulnar fracture	\$5,233	\$5,233	\$5,233	\$5,233
27698	Repair of ankle ligament	\$5,311	\$5,311	\$5,311	\$5,311
28615	Repair foot dislocation	\$5,203	\$5,203	\$5,203	\$5,203
27792	Treatment of ankle fracture	\$5,330	\$5,330	\$5,330	\$5,330
27814	Treatment of ankle fracture	\$5,296	\$5,296	\$5,296	\$5,296
28485	Treat metatarsal fracture	\$5,251	\$5,251	\$5,251	\$5,251
27823	Treatment of ankle fracture	\$5,245	\$5,245	\$5,245	\$5,245
24635	Treat elbow fracture	\$5,569	\$5,569	\$5,569	\$5,569
28210	Repair/graft of foot tendon	\$5,611	\$5,611	\$5,611	\$5,611
27695	Repair of ankle ligament	\$5,424	\$5,424	\$5,424	\$5,424
23515	Optx clavicular fx w/int fix	\$5,346	\$5,346	\$5,346	\$5,346
28300	Incision of heel bone	\$5,284	\$5,284	\$5,284	\$5,284
25405	Repair/graft radius or ulna	\$5,308	\$5,308	\$5,308	\$5,308
25390	Shorten radius or ulna	\$5,640	\$5,640	\$5,640	\$5,640
29888	Knee arthroscopy/surgery	\$5,368	\$5,368	\$5,368	\$5,368
25400	Repair radius or ulna	\$5,473	\$5,473	\$5,473	\$5,473
25607	Treat fx rad extra-articul	\$5,520	\$5,520	\$5,520	\$5,520
27829	Treat lower leg joint	\$5,545	\$5,545	\$5,545	\$5,545
25575	Treat fracture radius/ulna	\$5,458	\$5,458	\$5,458	\$5,458
64912	Nrv rpr w/nrv algrft 1st	\$5,294	\$5,294	\$5,294	\$5,294
25608	Treat fx rad intra-articul	\$5,525	\$5,525	\$5,525	\$5,525
25609	Treat fx radial 3+ frag	\$5,555	\$5,555	\$5,555	\$5,555
25820	Fusion of hand bones	\$5,428	\$5,428	\$5,428	\$5,428
20690	Appl unipln uni ext fixj sys	\$5,711	\$5,711	\$5,711	\$5,711
28750	Fusion of big toe joint	\$5,745	\$5,745	\$5,745	\$5,745
29855	Tibial arthroscopy/surgery	\$5,503	\$5,503	\$5,503	\$5,503

27696	Repair of ankle ligaments	\$5,231	\$5,231	\$5,231	\$5,231
28740	Fusion of foot bones	\$5,853	\$5,853	\$5,853	\$5,853
28297	Cor hlx vlgs jt arthrd	\$11,389	\$11,389	\$11,389	\$11,389
20900	Removal of bone for graft	\$5,596	\$5,596	\$5,596	\$5,596
28320	Repair of foot bones	\$9,873	\$9,873	\$9,873	\$9,873
20692	Appl mltpln uni ext fixj sys	\$9,765	\$9,765	\$9,765	\$9,765
24575	Treat humerus fracture	\$9,848	\$9,848	\$9,848	\$9,848
27428	Reconstruction knee	\$7,693	\$7,693	\$7,693	\$7,693
24515	Treat humerus fracture	\$10,046	\$10,046	\$10,046	\$10,046
27759	Treatment of tibia fracture	\$10,225	\$10,225	\$10,225	\$10,225
24516	Treat humerus fracture	\$10,184	\$10,184	\$10,184	\$10,184
27828	Treat lower leg fracture	\$10,421	\$10,421	\$10,421	\$10,421
27827	Treat lower leg fracture	\$10,158	\$10,158	\$10,158	\$10,158
23615	Optx prox humrl fx w/int fix	\$10,464	\$10,464	\$10,464	\$10,464
22551	Arthrd ant ntrbdy cervical	\$10,518	\$10,518	\$10,518	\$10,518
27446	Revision of knee joint	\$10,533	\$10,533	\$10,533	\$10,533
28725	Fusion of foot bones	\$10,956	\$10,956	\$10,956	\$10,956
27447	Total knee arthroplasty	\$10,734	\$10,734	\$10,734	\$10,734
27130	Total hip arthroplasty	\$10,958	\$10,958	\$10,958	\$10,958
27870	Fusion of ankle joint open	\$11,121	\$11,121	\$11,121	\$11,121
28730	Fusion of foot bones	\$11,429	\$11,429	\$11,429	\$11,429
24365	Reconstruct head of radius	\$10,811	\$10,811	\$10,811	\$10,811
28715	Fusion of foot bones	\$11,246	\$11,246	\$11,246	\$11,246
23472	Reconstruct shoulder joint	\$16,839	\$16,839	\$16,839	\$16,839
62368	Analyze sp inf pump w/reprog	\$23	\$23	\$23	\$23
20552	Inj trigger point 1/2 muscl	\$31	\$31	\$31	\$31
20550	Inj tendon sheath/ligament	\$34	\$34	\$34	\$34
20551	Inj tendon origin/insertion	\$34	\$34	\$34	\$34
20600	Drain/inj joint/bursa w/o us	\$33	\$33	\$33	\$33
20605	Drain/inj joint/bursa w/o us	\$34	\$34	\$34	\$34
20553	Inject trigger points 3/>	\$36	\$36	\$36	\$36
20610	Drain/inj joint/bursa w/o us	\$39	\$39	\$39	\$39
64405	Njx aa&/strd gr ocpl nrv	\$41	\$41	\$41	\$41
64418	Njx aa&/strd sprscap nrv	\$51	\$51	\$51	\$51
64450	Njx aa&/strd other pn/branch	\$53	\$53	\$53	\$53
20611	Drain/inj joint/bursa w/us	\$65	\$65	\$65	\$65
62370	Anl sp inf pmp w/mdreprg&fil	\$66	\$66	\$66	\$66
64447	Njx aa&/strd femoral nrv img	\$75	\$75	\$75	\$75
10060	I&d abscess simple/single	\$94	\$94	\$94	\$94
64445	Njx aa&/strd sciatic nrv img	\$118	\$118	\$118	\$118
64640	Injection treatment of nerve	\$198	\$198	\$198	\$198
61070	Brain canal shunt procedure	\$431	\$431	\$431	\$431
62273	Inject epidural patch	\$431	\$431	\$431	\$431

62321	Njx interlaminar crv/thrc	\$431	\$431	\$431	\$431
62323	Njx interlaminar lmb/sac	\$431	\$431	\$431	\$431
64451	Njx aa&/strd nrv nrvtg si jt	\$431	\$431	\$431	\$431
64454	Njx aa&/strd gnclr nrv brnch	\$431	\$431	\$431	\$431
62282	Treat spinal canal lesion	\$554	\$554	\$554	\$554
64430	Njx aa&/strd pudental nerve	\$554	\$554	\$554	\$554
64479	Njx aa&/strd tfrm epi c/t 1	\$554	\$554	\$554	\$554
64483	Njx aa&/strd tfrm epi l/s 1	\$554	\$554	\$554	\$554
64490	Inj paravert f jnt c/t 1 lev	\$554	\$554	\$554	\$554
64493	Inj paravert f jnt l/s 1 lev	\$554	\$554	\$554	\$554
64510	N block stellate ganglion	\$554	\$554	\$554	\$554
63661	Remove spine eltrd perq aray	\$1,073	\$1,073	\$1,073	\$1,073
64624	Dstrj nulyt agt gnclr nrv	\$1,073	\$1,073	\$1,073	\$1,073
64625	Rf abltj nrv nrvtg si jt	\$1,073	\$1,073	\$1,073	\$1,073
64633	Destroy cerv/thor facet jnt	\$1,073	\$1,073	\$1,073	\$1,073
64635	Destroy lumb/sac facet jnt	\$1,073	\$1,073	\$1,073	\$1,073
63688	Rev/rmv imp sp npg/r dtch cn	\$2,255	\$2,255	\$2,255	\$2,255
62350	Implant spinal canal cath	\$4,971	\$4,971	\$4,971	\$4,971
63650	Implant neuroelectrodes	\$5,896	\$5,896	\$5,896	\$5,896
62362	Implant spine infusion pump	\$16,826	\$16,826	\$16,826	\$16,826
63685	Ins/rplc spi npg/rcvr pocket	\$30,479	\$30,479	\$30,479	\$30,479
20550	Inj tendon sheath/ligament	\$34	\$34	\$34	\$34
20551	Inj tendon origin/insertion	\$34	\$34	\$34	\$34
20552	Inj trigger point 1/2 muscl	\$31	\$31	\$31	\$31
20553	Inject trigger points 3/>	\$36	\$36	\$36	\$36
20600	Drain/inj joint/bursa w/o us	\$33	\$33	\$33	\$33
20605	Drain/inj joint/bursa w/o us	\$34	\$34	\$34	\$34
20606	Drain/inj joint/bursa w/us	\$59	\$59	\$59	\$59
20610	Drain/inj joint/bursa w/o us	\$39	\$39	\$39	\$39
20611	Drain/inj joint/bursa w/us	\$65	\$65	\$65	\$65
22514	Perq vertebral augmentation	\$4,071	\$4,071	\$4,071	\$4,071
61070	Brain canal shunt procedure	\$431	\$431	\$431	\$431
62264	Epidural lysis on single day	\$554	\$554	\$554	\$554
62270	Dx lmb/sac spi pnxr	\$431	\$431	\$431	\$431
62273	Inject epidural patch	\$431	\$431	\$431	\$431
62282	Treat spinal canal lesion	\$554	\$554	\$554	\$554
62321	Njx interlaminar crv/thrc	\$431	\$431	\$431	\$431
62323	Njx interlaminar lmb/sac	\$431	\$431	\$431	\$431
62350	Implant spinal canal cath	\$4,971	\$4,971	\$4,971	\$4,971
62367	Analyze spine infus pump	\$16	\$16	\$16	\$16
62368	Analyze sp inf pump w/reprog	\$23	\$23	\$23	\$23
62370	Anl sp inf pmp w/mdreprg&fil	\$66	\$66	\$66	\$66
63650	Implant neuroelectrodes	\$5,896	\$5,896	\$5,896	\$5,896

64400 Njx aa&/strd trigeminal nrv	\$90	\$90	\$90	\$90
64405 Njx aa&/strd gr ocpl nrv	\$41	\$41	\$41	\$41
64417 Njx aa&/strd ax nerve img	\$554	\$554	\$554	\$554
64418 Njx aa&/strd sprscap nrv	\$51	\$51	\$51	\$51
64425 Njx aa&/strd ii ih nerves	\$81	\$81	\$81	\$81
64445 Njx aa&/strd sciatic nrv img	\$118	\$118	\$118	\$118
64447 Njx aa&/strd femoral nrv img	\$75	\$75	\$75	\$75
64450 Njx aa&/strd other pn/branch	\$53	\$53	\$53	\$53
64451 Njx aa&/strd nrv nrvtg si jt	\$431	\$431	\$431	\$431
64454 Njx aa&/strd gnclr nrv brnch	\$431	\$431	\$431	\$431
64479 Njx aa&/strd tfrm epi c/t 1	\$554	\$554	\$554	\$554
64483 Njx aa&/strd tfrm epi l/s 1	\$554	\$554	\$554	\$554
64490 Inj paravert f jnt c/t 1 lev	\$554	\$554	\$554	\$554
64493 Inj paravert f jnt l/s 1 lev	\$554	\$554	\$554	\$554
64505 N block spenopalatine gangl	\$99	\$99	\$99	\$99
64510 N block stellate ganglion	\$554	\$554	\$554	\$554
64517 N block inj hypogas plxs	\$554	\$554	\$554	\$554
64624 Dstrj nulyt agt gnclr nrv	\$1,073	\$1,073	\$1,073	\$1,073
64625 Rf abltj nrv nrvtg si jt	\$1,073	\$1,073	\$1,073	\$1,073
64633 Destroy cerv/thor facet jnt	\$1,073	\$1,073	\$1,073	\$1,073
64635 Destroy lumb/sac facet jnt	\$1,073	\$1,073	\$1,073	\$1,073
64640 Injection treatment of nerve	\$198	\$198	\$198	\$198

ASSURANCES

With the signatures on the Certification pages of this Certificate of Need application, the applicants:

1. Attest that a peer review program will be implemented at the proposed ASTC, that the program will evaluate whether patient outcomes are consistent with quality standards established by professional organizations for ASTC services, and that if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.
2. Fully anticipate that during the second year following the opening of the proposed ASTC, the annual utilization of ASTC's operating rooms will exceed the utilization standard specified in 77 Ill. Adm. Code 1100, as evidenced by the projected number of referrals identified in the physician letters contained earlier in this ATTACHMENT.

STAFFING

The ASTC will be staffed, at minimum, consistent with all IDPH licensure requirements and the applicable requirements of The Joint Commission.

The formal recruitment of staff will commence approximately ninety days prior to the ASTC's opening, and as has been the experience of most other ASTCs, difficulties in the recruitment of qualified personnel is not anticipated. Word-of-mouth will be the primary recruitment vehicle used, with normal recruitment channels, such as advertisements/notices in appropriate professional publications being used as necessary.

Jacob D. Sams, MD will serve as the ASTC's Medical Director. Dr Sams is a Board Certified orthopedic surgeon.

JACOB D. SAMS, MD
ORTHOPEDIC SURGEON – BOARD CERTIFIED

Phone: (217) 864-2665 (office)
(217) 972-0258 (mobile)
jsams@decaturorthopediccenter.com

104 Ashland Ave.
Mt. Zion, IL 625249

EDUCATION

Maintenance of Certification: Re-certified American Board of Orthopaedic Surgery	April 2024 - Dec 2035
Board Certification: Orthopedic Surgery American Board of Orthopaedic Surgery	July 2015 - present
Residency: Orthopedic Surgery Southern Illinois University	June 2013
Medical School Southern Illinois University School of Medicine	May 2008
Undergraduate Studies Indiana State University - Physics	2004

LICENSURE & CERTIFICATIONS

Maintenance of Certification: Re-certified American Board of Orthopaedic Surgery	April 2024 - Dec 2035
Board Certification: Orthopedic Surgery American Board of Orthopaedic Surgery	2015 - present
State Medical License - Illinois License # 036132006	2008 - present

SERVICE & LEADERSHIP

Decatur Orthopedic Center, LLC Managing Member	2013 - present
Optimize Surgical Consultants, LLC Managing Member	2020 - present

St. Mary's Hospital, Decatur, IL Orthopedic Medical Director	current
SIU - Resident Information Technology Committee Member	2009-2013

HOSPITAL AFFILIATIONS

Decatur Memorial Hospital Decatur, IL	2013 - present
St. Mary's Hospital Decatur, IL	2013 - present
Kirby Medical Center Monticello, IL	2014 - present
Pana Community Hospital Pana, IL	2020 - present

PUBLICATIONS

Books

Potty AG, Tzeng TH, **Sams JD**, Lovell ME, Mihalko WM, Thompson KM, Parke J, Manning BT, Dennis DA, Goodman SB, Saleh KJ. Diagnosis and Management of Intra-articular Causes of Pain After Total Knee Arthroplasty. Instr Course Lect. 2015;64:389-401. PMID: 25745923.

Journal Publications

Sams JD, Francis ML, Scaife SL, Robinson BS, Novicoff WM, Saleh KJ. Redefining revision total hip arthroplasty based on hospital admission status. J Arthroplasty. 2012 May;27(5):758-63. doi: 10.1016/j.arth.2011.09.007. Epub 2011 Oct 21. PMID: 22019324.

Sams JD, Milbrandt JC, Froelich JM, Rainville AD, Allan DG. Hospital outcome after emergent vs elective revision total hip arthroplasty. J Arthroplasty. 2010 Aug;25(5):826-8. doi: 10.1016/j.arth.2010.01.097. Epub 2010 Apr 8. PMID: 20378305.

PRESENTATIONS AND INVITED LECTURES

Case Presentations By the Greats: Advances in Knee Arthroplasty Meeting. Dublin, Ireland. April 19, 2013 Saleh KJ (**Sams J**, Armington E, Hall A, Dahl B, Blankenship J, Dabbs R, Illingworth KD, Potty A).

International Congress for Joint Reconstruction; San Diego 2012. Illingworth KD, **Sams JD**, Sullivan DN, Horberg J, Scaife SL, Saleh KJ. Family History of Total Joint Arthroplasty and Tibiofemoral Joint Space Width on Plane Radiographs: Data from the OAI.

Resident Research Day 2011. Redefining revision total hip arthroplasty based on hospital admission status.

OREF/ORS Heartland Resident Research Symposium 2011. Redefining revision total hip arthroplasty based on hospital admission status

PROFESSIONAL AFFILIATIONS

American Academy of Orthopaedic Surgeons, Fellow Name of Organization, 200X-Present	2013 – Present
American Board of Orthopaedic Surgeons, Diplomate	2015-Present

OTHER

FINANCIAL VIABILITY RATIOS

Cushion & Current Ratio:	151,000						
	149,818	1					
Days of Cash on Hand:	1000000	151,000					
	2,922,554	3,716,500	379,463		6,259,594	17,149.56	
	8.80						
Debt to Total Capitalization:	9,073,806						
	11,342,258	0.8					
Net Margin Percentage:		4,305,566	10,944,620	39.34			
Annual Debt Service Coverage Ratio:	4,305,566						
	535,386	149,818	5.86				

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	Cost/Sq. Ft.		DGSF		DGSF		New Const. \$ (A x C)	Modernization \$ (B x E)	Total Cost (G + H)
	New	Mod.	New	Circ.	Mod.	Circ.			
Reviewable									
Surgical-Clinical	\$ 445.92		7,860				\$ 3,504,931		\$ 3,504,931
Recovery	\$ 231.38		<u>4,329</u>				\$ 1,001,644		\$ 1,001,644
	\$ 369.72		12,189				\$ 4,506,575		\$ 4,506,575
Non-Reviewable									
Admin offices	\$ 299.27		840				\$ 251,387		\$ 251,387
Janitors' closets	\$ 299.00		160				\$ 47,840		\$ 47,840
Public & Family	\$ 299.00		<u>720</u>				\$ 215,280		\$ 215,280
	\$ 299.13		1,720				\$ 514,507		\$ 514,507
Non-Reviewable- Other									
Non-Clinical storage	\$ 296.00		936				\$ 277,056		\$ 277,056
Staff lunch room	\$ 296.00		372				\$ 110,112		\$ 110,112
Physician dictation area	\$ 296.00		110				\$ 32,560		\$ 32,560
Receiving	\$ 296.00		<u>650</u>				\$ 192,400		\$ 192,400
	\$ 296.00		2,068				\$ 612,128		\$ 612,128
	\$ 352.58		15,977				\$ 5,633,210		\$ 5,633,210
const. contingency	\$ 31.29						\$ 500,000		\$ 500,000
TOTAL	\$ 383.88						\$ 6,133,210		\$ 6,133,210

PROJECTED OPERATING COSTS
and
TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

Mt. Zion Center for Surgery
YEAR 2 OPERATING COST per CASE

Projected Cases: 2,700

Salaries and Benefits	\$1,320,000
Medical Supplies	<u>\$3,716,500</u>
	\$5,036,500
per Case:	\$ 1,865.37

YEAR 2 CAPITAL COST per CASE

Projected Cases: 2,700

Interest, Depreciation & Amort.	\$ 924,732
	<u>\$ 924,732</u>
per Case:	\$ 342.49

Note: Assumes no increase in podiatry referrals. Please see ATTACHMENT 15.

SAFETY NET STATEMENT

Due to the nature of the proposed project, that being the establishment of an ASTC, no impact to the safety net services provided in the area are anticipated; and the project will not impact the ability of any other provider to provide or cross-subsidize safety net services.

Based on the practices of the physicians anticipated to refer patients to the ASTC, it is anticipated that a limited amount of charity care will be provided at the ASTC, with decisions on the provision of charity care being made on a case-by-case basis, following a protocol to be developed prior to the ASTC's opening.

The ASTC will not discriminate in any fashion as to the patients that are treated in the facility.

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

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