



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-05	BOARD MEETING: July 24, 2018	PROJECT NO: 18-002	PROJECT COST: Original: \$3,132,496
FACILITY NAME: Retina Surgery Center		CITY: Niles	
TYPE OF PROJECT: Substantive			HSA: VII

PROJECT DESCRIPTION: The Applicant (Retina Surgery Center, LLC) is proposing to establish a limited-specialty ambulatory surgical treatment facility (ASTC) in Niles at a cost of \$3,132,496. The project completion date as stated in the application is February 15, 2019.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant (Retina Surgery Center, LLC) is proposing to establish a limited-specialty ambulatory surgical treatment facility at 8780 West Golf Road, Suite 102, Niles. The project cost is \$3,132,496. The project completion date as stated in the application is February 15, 2019.
- The proposed facility will be limited-specialty, providing ophthalmologic surgical services with specialization in retinal surgeries.
- The facility will be housed in 4,919 GSF of space, and contains one surgical suite.
- Retina Surgery Center, LLC, was formed in October 2017, and is owned/operated by Dr. John Michael, M.D. (100% ownership interest).
- Retina Institute of Illinois, P.C. was founded in 2000, by Dr. Michael, and Dr. Michael is 100% owner. Retina Institute P.C. provides specialized services of the retina in the field of ophthalmology.
- The proposed project is a substantive project subject to 77 IAC 1100 (Part 1110) and 77 IAC 1120 (Part 1120) review. A Safety Net Impact statement accompanied the application.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project establishes a health care facility (ASTC) As defined by the Illinois Health Facilities Planning Act. (20 ILCS 3960/3)

PURPOSE OF THE PROJECT:

➤ The Applicant stated:

“The Applicant proposes to develop the facility with (1) one operating room and (4) recovery rooms, including shell space for an additional operating room and 4 recovery rooms. The ASTC will offer ophthalmology services, with a focus on providing specialized retina surgeries. The primary purpose of the project is to enable the Applicant to meet the current and future needs of its patients and the community for high quality, cost efficient and accessible outpatient ophthalmologic surgical care. The establishment of the facility will enable the Applicant to meet this objective by addressing existing issues identified by the applicants. Specifically, the project aims to meet the following objectives.”(Application, p. 115)

- *Meet the Community Need for Specialized Retina Surgical Services*
- *Continue Transition from Hospital to ASTC Setting*
- *Provide Emergency Operative Capabilities for Traumatic Injuries*
- *Provide Increased Quality and Care Initiatives for Patients Requiring Intravitreal Injections*

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but no public hearing was requested. Two letters of support were received by the Board Staff in regard to the proposed project. No opposition letters were received.

The letters of support for the proposed project were from Dr. Preeti Poley, M.D., and Dr. Matthew Wessel, M.D., of The Retina Institute of Illinois. The letters state: “The proposed ASTC shall be located in the same building as Retina Institute of Illinois’ practice location, a prolific physician practice solely responsible for driving the surgical volume of the proposed project. The location of the proposed ASTC, in proximity to our practice location, provides the availability for highly integrated care and superior quality outcomes for patients.”

SUMMARY:

- The State Board Staff reviewed the application for permit and additional information provided by the Applicant and note the following:
- Retina Surgery Center, LLC proposes to establish a limited specialty ASTC in Niles. The facility will provide Ophthalmologic surgical services, with specialization in retinal surgical procedures. The 4,919 GSF facility will contain one operating room and four recovery rooms. Additionally the project will include shell space totaling 647 GSF, which will be used for additional surgical suite/two recovery areas, as the need arises. The Applicant has met the requirements of this criterion. **Staff Note:** Should the State Board approve this project the Applicants will need to submit an Application for Permit to complete the shell space.
- The proposed project is a request by the Applicant for the State Board to determine the need to establish a licensed ASTC. The Illinois Department of Public Health defines an ambulatory surgery center as “*Any institution or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures, and any place that meets and complies with the definition of an ambulatory surgical treatment center under the Act and this Part, as evidenced by use of the facilities by physicians, podiatrists or dentists in the performance of surgical procedures that constitutes more than 50 percent of the activities at that location (77 IAC 205.110).*”
- **Reviewer Note:** While the Illinois Department of Public Health (IDPH) defines what constitutes a licensed surgical center the Department does not determine the need for an ASTC. The Illinois Health Facilities and Services Review Board determine the need for an ASTC. Should the State Board approve this project the Applicant will then petition IDPH to license the approved ASTC.
- **Reviewer Note:** In the original application, the applicant failed to submit costs for the Fair Market Value of the leased space/equipment. This oversight resulted in the need to file a Type A Modification to account for increased project costs from \$2,247,076, to \$3,132,496. This resulted in a project cost increase of \$885,420 (39.4%).
- There is excess capacity in the proposed 45-minute geographical service area at hospitals and the multi-specialty ASTCs. Limited specialty ASTCs are not considered in the evaluation of excess capacity because these facilities are required to submit an application for permit to the State Board to add additional specialties.

The Applicant addressed a total of twenty-two (22) criteria and was not compliant with the following:

Criteria	Reasons for Non-Compliance
77 IIAC 1110.1540 (c)(6) - Service Accessibility	There is unused surgical capacity at both hospitals and ASTCs in the proposed geographical service area that would be able to absorb the workload of the proposed facility. (See Table Eight at the end of this report)
77 ILAC 1110.1540 (c)(7) – Unnecessary Duplication of Service/Mal-distribution/Impact on Other Facilities	There are twenty five (25) hospitals within forty-five (45) minutes of the proposed project, eleven (13/44%) are not at target occupancy. Of the twenty (20) operating ASTCs within forty-five (45) minutes thirteen (13/65%) are not at target occupancy. (See Table Eight at the end of this report) All of the ASTC facilities identified provided Ophthalmologic surgical services in 2016.
77 ILAC 1120.120 – Availability of Funds	The letters from First Bank and Trust did not give assurance that the mortgage/loan will be made should this project be approved.
77 ILAC 1120.140 (a) – Reasonableness of Financing Arrangements	The letters from First Bank and Trust did not give assurance that the mortgage/loan will be made should this project be approved.
77 ILAC 1120.140 (a) – Terms of Debt Financing	The letters from First Bank and Trust did not give assurance that the mortgage/loan will be made should this project be approved.
77 ILAC 1120.140(c) – Reasonableness of Project Cost	The Applicant exceeded the State Board standard for Moveable Equipment.

**Retina Surgery Center
STATE BOARD STAFF REPORT
Project #18-002**

APPLICATION CHRONOLOGY	
Applicant	Retina Surgery Center, LLC
Facility Name	Retina Surgery Center
Location	8780 West Golf Road, Suite 102, Niles
Permit Holder	Retina Surgery Center, LLC
Operating Entity/Licensee	Retina Surgery Center, LLC
Owner of Site	Golf Western, LLC
Gross Square Feet	4,919 GSF
Application Received	January 12, 2018
Application Deemed Complete	January 18, 2018
Financial Commitment Date	Upon Permit Issuance
Anticipated Completion Date	February 15, 2019
Review Period Ends	May 18, 2018
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. Project Description

The Applicant (Retina Surgery Center, LLC) is proposing to establish a limited-specialty ambulatory surgical treatment facility at a cost of \$3,132,496, located at 8780 West Golf Road, Suite 102, Niles. The project completion date is February 15, 2019.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is **not** in conformance with all relevant provisions of Part 1110.
- B. The State Board Staff finds the proposed project is **not** in conformance with all relevant provisions of Part 1120.

III. General Information

The Applicant is Retina Surgery Center, LLC. The proposed project will establish a limited-specialty ASTC in Niles, providing Ophthalmologic surgical services, with a specialization in Retinal surgical procedures. The 4,919 GSF facility will have one operating room and four recovery rooms. Retina Surgery Center LLC is a physician-owned limited liability company, founded in October 2017. The physician-owner is Dr. John C. Michael M.D. (100% ownership interest).

IV. Health Service Area/Health Planning Area

The proposed ASTC will be located in Cook County in Health Service Area 07. HSA-07 includes DuPage and suburban Cook County. There are fifty-five (55) Ambulatory Surgical Treatment Centers in HSA-VII, containing 168 operating rooms.

V. Project Description

Retina Surgery Center, LLC proposes to establish a limited specialty ASTC in Niles. The facility will provide Ophthalmologic surgical services, with specialization in retinal surgical procedures. The 4,919 GSF facility will contain one operating room and four recovery rooms.

VI. Project Costs

The Applicant is proposing to fund the project with a combination of cash and securities in the amount of \$1,000,000, a loan/mortgage totaling \$1,247,076, and the fair market value of a lease totaling \$885,420. There are no estimated start-up costs.

Table Three			
Project Uses and Sources of Funds			
Use of Funds	Reviewable	Non Reviewable	Total
New Construction	\$0	\$267,500	\$267,500
Modernization Contracts	\$774,975	\$124,525	\$899,500
Contingencies	\$77,400	\$12,400	\$89,800
Architectural/engineering	\$24,000	\$9,000	\$33,000
Consulting and Other	\$7,000	\$0	\$7,000
Moveable or Other Equipment	\$841,110	\$72,166	\$913,276
Bond Issuance Expense	\$16,844	\$7,156	\$24,000
Fair Market Value of Leased Space/Equipment	\$762,844	\$122,576	\$885,420
Other Costs to be	\$14,037	\$5,963	\$20,000
Total Use of Funds	\$2,511,210	\$620,286	\$3,132,496
Sources of Funds			
Cash and Securities	\$1,000,000	\$0	\$1,000,000
Leases (fair market)	\$762,844	\$122,576	\$885,420
Other Funds & Sources	\$748,366	\$498,710	\$1,247,076
Total Source of Funds	\$2,511,210	\$620,286	\$3,132,496
Source: Application for Permit Page 5			

VII. Purpose of the Project, Safety Net Impact Statement, Alternatives

A) Criterion 1110.230 (a) – Purpose of the Project

The Applicant is asked to:

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 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 information provided as 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.

The Applicant stated the following:

“The Applicant proposes to develop the facility with (1) one operating room and (4) recovery rooms, including shell space for an additional operating room and 4 recovery rooms. The ASTC will offer ophthalmology services, with a focus on providing specialized retina surgeries. The primary purpose of the project is to enable the Applicant to meet the current and future needs of its patients and the community for high quality, cost efficient and accessible outpatient ophthalmologic surgical care. The establishment of the facility will enable the Applicant to meet this objective by addressing existing issues identified by the applicants. Specifically, the project aims to meet the following objectives.”(Application, p. 115)

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B) Criterion 1110.230(b) – Safety Net Impact Statement

The Applicants asked to document:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an Applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

The Applicant stated the following:

Retina Surgery Center will have no material impact on safety net services in the Chicago metropolitan area. The primary purpose of the project is to provide greater access to specialized treatments of the eye and retina, and it is expected to improve access to safety net services for ophthalmologic surgery. Further, it will decrease the costs of payers for safety net services, such as Medicaid and Medicare. The ASTC is a newly formed entity, and the Applicant provided projected charity care data in table four

TABLE FOUR			
Charity Care Information			
Retina Surgery Center, LLC			
	2018	2019	2020
Net Patient Revenue	\$1,518,898	\$1,564,465	\$1,611,399
CHARITY			
Amount/Cost of Charity Care	\$56,703	\$56,703	\$56,703
Ratio of Charity Care to Net Patient Revenue	3.7%	3.6%	3.5%
Source: Application for Permit page 131			

C) Criterion 1110.230 (c) Alternatives to the Project

To demonstrate compliance with this criterion the Applicant must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The Applicant considered four alternatives in total. [Application for Permit page 84-85]

1. Maintain Status Quo (Do Nothing)

The option of doing nothing (not establishing a facility), was rejected by the applicant, because it would not address increase capacity to accommodate the service demand that exists in the planning area, and would deprive the patient base the access to high-quality/lower cost care, in a convenient and accessible setting. The applicants identified no project costs with this alternative.

2. Reduce Scope and Size of Current Project

The Applicant rejected this alternative because the current project seeks to establish a limited specialty ASTC containing one surgical suite and four recovery stations, with shell space to accommodate future growth, when needed. The applicants considered eliminating the shell space, but dismissed this option in anticipation of future growth. Further, limiting the expansion to one operating room without shell space is anticipated to cause an increase in total costs per operating room. No project costs were identified with this alternative.

3. Project as Proposed

The Applicant states the project as proposed is the most cost-effective, patient-centered, and comprehensive means of ensuring access to the quality of care these patients deserve. The option of establishing one surgical suite, four recovery stations, and infrastructure established for a second surgical suite/recovery area is prudent in anticipation for future growth. Cost associated with this option: \$3,132,496.

VIII. Size of the Project, Projected Utilization of the Project, Assurances

A) Criterion 1110.234 (a) – Size of the Project

To document compliance with this criterion the Applicant must document that the proposed surgical rooms and recovery stations meet the State Board GSF Standard's in Section 1110.Appendix B.

The Applicant proposes to establish a limited specialty ASTC in 4,919 GSF of space. The clinical portion (3,411 GSF), will accommodate one surgical suite, four recovery rooms, and provide shell space for future expansion, when needed. The State standard for ASTC rooms is 2,075 - 2, 750DGSF per room. While it appears the applicants are in excess of the State standard for one operating room, the inclusion of shell space for a second surgical suite brings the proposed facility into size compliance and the requirements of the criterion.

B) Criterion 1110.234 (b) – Projected Utilization

To document compliance with this criterion the Applicant must document that the proposed surgical/procedure rooms will be at target utilization or 1,500 hours per operating/procedure room by the second year after project completion. Section 1110.Appendix B

The State Board Standard is 1,500 hours per operating room. The Applicant identified an average procedure time of 156 minutes (2.6 hrs) and a total of 201 surgical patients, and 3,000 procedural patients, with times of approximately 45 each. This equates to 2,771.5 hours by the second year of operation. The Applicant met the requirements of this criterion. (Application p. 87)

TABLE FIVE				
Projected Utilization per Physician				
Retina Surgery Center, Niles				
Physician	Historical Volume (12 months)	Anticipated Referrals	Average Surgery Time	Total Hours
Dr. Michael	80	80	2.59	202.4
Dr. Wessel	73	73	2.59	205
Dr. Poley	48	48	2.59	119.3
Office-Based Procedures*	4,021*	3,000	.75	2,250
TOTAL	4,222	3,201		2,776.7

*Office-Based Procedures performed at facilities not licensed by IDPH.

C) Criterion 1110.234 (d) – Unfinished or Shell Space

To document compliance with this criterion the Applicant must provide an attestation that the proposed project will be at target occupancy two years after project completion.

The project will include shell space totaling 647 GSF, which will be used for additional surgical suite/two recovery areas, as the need arises. The Applicant has met the requirements of this criterion. **Staff Note:** Should the State Board approve this project the Applicants will need to submit an Application for Permit to complete the shell space.

D) Criterion 1110.234 (e) Assurances

The Applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the end of the second year of operation after project completion, the Applicant will meet or exceed the utilization standards specified in Appendix B.

The Applicant supplied the necessary attestation that the shell space established will be built out within the next five years, in accordance to IDPH standards, and under IHFSRB authority.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA SIZE OF THE PROJECT, PROJECTED UTILIZATION, SHELL SPACE, AND ASSURANCES (77 ILAC 1110.234 (a), (b), (d) and (e))

IX. Establish an Ambulatory Surgical Treatment Center

A) Criterion 1110.1540 (b) (1) (3) - Background of the Applicant

To demonstrate compliance with this criterion the Applicant must provide documentation of the following:

- 1) Any adverse action taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.
- 2) A listing of all health care facilities currently owned and/or operated by the Applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

Retina Surgery Center, LLC is the sole Applicant and owner of Retina Surgery Center, Niles. Dr John Michael, M.D. is the sole owner of Retina Surgery Center, LLC. The Applicant supplied proof of their Certificates of Good Standing, and licensure/accreditation, which will occur should the project be approved. A letter was supplied, permitting the State Board and IDPH to verify any information contained in this application. [Source: Application for Permit pg. 71]

Dr. Michael M.D. is also affiliated with Retina Institute of Illinois, an office-based clinic with offices in Niles, Crystal Lake, Hoffman Estates, Chicago, and Gurnee. Dr. Michael, and two of his physician associates supplied referral letters for the proposed project agreeing to the referral of 2,801 patients for surgery, and other procedures related to eye care. (Application, pgs. 133-144)

A copy of the term sheet for the building lease between Retina Surgery Center, LLC and Golf Western, LLC was provided at pages 29-34 as evidence of site ownership.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANT (77 ILAC 1110.1540 (b) (1) (3))

B) Criterion 1110.1540 (c) (2) (A) and (B) – Service to GSA Residents

To demonstrate compliance with this criterion the Applicant must provide a list of zip codes that comprise the geographic service area. The Applicant must also provide patient origin information by zip code for the prior 12 months. This information must verify that at least 50% of the facility’s admissions were residents of the geographic service area.

1. By rule the Applicants must identify all zip codes within the geographical service area (45 minutes) of the proposed ASTC. The Applicant provided this information on pages 96-98 of the application, including a listing of historical patient origin information containing 103 patients originating from 47 zip codes which illustrates that more than 50% of the patient base resides within the service area (Application, p. 99).

Based upon the information provided in the application for permit and summarized above it appears that the proposed ASTC will provide services to the residents of the forty-five (45) minute geographic service area.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION GEOGRAPHIC SERVICE AREA NEED (77 ILAC 1110.1540 (c) (2) (A) and (B))

C) Criterion 1110.1540 (c) (3) - Service Demand – Establishment of an ASTC Facility

To demonstrate compliance with this criterion the Applicant must provide physician referral letters that attest to the total number of treatments for each ASTC service that was referred to an existing IDPH-licensed ASTC or hospital located in the GSA during the 12-month period prior to the application. The referral letter must contain:

1. Patient origin by zip code of residence;
2. Name and specialty of referring physician;
3. Name and location of the recipient hospital or ASTC; and
4. Number of referrals to other facilities for each proposed ASTC service for each of the latest two years;
5. Estimated number of referrals to the proposed ASTC within 24 months after project completion
6. Physician notarized signature signed and dated; and
7. An attestation that the patient referrals have not been used to support another pending or approved CON application for the subject services.

By rule the referrals to a proposed ASTC must be from IDPH licensed ASTC or hospitals. The Applicant submitted four referral letters attesting to the historical patient referrals for 4,222 ophthalmologic surgeries/procedures in the past year, and the approximate referral of patients for 3,201 procedures to the ASTC, by the second year after project completion. 4,021 of the historical referrals were not from IDPH-licensed ASTCs or hospitals in the proposed GSA and cannot be accepted. These referrals are from the individual physician practices at Retina Institute of Illinois which are not licensed by the Illinois Department of Public Health. The Applicant has met the requirements of this criterion with the 201 historical projected referrals to the existing ASTCs and hospitals, and to the proposed ASTC, after project completion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION SERVICE DEMAND (77 ILAC 1110.1540 (c) (3))

D) Criterion 1110.1540 (c) (5) - Treatment Room Need Assessment

To document compliance with this criterion the Applicant must provide the projected patient volume or hours to justify the number of operating rooms being requested. The Applicant must document the average treatment time per procedure.

1. Based upon the State Board Staff's review of the referral letter, the Applicant can justify 526.7 hours (201 procedures), in the first year after project completion. This number of operating/procedure hours justifies the one (1) procedure room being requested by the applicant, and the transition of the 3,000 office based procedures to an ASTC setting will justify future expansion.
2. The Applicant supplied an estimated time per procedure (Table Five), which includes prep/clean-up. This time was gathered from historical access procedures performed at Retina Institute of Illinois in the past 12 months (2016/2017). The average time per procedure was 45 minutes, and the average surgical procedure was 176 minutes (2.59 hours).

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION TREATMENT ROOM NEED ASSESSMENT (77 ILAC 1110.1540(c) (5))

E) Criterion 1110.1540 (c) (6) - Service Accessibility

To document compliance with this criterion the Applicant must document that the proposed ASTC services being established is necessary to improve access for residents of the GSA by documenting one of the following:

1. There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;
2. The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services

proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;

3. The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies;
 4. The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:
 - A) The existing hospital is currently providing outpatient services to the population of the subject GSA;
 - B) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100;
 - C) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and
 - D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.
1. There are existing ASTCs/Hospitals in the identified GSA that are under-utilized. [See Table Eight at the end of this report.]
 2. The Applicant notes there are twenty (20) licensed ASTCs in the service area that provide Ophthalmologic surgical services, with few having the capability to provide complex retina surgeries.
 3. The State Board Staff does not consider the proposed project a cooperative venture with one of the persons operating an existing hospital.

Table Six shows that there are existing ASTCs and hospitals in the service area with surgical services functioning beneath the State Board standard. The Applicant has not met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION SERVICE ACCESSIBILITY (77 ILAC 1110.1540(c) (6))

F) Criterion 1110.1540 (c) (7) - Unnecessary Duplication/Mal-distribution/Impact on Other Providers

1. To demonstrate compliance with this criterion the Applicant must provide a list of all Licensed hospitals and ASTCs within the proposed GSA and their historical utilization (within the 12-month period prior to application submission) for the existing surgical/treatment rooms.
- 2) To demonstrate compliance with this criterion the Applicant must document the ratio of surgical/treatment rooms to the population within the proposed GSA that exceeds one and one half-times the State average.
- 3) To demonstrate compliance with this criterion the Applicant must document that, within 24 months after project completion, the proposed project:
 - A) Will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and
 - B) Will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

The Applicant stated the following to address this criterion:

The applicants identified a general service area (GSA) extending 45 minutes in all directions from the site of the proposed ASTC, and Board Staff concurs with these findings. This GSA includes 131 zip codes. The 2015 population estimates for this GSA is 3,901,483.

There are a total of twenty five (25) hospitals and twenty (20) ASTCs in the identified 45-minute service area. [See Table Eight at the end of this report].

1. Unnecessary Duplication of Service

1. Limited/Multi-Specialty ASTCs

There are twenty (20) limited/multi-specialty ASTCs within forty-five minutes, thirteen (13/85%) are at target occupancy. Seven (7/35%) of the twenty (20) ASTCs did not provide Medicaid services in CY 2016.

2. Hospitals

There are twenty five (25) hospitals within the proposed 45-minute GSA, eleven (11/44%) of the hospitals are at the target occupancy of 1,500 hours for surgery and procedure room services.

2. Mal-Distribution

According to the applicant, the project will not result in unnecessary duplication of service, based on the specialty services provided, and notes only one other ASTC in the service area (Belmont/Harlem Surgery Center), provides retinal surgical procedures. The Applicant further note retina surgery is only performed on two days of the week, resulting in a restrictive admissions policy. The Applicant notes Dr. Michael intends to provide the time sensitive retinal surgical procedure daily, at a cost lower than the traditional hospital setting. The Applicant notes the room to

population ratio does not indicate a surplus of surgical rooms in the service area (see Table Six)

TABLE SIX			
Room to Population Ratio			
	Population	Rooms	Rooms to Population
State	12,830,632	2,368	1:5,418
GSA	3,901,483	367	1:10,630

Reviewer Note: A surplus is defined as the ratio of operating/procedure rooms to the population within the forty-five (45) minute GSA [GSA Ratio], to the State of Illinois ratio that is 1.5 times the GSA ratio.]

3. Impact on Other Facilities

The Applicant stated that no other provider within the forty-five (45) minute service area will be impacted because the proposed project calls for the provision of specialized retina surgery daily, and based on an immediate need. The procedure is considered specialized and is normally performed in hospital operating rooms. The proposed project will actually allow the Applicant to perform more of the specialized procedures in an ASTC setting, and allow practicing physicians in the service area to increase their referral volume. The proposed project will not negatively impact area facilities.

The Applicant has not met this requirement because there are number of existing ASTCs and hospitals currently underutilized in the proposed GSA.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE, MALDISTRIBUTION/ IMPACT ON OTHER FACILITIES (77 ILAC 1110.1540 (c) (7))

G) Criterion 1110.1540 (i) - Staffing

To demonstrate compliance with this criterion, the Applicant must provide documentation that relevant clinical and professional staffing needs will be met and a medical director will be selected that is board certified.

To address this criterion the applicant attests the proposed facility will operate with sufficient staffing levels required for licensure and the provision of safe and effective care. Based upon the information provided in the application for permit, it appears that the proposed ASTC will be properly staffed.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION STAFFING (77 ILAC 1110.1540(i))

H) Criterion 1110.1540 (j) - Charge Commitment

To document compliance with this criterion the Applicant must provide the

following:

- 1) A statement of all charges, except for any professional fee (physician charge); and
- 2) A commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicant supplied a statement of charges (application, p. 106-117) with attestation that the identified charges will not increase for at least the first two years in operation as an ASTC.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CHARGE COMMITMENT (77 ILAC 1110.1540 (j))

I) Criterion 1110.1540 (k) - Assurances

To demonstrate compliance with this criterion the Applicant must attest that a peer review program will be implemented and the proposed ASTC will be at target occupancy two years after project completion.

The Applicant provided certified attestation (application, p.118) that Retina Surgery Center, LLC will implement a peer review program to maintain quality patient care standards, and meet or exceed the utilization standards specified in 77 IAC 1100, by the second year of operation.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 ILAC 1110.1540 (k))

X. Financial Viability

The purpose of the Illinois Health Facilities Act “*This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs.*” [20 ILCS 3960]

A) Criterion 1120.120 - Availability of Funds

To demonstrate compliance with this criterion the Applicant must document that funds are available.

The Applicant (Retina Surgery Center, LLC) is proposing to fund the project with a combination of cash and securities in the amount of \$1,000,000, a loan/mortgage totaling \$1,247,076, and the fair market value of leases totaling \$885,420. The Applicant is a new entity therefore no historical financial statements are available. Retina Surgery Center, LLC is wholly owned by Dr. John Michael. The Applicant furnished two letters as evidence of the availability of funds:

Letter dated October 3, 2017 from First Bank and Trust stating in part:

“Based upon the positive business experiences from working with Retina Surgery Center, LLC and Dr. John Michael and subject to the completion of requisite due diligence and credit approvals, Bank is prepared to extend Retina Surgery Center, LLC up to \$2,200,000 in credit exposure to finance the ASTC project. This letter is not intended to be a should not be construed as a commitment by Bank to lend money; nevertheless, it is intended to serve as a statement of interest to engage in further discussions between Retina Surgery Center, LLC and BANK for the proposed financing opportunity and may form the basis for a discussion of various credit accommodations”

Letter dated December 20, 2017 from First Bank and Trust stating in part:

“Dr. Michael has been a customer of First Bank & Trust since August 2004. The Bank currently provides personal and professional depository services John Michael. Dr. Michael maintains average balances in excess of 7 figures and is in good standing with the Bank. We hereby attest that Dr. John Michael, owner of Retina Surgery Center, LLC, has funds available for the proposed project in the amount of \$1,000,000.”

The letters did not represent that the loan/mortgage will be made should this project be approved. The Applicant did not meet the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 ILAC 1120.120)

B) Criterion 1120.130 - Financial Viability

To demonstrate compliance with this criterion the Applicant must provide evidence that sufficient resources are available to fund the project.

The Applicant is a new entity and no historical financial statements are available. The projected information provided by the Applicant is in conformance with the State Board Standard. The Applicant has successfully addressed this criterion.

TABLE SEVEN Projected Financial Ratios: Retina Surgery Center, LLC		
	State Board Standard	2020 (Projected)
Current Ratio	1.5	19.41
Net Margin Percentage	2.50%>	19%
Percent Debt to Total Capitalization	<80%	44%
Projected Debt Service Coverage	>1.75%	15.4%
Days Cash on Hand	>45 days	318
Cushion Ratio	>3	15.3

RETINA SURGERY CENTER**PROJECTED PRO FORMA**

Revenue:	Projected Year 1		Projected Year2		Projected Year3	
Surgeries and Injections Service (charges)	3,780,215		3,893,621		4,010,430	
Deductions From Revenue (insurance discounts)	(1,890,107)		(1,946,811)		(2,005,215)	
Total Income	1,890,107		1,946,811		2,005,512	
Expenses:						
Salaries	449,486		462,971	24%	476,860	24.00%
Bond Issuance Expense	24,000					
Repairs and Maintenance	28,837	2.00%	29,703	2%	30,594	2.00%
Management Fees	120,098	6.00%	123,701	6%	127,412	7.00%
Surgical Instruments/Supplies	371,210	20.00%	382,346	20%	393,816	20.00%
Utilities	25,850	1.00%	26,626	1%	27,424	1.00%
Rent Expense	88,542	6.00%	91,198	5%	93,934	5.00%
Professional Fees	57,764	3.00%	59,497	3%	61,282	3.00%
Insurance	29,747	2.00%	30,639	2%	31,558	2.00%
Depreciation	162,852	1.00%	259,329	13%	193,999	10.00%
Employee Benefits	29,538	2.00%	30,424	2%	31,337	2.00%
General Admin	44,891	2.00%	46,238	2%	47,625	2.00%
Taxes and Licenses	69,640	4.00%	71,729	4%	73,881	4.00%
Interest Expense	61,053	3.00%	58,122	3%	55,041	3.00%
Bad Debt Expenses	56,703	3.00%	56,703	3%	56,703	3.00%
Other Expenses	89,800	5.00%				
Total Expenses	1,710,011		1,729,226		1,701,466	
Net Income	180,096		217,587		303,749	

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 ILAC 1120.130)

XI. ECONOMIC FEASIBILITY

A) Criterion 1120.140(a) - Reasonableness of Financing Arrangements

B) Criterion 1120.140(b) - Terms of Debt Financing

The Applicant is funding this project with a combination of cash/securities in the amount of \$1,000,000; bank financing/loan identified as other sources totaling \$1,247,076, and the fair market value of leases totaling \$885,420.

The Applicant provided a signed, notarized statement from a representative of Retina Surgery Center that (1) 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 and (2) that the selected form of debt financing for the project will be at the lowest net cost available. In addition the Applicant provided a signed, notarized statement from a representative of RSC that (1) 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 and (2) that the selected form of debt financing for the project will be at the lowest net cost available.

As stated above evidence of secured financing was not provided. The Applicant is not in compliance with this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 ILAC 1120.140(a) & (b))

C) Criterion 1120.140(c) - Reasonableness of Project Costs

The State Board staff applied the reported clinical costs against the applicable State Board standards.

Modernization Costs – These costs total \$774,975, which calculates to \$227.19 per GSF ($\$774,975/3,411 \text{ GSF} = \227.19 per GSF). This appears to be in conformance with the State Board standard of \$281.00 for modernization (2019).

Contingencies – These costs total \$77,400, which is 9.9% of the modernization costs for this project. This cost is in compliance with the State Standard of 10%.

Architectural and Engineering Fees – These costs total \$24,000, which is 2.4% of the modernization and contingencies costs of \$852,375. The State standard for these costs are 8.04%-12.06%.

Consulting and Other Fees – These costs total \$7,000. The State Board does not have a standard for these costs.

Moveable or Other Equipment – These costs total \$841,110, amounting to

\$420,555 per room (2 rooms). These costs appear reasonable when compared to the State Board Standard of \$489,744 per room (2019 standard).

Bond Issuance Expense – These cost total \$16,844. The Applicant notes the bond is a construction surety bond used to protect against disruptions or financial loss due to a contractor’s failure to complete the project. The State Board does not have a standard for these costs.

Fair Market Value of Leased Space/Equipment – These cost total \$762,844. The State Board does not have a standard for these costs.

Other Costs to be Capitalized – These costs total \$14,037, and are allocated for permitting/fees, printing costs, and insurance (builder’s risk, excess general liability, and worker’s compensation costs). The State Board does not have a standard for these costs.

The Applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 ILAC 1120.140(c))

D) Criterion 1120.140(d) Projected Operating Costs

To determine compliance with this criterion the Applicant must provide documentation of the projected operating costs per procedure.

The Applicant provided the necessary information as required. The projected operating cost per operating room visit is \$321.18. The State Board has no applicable standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 ILAC 1120.140(d))

E) Criterion 1120.140(e) – Total Effect of the Project on Capital Costs

To determine compliance with this criterion the Applicant must provide documentation of the projected capital costs per equivalent patient day.

The Applicant provided the necessary information as required. The projected capital cost per patient visit is \$110.17. The State Board has no applicable standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 ILAC 1120.140(e))

TABLE EIGHT**Facilities in the 45 Minute Travel Radius of Proposed Facility**

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
Golf Surgical Center	Des Plaines	Multi	5	5/1	4,459	Y	Y	N
Northwest Surgicare	Arlington	Multi	23	4/1	3,343	N	Y	N
North Shore Surgical Center	Lincolnwood	Multi	24	3	3,973	Y	Y	N
Northwest Community Day Surgery	Arlington	Multi	25	10	10,384	Y	Y	N
Childrens Outpatient Westchester	Westchester	Multi	26	3	2,804	Y	N	N
Elmhurst Outpatient Surgery Ctr.	Elmhurst	Multi	31	4/4	7,774	N	Y	N
Advanced Ambulatory Surgery Ctr.	Chicago	Multi	32	3	1,007	N	Y	N
Belmont Harlem Surgery Ctr.	Chicago	Multi	32	4	1,858	Y	Y	N
Novamed Surgery Ctr. Chicago Northshore	Chicago	Single	32	1	1,290	Y	Y	Y
Ashton Ctr. for Day Surgery	Hoffman Estates	Multi	33	4	2,056	Y	Y	N
Loyola Ambulatory Surgery Ctr. Oak	Oak Brook	Multi	33	3	4,488	N	N	N
Oak Brook Surgical Ctr.	Oak Brook	Multi	33	5/1	2,512	Y	Y	N
Northwestern Grayslake Surgery Ctr.	Grayslake	Multi	35	4	1,562	Y	Y	N
DMG Surgical Ctr.	Lombard	Multi	37	5/3	10,956	N	Y	Y
Hinsdale Surgical Ctr.	Hinsdale	Multi	35	4/2	5,373	Y	Y	Y
Hoffman Estates Surgery Ctr.	Hoffman Estates	Multi	39	4/2	4,747	N	Y	N
Midwest Ctr. for Day Surgery	Downers Grove	Multi	40	5	3,589	Y	Y	N
Eye Surgery Center Hinsdale	Hinsdale	Limited	40	2/1	2,675	N	Y	N
Novamed Surgery Ctr. River Forest	River Forest	Limited	41	2	751	Y	Y	N
Loyola University Surgery Ctr.	Maywood	Multi	42	8	9,896	Y	Y	N

TABLE EIGHT (continued)
HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
Advocate Lutheran Hospital	Park Ridge	8	26/8	43,560/9733	Y	Y	Y/N
Glenbrook Hospital	Glenview	10	9/5	13,103/15,509	Y	Y	Y/Y
Skokie Hospital	Skokie	16	10/5	11,664/13,536	Y	Y	N/Y
Presence Resurrection Med. Ctr.	Chicago	19	13/4	11,029/3,133	Y	Y	N/N
Northwest Community Hospital	Arlington Heights	20	14/9	19,218/12,025	Y	Y	N/Y
Highland Park Hospital	Highland Park	25	11/6	13,179/16,714	Y	Y	N/Y
Northwestern Lake Forest Hospital	Lake Forest	25	8/5	12,396/3,416	Y	Y	Y/N
Evanston Hospital	Evanston	26	16/7	23,351/13,094	Y	Y	Y/Y
Advocate Condell Med. Ctr.	Libertyville	27	12/4	23,055/3,918	Y	Y	Y/Y
Gottlieb Memorial Hospital	Melrose Park	29	9/2	11,695/2,776	Y	Y	N/Y
Presence St. Francis Hospital	Evanston	22.5	14/3	8,540/1,977	Y	Y	N/N
Adventist Hinsdale Hospital	Hinsdale	29	12/4	18,913/4,073	Y	Y	Y/N
Advocate Good Samaritan	Downers Grove	31	15/6	23,038/3,864	Y	Y	Y/N
Elmhurst Memorial Hospital	Elmhurst	31	15/5	27,157/7,593	Y	Y	Y/Y
Community First Med. Ctr.	Chicago	32	9/2	3,505/2,381	Y	Y	N/Y
Loyola University Med. Ctr.	Maywood	33	27/6	58,660/16,680	Y	Y	Y/Y
Swedish Covenant Hospital	Chicago	33	10/4	16,123/3,990	Y	Y	Y/N
Adventist LaGrange Hospital	LaGrange	35	11/4	12,630/3,219	Y	Y	N/N

TABLE EIGHT (continued)
HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
Adventist Glen Oaks Hospital	Glendale Heights	36	5/3	2,622/804	Y	Y	N/N
Loretto Hospital	Chicago	37	5/2	700/121	Y	Y	N/N
VHS Westlake Hospital	Melrose Park	37	6/3	2,557/562	Y	Y	N/N
Rush Oak Park Hospital	Oak Park	41	9/3	7,265/1,683	Y	Y	N/N
Vista Medical Ctr. East	Waukegan	41	3/1	7,681/59	Y	Y	N/N
VHS West Suburban Hospital	Oak Park	41	11/4	7,565/8,260	Y	Y	N/Y
Advocate Good Shepherd Hospital	Barrington	44	11/7	21,620/6,964	Y	Y	Y/N

Travel time determined using formula in 77IAC 1100.510 (d)

Data taken from CY 2016 Hospital/ASTC Profiles

NA – information not available

